



OFFICE OF THE SUPERINTENDENT, CHC BENTKAR, CUTTACK
NATIONAL HEALTH MISSION [BPMU]
Email: bpmubentkar2024@gmail.com



Letter No: 907

Date: 12-6-2025

To


The Regional Officer, State Pollution Control Board .
Suryavihar, Linkroad Cuttack .

Sub:- Submission of Annual report of C H C Bentkar ,Cuttack .

Sir,

I am enclosing here with the annual report of Bio Medical Waste generation from Jan2024 to Dec2024 in form IV for taking further action at your end .

Yours faithfully


12.06.2025
Superintendent
CHC Bentkar, Cuttack.



Form - IV
(See rule 13)
ANNUAL REPORT

FOR THE YEAR- 2024.

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	Superintendent, CHE, Bentkar
	(ii) Name of HCF or CBWTF	Community Health Center, Bentkar
	(iii) Address for Correspondence	Superintendent, CHE Bentkar V2 MAUZA, Dist Cuttack.
	(iv) Address of Facility	-do-
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	bentkarchc@gmail.com
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBWTF	
	(ix) Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: 5990.... Date 03.7.2020 valid up to 31.03.2025
(xi). Status of Consents under Water Act and Air Act	Valid up to: 31.03.2025	
2.	Type of Health Care Facility	No. of Beds:.....06
	(i) Bedded Hospital	✓
	(ii) Non-bedded hospital	

	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)																													
	(iii) License number and its date of expiry	5990 Date - 03.7.2021 Date of Expiry - 31.03.2021																												
3.	Details of CBMWTF																													
	(i) Number healthcare facilities covered by CBMWTF																													
	(ii) No of beds covered by CBMWTF	06 (Six)																												
	(iii) Installed treatment and disposal capacity of CBMWTF:	_____ Kg per day																												
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	1.5 Kg/day																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 236 kg Red Category: 186 kg White: 8 kg 8 kg Blue Category: 123 kg General Solid waste: 1136 kg																												
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																													
	(i) Details of the on-site storage facility disposal facilities :	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																												
		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/ day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>03</td> <td>160kg</td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	03	160kg		Microwave				Hydroclave				Shredder			
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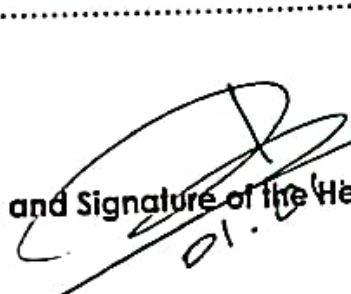
	Needle cutter lip or destroyer -	06		
	Sharps encapsulation or concrete pit -	01		
	Deep burial pits:	03		
	Chemical disinfection: -	05		
	Any other treatment equipment:			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	NIL		
	(iv) No of vehicles used for collection and transportation of biomedical waste	125		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Sani clean Pvt. Ltd. (CBWTF Agency)		
	(vii) List of member HCF not handed over bio-medical waste.			
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes		
7.	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	1		
	(ii) number of personnel trained	108		
	(iii) number of personnel trained at the time of induction			

	(iv) number of personnel not undergone any training so far	Nil.
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10.	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	
12.	Any other relevant information	

Certified that the above report is for the period from 01.01.2024 to 31.12.2024

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Name and Signature of the Head of the Institution


 01.01.2024

Date:

Place Bantkora.