



**OFFICE OF THE MEDICAL OFFICER I/C,
CHC KUNDULI DIST: KORAPUT**



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Phone no-06853-250222

Letter No. 21 /BPMU/CHC, Kunduli - 2026

Dt: 13-01-26

To

The Pollution Control Board, Bhubaneswar, Odisha.

Sub:- Regarding submission of Annual Report for the year 2025 of CHC Kunduli.

Madam / Sir,

With reference to the subject cited above I am sending herewith the Annual Report of BMW for the year 2025 of CHC Kunduli.

This is for favour of information and necessary action.

Thanking you.

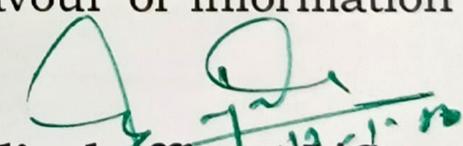
Yours faithfully,


**Medical officer, I/C
CHC, Kunduli**

Memo No. 22 /2026

Date: 13-01-26

Copy submitted to the CDM & PHO, Koraput for favour of information and necessary action.


**Medical officer, I/C
CHC, Kunduli**

Form - IV
(See rule 13)
ANNUAL REPORT

[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	:	Dr. Sanjeer Kumar Behena
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Sanjeer Kumar Behena
	(ii) Name of HCF or CBMWTF	:	CHC Kunduli
	(iii) Address for Correspondence	:	CHC Kunduli
	(iv) Address of Facility		At/PO. Kunduli, 764036, Knapur
	(v) Tel. No, Fax. No	:	9439990523
	(vi) E-mail ID	:	nhm.bpmukunduli2024@gmail.com.
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(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.: 13820/SPCB... dt: 26-11-21valid up to 31-03-2026
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	-
	(i) Bedded Hospital	:	No. of Beds: ... 16
	(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		
3.	Details of CBMWTF	:	-
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 647.50 kg. Red Category : 498.20 kg. White: 95.85 kg. Blue Category : 364.80 kg. General Solid waste: 1020 kg.																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<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></td> <td></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> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment equipment:</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				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	
	(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		02
	(i) Number of trainings conducted on BMW Management.		02
	(ii) number of personnel trained		65
	(iii) number of personnel trained at the time of induction		65
	(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?		Yes
11	Is the disinfection method or sterilization meeting the log 4		Yes

	standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

..... 01/01/2025 to 31/12/2025

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Name and Signature of the Head of the Institution

 Superintendent
 CHC, Kunduli
 Dist.-Koraput

Date:

Place

CHC Kunduli