



OFFICE OF THE BLOCK PUBLIC HEALTH OFFICER

BLOCK PROGRAMME MANAGEMENT AND SUPPORTING UNIT
CHC Kalampur, DIST: KALAHANDI, ODISHA, PIN-766013
Ph.No.9439980235, E-mail-bpmukalampur@gmail.com



To

Letter No- 990

Dated- 31.01.2026

To

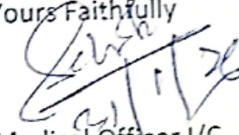
The Member Secretary
State Pollution Control Board,
Bhubaneswar, Odisha

Sub-Submission of Annual Report on BMW Management of CHC Kalampur for the year 2025.

Sir,

I am submitting herewith the Annual Report on Bio Medical Waste Management of CHC Kalampur, Kalahandi for the year 2025 for favour of your kind information and necessary action.

Yours Faithfully

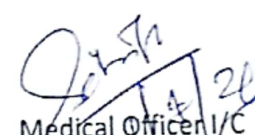

Medical Officer I/C

CHC Kalampur
Medical Officer I/c
CHC, Kalampur

Memo No- 991

Dated- 31.01.2026

Copy submitted to the Regional Officer, SPCB, Rayagada for favour of kind information and necessary action.


Medical Officer I/C

CHC Kalampur

Medical Officer I/c
CHC, Kalampur



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 | : | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Dr. Sibasis Swain |
| | (ii) Name of HCF or CBMWTF | : | CHC Kalampong |
| | (iii) Address for Correspondence | : | CHC Kalampong |
| | (iv) Address of Facility | : | ATIPU- Kalampong |
| | (v) Tel. No, Fax. No | : | 9939980235 |
| | (vi) E-mail ID | : | bpmukalampong@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.: 18684... Date: 17/10/2023valid up to 31.03.2024 |
| | (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:..... 06 |
| | (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 : 372.700 | | |
| | | Red Category : 236.300 | | |
| | | White: 18.640 | | |
| | | Blue Category : 174.900 | | |
| | | General Solid waste: 974.000 | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | |
| (i) Details of the on-site storage facility : | Size : | 21 X 16 | | |
| | Capacity : | | | |
| | Provision of on-site storage : (cold storage or any other provision) | | | |
| (ii) Details of the treatment or disposal facilities : | 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: | | | 04 05 bft 01 bft |
| (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 : | Quantity generated | Where disposed | | |

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

Certified that the above report is for the period from

..... *January 2025 to December 2025*

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[Signature]
 Name and Signature of the Head of the Institution
Medical Officer I/c
CHC, Kalampur

Date: *31.01.2026*
 Place: *CHC Kalampur.*