



OFFICE OF THE DMO (MS) Cum SUPERINTENDANT
District Head Quarter Hospital, Balasore
ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସାଳୟ, ବାଲେଶ୍ୱର
Department of Health & Family Welfare, Govt. of Odisha



Letter No: 4572

Date 29.06.26

To,
The Regional Officer,
Pollution Control Board, Balasore

Sub: - Submission of BMWM Annual report.

Sir,

With reference to the subject mentioned above, I am submitting here with the Bio Medical Waste Management Annual report of District Hospital, Balasore for the year 2025 has been attached for your ready reference.

This is for your information and necessary action.

Enclosed – Annual report

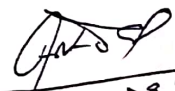
Yours Faithfully


29/6/26
DMO(MS)-cum Superintendent
DHH, Balasore

Memo No: 4573

Date: 29.06.26

1. Copy to DPHO Balasore for information.
2. Copy to the State Pollution Control Board, Bhubaneswar, Odisha for information.


29/6/26
DMO(MS)-cum Superintendent
DHH, Balasore

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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	Dr Amulya Kumar Das
	I. Name of the authorized person (occupier or operator of facility)	:	Dr Amulya Kumar Das
	II. Name of Health Care Facility	-	DHH Balasore
	III. Address for Correspondence		District Headquarter Hospital, Balasore Near cinema chhak, Mauja-Bag Brundaban, At/Po-Balasore, Pin-756001
	IV. Address of Facility	-	District Headquarter Hospital, Balasore Near cinema chhak, Mauja-Bag Brundaban, At/Po-Balasore, Pin-756001
	V. (v)Tel. No, Fax. No		06782-262098
	VI. E-mail ID		hdtbalasore@gmail.com
	VII. URL of Website	-	www.balasore.dhhodisha.in
	VIII. GPS coordinates of Health Care Facility		
	IX. Ownership of Health Care Facility		State Government
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		Authorization No.:11597 dt: 30.10.2019 valid up to: 31.03.2024(applied)
	XI. Status of Consents under Water Act and Air Act		Valid up to: 31.03.2026 (applied)
2	Type of Health Care Facility	:	
	I. Bedded Hospital	:	No. of Beds: 430
	ii.Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	

Sl. No

	(iii) License number and its date of expiry																																		
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 13491.755KG																																
			Red Category : 29687.462KG																																
			White: 618.262KG																																
			Blue Category : 11863.449KG																																
			General Solid waste:																																
4	Details of the Storage, treatment, transportation, processing and Disposal Facility																																		
	(i) Details of the on-site storage facility		Size :																																
			Capacity :																																
			CBWTF: Soro																																
			Provision of on-site storage : (cold storage or any other provision)																																
	(ii) disposal facilities		<table> <tr> <th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg/day</th><th>Quantity treated or dispose</th></tr> <tr> <td>Incinerators</td><td>NA</td><td></td><td></td></tr> <tr> <td>Plasma Pyrolysi</td><td>NA</td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td>1</td><td></td><td></td></tr> <tr> <td>Microwave</td><td>NA</td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td>NA</td><td></td><td></td></tr> <tr> <td>Shredder</td><td>1</td><td></td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td>50nos</td><td></td><td></td></tr> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or dispose	Incinerators	NA			Plasma Pyrolysi	NA			Autoclaves	1			Microwave	NA			Hydroclave	NA			Shredder	1			Needle tip cutter or destroyer	50nos		
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Needle tip cutter or destroyer	50nos																																		

			Sharps Encapsulation or concrete pit	5nos	3 kg 36gm	
			Deep burial pits	6nos		
			Chemical disinfection	4nos		
			Any other treatment equipment			
	iii. Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.					
	iv. No of vehicles used for collection and transportation of		4 Nos			
	v. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	NA	Incineration & Ash ETP	Quantity Generated	where Disposed	
	vi. List of member HCF not handed over bio-medical	Nil				
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes				
6	Details trainings conducted on BMW					
	I. Number of trainings conducted on	3				
	II. number of personnel trained	480				
	III. number of personnel trained at the time of induction	480				
	IV. number of personnel not undergone any training so far	Nil				
	V. whether standard manual for training is available?	Yes				
	VI. any other information)					

7	Details of the accident occurred during the year		
	I. Number of Accidents		0
	II. Number of the persons affected		0
	III. Remedial Action taken (Please attach		
	IV. Any Fatality occurred, details.		No
8	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		Yes
	Details of Continuous online emission monitoring systems installed		Na
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Managed by low cost liquid treatment facility.
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Na
11	Any other relevant information		

Certified that the above report is for the period from 1st January to 31st December

Date: 29.06.26
Place: Balasore

Name and signature of Head of the Institution
29/6/26
District Medical Officer
-cum-
Superintendent, DHH, Balasore