Letter NO – 09
Date – 08.01.2026

ODISHA

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 Subrata Nayak
	(i) Name of the authorised person (occupier or operator of facility)	Urban CHC Unit IV SSR
	(ii) Name of HCF or CBMWTF	
	(iii) Address for Correspondence	Beside SAIL Office, Unit IV
	(iv) Address of Facility	
	(v)Tel. No, Fax. No	
	(vi) E-mail ID	uchcunitiv@gmail.com
	(vii) URL of Website	www.uchcunit4.in
	(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: 10550 valid up to – 31.03.2027
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 31/03/2028
2.	Type of Health Care Facility	No. of Beds: 30
	(i) Bedded Hospital	
	(ii) Non-bedded hospital	

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	(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 : 270.595 Kg
		Red Category : 182.009 Kg
		White: 5.494 Kg
		Blue Category : 122.674 Kg
		General Solid waste:
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)

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			

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		Needle tip cutter or destroyer –			
		Sharps encapsulation or concrete pit –			
		Deep burial pits:			
		Chemical disinfection: -			
		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 biomedical waste				
	(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			
	(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.	01			
	(ii) number of personnel trained	40			
	(iii) number of personnel trained at the time of induction				

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	(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:-

1st January 2024 to 31st December 2024

Date: 03.05.2025

Place BBSR.

Name and Signature of the Head of the Institution

Narayan 28/4/25

SUPERINTENDENT
UCHC-UNIT-IV
BHUBANESWAR

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