Form -IV (See Rule 13) BMW Monthly Report, April'2021

[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 | | |
|------------|---|---|---|
| | Particulars of the Occupier | : | WOODLANDS MULTISPECIALITY HOSPITAL |
| | (i) Name of the authorized person | : | Dr. MALATI PURKAIT |
| | (occupier or operator of facility) | | |
| | (ii) Name of HCF or CBMWTF | : | WOODLANDS MULTISPECIALITY HOSPITAL |
| | (iii) Address for Correspondence | : | 8/5, Alipore Road, Kolkata- 700027 |
| | (iv) Address of Facility | | DO |
| | (v)Tel. No, Fax. No | | (033) 4033 7000 |
| | (vi) E-mail ID | : | infectioncontrol@woodlandshospital.in |
| | (vii) URL of Website | | www.woodlandshospital.in |
| | (viii) GPS coordinates of HCF or CBMWTF | | Submitted |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) Private |
| | (x). Status of Authorization under | : | Authorization No.: |
| | the Bio-Medical Waste (Management and Handling) Rules | | 35/2S(BM)-653/2000-2001 valid up to 30.04.2024 |
| | (xi). Status of Consents under Water Act and Air Act | | Valid up to: 30.04.2024 |
| | Type of Health Care Facility | : | Hospital |
| | (i) Bedded Hospital | | No. of Beds: 258 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NA |
| | (iii) License number and its date of expiry | | 34219151 Expiry Date:- 14.06.2022 |
| | Details of CBMWTF | : | NA |
| | (i) Number healthcare facilities covered by | | NA |
| | (ii) No of beds covered by | : | NA |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | | Kg per day NA |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | | Kg/day NA |

| ļ. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Yellow Category : 3780.77 KG/ Month | | | |
|----|--|---|---|--|--|--|
| | | | Red Category: 3568.91 KG/ Month | | | |
| | | | White: 101.11 KG/ Month | | | |
| | | | Blue Category: 784.07 KG/Month | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site | : | Size : 115 SQFT | | | |
| | storage facility | | Capacity: N/A | | | |
| | | | Provision of on-site storage : (cold storage or any other provision | | | |
| | disposal facilities | | Type of treatment No Cap Quantity equipment of | | | |
| | | | acit treatedo | | | |
| | | , | unit y r | | | |
| | | | s Kg/ disposed day in kg per annum | | | |
| | | | Incinerators Plasma Pyrolysis | | | |
| | | | Autoclaves Microwave Hydroclave | | | |
| | | | Shredder | | | |
| | | | Needle tip cutter or | | | |
| | | | destroyer | | | |
| | | | Sharps | | | |
| | the section of the se | | encapsulation or - concrete pit | | | |
| | | | Deep burial pits: | | | |
| | | | Chemical | | | |
| | 7. N. O | | disinfection: | | | |
| | (iii) Quantity of recyclable wastes | | Red Category (like plastic, glass etc.) | | | |
| | sold to authorized recyclers after | | | | | |
| | treatment in kg per annum. | | | | | |
| | (iv) No of vehicles used for collection and transportation of | | NA NA | | | |
| | (v) Details of incineration ash and | | Quantity Where generated disposed NA | | | |
| | ETP sludge generated and disposed | | Incineration Ash | | | |
| | during the treatment of wastes in Kg | | ETP Sludge | | | |
| | per annum | • | | | | |
| | (v1) Name of the Common Bio- | : | NA | | | |
| | Medical Waste Treatment Facility | | | | | |
| | Operator through which wastes are | | | | | |
| | (vii) List of member HCF not | | NA | | | |
| | handed over bio-medical waste. | | | | | |
| | Do you have bio-medical waste | | YES | | | |
| | management committee? If yes, | | | | | |
| | attach minutes of the meetings held | | | | | |
| | during the reporting period | | | | | |
| | Details trainings conducted on BMW | | | | | |

| _ | (i) Number of trainings conducted on | | NA |
|---|---|---|---|
| | BMW Management. | | |
| | (ii) number of personnel trained | | NA |
| | (iii) number of personnel trained at the time of induction | | , NA |
| | (iv) number of personnel not undergone any training so | | NIL |
| | (v) whether standard manual for training is available? | | YES |
| | (vi) any other information) | | NIL |
| | Details of the accident occurred during the year | | NIL , |
| | (i) Number of Accidents occurred | | NIL |
| | (ii) Number of the persons affected | | NIL |
| | (iii) Remedial Action taken (Please attach details if any) | | NIL |
| | (iv) Any Fatality occurred, details. | | NIL |
| | Are you meeting the standards of air Pollution from the incinerator? How | | NA |
| | many times in last year could not | | |
| * | Details of Continuous online emission monitoring systems | | NA . |
| 0 | Liquid waste generated and treatment methods in place. How | 3 | <u>STP</u> |
| | many times you have not met the standards in a year? | | For Annual Maintenance we are taking seven days shut down to upkeep STP |
| 1 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | · NA |
| 2 | Any other relevant information . | : | (Air Pollution Control Devices attached with the Incinerator) NA |

Certified that the above report is for the period: - 01/04/2021 to 30/04/2021

Name and Signature of the Head of the Institution

Date:- 05/05/2021 Place:- KOLKATA