

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : 8371523

Period : 2025

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	Dr Rupak Barua
(ii) Name of HCF or CBMWTF:	Woodlands Multispeciality Hospital Limited
(iii) Address for Correspondence:	8/5 Alipore Road, Kolkata-27
(iv) Address of Facility:	8/5 Alipore Road, Kolkata-27
(v) Tel. No.:	9007157092
(vi) Fax. No.:	-
(vii) E-mail ID:	ajay.singh@woodlandshospital.in
(viii) URL of Website:	www.woodlandshospital.in
(ix) GPS coordinates of HCF of CBMWTF:	22.5323 degree N, 88.3292 degree E
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: WBPCB/2503755/2022 Valid Upto: 30/04/2029
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 30/04/2029
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds (for Bedded Hospital):	165.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	NA
(iii) Licence Number:	2503755
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 21430.14 Red Category: 31128.29 White Category: 615.78 Blue Category: 5685.19 General Solid Waste: 5715
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	
(i) Details of the on-site storage facility:	Size: 115 Capacity: 1000 Provision of on-site storage: with Exhaust

(ii) Disposal Facility:	<table border="1"> <thead> <tr> <th>Type of Treatment Equipment</th> <th>Number of Units</th> <th>Capacity(Kg/day)</th> <th>Quantity Treated or Disposed(Kg/annum)</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">List is Empty</td> </tr> </tbody> </table>				Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)	List is Empty			
Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)									
List is Empty												
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0											
(iv) No of vehicles used for collection and transportation of BMW:	33											
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th>Type of waste</th> <th>Quantity Generated</th> <th>Where disposal</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">List is Empty</td> </tr> </tbody> </table>				Type of waste	Quantity Generated	Where disposal	List is Empty				
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List is Empty												
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	Medicare Environmental Management Pvt. Ltd.											
5. Do you have BMW management committee:	yes											
details:	YES IT IS THE SAME COMMITTEE AS THE HICC											
6. Training Conducted on BMW Details												
(i) Number of training conducted on BMW Management:	62											
(ii) Number of personnel trained:	590											
(iii) Number of personnel trained at the time of induction:	120											
(iv) Number of personnel not undergone any training so far:	0											
(v) Whether standard manual for training is available:	yes											
(vi) Any other information:	NA											
7. Details of the accident occurred												
(i) No. of accident occurred:	0											
(ii) Number of the persons affected:	0											
(iii) Remedial Action taken:	NA											
(iv) Any Fatality occurred, details:	0											
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	NA											
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:	STP for annual maintenance 7 days shut down is taken											
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards, a year?:	yes											
11. Any other relevant information:	NA											


 Name and Signature of the Head of the Institution

Date :16/04/2026

Place : Kolkata



Minutes of the Infection Control Committee Meeting
Held on 24th JUNE 2025 (Tuesday) at 02:30 pm (Board Room)

Meeting Attended By:

• Dr. Priyanka Bahl; Director of Medical Services	• Rupankar Sanyal- HOD Quality
• Dr. Dip Narayan Mukherjee: Consultant Microbiologist & IC Chairperson	• Ms. Arundhati Giri : Chief Nursing Officer
• Dr. Soutik Panda: Critical Care Consultant and In charge	• Ms. Sarojini Panda Kar: Chief of Nursing Quality
• Dr. Saumitra Chatterjee: Additional MS	• Mr. Subrata Das: Senior Manager HK
• Dr. Soumyadeep Seal: Microbiologist & ICO	• Mr Ankur Prasad Bose: Senior Manager (F& B)
• Dr. Udayan Bakshi: Consultant Anesthetist	• Ms. Uma Rani Pati : Nurse Manager (OT)
• Dr. Smita Karmakar-AMS	• Mr Anirban Deb-Pharmacy
• Ms. Alo Sengupta: Nursing Director	• Ms Piu Pramanik-ICN
• Ms. Debabrati Chatterjee-HR	

Absent List

• Mr Bappa Roy CSSD	• Ms Sliva Maji-ICN



SL NO	POINTS DISCUSSED	RECOMMENDATION	RESPONSIBILITY	EDC
Follow Up Issue				
1	Biomedical Waste management	Waste management policy is not followed uniformly. Color coded bags are wrongly placed. So housekeeping department will audit and monitor the same and the audit report to be shared in the Infection control committee meeting.	Mr. Subrata Das	ASAP
2	Disinfection Solution	During round we are observing disinfection solution is not labeled properly and staff has no clear knowledge regarding solution. It was suggested in the meeting that housekeeping staff need to be trained frequently.	Mr. Subrata Das	ASAP
3	Cleaning in high Risk areas (All procedure room ,Dialysis, ENT, Emergency, Pathology, OT and Cath lab)	High risk areas cleaning is not up to the mark. There is no evidence of cleaning after each procedure. Few areas they started high cleaning in the end of the day but it will be for all areas.	Mr. Subrata Das	ASAP
4	Housekeeping Practice :	<p>During garbage changing they are not changing plastic.</p> <p>Diluted Floor cleaning agent supplied in the unit due to shortage of the solution</p> <p>Solution dilution provision is not available.</p> <p>Solution dilution ratio not display and staff also not aware.</p> <p>Soiled linen trolley is full of dust, not cleaning periodically.</p>	Mr. Subrata Das	ASAP
5	Investigation Charges Policy in case of NSI &	At present NSI & Occupational Hazards policy applicable for the hospital employee but we have to	Mr. Bappa Ghosh	Implemented



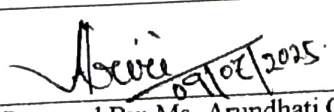
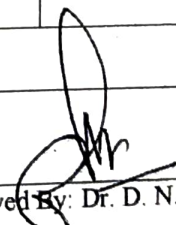
	Occupational Hazards	include student and trainee nurse also.		
6	Employee Health checkup Policy	HR will prepare policy for employee health checkup after consulting with infection control team. Policy include process of investigation, billing and fitness.	Mr. Bappa Ghosh	Implemented
7	Hazmat Safety Officer	At present we do not have hazmat officer for taking care of hospital hazards material and handling. So we need someone for hazmat safety officer and he/she will take care of all. Suggested in the meeting that from housekeeping department we have to nominate someone.	Mr. Subrata Das	Implemented
8	Discharge Summary for the Endoscopy department	Assessor raised noncompliance because of not provide any instruction/discharge summary to the patient during discharge. Henceforth we will formulate one discharge summary and provide to each patient.	Dr Saumitra Chatterjee	In process, to be presented in safety meeting.

Agenda

1	Discussion on HAI	All HAI data discussed. In the month of April,25 VAP- 0, CLABSI- 0, SSI-0 , CAUTI- 2, NSI- 0, CDF- 1, HAP- 2.& In the month of May,25 VAP- 0, CLABSI- 0, SSI-0 , CAUTI- 1, NSI- 2, CDF- 0, HAP- 2.	Discussion	
2	Process of Infected ,Soiled and Baby linen handling	At present baby linen is washing without disinfection in the linen department whereas all other linens are washing in the outside. Suggested in the meeting, all linen should send to outside laundry immediately . For infected linen process will be redefine by infection control team.	Mr Subrata Das	ASAP
3	New designated area of linen shorting	At present soil linen sorting in the stair where is a chances of contamination so suggested by committee to find out new designated area for linen shorting.	Medical admin	ASAP



4	Disposal of blood bag	For disposed of blood bag, committee suggested to procure discard autoclave and designated place to keep and start as soon as possible..	Medical admin and infection control team	ASAP
5	Prophylactic Antibiotics	During audit we notice few deviation of appropriateness of prophylactic antibiotics. Committee suggested for one to one discussion for the deviation	Medical admin and infection control team	Next meeting
6	Restructure of IC, BMW & AMS Committee	Committee Suggested that member will be the same for the three committee. Member list need to be revised.	Infection control team and medical Admin	Next meeting
7	Biological Indicator Test	In the existing incubator we cannot test biological indicator. Committee suggested to procure and start as soon as possible.	Microbiology & infection control team	Next meeting
8.	Employee Annual Check Up	At present annual checkup not done for all employee. So suggested by committee, Test list provided by infection control team and HR will be implement soon.	Infection control team & HR	Next meeting
9	Contamination of Blood culture	Increase incident of Blood culture contamination. So we are planning to conduct sample collection training program in the month of July.	Infection control Team	Next meeting
	Infection control Training and activities	At present we are conducting only spot training because we do not have training place. For that we are planning to do structure certification training for the AMS and surface disinfection training from CAHO.	Infection control Team	Next meeting

 Prepared By: Ms. Arundhati Giri	 Approved By: Dr. D. N. Mukherjee
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N.B- Probable Date of Next Infection Control Committee Meeting – 2nd Week of July -2025

Medicare Environmental Management Private Limited (41, F Road, Belgachia Howrah - 711105) may deploy any of the following vehicles for Bio-Medical Waste (BMW) collection and transportation

Vehicle Number	Type
WB11F 1072	TATA 407 Gold
WB11F 0913	TATA 407 Gold
WB15D 8079	TATA 407
WB15D 8039	TATA 407
WB11F 0450	TATA ACE HT
WB11F 0446	TATA ACE HT
WB11F 0429	TATA ACE HT
WB11F 0416	TATA ACE HT
WB15D 5887	TATA ACE HT
WB11F 0410	TATA ACE HT
WB11F 2225	Eicher Pro 6028
WB11F6441	EV Tata Ace
WB11F6433	EV Tata Ace
WB11F8309	TATA Intra
WB11F8322	TATA Intra
WB11H4829	Eicher Pro 2049
WB11G0919	EV Tata Ace
WB11G0927	EV Tata Ace
WB11G0947	EV Tata Ace
WB11G0949	EV Tata Ace
WB11H 9054	EV Tata Ace
WB11H 9059	EV Tata Ace
WB11H 9081	EV Tata Ace
WB11H 9072	EV Tata Ace
WB11N 4215	EV Montra
WB11N 4207	EV Montra
WB11N 4229	EV Montra
WB11N 4185	EV Montra
WB11N 4180	EV Montra
WB11N 4246	EV Montra
WB11P0818	EV Montra
WB11P0815	EV Montra
WB11P0849	EV Montra

33

S. B. S. / Registered
Company



Kindly note the above for your information.

Date : 01.11.2025

FORM – I
[(See rule 4(o), 5(i) and 15 (2))

ACCIDENT REPORTING

- | | |
|---|-----|
| 1 Date and time of accident : | NIL |
| 2 Type of Accident : | NA |
| 3 Sequence of events leading to accident : | NA |
| 4 Has the Authority been informed immediately : | NA |
| 5 The type of waste involved in accident : | NA |
| 6 Assessment of the effects of the accidents on human health and the environment: | NA |
| 7 Emergency measures taken : | NA |
| 8 Steps taken to alleviate the effects of accidents : | NA |
| 9 Steps taken to prevent the recurrence of such an accident : | NA |
| 10 Does your facility have an Emergency Control policy? If yes give details: | Yes |

The hospital has a protocol for spill management, major & minor, where all concerned authorities are involved in the reporting & Root Cause Analysis followed by corrective & preventive actions for mitigation.

Signature

Name: Mr. Rupak Barua

Designation: Managing Director & CEO

Date :

Place: Kolkata