Form -IV (See Rule 13) January'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.	Particulars	Τ-		
No.				
1.	Particulars of the Occupier	:	WOODLANDS MULTISPECIALITY HOSPITAL	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. MALATI PURKAIT	
	(ii) Name of HCF or CBMWTF	 	WOODLANDS MULTISPECIALITY HOSPITAL	
	(iii) Address for Correspondence	1:	8/5, Alipore Road, Kolkata- 700027	
	(iv) Address of Facility	1	DO	
	(v)Tel. No, Fax. No	1:	(033) 4033 7000	
	(vi) E-mail ID	1:	infectioncontrol@woodlandshospital.in www.woodlandshospital.in Submitted	
	(vii) URL of Website	1		
	(viii) GPS coordinates of HCF or CBMWTF			
	(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		35/2S(BM)-653/2000-2001 valid up to 30.04.2024	
	(Management and Handling) Rules			
	(xi). Status of Consents under Water Act and Air Act	;	Valid up to: 30.04.2024	
$\cdot \mid$	Type of Health Care Facility	:	Hospital	
	(i) Bedded Hospital	:	No. of Beds: 258	
ļ	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA 34219151	
	(iii) License number and its date of			
+	expiry Details of CBMWTF		Expiry Date: - 14.06.2022	
-		:	NA	
	(i) Number healthcare facilities covered by	:	NA	
\int	(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	

	Quantity of waste generated or	:	Yellow Category:	4412.1	16 KG	/ Month					
	disposed in Kg per annum (on		Red Category:	4603.9	01 KG/	/ Month					
,	monthly average basis)		White:			Month					
		ĺ	Blue Category:	787.09	KG/N	Month					
											
	Details of the Storage, treatment, transportation, processing and Disposal Facility										
	(i) Details of the on-site : storage facility		Size : 115 SQ			<u>.</u>					
			Capacity: N/A		·						
			Provision of on-site s	torage	· (col	ld storage or any other provision)					
				norugo	. (601	id storage of any other provision)					
	disposal facilities		Type of treatment	No	Cap	Quantity equipment of					
				acit	treate						
			ĺ	unit	у	r					
			,	S	Kg/	disposed day in kg per annum					
			Incinerators Plasma I	yrolysis	5	F					
			Autoclaves Microwa								
ŀ			Shredder	•							
			Needle tip cutter or								
			destroyer		-						
		:	Sharps								
ŀ			encapsulation or		- co	ncrete pit					
			Deep burial pits:								
			Chemical								
Ĺ			disinfection:		-						
	(iii) Quantity of recyclable wastes	:	Red Category (like plast	tic, glass	etc.)	NA					
	sold to authorized recyclers after										
	treatment in kg per annum.			•							
	(iv) No of vehicles used for	:				NA					
	collection and transportation of										
	(v) Details of incineration ash and		Quantity Where generat	ted dispo	osed	NA					
	ETP sludge generated and disposed		Incineration Ash	_							
	during the treatment of wastes in Kg		ETP Sludge								
	per annum										
	(vi) Name of the Common Bio-	:				NA					
	Medical Waste Treatment Facility										
	Operator through which wastes are										
	(vii) List of member HCF not handed					NT A					
	over bio-medical waste.					NA					
5	Do you have bio-medical waste		<u> </u>			YES					
	management committee? If yes,			*		1 23					
	attach minutes of the meetings held					•					
	during the reporting period										
	Details trainings conducted on BMW					<u>.</u>					

	(i) Number of trainings conducted on BMW Management.		NA				
	(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 many times in last year could not		NA				
	Details of Continuous online emission monitoring systems		NA				
	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP				
			For Annual Maintenance we are taking seven days shut down to upkeep STP				
	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: -

January'2021

Name and Signature of the Head of the Institution

Dr Saptarshi Basu

Deputy Medical Superintendent Regn No: 60616 WBMC Woodlands Multispeciality Hospital Ltd.

Date:-

Place:- KOLKATA