

**Form -IV**  
**(See Rule 13)**  
**MARCH -2021**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)] .

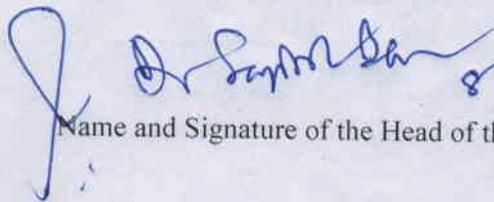
| Sl. No.  | Particulars  |   |
|--|--|---|
| 1.   | Particulars of the Occupier  | <b>WOODLANDS MULTISPECIALITY HOSPITAL</b>   |
|  | (i) Name of the authorized person (occupier or operator of facility)   | <b>Dr. MALATI PURKAIT</b>   |
|  | (ii) Name of HCF or CBMWTF   | <b>WOODLANDS MULTISPECIALITY HOSPITAL</b>   |
|  | (iii) Address for Correspondence   | <b>8/5, Alipore Road, Kolkata- 700027</b>   |
|  | (iv) Address of Facility   | <b>DO</b>   |
|  | (v) Tel. No, Fax. No   | <b>(033) 4033 7000</b>  |
|  | (vi) E-mail ID   | <b>infectioncontrol@woodlandshospital.in</b>  |
|  | (vii) URL of Website   | <b>www.woodlandshospital.in</b>   |
|  | (viii) GPS coordinates of HCF or CBMWTF  | <b>Submitted</b>  |
|  | (ix) Ownership of HCF or CBMWTF  | <b>(State Government or Private or Semi Govt. or any other)-----<br/>Private</b>                                    |
|  | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules   | <b>Authorization No.:<br/><u>10/2S(BM)-6453/2000-2001 valid up to 30.04.2019</u><br/><u>Applied For Renewal</u></b> |
| (xi). Status of Consents under Water Act and Air Act | <b>Valid up to: 30.04.2019<br/><u>Applied For Renewal</u></b>  |   |
| 2.   | Type of Health Care Facility   | <b>Hospital</b>   |
|  | (i) Bedded Hospital  | <b>No. of Beds:..... 268</b>  |
|  | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | <b>NA</b>   |
|  | (iii) License number and its date of expiry  | <b><u>L/68(95)/R/16/0194</u><br/><u>Expiry Date:- 14.06.2019</u></b>  |
| 3.   | Details of CBMWTF  | <b>NA</b>   |
|  | (i) Number healthcare facilities covered by  | <b>NA</b>   |
|  | (ii) No of beds covered by   | <b>NA</b>   |
|  | (iii) Installed treatment and disposal capacity of CBMWTF:   | <b>_____ Kg per day</b>   |
|  | (iv) Quantity of biomedical waste treated or disposed by CBMWTF  | <b>_____ Kg/day</b>   |

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                                   | :   | Yellow Category :                       | <b>2705.56 KG/ Month</b>              |
|  |   | Red Category :                          | <b>2971.45 KG/ Month</b>              |
|  |   | White:                                  | <b>73.3 KG/ Month</b>                 |
|  |   | Blue Category :                         | <b>587.33 KG/Month</b>                |
|  |   | General Solid waste:                    | <b>60.91 KG/Month</b>                 |
| 5  | Details of the Storage, treatment, transportation, processing and Disposal Facility   |   | NA                                    |
| (i) Details of the on-site storage facility  | :   | Size :                                  | 125 SQFT                              |
|  |   | Capacity :                              |                                       |
|  |   | Provision of on-site storage :          | (cold storage or any other provision) |
| disposal facilities  |   | Type of treatment                       | No acit unit s                        |
|  |   | Cap acit y                              | Quantity equi pment of r              |
|  |   | disposed day                            | in kg per annum                       |
|  |   | Incinerators Plasma Pyrolysis           |                                       |
|  |   | Autoclaves Microwave Hydroclave         |                                       |
|  |   | Shredder                                |                                       |
|  |   | Needle tip cutter or destroyer          |                                       |
|  |   | Sharps encapsulation or                 | - concrete pit                        |
|  |   | Deep burial pits:                       |                                       |
|  |   | Chemical disinfection:                  |                                       |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                    | :   | Red Category (like plastic, glass etc.) | NA                                    |
| (iv) No of vehicles used for collection and transportation of  | :   |   | NA                                    |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | :   | Quantity Where generated disposed       | NA                                    |
|  |   | Incineration Ash                        |                                       |
|  |   | ETP Sludge                              |                                       |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed              | :   |   | NA                                    |
| (vii) List of member HCF not handed over bio-medical waste.  | :   |   | NA                                    |
| 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.  | N/A  |
|    | (ii) number of personnel trained  | N/A  |
|    | (iii) number of personnel trained at the time of induction  | N/A  |
|    | (iv) number of personnel not undergone any training so  | NIL  |
|    | (v) whether standard manual for training is available?  | YES  |
|    | (vi) any other information)   | NIL  |
| 8  | 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.  |  |
| 9. | 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   |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   | <u>STP</u><br><u>For Annual Maintenance we are taking seven days shut down to upkeep STP</u> |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | NA   |
| 12 | Any other relevant information :  | (Air Pollution Control Devices attached with the Incinerator)<br>NA                          |

Certified that the above report is for the period: -

March' 2021

 8/4/2021  
Name and Signature of the Head of the Institution

Date:-

Place:- KOLKATA

