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.	Particulars		
No.			
1.	Particulars of the Occupier	<u> </u>	
	(i) Name of the authorised person (occupier or operator of facility)	;	DR. SANGHAMITRA BHOWMIK.
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	KATAR POLPS-1311ATAR 7131 25
	(iv) Address of Facility		- Do -
	(v)Tel. No, Fax. No	:	9883304176
	(vi) E-mail ID	:	bhatanenhospital@@mail.com
	(vii) URL of Website		W.w.w.bhalansqhospital.org
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or
			Semi-Govt. or any other)
		:	Authorisation No.:
	Waste (Management and Handling) Rules		D00.99.8.5valid up to .31.3. 23.
	(xi). Status of Consents under Water Act and Air	:	Valid up to:
- 1	Act		, and up to:
2.	Type of Health Care Facility	:	RURAL HOSPITAL
	(i) Bedded Hospital	:	No. of Beds:50
6.	(ii) Non-bedded hospital	:	
i,	(Clinic or Blood Bank or Clinical Laboratory or		NA.
	Research Institute or Veterinary Hospital or any		
	other)		
	(iii) License number and its date of expiry		NA
3. 1	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF		N/F
(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day NA

				NA	o/day		
	(iv) Quantity of biomedical waste treat	ed or	disposed :	14/1	Lg/ day		
	by CBMWTF			Vallow	Categor	v :	3000 Kg
4.	Quantity of waste generated or dispos	sed in	Kg per :		tegory		516 kg (A
	annum (on monthly average basis)			White:			La CAppr
							o kg Cape
			-	I			
							4356 Kgr (
5	Details of the Storage, treatment, transp	ortati	on, processing	and Dispo	sal Facil	ıty	•
- 1	(i) Details of the on-site storage	:	Size :	10 F1 X	15 f l		
	facility		Capacity:	150 S	2 Ct ·		
			Provision o	f on-site	storage	: (co	ld storage or
	The state of the state of		any other pr	ovision) 🔾	OMMO	امی د	LECTION P
- 1	(ii) Details of the treatment or	:	Type of t	reatment	No	Cap	
	disposal facilities		equipmen		of	acit	treatedo
	and the second of the first of the				unit	$\mathbf{y}^{'}$	r
					s	Kg/	disposed
						day	in kg
W - 6	Act San Control	-					per
						1	annum
			Incinerato	ors			
			Plasma P	•			
			Autoclave	_			
			Microway				
			Hydrocla	ve			
			Shredder				
			Needle tip	cutter or	8		
			destroyer			-	
	* - * * * * * * * * * * * * * * * * * *		Sharps				
			encapsula			-	
	F 1 1		concrete p				
			Deep buri		ì		2350Sq
	4 4		Chemical			_	2350Set
			disinfection		Ť	-	,033
			_	treatment			
<i>(</i> ::	i) Overtity of		equipmen				
	(iii) Quantity of recyclable wastes:		Red Categor	y (like plas	tic, glass	s etc.)	
	ld to authorized recyclers after		NA				
	atment in kg per annum.						
	y) No of vehicles used for collection	:					
an	or oromodical			14/4	4 ,		
	ste						
	Details of incineration ash and			Quan	tity	Wh	iere
ET	P sludge generated and disposed	"		gener			posed

	during the treatment of	
	during the treatment of wastes in Kg per annum	Incineration
	Per samuli	Ach
	(c) N	NIF
	(vi) Name of the Common Bio-	
	Medical Waste Treatment Facilia	M/S SNG ENVIROSOLUTIONS
	operator inrough which wastes are	PRIVATE LIMITED
	disposed of	
	(vii) List of member HCF not handed	
	over bio-medical waste.	N/A
6	Do you have bio-medical waste	7.
	management committee? If yes, attach	
	minutes of the meetings held during	YE\$
	the reporting period	
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on	
	BMW Management.	12
	(ii) number of personnel trained	
	(iii) number of personnel trained at	65 (once head count)
	the time of induction	5
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for	
	training is available?	YES
	(vi) any other information)	NA
8		NA
0		NA
	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		
	Pollution from the incinerator? How	N/A·
	many times in last year could not met	
	the standards?	
	Details of Continuous online emission	N/A.
	monitoring systems installed	
1	0 Liquid waste generated and treatment	I REFER INCIDENT TRANSPORT
-	methods in place. How many times	0
a di salatana	you have not met the standards in a	OT COMMON DRAIN.
	year?	
1	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.
Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certi	fied that the above repo	ort is for the period	from 2020 TO DECEMBER 2020
	••••••		
	•••••••	•••••	Bhownik 5:3.21
			Name and Signature of the Head of the Institution
	5.3.21		Block Medical Officer of Health C. R. Hospital, Bhatar Block
Place	Bhatan		Bhatar, Purba Bardhaman