

Form -IV
(See Rule 13)
BMW Monthly Report, Nov'2022

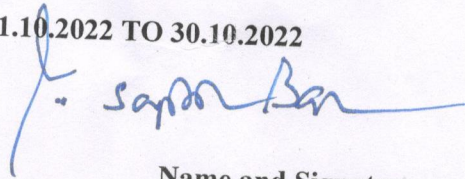
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| Sl. No. | Particulars | | |
|---------|----------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------|
| 1. | Particulars of the Occupier | : | WOODLANDS MULTISPECIALITY HOSPITAL |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Dr. RUPALI BASU (Managing Director & Chief Executive Officer) |
| | (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)----- <u>Private</u> |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: <u>35/2S(BM)-653/2000-2001 valid up to 30.04.2024</u> |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 30.04.2024 |
| 2. | 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 | | <u>34219151</u> <u>Expiry Date:- 30.04.2024</u> |
| 3. | 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: | : | NA |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA |

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| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : <u>1387.19 KG/ Month</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Red Category : <u>1353.72 KG/ Month</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | White: <u>65.88 KG/ Month</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Blue Category : <u>322.32 KG/Month</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | Size : 115 SQFT | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Capacity : N/A | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Provision of on-site storage : (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | disposal facilities | | <table border="0"> <tr> <td>Type of treatment</td> <td>No</td> <td>Cap</td> <td>Quantity equipment</td> <td>of</td> </tr> <tr> <td></td> <td>acit</td> <td>treatedo</td> <td></td> <td></td> </tr> <tr> <td></td> <td>unit</td> <td>y</td> <td>r</td> <td></td> </tr> <tr> <td></td> <td>s</td> <td>Kg/</td> <td>disposed day</td> <td>in kg</td> </tr> <tr> <td></td> <td></td> <td></td> <td>per annum</td> <td></td> </tr> </table> Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer - Sharps encapsulation or - concrete pit Deep burial pits: Chemical disinfection: - | Type of treatment | No | Cap | Quantity equipment | of | | acit | treatedo | | | | unit | y | r | | | s | Kg/ | disposed day | in kg | | | | per annum | |
| Type of treatment | No | Cap | Quantity equipment | of | | | | | | | | | | | | | | | | | | | | | | | | |
| | acit | treatedo | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | unit | y | r | | | | | | | | | | | | | | | | | | | | | | | | | |
| | s | Kg/ | disposed day | in kg | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | per annum | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (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 Incineration Ash NA ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are | : | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|-----------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------------|
| | (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 | | 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 |
| 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. | | NIL |
| 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? | | STP <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) NA |

Certified that the above report is for the period: - **01.10.2022 TO 30.10.2022**



Name and Signature

Date: - 11/08/2022
Place: - KOLKATA