Form -IV (See Rule 13) REPORT OF THE MONTH OF JULY 2017

[To be submitted to the prescribed authority on or before 30^{th} 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)	:	Mrs. Suparna Sengupta		
	(ii) Name of HCF or CBMWTF	:	MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD		
	(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		Submitted		
	(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		10/2S(BM)-6453/2000-2001 valid up to 30.04.2019		
	(Management and Handling) Rules				
	(xi). Status of Consents under Water	:	Valid up to: 20.04.2019		
	Act and Air Act				
2.	Type of Health Care Facility	:	Hospital		
	(i) Bedded Hospital	:	No. of Beds: 268		
	(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		L/68(95)/R/16/0194		
	expiry		Expiry Date:- 14.06.2019		
3.	Details of CBMWTF	:	NA		
	(i) Number healthcare facilities covered by	:	NA		
	(ii) No of beds covered by CBMWTF	:	NA		
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day		

4.	Quantity of waste generated or	:	Yellow Category:	2	264327	5.50 KG (Including Liquid Waste)
	disposed in Kg per annum (on		Red Category :			2824KG
	monthly average basis)		White:			267KG
			Blue Category :			316.86KG
			General Solid waste:		-	298.20KG
5	Details of the Storage, treatment, trans	norta		osal Fac		NA
	(i) Details of the on-site	:	Size :			
	storage facility		Capacity:			
	·			tomo 00	. (221	d stances on any other provision)
			Provision of on-site s	torage	. (001	d storage or any other provision)
	disposal facilities		Type of treatment	No	Cap	Quantity equipment of
	•		• •	acit	treate	do
				unit	y	r
				S	Kg/	disposed day in kg per annum
			Incinerators Plasma I	Pvrolvsis	S	per umum
			Autoclaves Microwa			
			Shredder	,		
			Needle tip cutter or			
			destroyer		-	
			Sharps			
			encapsulation or		- co	oncrete pit
			Deep burial pits:			
			Chemical		_	
	(iii) Quantity of recyclable wastes	:	disinfection: Red Category (like plas	tic, glas	s etc.)	NA
	sold to authorized recyclers after			, 8	/	
	treatment in kg per annum.					
	(iv) No of vehicles used for	:				NA
	collection and transportation of					
	(v) Details of incineration ash and		Quantity Where genera	ited disp	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					
	disposed of					NT A
	(vii) List of member HCF not					NA
6	handed over bio-medical waste.					VEC
6	Do you have bio-medical waste management committee? If yes,					YES
	attach minutes of the meetings held					
	during the reporting period					
7	Details trainings conducted on BMW					
	2 cans damings conducted on Divi W					

· —	(i) Number of trainings conducted on	4 (in a Month)
1	BMW Management.	
	(ii) number of personnel trained	45 (This Month)
	(iii) number of personnel trained	NIL
i	at the time of induction	
	(iv) number of personnel	NIL
į	not undergone any training so	
İ	(v) whether standard manual for	YES
•	training is available?	
i	(vi) any other information)	NIL
8	Details of the accident	NIL
i	occurred during the year	
i	(1) Number of Accidents occurred	NIL
}	(ii) Number of the persons affected	MIL
.	(iii) Remedial Action taken (Please	NIL
i	attach details if any)	
ř	(IV) Any Fatality occurred, details.	
9	Are you meeting the standards of air	NA
İ	Pollution from the incinerator? How	
	many times in last year could not	
	Détails of Continuous online	NA
Ĺ	emission monitoring systems	
10)	Licuid waste generated and	STP
	treatment methods in place. How	For Annual Maintenance we are taking seven days shut down to
:	many times you have not met the	uplicep STP
İ	sandards in a year?	
11	Is the disinfection method or	NA
ł	sterilization meeting the log 4	
	sandards? How many times you	
	have not met the standards in a year"	
12	Any other relevant information:	(Air Pollution Control Devices attached with the Incinerator)
		NA

Certified that the above report is for the period: -JULY 2017

Name and Signature of the Head of the Institution

Date:- 29.08.2017 Place:- KOLKATA

WUNDIANDS TO TEPERALITY WISHING LID

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