

Form -IV
(See Rule 13)
SEPTEMBER -2019

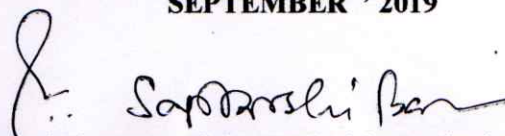
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	WOODLANDS MULTISPECIALITY HOSPITAL
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. MALATI PURKAIT
	(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)----- Private
	(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:- 14.06.2022</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:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day

	(i) Number of trainings conducted on BMW Management.		2 (THIS MONTH)
	(ii) number of personnel trained		93 (THIS MONTH)
	(iii) number of personnel trained at the time of induction		NIL
	(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: -

SEPTEMBER ' 2019



Name and Signature of the Head of the Institution

Date:- 30/09/2019
Place:- KOLKATA

Dr Saptarshi Basu
Deputy Medical Superintendent
Regn No: 60616 WBMC
Woodlands Multiphasity Hospital