

**Form -IV**  
**(See Rule 13)**  
**MARCH- 2019**

[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)]

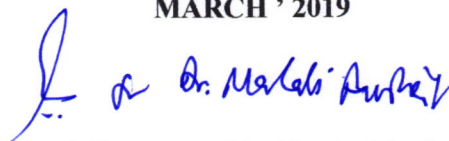
Sl. No.	Particulars		
1.	Particulars of the Occupier	:	<b>WOODLANDS MULTISPECIALITY HOSPITAL</b>
	(i) Name of the authorized person (occupier or operator of facility)	:	<b>Dr. MALATI PURKAIT</b>
	(ii) Name of HCF or CBMWTF	:	<b>WOODLANDS MULTISPECIALITY HOSPITAL</b>
	(iii) Address for Correspondence	:	<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	:	(State Government or Private or Semi Govt. or any other)----- <b>Private</b>
2.	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	<b>Authorization No.:</b> <b><u>10/2S(BM)-6453/2000-2001 valid up to 30.04.2019</u></b> <b><u>Applied For Renewal</u></b>
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: <b>30.04.2019</b> <b><u>Applied For Renewal</u></b>
	Type of Health Care Facility	:	<b>Hospital</b>
	(i) Bedded Hospital	:	No. of Beds:..... <b>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></b> <b><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:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day

4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category :	<u><b>997.8 KG/ Month</b></u>
		Red Category :	<u><b>1289.9 KG/ Month</b></u>
		White:	<u><b>101.3 KG/ Month</b></u>
		Blue Category :	<u><b>433.71 KG/Month</b></u>
		General Solid waste:	<u><b>1380.3 KG/Month</b></u>
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	NA	
(i) Details of the on-site storage facility	:	Size :	
		Capacity :	
		Provision of on-site storage :	(cold storage or any other provision)
disposal facilities		Type of treatment No acit unit s Cap tatedo y r Kg/ disposed day Quantity equipment of in kg per annum	
		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or Deep burial pits: Chemical disinfection:	- - concrete pit -
(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 ETP Sludge	NA
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:		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.		<b>4 (THIS MONTH)</b>
	(ii) number of personnel trained		<b>221 (THIS MONTH)</b>
	(iii) number of personnel trained at the time of induction		<b>NIL</b>
	(iv) number of personnel not undergone any training so		<b>NIL</b>
	(v) whether standard manual for training is available?		<b>YES</b>
	(vi) any other information)		<b>NIL</b>
8	Details of the accident occurred during the year		<b>NIL</b>
	(i) Number of Accidents occurred		<b>NIL</b>
	(ii) Number of the persons affected		<b>NIL</b>
	(iii) Remedial Action taken (Please attach details if any)		<b>NIL</b>
	(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		<b>NA</b>
	Details of Continuous online emission monitoring systems		<b>NA</b>
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		<b>STP</b> <b><u>For Annual Maintenance we are taking seven days shut down to upkeep STP</u></b>
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		<b>NA</b>
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) <b>NA</b>

Certified that the above report is for the period: -

**MARCH ' 2019**



Name and Signature of the Head of the Institution

Date:-

Place:- KOLKATA