

**Form -IV**  
**(See Rule 13)**  
**OCTOBER -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)]

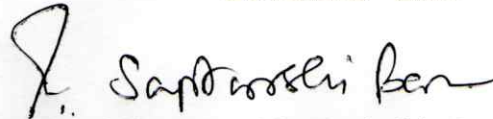
Sl. No.	Particulars	
1.	Particulars of the Occupier	<b>WOODLANDS MULTISPECIALITY HOSPITAL</b>
	(i) Name of the authorized person (occupier or operator of facility)	<b>Dr. MALATI PURKAIT</b>
	(ii) Name of HCF or CBMWTF	<b>WOODLANDS MULTISPECIALITY HOSPITAL</b>
	(iii) Address for Correspondence	<b>8/5, 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>
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	<b>Authorization No.:</b> <b><u>35/2S(BM)-653/2000-2001 valid up to 30.04.2024</u></b>
	(xi). Status of Consents under Water Act and Air Act	Valid up to: <b>30.04.2024</b>
2.	Type of Health Care Facility	<b>Hospital</b>
	(i) Bedded Hospital	No. of Beds:..... <b>258</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>34219151</b> <b><u>Expiry Date:- 14.06.2022</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>1868.49 KG/ Month</u>
			Red Category :	<u>2930.77 KG/ Month</u>
			White:	<u>93.71 KG/ Month</u>
			Blue Category :	<u>522.09 KG/Month</u>
			General Solid waste:	<u>1840.9 KG/Month</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 y r
				Quantity disposed per annum
				equipment of
				Incinerators Plasma Pyrolysis
				Autoclaves Microwave Hydroclave
			Shredder	
			Needle tip cutter or destroyer	-
			Sharps	
			encapsulation or	- concrete pit
			Deep burial pits:	
			Chemical disinfection:	-
	(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	NA
			Incineration Ash	
			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	:		

	(i) Number of trainings conducted on BMW Management.		<b>2 (THIS MONTH)</b>
	(ii) number of personnel trained		<b>51 (THIS MONTH)</b>
	(iii) number of personnel trained at the time of induction		<b>37</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.		<b>NIL</b>
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: -

**OCTOBER ' 2019**



Name and Signature of the Head of the Institution

Date:- 30/10/19  
Place:- KOLKATA

**Dr Saptarshi Basu**

Deputy Medical Superintendent

Regn No: 60616 WBMC

Woodlands Multispeciality Hospital Ltd.