

**From -IV
(See rule 13)
Annual Report**

[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)]

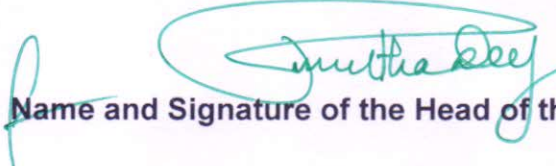
Sl.No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Gautam Kumar Joardar Medical Superintendent cum Vice Principal
	(ii) Name of HCF or CBMWTF	:	College of Medicine & Sagore Dutta Hospital
	(iii) Address for Correspondence	:	578, B.T.Road, Kamarhati, Kol-58
	(i) Address of Facility	:	Do
	(ii) Tel. No. Fax. No.	:	033 2583 4277
	(V) E-mail ID	:	msvp.cmsdh@gmail.com
	(i) URL of Website	:	www.cmsdh.edu.in
	(ii) GPS coordinates of HCF of CBMWTF	:	
	(iii) Ownership of HCF of CBMWTF	:	State Government
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. 14/2S(BM)-1155/2001 Valid up to 31/07/2022
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31/07/2022
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 500
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	-
	(iii) License number and its date of expiry.	:	-
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No. of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category:17916 Kg Red Category: From April,2018 red category has been implemented White:1692 Kg Blue Category:18444 Kg General Solid waste:- 500 Kg per day approx
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility	:	
	(i) Details of the on-site storage facility	:	Size :240 sq.ft Capacity: 2 days Provision of on-site storage : (cold storage or any other provision)
	(ii) Disposal Facilities	:	Type of treatment No Capacity Quantity Equipment of Kg/day treated or Units disposed

			In Kg per Annum
			Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer --- Sharps encapsulation or concrete pit ---- Deep Burial pits: Chemical disinfection: ---- Any other treatment equipment:
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	
	(vii) List of member HCF not handed over bio-medical waste.	:	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		In the financial year 5 trainings
	(ii) Number of personnel trained		All the GDAs , sweepers, Nursing Staff, Internee
	(iii) Number of personnel trained at the time of induction		109 scavengers and sweepers
	(iv) Number of personnel not undergone any training so far.		NA
	(v) Whether standard manual for training is available ?		Yes
	(vi) Any other information)		NA
8.	Details of the accident occurred during the year		Never
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		

	(iii) Remedial Action taken (Please attach details if any)		
	(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 met the standards?		
	Details of Continuous online emission monitoring systems installed		
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12.	Any other relevant information		(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from

January 2017 to December 2017

 11/04/2018
Name and Signature of the Head of the Institution

Date:
Place: