From - IV (See rule 13) ANNUAL REPORT

01 JANUARY 2020 TO 31 DECEMBER 2020

[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 (HFC) or common bio-medical waste treatment facility CBWTF)]

| Sl. No | Particulars :- | | | | | | | |
|-----------|---|----|----------------------------------|--|--|--|--|--|
| | Particulars of the Oscuriar | | | | | | | |
| 1 | Particulars of the Occupier (iii) ame of the authorized person (occupier Or: operator of facility) | : | Dr. Banani Dutta | | | | | |
| | (iv) Name of HCF of CBMWTF | : | ESI Hospital, Kalyani | | | | | |
| | (iii)Address for Correspondence | : | Kalyani | | | | | |
| | (iv)Address of Facility | : | Kalyani, Nadia, Pin-741235 | | | | | |
| | (v) Tel. No, Fax. No | : | 033 2582 8214 | | | | | |
| | (vi)E-Mail ID | : | ms-kalyani.wb@esic.nic.in | | | | | |
| | (vii)URL of Website | : | - 30 - | | | | | |
| | (viii)GPS coordinates of HCF or CBMWTF | : | - | | | | | |
| | (ix) Ownership of HCF or CBMWTF | 1: | State Government | | | | | |
| | (x) Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules | : | Authorization No : D00960 | | | | | |
| | (xi) Status of Consents under Water Act and Air Act | | Valid upto: 31-12-2022 | | | | | |
| 2 | Type of Health Care Facility Care Facility | : | | | | | | |
| | (iv) Bedded Hospital | ŀ | No. of Beds - 250 | | | | | |
| | (v) Non-bedded hospital (Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | - | | | | | |
| | (vi) License number and its date of expiry | : | - | | | | | |
| 3. | Details of CBMWTF | : | | | | | | |
| | (v) Number of health care facilities Covered by CBMWTF | : | - | | | | | |
| | (vi) No of Beds covered by CBMWTF | : | - | | | | | |
| | (vii) Installed treatment and disposal | : | Kg/day | | | | | |
| | (viii) Quantity of bio-medical waste treated or disposal or disposed by CBMWTF | : | Kg/day | | | | | |
| 4. | Quantity of waste generated or disposed in Kg per Annum (on | : | Yellow Category: 658.5 Kg. | | | | | |
| | monthly average basis) | | Red Category: 1055.1 Kg. | | | | | |
| | | | White Category: 77.8 Kg. | | | | | |
| | | | Blue Category : 37 Kg. | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | |
| | (iii) Details of the on-site storage Facility | : | Size: 7.6 ft x 25 f | | | | | |
| | | | Capacity: - | | | | | |

| | | | Provision of on-site storage : (cold storage or any other provision) | | | | |
|--|---|-----------------|--|----------------|--------------------|---|--|
| (iv) Disposal facilities : | | | Type of | No | Capacity | Quantity | |
| | | | eatment Lipment | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum | |
| | | | inerato | | - | | |
| | | | ısma | | - | | |
| | | | ralysis toclaves | | _ | | |
| | | | crowav | | - | | |
| | | e Hv | droplan | | | | |
| | | e | uropian | | _ | - 10 1 1 | |
| | | | redder | | - | | |
| | | Cu | edle tip tter or | | - | | |
| | | - | stroyer arps | | _ | | |
| | | En | capsula n or ncrete | | - | | |
| | | pit De bu | | | - | | |
| | | | emical infectio | | _ | | |
| | | tre | y other atment uipment | | 2 - | | |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Re | Red Category (like plastic, glass, etc) | | | | |
| (iv)No of Vehicles used for collection and transportation of bio-medical waste | : | - | | | | | |
| (v)Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg. per | : | | | Quan Gener | - | Where lisposed | |
| annum | | on | | | | | |
| | | Asl | | | | | |
| | | | e dge | | | | |

| | (vi)Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | Medicare Environmental Management Pvt.Ltd.Kalyani, Nadia. |
|----|---|--|
| | (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 | NO |
| 7 | Details training conducted on BMW | |
| | (i)Number of trainings conducted on BMW Management | - |
| | (ii)Number of personnel trained | - |
| | (iii)Number of personnel trained at the time of induction | - |
| | (iv)Number of personnel no undergone any training so far | - |
| | (v)Whether standard manual for training is available? | - |
| 8 | Details of the accident occurred during the year | - |
| | (v) Number of Accidents occurred | - |
| | (vi) Number of persons affected | - |
| | (vii) Remedial Action taken (Please attach details if any) | - |
| | (viii) 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 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have nor met the standards in a year? | - |
| 12 | Any other relevant information . | : |

| Certified that the above report is for the period from | 01-01-2020 | to | 31-12-2020 | |
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 $Date \quad : \quad 05^{th} \ Jan \ 2021$

Place : Kalyani

Name & Signature of the Head of the Institution

Superintendent Kalyani ESI Hospital ESI (MB) Scheme Govt. of West Bengal