

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[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  | :        |   |         |    |          |          |
|         | (i) Name of the authorized person (occupier Or : operator of facility)                                   | :        | Dr. Banani Dutta  |         |    |          |          |
|         | (ii) Name of HCF or 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   | :        | -   |         |    |          |          |
|         | (viii) GPS coordinates of HCF or CBMWTF  | :        | -   |         |    |          |          |
|         | (ix) Ownership of HCF or CBMWTF  | :        | State Government  |         |    |          |          |
|         | (x) Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules                 | :        | Authorization No : <b>D00960</b>  |         |    |          |          |
|         | (xi) Status of Consents under Water Act and Air Act  | :        | Valid upto : <b>31-12-2022</b>  |         |    |          |          |
| 2       | Type of Health Care Facility   | :        |   |         |    |          |          |
|         | (i) Bedded Hospital  | :        | No. of Beds - <b>250</b>  |         |    |          |          |
|         | (ii) Non-bedded hospital (Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | :        | -   |         |    |          |          |
|         | (iii) License number and its date of expiry  | :        | -   |         |    |          |          |
| 3.      | Details of CBMWTF  | :        | -   |         |    |          |          |
|         | (i) Number of health care facilities Covered by CBMWTF   | :        | -   |         |    |          |          |
|         | (ii) No of Beds covered by CBMWTF  | :        | -   |         |    |          |          |
|         | (iii) Installed treatment and disposal   | :        | _____ Kg/day  |         |    |          |          |
|         | (iv) 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 monthly average basis)                       | :        | Yellow Category: 730.100 Kg.<br>Red Category : 871.500 Kg.<br>White Category : 17.000 Kg.<br>Blue Category : 04.000 Kg. |         |    |          |          |
| 5       | Details of the Storage, treatment, transportation, processing and Disposal Facility                      |          |   |         |    |          |          |
|         | (i) Details of the on-site storage Facility  | :        | Size : 7.6 ft x 25 ft   |         |    |          |          |
|         |  | :        | Capacity : -  |         |    |          |          |
|         |  | :        | Provision of on-site storage : (cold storage or any other provision)  |         |    |          |          |
|         | (ii) Disposal facilities   | :        | <table border="1"> <tr> <td>Type of</td><td>No</td><td>Capacity</td><td>Quantity</td></tr> </table>                     | Type of | No | Capacity | Quantity |
| Type of | No   | Capacity | Quantity  |         |    |          |          |

|   |   | Treatment Equipment            | No of units  | Capacity Kg/day    | Quantity treated or disposed in kg per annum |
|---|---|--------------------------------|--|--------------------|--|
|   |   | Incinerators                   |  | -                  |  |
|   |   | Plasma Paralysis               |  | -                  |  |
|   |   | Autoclaves                     |  | -                  |  |
|   |   | Microwave                      |  | -                  |  |
|   |   | Hydroplane                     |  | -                  |  |
|   |   | 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 bio-medical waste   | :                              | -  |                    |  |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg. per annum       | :                              |  | Quantity Generated | Where disposed                               |
|   |   |                                | Incineration   |                    |  |
|   |   |                                | Ash  |                    |  |
|   |   |                                | ETP Sludge   |                    |  |
|   | (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  |   | - |
|    | (i) Number of Accidents occurred  |   | - |
|    | (ii) Number of 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 | 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 **01-01-2018 to 31-12-2018**

Date : 16 Feb 2018

Place : Kalyani

Name & Signature of the Head of the Institution

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

*[Signature]*