Form 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)]

SI.	Particulars		
No.			KOTHARI MEDICAL CENTRE
1.	Particulars of the Occupier (i) Name of the authorised person (occupier or :	:	KOTHARI MEDICAL CENTRE,
	operator of facility)		
	(ii) Name of HCF or CBMWTF	:	KOTHARS MEDICAL CENTRE
		:	8/3 ALIPORE ROAD, KOLKATA PIN - TOCO 27:
	(iii) Address for Correspondence		8/3 ALIPOLE ROAD, KILFATA PIN- 700027.
	(iv) Address of Facility (v)Tel. No, Fax. No	:	033-40127000
	(vi) E-mail ID	:	kmce Rotharimedical com.
	(vii) URL of Website		WWW-Rotherinedial-cm.
	(viii) GPS coordinates of HCF or CBMWTF		22.5326°N,86.3305°E
			(State Government or Private or
	(ix) Ownership of HCF or CBMWTF	<u> </u>	Semi Govt. or any other) PRIVATE
	(a) Server of Androdication and a the Ric Medical	:	Authorisation No.: 21/25 (84)-1049/2001(Pt-1)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	·	valid up to 30.4.2024
	(xi). Status of Consents under Water Act and Air	:	Valid up to:
_	Act		30.4.2024
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 360
	(ii) Non-bedded hospital	:	N/A
	(Clinic or Blood Bank or Clinical Laboratory or		
	Research Institute or Veterinary Hospital or any	ı	
	other)		
	(iii) License number and its date of expiry		34234982 valid +14 01.09.202
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	4/4
	(iii) Installed treatment and disposal capacity of CBMWTF:	;	Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day N/A
4.	Quantity of waste-generated or disposed in Kg per		
1	annum (on monthly average basis)	:	Yellow Category : 1580.44
		1	Red Category: 165874

		White	e:		1.15
			Category		7.36
					2500 kg/mm
Details of the Storage, treatment, transp	ortatio	n, processing and Dis	posal Fac	ility	
(i) Details of the on-site storage	:	Size : 1127	1.72-f	12	
facility		Capacity:			
	l 1	Provision of on-sit	e storage	: (cold storage o
		any other provision)		,	
disposal facilities		Type of treatment	No	Cap	Quantity
		equipment	of	acit	treatedo
			unit	У	r
			S	Kg/	disposed
				day	in kg
					per
					annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or		_ 1	U/A
		destroyer			
		Sharps			N/A
		encapsulation or		-	NIN
		concrete pit			
		Deep burial pits: Chemical			
		disinfection:			NIA.
		Any other treatmen			
		equipment:			
(iii) Quantity of recyclable wastes	:	Red Category (like pl	astic also	e eta l	
sold to authorized recyclers after		con category (like pr	ustre, gras	s etc.)	
treatment in kg per annum.		N,	/ A	•	
(iv) No of vehicles used for collection	:				
and transportation of biomedical		N/K.			
waste		10/	₩ `		
(v) Details of incineration ash and		Qua	intity	Wh	ere
ETP sludge generated and disposed			erated		osed
during the treatment of wastes in Kg			4/4	•	/A
per annum		Ash	AIM		S/A
(vi) Nama of the G		ETP Sludge	A) A		/A
(vi) Name of the Common Bio-:		Medicase Envi			
Medical Waste Treatment Facility		Pet. Kld. /Hou	ural fa	cily) [

	Operator through which wastes are disposed of		
	(vii) List of member HCF not handed over bio-medical waste.	N/A	_
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	N/A	
7	Details trainings conducted on BMW	110-120/yr. (approx.)	_
·	(i) Number of trainings conducted on BMW Management.	200 (approx.)	

_	(ii) number of personnel trained		180-260 · (approx.)
	(iii) number of personnel trained at the time of induction		130-140 (approx.)
	(iv) number of personnel not undergone any training so far		N/A.
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		4\4
3	Details of the accident occurred during the year		, N/A
	(i) Number of Accidents occurred		N/*
	(ii) Number of the persons affected		N/A.
	(iii) Remedial Action taken (Please attach details if any)		N/A.
	(iv) Any Fatality occurred, details.		N/A
9.	Are you meeting the standards of air Pollution from the incinerator? How		YES
	many times in last year could not met the standards?		N/A
	Details of Continuous online emission monitoring systems installed		A M
10	Liquid waste generated and treatment methods in place. How many times		YES
	you have not met the standards in a year?		A / A
11	sterilization meeting the log 4		Y'ES
16	standards? How many times you have not met the standards in a year?		N/N.
	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

JANUARY-22 - DECEMBER '22. Certified that the above report is for the period from

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Name and Signature of the Head of the Institution

Date: 11.05.2023
Place ROLKATA