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)]

| 31. | Particulars . | | - |
|-----|--|------------|--|
| lo. | | | 1 2 2 2 2 |
| | Particulars of the Occupier | : | ROTHARD LIEDICAL CENTRE |
| | (i) Name of the authorised person (occupier or : operator of facility) | | ROTHARD MEDICAL CENTER |
| | (ii) Name of HCF or CBMWTF | 4: | & COLHALL MEDILAT CENTRE |
| | (iii) Address for Correspondence | <u>.</u> : | 8/3 ALIPORE ROADIKOLKATA |
| | (iv) Address of Facility | | 8/3 ALIPORE ROAD, KOLKATA DIN - 700027- |
| | (v)Tel. No, Fax. No | | 033-4012-7000 |
| | (vi) E-mail ID | : | Kmc & Rotharinedical las. |
| | (vii) URL of Website | | www. Ruthars! medical a com. |
| 1 | (viii) GPS coordinates of HCF or CBMWTF | | 21.5326°N, 86. 3305°E |
| | | : | (State Government or Private or |
| | (ix) Ownership of HCF or CBMWTF | | Semi Govt. or any other) PRIVATE |
| | (v) Status of Authorization under the Die Medical | : | Authorisation 1049/2000/ |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | (20-1) valid up to 30.4.7024 |
| | (xi). Status of Consents under Water Act and Air | : | Valid up to: 30 . 4. 20 24 |
| 2. | Type of Health Care Facility | ; | 50:4: 20 24. |
| | (i) Bedded Hospital | · : | No. of Beds: 360 |
| | (ii) Non-bedded hospital | ÷ | 7.6. 6. Deas 36 D |
| | (ii) Non-bedded nospital | • | A/01 |
| | (Clinic or Blood Bank or Clinical Laboratory or | | |
| | Research Institute or Veterinary Hospital or any | | |
| | other) | | |
| | (iii) License number and its date of expiry | | 34230606 . valld +; 41.9.20 |
| 3. | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by | : | N/A. |
| | CBMWTF CBMWTF | | |
| | (ii) No of beds covered by CBMWTF | : | N/A. |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Kg per day N/A. |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | Kg/day N /4 - |
| | | | Yellow Category : 1313. 73 Red Category : 1560.94 Fg |
| 4. | Quantity of waste generated or disposed in Kg per | : | I Yellow Category 1314 42 Per |

| | - | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|----------|---|
| | _ | White: 128, 17 kg/ownt. |
| | | Blue Category: 14 9. 22 My frame |
| | | General Solid waste: 10,600 Fg /m |
| Details of the Storage, treatment, transpo | rtatio | on, processing and Disposal Facility |
| (i) Details of the on-site storage | : | Size : - 1127. 72-ff |
| facility | | Capacity: |
| | | Provision of on-site storage : (cold storage of |
| | | Trovision of on the same |
| | | any other provision) 10/4- |
| | | |
| | | Type of treatment No Cap Quantity |
| disposal facilities | | Type of deductions |
| - | | equipment |
| | | unit y r s Kg/ disposed |
| | | |
| | | day in kg |
| | | per |
| | | annum |
| | | Incinerators |
| | | Plasma Pyrolysis |
| _ | | Autoclaves |
| | | Microwave |
| | | Hydroclave Shredder |
| | | N. 11 (2) |
| | | Needle tip cutter or M/A destroyer |
| | | Sharps |
| | | |
| | * | encapsulation or - N/A |
| | | Deep burial pits: |
| | | Chemical |
| | | disinfection: - 28 |
| | | Any other treatment |
| _ | | equipment: |
| (iii) Quantity of recyclable wastes | : | Red Category (like plastic, glass etc.) |
| sold to authorized recyclers after | | |
| treatment in kg per annum. | ١. | N /A. |
| (iv) No of vehicles used for collection | : | |
| and transportation of biomedical | | _ |
| waste | | - N/A |
| (v) Details of incineration ash and | | Quantity Where |
| ETP sludge generated and disposed | | generated disposed |
| during the treatment of wastes in Kg | Γ | Incineration N/A N/A |
| per annum | | Ash N/A N/A |
| (.:) N | <u> </u> | ETP Sludge N/A · |
| (vi) Name of the Common Bio-: | 1 | HEDICARE ENVIRONMENTAL |
| Medical Waste Treatment Facility | 1 | PIGGICIAL CHICKUNIENTAL |

| | 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 | _ NA | |
| | during the reporting period | | - |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | 110 -130/yr. | |

| | | | 100 01 |
|----------|---------------------------------------|---------|--|
| | (ii) number of personnel trained | | 190 (Approx.) |
| | (iii) number of personnel trained at | | 150=220 (apprix). |
| 1 | the time of induction | | 10- 2- 011 |
| 1 | (iv) number of personnel not | | N A |
| | undergone any training so far | * . * . | |
| | (v) whether standard manual for- | | MES YES |
| 1 | training is available? | | |
| | (vi) any other information) | | N/A |
| 8 | Details of the accident occurred | | N /A |
| | during the year | | • |
| | (i) Number of Accidents occurred | | NIA |
| | (ii) Number of the persons affected | | N/A. |
| | (iii) Remedial Action taken (Please | | |
| | attach details if any) | 7. | |
| | (iv) Any Fatality occurred, details. | | _ N/A |
| 9. | Are you meeting the standards of air | | 11./4 |
| | Pollution from the incinerator? How | - | NIA |
| | many times in last year could not met | | |
| | the standards? | _ | |
| | Details of Continuous online emission | | ¥/A |
| | monitoring systems installed | | |
| 10 | Liquid waste generated and treatment | | 2411 |
| 1. | methods in place. How many times | | J 4 22 |
| | you have not met the standards in a | | NIL |
| <u> </u> | year? | | NIC |
| 11 | | | YES |
| | sterilization meeting the log 4 | | |
| | standards? How many times you have | | |
| 12 | not met the standards in a year? | _ | 'NIL |
| 12 | Any other relevant information | : | (Air Pollution Control Devices attached with the |
| | | | Incinerator) N /k |
| _ | | | |

Certified that the above report is for the period from

Name and Signature of the Head of the Institution

Date: 29.6. 2022 Place KOLKATA



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