

**From –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 (CBMWTF)]

Sl.No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Debasish Bose Assist Mgr Hospitality
	(ii) Name of HCF or CBMWTF	:	AMRI Hospitals LTD
	(iii) Address for Correspondence	:	230 Barakhola lane purba jadavpur Kolkata-700099
	(i) Address of Facility	:	230 Barakhola lane purba jadavpur Kolkata-700099
	(ii) Tel. No. Fax. No.	:	6680-0000
	(V) E-mail ID	:	Hospitality.mkp@amrihospitals.in
	(i) URL of Website	:	
	(ii) GPS coordinates of HCF of CBMWTF	:	
	(iii) Ownership of HCF of CBMWTF	:	( State Government of private or semi Govt or any other ) Private Hospital
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No. 94-2S(BM)-835/2000-2011 Valid up to 30.09.2023
	(v) Status of Consents under Water Act and Air Act.	:	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds – 180
	(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:3261 Kg/ month Red Category:2983 Kg/ month White: 107 Kg/ month Blue Category: 466 Kg/ month

			General Solid waste –																																	
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																			
	(i) Details of the on-site storage facility	:	Size : Capacity: 2 day or 48 Hrs. Provision of on-site storage : (cold storage or any other provision)																																	
	(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units disposed</th> <th>Capacity Kg/day</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>1</td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or Sharps encapsulation or concrete pit</td> <td>destroyer</td> <td>----</td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>----</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units disposed	Capacity Kg/day	Incinerators	1		Plasma Paralysis			Autoclaves			Microwave			Hydroclave			Shredder			Needle tip cutter or Sharps encapsulation or concrete pit	destroyer	----	Deep Burial pits:			Chemical disinfection:		----	Any other treatment equipment:		
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	(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.	:	N/A ( Outsourced )																																	
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	:	<table border="1"> <thead> <tr> <th>Quantity Generated</th> <th>Where disposal</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> </tr> <tr> <td>ETP Sludge –</td> <td></td> </tr> </tbody> </table>	Quantity Generated	Where disposal	Incineration Ash		ETP Sludge –																												
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/S Medicare Environmental Management Pvt Ltd																																	
	(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.	:																																		
7.	Detail trainings conducted on BMW	:																																		

	(i) Number of training conducted on BMW Management.		43
	(ii) Number of personnel trained		1181
	(iii) Number of personnel trained at the time of induction		360
	(iv) Number of personnel not undergone any training so far.		No
	(v) Whether standard manual for training is available ?		Yes Bio Medical sop followed
	(vi) Any other information)		
8.	Details of the accident occurred during the year		Needle Prick Injuring
	(i) Number of Accidents occurred		10
	(ii) Number of the persons affected		10
	(iii) Remedial Action taken (Please attach details if any)		Yes
	(iv) Any Fatality occurred, details.		No
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		N/A ( Outsourced )
	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		

Certified that the above report is for the period from 01.01.22 to 31.12.22

Date: 25.1.23

Signature

Place: KOLKATA

Authorisgn sign:

