



Office copy



Dated - 13.01.2024

To,

OSD

The Chief Engineer (O & E Cell)
West Bengal Pollution Board
Paribesh Bhawan
Bldg.No - 10A, Block LA, Sector -III
Salt Lake City, Kolkata-700106



Sub: Annual Bio-Medical Waste Report For Main Building Year 2023(1st January-31st December) of AMRI Hospital Mukundapur, 230 Barakhola Lane Purba Jadavpur Kolkata 700099

Dear Sir/Madam,

We are find enclosed herewith Annual Bio Medical Waste Report for Main Building Year of 2023 AMRI Hospital Mukundapur, 230 Barakhola Lane Purba Jadavpur Kolkata - 700099

Thanking You

Yours faithfully,

Dr. Monalisha Ghosh
Deputy General Manager
Medical Service
AMRI Hospitals, Mukundapur

For AMRI Hospital - Mukundapur
230 Barakhola Lane Purba Jadavpur
Kolkata 700099

Debasish Bose
Assistant Manager Hospitality
Enclosed Monthly Bio Medical Waste Report

Authorisgn sign:

From -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)]

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 Handling) Rules	Authorization No 94-2S(BM)-835/2000-2011
	(v) Status of Consents under Water Act and Air Act	Valid up to 31.05.2027
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 1967.25 Kg/ month Red Category 1551 Kg/ month White 65.5 Kg/ month Blue Category 325.83 Kg/ month

Debasish Bose

		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</th> <th>Capacity Kg/day Units</th> </tr> </thead> <tbody> <tr> <td>disposed</td> <td>1</td> <td></td> </tr> <tr> <td>Incinerators</td> <td></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</td> <td>destroyer</td> <td></td> </tr> <tr> <td>encapsulation or concrete pit</td> <td>----</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	Capacity Kg/day Units	disposed	1		Incinerators			Plasma Paralysis			Autoclaves			Microwave			Hydroclave			Shredder			Needle tip cutter or Sharps	destroyer		encapsulation or concrete pit	----		Deep Burial pits:			Chemical disinfection:	----		Any other treatment equipment:		
Type of treatment Equipment	No of	Capacity Kg/day Units																																							
disposed	1																																								
Incinerators																																									
Plasma Paralysis																																									
Autoclaves																																									
Microwave																																									
Hydroclave																																									
Shredder																																									
Needle tip cutter or Sharps	destroyer																																								
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 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 –																																		
Quantity Generated	Where disposal																																								
Incineration Ash																																									
ETP Sludge –																																									
	(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																																								

Desai B

	(i) Number of training conducted on BMW Management.	38
	(ii) Number of personnel trained	988
	(iii) Number of personnel trained at the time of induction	NIL
	(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 01.01.23 to 31.12.23

Date: 13.1.24

Place: KOLKATA

Authorisgn sign:

Dipsintha Das

Monalisha Ghosh
Signature

Dr. Monalisha Ghosh
Deputy General Manager
Medical Service
AMRI Hospitals, Mukundapur