COLUMBIAASIA

Date: 13th April 2019

To,

The Senior Environmental Engineer,

West Bengal Pollution Control Board

KIT BUILDING, 247 Deshapran Sasmal Road

Tollygunj, Kolkata – 700053.

Sub: Submission of Form IV of Bio - Medical Waste (Annual Report)

Dear Sir,

Please find enclosed Form IV for the year ending December 31st 2018.

Kindly acknowledge receipt of the same.

Thanking You.

Yours Faithfully

For Navketan Nursing Home Pvt. Ltd.

Arindam Banerjee

Sr. General Manager

Encl:

Form II

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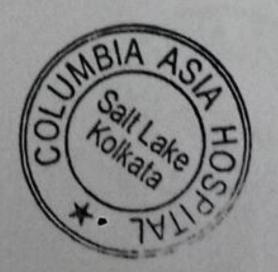
Form - IV (See rule 13) ANNUAL REPORT

[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)]

S1.	Particulars		
Jo.			
	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or	:	ARINDAM BANERJEE
	operator of facility)		
1	(ii) Name of HCF or CBMWTF		Columbia Asia Hospital
Ī	(iii) Address for Correspondence	:	(A unit of Navaketan Nursing
1	(iv) Address of Facility		Home Sector - 3, Kolkata - 70
1	(v)Tel. No, Fax. No	:	033-39898969
1	(vi) E-mail ID	:	Arindam. banerjee@ Columbiaas
1	(vii) URL of Website		www.columbiaasia.com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or
	(ix) C Wilder P		Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation No.:
	Waste (Management and Handling) Rules		151-25 (BM)-2380-2008
	o.t.		valid up to .31: 05.202
	(xi). Status of Consents under Water Act and Air	:	Valid up to: - 31.05.2022
	Act		
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 92
	(ii) Non-bedded hospital	:	
	(II) Itoli ocaaca nospiisi		
	(Clinic or Blood Bank or Clinical Laboratory or		- NA-
	Research Institute or Veterinary Hospital or any		
	other)		No bo of and
	(iii) License number and its date of expiry		33709021, Date of exp-
3.	Details of CBMWTF	:	- NA -
	(i) Number healthcare facilities covered by	:	- NA -
	CBMWTF		
	(ii) No of beds covered by CBMWTF	:	- NA-
	(iii) Installed treatment and disposal capacity of		Kg per day N/A-
	CBMWTF:		- NIT-



	(iv) Quantity of biomedical waste treated or	disposed:Kg/day - NA -
4.	Quantity of waste generated or disposed in annum (on monthly average basis)	
5	Details of the Storage, treatment, transportat	ion, processing and Disposal Facility
	(i) Details of the on-site storage: facility	Size: 120 SQFF Capacity: 850 kg Provision of on-site storage: (cold storage or
		any other provision)
	(ii) Details of the treatment or : disposal facilities	Type of treatment No Cap Quantity equipment of acit treatedo unit y r s Kg/ disposed day in kg per annum
		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder
		Needle tip cutter or 15 0.94 1149 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.) 14588.4 kg.
	(iv) No of vehicles used for collection : and transportation of biomedical waste	- NA -
	(v) Details of incineration ash and ETP sludge generated and disposed	-NA - Quantity Where disposed



d	luring the treatment of wastes in Kg	Incineration
	er annum	Ash - NA -
P		Ash - NA - ETP Sludge - NA -
(vi) Name of the Common Bio-	
Ì	Medical Waste Treatment Facility	Medicare
0	Operator through which wastes are	
	lisposed of	
(vii) List of member HCF not handed	NA
0	over bio-medical waste.	
	Do you have bio-medical waste	Yes,
	nanagement committee? If yes, attach	
n	ninutes of the meetings held during	Minutes attached.
	he reporting period	
10.132	Details trainings conducted on BMW	
(i) Number of trainings conducted on	12 2008
E	BMW Management.	
,	ii) number of personnel trained	324 (Including Nursing+)
(iii) number of personnel trained at	72 2008
tl	he time of induction	
(iv) number of personnel not	-NIL -
u	indergone any training so far	
(v) whether standard manual for	Yes
t	raining is available?	
1	(vi) any other information)	
	Details of the accident occurred	
1	during the year	
	(i) Number of Accidents occurred	-NA-
	(ii) Number of the persons affected	-NA-
((iii) Remedial Action taken (Please	-NA-
1	attach details if any)	
1	(iv) Any Fatality occurred, details.	- NA-
	Are you meeting the standards of air	
	Pollution from the incinerator? How	- NA -
1	many times in last year could not met	
	the standards?	
	Details of Continuous online emission	- NA -
The second second second	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	

10	standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

Report is from January 2018 to December 2018.

Asindam Banegie Name and Signature of the Head of the Institution

Date: 13th April 2019.
Place Salt Lake.

Meeting: Infection control Committee for the month Of Dec'18

Held at: Columbia Asia Hospitals Salt lake, Kolkata — India

Venue: Training Room

MINUTES DATE - 12/12/18 TIME - 4.00 PM.

Attendance Absent: Present: None

Mr. Arindam Banerjee Dr. Mallika Sengupta Dr. Tirthankar Bagchi

Dr. Dipankar Sarkar

Arpita Mondal

Ms. Attrayee Dutta

Ms. Sayanti Nag Chowdhury

Ms. Debjani Ganguli

Mr. Jomon

Mr. Swapan

Serial No	Discussion	Action Items	Responsibility
1.	Bed cleaning of ICU	Support Service manager to be informed about transfer of the patient from ICU. Manpower will be arranged for that time.	ICU CN
3.	Infection Control prevention	Doctors' are entering in ICU with the socks, need to remove and enter with ICU slipper. LED display to be added for – Signage for barefoot/Open your shoes & Clean your hands before entering to ICU.	CMS , INTENSIVIST & Support Service manager
4.	Restricted Antibiotic forms	Restricted Antibiotic forms to be filled by the Registrar on duty.	CMS & INTENSIVIST
4.	PPC container procurement carts, medication carts by purchase		Sukhbir
5.	Hand hygiene compliance	Poor hand hygiene compliance among both nurses and doctors. Needs monitoring and training for both nurses and doctors. Hand washing posters must be displayed near wash basin in DU.	ICN

