Ph.: (033) 2661-2679 / 2275

NIBEDITA MEDICARE & DIAGNOSTIC PRIVATE LTD.



FORMERLY (SISTER NIBEDITA HOSPITAL)

(Mohini Complex, Uluberia Station Road)

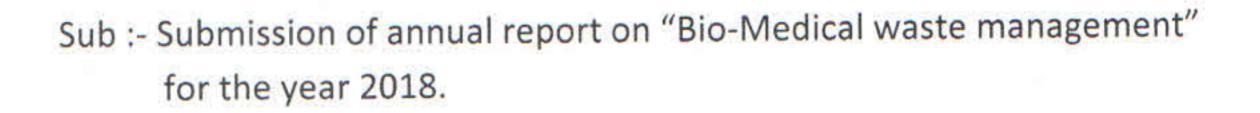


BAZARPARA . ULUBERIA . HOWRAH

Ref. No. Nm D/09/19

Date 4 - 02 - 2019

To
The Sr.Environmental Engineer
W.B. Pollution Control Board,
KIT Buliding(1st floor)
247,Deshpran Sasmal Road,
Tollygunge,Kolkata-700033.



Sir,

This is to inform you that, we are submitting the annual report on "Bio-Medical waste management for the year 2018." of "Nibedita Medicare & Diagnostic Pvt. Ltd. "at "Mohini Complex" Bazarpara. Uluberia. Howrah. according to "Bio-Medical Waste Management Rules, 2016" for your doing the needful.

Please also note that the monthly report on "Bio- medicale Waste Management" are updated regularly in our web-side (www. Sisternibedita.com) and the annual report is also updated in the said web site.

Thanking you

Enclose: As Above

Your's faithfully

(Director) Director

Nibedita Medicare & Diagnostic Pvt.Ltd

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. No.	Particulars		Annual Report
1,	Particulars of the Occupier	it.	
	(i) Name of the authorised person (occupier or operator of facility)	÷	SUBRATA HAIT
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	1	Nibedita Medicare & Diagnostic Pvt. Uluberia, Howrab
	(iv) Address of Facility		N/A
	(v)Tel. No, Fax. No		-33-2GG12G79/2275
	(vi) E-mail ID	:	
	(vii) URL of Website		www. sister ribedale.
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	1	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
	Type of Health Care Facility	*	PNT. HOSPITAL
	(i) Bedded Hospital	:	No. of Beds:
	(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		458 559 491-2016-19
	Details of CBMWTF	*	
	(i) Number healthcare facilities covered by CBMWTF	Î.	NIA
	(ii) No of beds covered by CBMWTF	P1 (i)	NIA
	(iii) Installed treatment and disposal capacity of CBMWTF:	E	N & Kg per day

(iv) Quantity of biomedical waste treate by CBMWTF	VI VI	angeosed.	W		Kg/day		
Quantity of waste generated or disposed in Kg p annum (on monthly average basis)				Red Cat White: Blue Ca	Category tegory : tegory : Solid wa	34 34 3 ste:	4382 kg
Details of the Storage, treatment, transp	ortatio	n, proces	ssing a	nd Dispo	sal Facili	ty	
(i) Details of the on-site storage : facility	-	Size :					
		Capacity:					
		Market Transfer			storage	: (col	d storage or
(ii) Details of the treatment or disposal facilities		Incin Plast Auto Micr Hydr Shre Need destr Shar enca conc Deep Cher disin Any	Incinerator Plasma Pyr Autoclaves Microwave Hydroclave Shredder Needle tip destroyer Sharps encapsulat concrete pi Deep buria Chemical disinfection Any other		No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	K	1000	pment: tegory		stic, glass	s etc.)	
(iv) No of vehicles used for collection and transportation of biomedical waste	8			NI	A		
(v) Details of incineration ash and ETP sludge generated and disposed				5.74	ntity erated		ere posed 37,00

	during the treatment of wastes in Kg per annum	Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	
	(vii) List of member HCF not handed over bio-medical waste.	
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	NIA
7	Details trainings conducted on BMW	\
	(i) Number of trainings conducted on BMW Management.	27
	(ii) number of personnel trained	27
	(iii) number of personnel trained at the time of induction	27
	(iv) number of personnel not undergone any training so far	10
	(v) whether standard manual for training is available?	yes
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	MIN
	(ii) Number of the persons affected	MIA
	(iii) Remedial Action taken (Please	MIA
	attach details if any)	NIA
0	(iv) Any Fatality occurred, details. Are you meeting the standards of air	MIN
9.	Pollution from the incinerator? How many times in last year could not met the standards?	NIA
	Details of Continuous online emission monitoring systems installed	
10		ETP
11	Is the disinfection method or sterilization meeting the log 4	

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	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)

Certifie	ed that the above report is for the period from
	Sulemission of Annual report - Bio-Medical
	Sulemission of Annual report -n Bio-Medical waste management trake year (1-1-18 to 31-12-18) 2018

Name and Signature of the Head of the Institution

Date: Place



NIBEDITA MEDICARE &
DIAGNOSTIC PRIVATE LTD.

Subtate Birector