

Ph. : (033) 2661-2679 / 2275

NIBEDITA MEDICARE & DIAGNOSTIC PRIVATE LTD.

FORMERLY (SISTER NIBEDITA HOSPITAL)

(Mohini Complex, Uluberia Station Road)

BAZARPARA ❖ ULUBERIA ❖ HOWRAH



Ref. No. N.M.D./09/19

Date 09-02-2019



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

Sub :- Submission of annual report on "Bio-Medical waste management"
for the year 2018.

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


Subrata Hait

(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)]

Sl. No.	Particulars		Annual Report (CBMWTF)
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	SUBRATA HAIT
	(ii) Name of HCF or CBMWTF	:	Nibedita Medicare & Diagnostic Pvt. Ltd
	(iii) Address for Correspondence	:	Uluberia, Howrah
	(iv) Address of Facility	:	N/A
	(v) Tel. No, Fax. No	:	033-26612679/2275
	(vi) E-mail ID	:	
	(vii) URL of Website	:	www.sister nibedita.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <u>Private</u> or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	PVT. HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 80
	(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/A91-2016-19(15-5-19)
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 4382kg Red Category : 3409kg White: 26 Bag Blue Category : 58 Bag General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>6</td> <td>50gm 18kg</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer	6	50gm 18kg		Sharps encapsulation or concrete pit				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.) N/A																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	N/A																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated : Where disposed : 37,06002L.																																																

	during the treatment of wastes in Kg per annum	Incineration 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.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	N/A
7	Details trainings conducted on BMW	1
	(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	N/A
	(ii) Number of the persons affected	N/A
	(iii) Remedial Action taken (Please attach details if any)	N/A
	(iv) Any Fatality occurred, details.	N/A
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
	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?	ETP
11	Is 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	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

Submission of Annual Report on Bio-Medical Waste Management for the 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.

Subrata *Hant*
Director