## FROM- IV (See rule 13) Monthly Report (June 2023)

Service .

| s.no | Particulars                                     |                                                       |  |  |  |
|------|-------------------------------------------------|-------------------------------------------------------|--|--|--|
| 1    | Particulars of the occupier                     |                                                       |  |  |  |
|      | (i) Name of the authorized person               | Medical Superintendent, AIIMS Kalyani                 |  |  |  |
|      | (occupier or: operator of facility)             | Dr. Ajay Mallick                                      |  |  |  |
|      | (                                               | Di. Hjuj Humok                                        |  |  |  |
|      |                                                 |                                                       |  |  |  |
|      |                                                 |                                                       |  |  |  |
| 1    | (ii) Name of HCF or C BMWTF                     | All India Institute of Medical Sciences Kalyani       |  |  |  |
| - 9  | (iii) Address for correspondence                | Al I MS Kalyani,                                      |  |  |  |
|      |                                                 | NH-34 Connector, Basantapur, Saguna, Nadia            |  |  |  |
|      |                                                 | West Bengal - 741 245                                 |  |  |  |
|      | (iv) Address of Facility                        | Same as above                                         |  |  |  |
|      | (v) Tel. No, Fax No                             |                                                       |  |  |  |
|      | (vi) E—mail ID                                  | ms@aiimskalyani.edu.in                                |  |  |  |
|      | (vii) L RL of website                           |                                                       |  |  |  |
|      | (viii) GPS coordinates of HCF or                |                                                       |  |  |  |
|      | CBM WTF                                         |                                                       |  |  |  |
|      | (ix) Ownership of HCF or                        | Autonomous organization                               |  |  |  |
|      | CBM WTF                                         |                                                       |  |  |  |
|      | (x) Status of Authorization under               |                                                       |  |  |  |
|      | the B io-Medical Waste                          |                                                       |  |  |  |
|      | (Management and Handling) Rules                 |                                                       |  |  |  |
|      | (xi) Status of consents under water             |                                                       |  |  |  |
| 2    | Act and Air act                                 |                                                       |  |  |  |
| 2    | Type of Health care Facility                    |                                                       |  |  |  |
|      | (i) Bedded Hospital<br>(ii) Non-bedded hospital | NA (This is a proposed 960 bedded hospital)           |  |  |  |
|      | Clinical Laboratory or Research                 | NA                                                    |  |  |  |
|      | Institute or Veterinary' Hospital or            |                                                       |  |  |  |
|      | any other                                       |                                                       |  |  |  |
|      | (iii) License number and its date of            | NA                                                    |  |  |  |
|      | expiry                                          |                                                       |  |  |  |
| 3    | Details of CBMWTF                               | NA                                                    |  |  |  |
|      | (i) Number of health care facilities            | NA                                                    |  |  |  |
|      | covered by CB M WTF                             |                                                       |  |  |  |
|      | (ii) No. of beds covered b                      | NA                                                    |  |  |  |
| 1    | CBM WTF                                         |                                                       |  |  |  |
|      | (iii) Installed treatment and                   | NA                                                    |  |  |  |
|      | disposal capacity of CBMWTF                     |                                                       |  |  |  |
|      | (iv) Quantity of bio medical waste              | N A                                                   |  |  |  |
|      | treated or disposed by CBMWTF;                  | - Prank Constant and the second                       |  |  |  |
| 4    | Quantity of waste generated or                  | Yellow Red White Blue                                 |  |  |  |
|      | disposed in KG per Annum (on                    | COVID 00.00kg 00.00kg 00.00Kg 00.00kg                 |  |  |  |
|      | monthly average basis)                          |                                                       |  |  |  |
|      | а на а а а на <u>в</u> ение на                  | Others 799.20 715.30 76.00 kg 4.00 kg                 |  |  |  |
|      |                                                 | kg kg   Total 799.20 715.30 76.00 kg 4.00 kg          |  |  |  |
|      |                                                 | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |  |  |  |
| 5    | Details of the storage Treatment Trat           | nsportation, processing and Disposal Facility:        |  |  |  |

|  | Handled by CB M WTF                                                                                                                  | Ka                                                                                                              |                                              |                               |                                                      |  |
|--|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|------------------------------------------------------|--|
|  | (i) Details of the on-site storage                                                                                                   | Size: 1 5' X 3' X 7'<br>Capacity: 50kg<br>Provision on site storage: (cold storage any<br>other provision) None |                                              |                               |                                                      |  |
|  |                                                                                                                                      |                                                                                                                 |                                              |                               |                                                      |  |
|  |                                                                                                                                      |                                                                                                                 |                                              |                               |                                                      |  |
|  |                                                                                                                                      |                                                                                                                 |                                              |                               |                                                      |  |
|  | (i) Disposal facilities                                                                                                              | Type of<br>treatment<br>equipment                                                                               | ent Units (kg/day) treate<br>ent dispo<br>in |                               | Quantity<br>treated or<br>disposed<br>in<br>kg/annun |  |
|  |                                                                                                                                      | Incinerators                                                                                                    | 1                                            |                               | Kg/ainiun                                            |  |
|  |                                                                                                                                      | plasma paralysis                                                                                                |                                              |                               |                                                      |  |
|  |                                                                                                                                      | Autoclves                                                                                                       | 1                                            |                               |                                                      |  |
|  |                                                                                                                                      | Microwaves                                                                                                      | -                                            |                               |                                                      |  |
|  |                                                                                                                                      | Hydroclave                                                                                                      | _                                            |                               |                                                      |  |
|  |                                                                                                                                      | Shreeder                                                                                                        | 1.00                                         |                               |                                                      |  |
|  |                                                                                                                                      | Needle tip cutter<br>or destroyer                                                                               | Ma                                           | Managed by CBMWTF<br>Operator |                                                      |  |
|  |                                                                                                                                      | Sharps                                                                                                          |                                              |                               |                                                      |  |
|  |                                                                                                                                      | Encaptualtion or concrete pit                                                                                   |                                              |                               |                                                      |  |
|  |                                                                                                                                      | Deep burial pits                                                                                                |                                              |                               |                                                      |  |
|  |                                                                                                                                      | Chemical<br>disinfection                                                                                        |                                              |                               |                                                      |  |
|  |                                                                                                                                      | Any other<br>treatment                                                                                          |                                              |                               |                                                      |  |
|  | (iii) Quantity of recyclable wastes                                                                                                  | equipment                                                                                                       |                                              |                               |                                                      |  |
|  | sold to authorized recyclers after<br>treatment in kg per annum                                                                      | Red category (1ike plastic, glass etc.) handled<br>by CBM WTF operator                                          |                                              |                               |                                                      |  |
|  | (iv) no of vehicles used for                                                                                                         | NII                                                                                                             |                                              |                               |                                                      |  |
|  | collection and transportation of biomedical waste                                                                                    |                                                                                                                 |                                              |                               |                                                      |  |
|  | (v) Details of incineration ash and                                                                                                  |                                                                                                                 | Quantity                                     | ww                            | here                                                 |  |
|  | disposed during the treatment r I                                                                                                    |                                                                                                                 | generate                                     |                               | sposed                                               |  |
|  | wastes in kg per annum                                                                                                               | Incineration                                                                                                    | Ni                                           |                               | NA                                                   |  |
|  |                                                                                                                                      | Ash                                                                                                             | Ni                                           | 1                             | NA                                                   |  |
|  | (vi) Name of the arm DIG                                                                                                             | ETP Sludge                                                                                                      |                                              |                               |                                                      |  |
|  | (vi) Name of the common BIO<br>medical waste treatment facility<br>operator through which wastes are<br>disposed of                  | Medicare Environment Management Private<br>Limited                                                              |                                              | Private                       |                                                      |  |
|  | (vii) List of member HCF not<br>handed over bio-medical waste                                                                        | NA                                                                                                              |                                              |                               |                                                      |  |
|  | Do you have bio-medical waste<br>management committee? If yes,<br>attach minutes of the meetings<br>held during the reporting period | Not at present                                                                                                  |                                              |                               |                                                      |  |
|  | Details of trainings conducted on<br>BM W                                                                                            |                                                                                                                 |                                              |                               |                                                      |  |
|  | (i)Number of trainings conducted<br>on BMW Management                                                                                |                                                                                                                 |                                              |                               |                                                      |  |

|    | ii)Number of personnel trained                                | T        | T                                                      |
|----|---------------------------------------------------------------|----------|--------------------------------------------------------|
|    | -                                                             | <u> </u> |                                                        |
|    | (iii) Number of personnel trained<br>at the time of induction |          |                                                        |
|    | (iv) Number of personnel not                                  |          | N PI                                                   |
|    | undergone any training so far                                 |          | Nil                                                    |
|    | (v) Whether standard manual for                               |          |                                                        |
|    | training 1s available?                                        |          | Utilizing posters, power points and hands on training. |
| 8  | Details of the accident occurred<br>during the year           |          | duning.                                                |
|    | (i) Number of Accidents occurred                              |          | Nil                                                    |
|    | (ii) Number of persons affected                               |          | Nil                                                    |
|    | (iii) Remedial Action taken (please attach details i1 any)    |          | Nil                                                    |
|    | (iv) Any Fatality occurred, details                           |          | Nil                                                    |
| 9  | Are you meeting the standards of air pollution from the       |          | NA                                                     |
|    | incinerator/How many times in                                 |          |                                                        |
|    | last year could not meet the                                  |          |                                                        |
|    | standards?                                                    |          |                                                        |
|    | Details of continuous online                                  |          | NA                                                     |
|    | emission monitoring system                                    |          |                                                        |
|    | installed                                                     |          |                                                        |
| 10 | Liquid waste generated and                                    |          | STP                                                    |
|    | treatment methods in place. How                               |          |                                                        |
|    | many times you have not met the                               |          |                                                        |
| 11 | standards in a year?                                          |          |                                                        |
| 11 | 1s this the disinfection method or                            |          | NA                                                     |
|    | sterilization meeting the log 4                               |          |                                                        |
|    | standards? Ho many timesyou have not met the standards ill a  |          |                                                        |
|    | year?                                                         |          |                                                        |
| 12 | Any other relevant information                                |          |                                                        |
|    |                                                               |          |                                                        |
|    |                                                               |          |                                                        |

Certified that the above report is for the period from 01.06.2023 to 30.06.2023

P. Switch Dr. Savika Palepu Member, Bonw Committee Name and Signature of FIC- of Bio Medical Waste Management

Date: 30/6/2023 Place: Assans, Kalyoni

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Professor Dr. Ajay Malick Medical Superintendent & Chairperson of Swachhta and Kayakalp Committee