FROM- IV

(See rule 13) Monthly Report (May 2023)

		lay	2023)				
s.no	Particulars						
1	Particulars of the occupier						
2	(i) Name of the authorized person (occupier or: operator of facility)		Medical Dr. Ajay		ndent, All	IMS Kaly	ani
					C) (1 1	<u> </u>	12 1 1
12/19/28	(ii) Name of HCF or C BMWTF			the second s	of Medical	Sciences	Kalyani
	(iii) Address for correspondence				, Basantap 245	ur, Sagun	a, Nadia
	(iv) Address of Facility		Same as	above			1
	(v) Tel. No, Fax No					2	
	(vi) E—mail ID		ms@aiim	skalyani.	edu.in		à 1
	(vii) L RL of website						1
	(viii) GPS coordinates of HCF or CBM WTF			8			
	(ix) Ownership of HCF or CBM WTF		Autonon	nous orga	nization		
	(x) Status of Authorization under the B io-Medical Waste (Management and Handling) Rules						
	(xi) Status of consents under water Act and Air act			•			
2	Type of Health care Facility						
	(i) Bedded Hospital			s is a prop	posed 960	bedded he	ospital)
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary' Hospital or any other		NA				
	(iii) License number and its date of expiry		NA				
3	Details of CBMWTF		NA	r grist bei syn	saksar Svin B	an ingit ya	
	(i) Number of health care facilities covered by CB M WTF		NA	n	i a ng ga ag na ng ga ag na ng ag ag ga g		
39) 	(ii) No. of beds covered b CBM WTF		NA		n in grad Na Vill Sula	i destriction descrittation	
	(iii) Installed treatment and <u>dispo</u> sal capacity of CBMWTF		NA				
	(iv) Quantity of bio medical waste treated or disposed by CBM WTF;		N A		ur er, deter Die tekers	ant di kan Tingkan	
4	Quantity of waste generated or		1. N. 19. B	Yellow	Red	White	Blue
	disposed in KG per Annum (on		COVID	00.00kg	00.00kg	00.00Kg	00.00k
	monthly average basis)		Others	1012.00 kg		43.00 kg	
	a an		Total	1012.00 kg	945.30 kg	43.00 kg	108.30 kg
5	Details of the storage, Treatment, Tra	ansi	portation		g and Disi	oosal Faci	

	(i) Details of the on-site storage	Size: 1 5' X 3'	X 7'					
		Capacity: 50k	Capacity: 50kg					
	(i) Disposal facilities	Provision on site storage: (cold storage any other provision) None						
		Type of No of Capacity Quantity						
	n an ann an Airtean an Airtean an Airtean an Airtean an Airtean an Airtean Airtean Airtean Airtean Airtean Airtean Airtean Airtean Air	treatment equipment	Units	Units (kg/day)				
	and a second state of the second s Second second				in kg/annum			
		Incinerators						
		plasma paralysis						
		Autoclves						
		Microwaves						
		Hydroclave						
		Shreeder						
		Needle tip cutter or destroyer Sharps	Ma	Managed by CBMWTF Operator				
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Encaptualtion or concrete pit	ina di ya Na sa Na sa					
		Deep burial pits						
		Chemical disinfection Any other						
		treatment						
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red category	Red category (like plastic, glass etc.) handled by CBM WTF operator					
	(iv) no of vehicles used for collection and transportation of biomedical waste	NII	NII					
	(v) Details of incineration ash and disposed during the treatment r I		Quanti genera	· · · · · · · · · · · · · · · · · · ·	here sposed			
	wastes in kg per annum	Incineration	- I	Vil un	NA			
		Ash		Jil	NA			
		ETP Sludge						
	(vi) Name of the common BIO medical waste treatment facility operator through which wastes are disposed of	Medicare Envi Limited	Medicare Environment Management Private					
20	(vii) List of member HCF not handed over bio-medical waste	NA	NA					
6	Do you have bio-medical waste management committee? If yes,	Not at present	Not at present					
1. T.	attach minutes of the meetings held during the reporting period	en in 2. Sector - Sector S						
	Details of trainings conducted on BM W			e)				
7	(i)Number of trainings conducted on BMW Management	01						

	ii)Number of personnel trained		120
	(iii) Number of personnel trained at the time of induction		
	(iv) Number of personnel not 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 during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of persons affected		Nil
	(iii) Remedial Action taken (please attach details il any)	-	Nil
	(iv) Any Fatality occurred, details		Nil
9	Are you meeting the standards of air pollution from the incinerator/How many times in last year could not meet the standards?		NA
	Details of continuous online emission monitoring system installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP
11	1s this the disinfection method or sterilization meeting the log 4 standards? Ho many timesyou have not met the standards ill a year?		NA
12	Any other relevant information		

Certified that the above report is for the period from 01.05.2023 to 31.05.2023

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Name and Signature of FIC- of Bio Medical Waste Management

Date: Place:

for li, Professor Dr. Ajay Mallick

Medical Superintendent & Chairperson of Swachhta and Kayakalp Committee