## 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	1					
1	Particulars of the Occupier						
	(i)Nameoftheauthorizedperson(occupier	1	Dr. ARUNANGSHU GANGULY				
	or : operator of facility)						
	(ii) Name of HCF or CBMWTF	:	HEALTHWORLD HOSPITALS (A UNIT OF PARASHMANI MEDICALS CENTRE)				
	(iii) Address for Correspondence	:	The second secon				
	(iv) Address of Facility		C-49, COMMERCIAL AREA, OPP. ESIC, SUB REGIONAL OFFICE, NEAR GANDHI MORE, CITY CENTRE, DURGAPUR-713216				
	(v)Tel. No, Fax. No		0343-2547755				
	(vi) E-mail ID	:	info@hwhos.com				
	(vii) URL of Website		www.healthworldhospitals.com				
	(viii)GPScoordinatesofHCForCBMWTF		23.5397°N , 87.2893°E				
			(StateGovernmentorPrivateorSemiGovt.				
	(ix) Ownership of HCF or CBMWTF		or any other) PRIVATE				
	(x). Status of Authorization under the Bio- Medical	:	Authorisation No.:				
	Waste (Management and Handling) Rules		01/25(BM)- 3442/2017 Valid upto: 30-09-2022				
	(xi). Status of Consents under Water Act and Air Act	:	01/2s/CON(BM)-3392/2017 Valid upto: 30-09-2022				
2	Type of Health Care Facility						
	(i) Bedded Hospital		No. of Beds: 223				
	(ii) Non-bedded hospital	:	110.01B000. <u>EE0</u>				
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NA				
	(iii) License number and its date of expiry	:	License No.: 34814028, Expiry: 25/08/2019				
3	Details of CBMWTF						
	(i) Number of health care facilities covered by CBMWTF	i					
	(ii) No. of Beds covered by CBMWTF						
	(iii) Installed treatment and disposal capacity of CBMWTF;		Kg /day				
	(iv) Quantity of bio medical 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: 11706.7 Kg				
			Red Category: 14463 Kg				
	(IANIIARY 2018, DECEMBER 2010)		White: 1635 Kg				
	(JANUARY 2018- DECEMBER 2018)		Blue Category: 3408.8 Kg				
			General Solid Waste:				
5	Details of the Storage, Treatment, Transportation, F	Proces					
	(i) Details of the on-site storage : Size: 311 SQFT.						

	facility	Capacity: 2488 CUBIC FT						
				Provisionofon-s	itestorage	: (Colds	torageor	
				any other provis	ion) Bio-N	Medical V	Vaste Room	
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capaci Kg/da	Quantity Treated of disposed in kg ty per	
				Incinerators				
				Plasma Pyrolysis				
				Autoclaves				
				Microwave				
				Hydroclave				
		NA		Shredder				
				Needle tip cutter or 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.)  NA				
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste		01				
	(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity		Where disposed	
				Incineration				
				Ash				
	( )			ETP Sludge				
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator throughwhichwastes are disposed of		GREENTECH ENV LIMITED	VIRON M.	ANAGĖI	MENT PRIVATE	
	(vii)	ListofmemberHCF nothanded over bio-medical waste.		NA				
6	committee'	ve bio-medical waste management If yes, attach minutes of the heldduring the reporting period		YES (Copy Attached)				

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management	02	
	(ii) Number of personnel trained	100	
	(iii) Number of personnel trained at the time of induction	50	
<b>V</b>	(iv) Number of personnel not undergone any training so far	NIL	
i i	(v) Whether standard manual for training is available?	Yes	
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 if any)	NIL	
	(iv) Any Fatality occurred, details	NA	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the Standards?	NA	
	Details of Continuous online emission monitoring systems installed	NA	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NIL	
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	dards? How many times NA	
12	Any other relevant information	(AirPollutionControlDevices attached with the Incinerator)	

Certified that the above report is for the period from (JANUARY 2018- DECEMBER 2018)

Dr. Arunangshu Sa Name and Signature of the

Institution

Date: 01.06.2019
Place: DURGAPUR