

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	:	
1.	Particulars of the Occupier		
	(i) Name of the authorized person (occupier or operator of facility)	:	NAV RATAN JAIN
	(ii) Name of HCF or CBMWTF	:	MEDICARE CLINIC (P) LTD.
	(iii) Address of Correspondence	:	C/O, CHANDIPUR MANIKPUR BPHC OF ULUBERIA-1, HOWRAH-711303
	(iv) Address of Facility	:	-do-
	(v) Tel. No., Fax. No	:	-do-
	(vi) Email ID	:	medicareclinic@hotmail.com
	(vii) URL of Website	:	medicareclinichowrah.net
	(viii) GPS Co-ordinate of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Under PPP Scheme
	(x) Status of Authorization under the Bio-medical waste (Management and Handling) Rules	:	Authorization No.: D009862 One time Valid upto:
	(xi) Status of Consents under Water Act and Air Act	:	Valid upto: C0112358 31-12-2022
2.	Type of Health Care Facility	:	PATHOLOGY LABORATORY UNDER PPP SCHEME
	(i) Bedded Hospital	:	No. of Beds: X
	(ii) Non-Bedded Hospital (Clinic Laboratory of Research Institute or Veterinary Hospital or any other)	:	CLINICAL LABORATORY
	(iii) License number and its date of expiry	:	CE LIC No. 34115250 valid upto 11-01-2022
3	Detail of CBMWTF	:	NA
	(i) No. of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(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: 13 Kg / month Red Category: 7 Kg / month White Category: 2 Kg / month Blue Category: 1 Kg / month General solid waste::
5	Detail of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Detail of On-site storage	:	Size: 10' X 10'

	Facility	:	Capacity : 72 hours storage Provision of on-site storage:(Cold storage or any other provision)																																																							
	(ii) Disposal facility	:	N.A.																																																							
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	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 during the treatment of wastes in Kg per annum	:	<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration</td><td></td><td></td></tr> <tr><td>Ash</td><td></td><td></td></tr> <tr><td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table>					Quantity Generated	Where disposed	Incineration			Ash			ETP Sludge																																										
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD. "F" ROAD, BELGAHIA, HOWRAH,PIN 711101																																																							
	(vii) List of member HCF not handed over bio-medical waste	:	N.A.																																																							
6	Do ou have bio-medical waste management committee?If yes, attach minutes of the meetings held during the reporting period	:	N.A.																																																							

	Details training conducted on BMW	:	
	(i) No. of trainings conducted on BMW Management	:	2 No. in a year
	(ii) Number of personnel trained	:	5 Person
	(iii) Number of personnel trained at the time of induction	:	NIL
	(iv) Number of personnel not undergone any training so far	:	NIL
	(v) Whether standard manual for training is available	:	Yes
8	Details of the accident occurred during the year	:	NIL
	(i) Number of Accident occurred	:	NIL
	(ii) Number of person affected	:	NIL
	(iii) Remedial Action taken (Please attach details if 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 met the standards?	:	N.A.
	Details of Continuous online emission monitoring systems installed	:	N.A.
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	Planning for STP.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many time you have not met the standards in a year?	:	
12	Any other relevant information	:	(Air Pollution Control Devices attached with the incinerator)

Certifies that the above report is for the period from **01-01-2020 to 31-12-2020**

For **MEDICARE CLINIC (P) LTD.**



Director

Name and Signature of the Head of the Institution