## 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 wate treatment facility (CBWTF) ]

| S1  |   |   |  |                        |                     |  |
|-----|---|---|--|------------------------|---------------------|--|
| No. | Particulars   | : |  |                        |                     |  |
| 1.  | Particulars of the Occupier   |   |  |                        |                     |  |
|     | (i) Name of the authorized person (occupier or : operator of facility)                                      | : | NAV RATAN JAI  | N                      |                     |  |
|     | (ii) Name of HCF or CBMWTF  | : | MEDICARE CLIN  | NIC (P) LTD.           |                     |  |
|     | (iii) Address of Correspondence   | : | C/O, KULAI BPH<br>711312   | IC OF PANCHAL          | A,HOWRAH-           |  |
|     | (iv) Address of Facility  | : | -do-   |                        |                     |  |
|     | (v) Tel. No.,Fax. No  | : | -do-   |                        |                     |  |
|     | (vi) Email ID   | : | medicareclinic@  | hotmail.com            |                     |  |
|     | (vii) URL of Website  | : | medicareclinich  | owrah.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) <b>Under PPP Scheme</b> |                        |                     |  |
|     | (x) Status of Authorization under the Biomedical waste (Management and Handling) Rules                      | : | Authorization No Valid upto:   | o.: <b>D009866 One</b> | Time                |  |
|     | (xi) Status of Consents under Water Act and Air Act   | : | Valid upto: C001<br>31-01-2023   | 12359                  |                     |  |
| 2.  | Type of Health Care Facility  | : | PATHOLOGY LA<br>SCHEME   | BORATORY UNI           | DER PPP             |  |
|     | (i) Bedded Hospital   | : | No. of Beds: X   |                        |                     |  |
|     | (ii) Non-Bedded Hospital<br>(Clinic Labortory of Research Institute or<br>Veterinary Hospital or any other) | : | CLINICAL LABO  | PRATORY                |                     |  |
|     | (iii) License number and its date of expiry   | : | <b>CE LIC No. 3411</b>   | 5246 valid upto        | 14-01-2022          |  |
| 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   |                        |                     |  |
|     | Quantity of waste generated or disposed in Kg per Annum   | : | Waste<br>Category  | Waste Quantity         | Waste<br>Weight(Kg) |  |
|     |   |   | Yellow Bags  | 57                     | 77 Kg.              |  |
| 4   |   |   | Red Bags   | 10                     | 20 Kg.              |  |
|     |   |   | Blue Marked<br>Box   | 0                      | 0 Kg.               |  |
|     |   |   | PPC White  | 0                      | 0 Kg.               |  |
|     | Detail of the Storage, Treatment, Transportation  |   |  |                        |                     |  |
| 5   | , 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) any other provision) |                   |  |
|---|--|-----------|---|-------------------|--|
|   |  | :<br>N.A. | equipment Units Kg  | g/day             | Quantity<br>Treatedor<br>disposed in<br>kg per ann |
|   |  |           | Incinerators Plasma Pyrolysis   |                   |  |
|   |  |           | Autoclave Microwave   |                   |  |
|   | (ii) Disposal facility   |           | Hydroclave  |                   |  |
|   |  |           | Shredder  |                   |  |
|   |  |           | Needle tip  |                   |  |
|   |  | N.A.      | cutter or   |                   |  |
|   |  |           | destroyer   |                   |  |
|   |  |           | Sharps  |                   |  |
|   |  |           | Encapsulation   |                   |  |
|   |  |           | or concrete pit   |                   |  |
|   |  |           | Deep burial pits  |                   |  |
|   |  |           | Chemical  |                   |  |
|   |  |           | disinfection  |                   |  |
|   |  |           | Any other   |                   |  |
|   |  |           | treatment   |                   |  |
|   |  |           | equipment   |                   |  |
|   | (iii) Quantity of recyclable wastes sold to<br>authorized recyclers after treatment in Kg per<br>annum                     | :<br>N.A. | Red Category (like plastic,   | cic, glass, etc.) |  |
|   | (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       | :         | Quantity<br>Generated   |                   | Vhere<br>isposed                                   |
|   |  |           | Incineration  |                   |  |
|   |  |           | Ash   |                   |  |
|   |  |           | ETP Sludge  |                   |  |
|   | (vi) Name of the Common Bio-Medical Waste<br>Treatment Facility Operator through which<br>wastes are disposed of           | :         | MEDICARE ENVIRONMENTAL MANAGE<br>PVT. LTD. "F" ROAD, BELGAHIA,<br>HOWRAH,PIN 711101         |                   |  |
|   | (vii) List of member HCF not handed over biomedical 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<br>Management  | : | 2 No. in a year  |
|    | (ii) Number of personnel trained   | : | 4 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 yaer 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 Contro Devices attached with the incinerator) |

Certifies that the above report is for the period from <u>01-01-2021 to 31-12-2021</u>

Date: 24-06-2021 Place: Howrah FOR MEDICARE CLINIC (P) LTD.

Director

Name and Signature of the Head of the Institution