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)]

| (i) Nanoperator (ii) Nanoperator (iii) Nanoperator (iiii) Liverator (iiii) Nanoperator (iiiii) Nanoperator (iiiii) Nanoperator (iiiiiii) Nanoperator (iiiiiiii) Nanoperator (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | ne of the Occupier ne of the authorized person (occupier or : or of facility) me of HCF or CBMWTF ddress of Correspondence ddress of Facility . No.,Fax. No | | NAV RATAN JAIN MEDICARE CLINIC (P) LTD. C/O, JAGDISHPUR BPHC OF BALLY JAGACHA BLOCK,HOWRAH-711114 -dodo- medicareclinic@hotmail.com medicareclinichowrah.net (State Government or Private or Semi Govt. any other) Under PPP Scheme Authorization No.: D0011277 One Time |
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| medica Rules (xi) Sta Act 2. Type o (i) Bed (ii) No (Clinic Veterin (iii) Li | al waste (Management and Handling) | : | Authorization No.: D0011277 One Time |
| Act 2. Type o (i) Bed (ii) No (Clinic Veterin (iii) Li | atus of Consents under Water Act and Air | | Valid upto: |
| (i) Bed (ii) No (Clinic Veterin (iii) Li | atus of Consents under water Act and Air | : | Valid upto: 31-03-2024 C0121317 |
| (ii) No (Clinic Veterir (iii) Li | f Health Care Facility | : | PATHOLOGY LABORATORY UNDER PPP SCHEME |
| (Clinic Veterir (iii) Li | lded Hospital | : | No. of Beds: X |
| (iii) Li | n-Bedded Hospital Labortory of Research Institute or nary Hospital or any other) | : | CLINICAL LABORATORY |
| | cense number and its date of expiry | : | CE LIC No. 34115622 valid upto 14-03-2022 |
| 3 Detail | of CBMWTF | : | NA |
| (i) No. CBMV | of health care facilities covered by VTF | : | NA |
| (ii) No | . of Beds covered by CBMWTF | : | NA |
| (iii) IN of CBN | stalled treatment and disposal capacity MWTF | : | Kg / day |
| | nantity of bio medical waste treated or ed by CBMWTF | : | Kg / day |
| | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | : | Waste Category Waste Quantity Waste Weight(K |
| . Onanti | | | Yellow Bags 0 0 Kg. |
| | | | Red Bags 0 0 Kg. |
| | | | Blue Marked Box 0 Kg. |
| | | | PPC White 0 0 Kg. |
| | | | |
| (i)Deta | of the Storage, Treatment, Transportation essing and Disposal FAcility | : | |

| | Facility | : | Capacity: 72 hours storage Provision of on-site storage any other provision) | | ld storage |
|---|--|-----------|--|-------|--|
| | (ii) Disposal facility | : N.A. | equipment Units Kg | g/day | Quantity Treatedor disposed in kg per ann |
| | | | Incinerators Plasma Pyrolysis | | |
| | | | Autoclave Microwave | | |
| | | | Hydroclave | | |
| | | | 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 | : N.A. | Red Category (like plastic, glass, e | 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 Generated | | Vhere isposed |
| | | : | Incineration | | |
| | | | Ash | | |
| | | | ETP Sludge | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | MEDICARE ENVIRONMEN PVT. LTD. "F" ROAD, BEL 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 Management | : | 2 No. in a year |
| | (ii) Number of personnel trained | : | 2 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>

For MEDICARE CLINIC (P) LTD.

Director

Name and Signature of the Head of the Institution