

**Form - IV**  
(See rule 13)  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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 authorised person (occupier or operator of facility)	:	SHUVANKAR MAITRA
	(ii) Name of HCF or <del>CBMWTF</del>	:	Manorama Hospitex Pvt. Ltd.
	(iii) Address for Correspondence	:	172A, Behasampuro Road, NH-34 PO+Ps. Ranaghat, Nadia - 741201.
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	03473-210031/03473-211743
	(vi) E-mail ID	:	manoramahospitex@gmail.com
	(vii) URL of Website	:	www.manoramahospitex.org
	(viii) GPS coordinates of HCF or <del>CBMWTF</del>	:	23.1703°N, 88.5575°E
	(ix) Ownership of HCF or <del>CBMWTF</del>	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: D.0010.333..... .....valid up to 31/3/23
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2023
2.	Type of Health Care Facility	:	Private Hospital
	(i) Bedded Hospital	:	No. of Beds:..... 150
	(ii) Non-bedded hospital	:	—
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	33616770 valid up to. 08/03/22
3.	Details of CBMWTF	:	N.A.
	(i) Number healthcare facilities covered by CBMWTF	:	—
	(ii) No of beds covered by CBMWTF	:	—
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	_____ Kg/day (approx.)		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 804.83		
		Red Category : 851.42		
		White: 95.17		
		Blue Category : 47.75		
		General Solid waste: 1500		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility N.A.			
	(i) Details of the on-site storage facility :	Size :	—	
		Capacity :	—	
		Provision of on-site storage : (cold storage or any other provision)		
	(ii) Details of the treatment or disposal facilities :	Type of treatment equipment	No of units	Capacity Kg/day
Incinerators Plasma Pyrolysis Autoclaves 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. :	Red Category (like plastic, glass etc.)			
(iv) No of vehicles used for collection and transportation of biomedical waste :	—			
(v) Details of incineration ash and ETP sludge generated and disposed :	Quantity generated	Where disposed		

*Mr*



	during the treatment of wastes in Kg per annum	Incineration Ash N.A. ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Medicare Environmental Management Pvt. Ltd. (Formerly Sembramky Environmental Management Pvt. Ltd.)
	(vii) List of member HCF not handed over bio-medical waste.	N.A.
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	<u>Minutes of the BMW Management Committee</u> • It was confirmed that all H/K staff involved in handling BMW have been vaccinated. • Steps for spill management were discussed in detail.
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	12
	(ii) number of personnel trained	150
	(iii) number of personnel trained at the time of induction	150
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	NONE
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	—
	(ii) Number of the persons affected	—
	(iii) Remedial Action taken (Please attach details if any)	—
	(iv) Any Fatality occurred, details.	—
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?	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?		NIL
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from January 2019 to December 2019.

MANORAMA HOSPITEX PVT. LTD.

*Sharan K. N. N.*

Director

Name and Signature of the Head of the Institution

Date: 27/01/2020  
Place Ramaghat