## MCG CURIE ABOUR PARMONE ANSARI CANIFR INSTITUTE ITE BA, RAMICHI

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. | Particulars  | -  |  |
|-----|--|----|--|
| No. |  |    | '  |
| 1.  | Particulars of the Occupier  | :  |  |
|     | (i) Name of the authorised person (occupier or operator of facility)                     | :  | Md. Nohid Ansam  |
|     | (ii) Name of HCF or CBMWTF   | :. | Medicare envisoremental ment by                                    |
|     | (iii) Address for Correspondence   | :  | Plot No-9 82P, 82 to 894 907                                       |
|     | (iv) Address of Facility   |    | Readamantord, Lot ordage Rox                                       |
|     | (v)Tel. No, Fax. No  | :  | 8521484726   |
|     | (vi) E-mail ID   | :  | Brow case  |
|     | (vii) URL of Website   |    | Direct is with   |
|     | (viii) GPS coordinates of HCF or CBMWTF  |    |  |
|     | (ix) Ownership of HCF or CBMWTF  | :  | (State Government or Private or Semi Govt. or any other)           |
|     | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules |    | Authorisation 104/2011/6-19-6 No.:                                 |
|     | (xi). Status of Consents under Water Act and Air Act                                     | •  | Valid up to: 31/03/202 \$  |
|     | Type of Health Çare Facility   | :  | CAMIER   |
|     | (i) Bedded Hospital  | :  | No. of Beds: . 5. 6  |
|     | (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  |    | Machical Environemental management                                 |
|     | Details of CBMWTF  | ;  |  |
|     | (i) Number healthcare facilities covered by CBMWTF                                       | :  | collection, transportation, tomber and elisposable biomedical wast |
|     | (ii) No of beds covered by CBMWTF  | :  | 56   |
|     | (iii) Installed treatment and disposal capacity of CBMWTF:                               | :  | 2 g Kg per day   |

|          | (iv) Quantity of biomedical waste trea<br>by CBMWTF  | ated o | or disposed : <u>30</u> Kg/day   |   |
|----------|--|--------|--|---|
| 4.       | Quantity of waste generated or dispannum (on monthly average basis)  Details of the Storage, treatment, trans      |        | Red Category: 20V White:  Blue Category: 20V General Solid waste: 75 V G   |   |
|          | facility  (ii) Details of the on-site storage  |        | Size : 15 1/8 + 1+  Capacity: 200 bag  Provision of on-site storage : (cold storage any other provision) No                        |   |
| tre      | disposal facilities  iii) Quantity of recyclable wastes old to authorized recyclers after eatment in kg per annum. |        | Type of treatment of acit treatedo unit y r s Kg/ disposed day in kg per annum  Incinerators \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ) |
| an<br>wa | nd transportation of biomedical  | •      | od vehicles  |   |
|          | ) Details of incineration ash and<br>IP sludge generated and disposed  |        | COKLD Quantity Where generated disposed  | - |

|    | during the treatment of wastes in Kg  |               | Incineration VID and a gran                                       |
|----|---------------------------------------|---------------|---|
|    | per annum                             |               | Ash 36000 KLD under green   |
|    |                                       |               | ETP Sludge  |
|    | (vi) Name of the Common Bio-          | :             | 14101401  |
|    | Medical Waste Treatment Facility      | 1.5           | ALL) Wedy care chareloughted                                      |
|    | Operator through which wastes are     | = = =         | management gut 14d, Lohosaaga                                     |
|    | disposed of                           |               | MIS Medicare Environmental Managemention 11d, Lohosdaga Thorkhand |
| -  | (vii) List of member HCF not handed   |               |   |
|    | over bio-medical waste.               |               | NA  |
| 6  | Do you have bio-medical waste         | -             |   |
|    | management committee? If yes, attach  | D)            |   |
|    | minutes of the meetings held during   | 8.            | Yes   |
|    | the reporting period                  |               | •   |
| 7  | Details trainings conducted on BMW    | 7.70          | vel   |
|    | (i) Number of trainings conducted on  |               | , ,   |
|    | BMW Management.                       |               | 1 445   |
|    | (ii) number of personnel trained      |               | 15  |
|    | (iii) number of personnel trained at  | V             |   |
|    | the time of induction                 |               | 2_  |
|    | (iv) number of personnel not          | · · · · · · · |   |
|    | undergone any training so far         |               | 5   |
| 1  | (v) whether standard manual for       |               |   |
|    | training is available?                |               | yes   |
|    | (vi) any other information)           |               | NA  |
| 8  | Details of the accident occurred      |               | No  |
|    | during the year                       |               |   |
|    | (i) Number of Accidents occurred      |               | No  |
|    | (ii) Number of the persons affected   |               | No  |
|    | (iii) Remedial Action taken (Please   |               | Mo  |
|    | attach details if any)                |               |   |
|    | (iv) Any Fatality occurred, details.  |               | No  |
| 9. | Are you meeting the standards of air  |               | ) w Q   |
|    | Pollution from the incinerator? How   |               | yes   |
|    | many times in last year could not met |               |   |
|    | the standards?                        |               |   |
|    | Details of Continuous online emission |               | No  |
| -  | monitoring systems installed          |               | <b>F</b>  |
| 10 | Liquid waste generated and treatment  |               | yes   |
|    | methods in place. How many times      |               | 7-)   |
|    | you have not met the standards in a   |               |   |
|    | year?                                 |               |   |
| 11 | ls the disinfection method or         |               | •   |
|    | sterilization meeting the log 4       |               |   |

|     |    | standards? How many times you have |   | 2122   |
|-----|----|------------------------------------|---|--|
|     |    | not met the standards in a year?   |   | , y - ),   |
|     | 12 | Any other relevant information     | : | (Air Pollution Control Devices attached with the |
|     |    | 1/ Scdrup hypechlosole 13          |   | Incinerator)                                     |
| - 1 |    | used as disintected                |   |  |

| Certified that the above report is for the period from | 12/2023   |
|--|---|
|  | No.   |
|  | Contraction                                       |
|  | Name and Signature of the Head of the Institution |

Date: 10/6/24
Place Ranch,

SOURABH KANTI MANDAL
CHIef Operating Officer
CO-CURRE ABSUR RAZZAGUE AMAJOR CARCOR INSTITUTE
AND CONTRACT OF ASSURE AMAJOR CARCOR INSTITUTE
AND CONTRACT OF ASSURE CARCOR INSTITUTE
AND CONTRACT OF ASSURE CARCOR INSTITUTE

OF A CONTRACT OF AS