CALCUTTA HEART CLINIC & HOSPITAL

A Non Commercial Medical Centre under W. B. Societies Registration Act. 1961 HC BLOCK SECTOR III BIDHANNAGAR KOLKATA 700106 INDIA Phone: (033) 2358 5735 / 2358 6885 / 2358 8878 / 2321 4578 / 2334 5144 Fax: (033) 2358 8876

E-mail : calheart06@gmail.com
REGISTRATION No. S/16611 OF 1975-76

Date: 08.01.20281

Ref: CHCH/WBPCB/A-1/20-21

To

Chief Engineer O & E Cell paribesh Bhawan 10A, Block-L.A, Sector-III, Salt Lake City Kolkata 700098

Re: Submission of Annual report for the year 2020

Dear Sir,

With reference to the above captioned subject kindly find the enclosed Annual report for the year 2020 of Biomedical Waste disposed through M/S Greentech Environ Management PVT. LTD as per your guideline.

Kindly acknowledge on receipt of the same.

Thanking you

Yours faithfully

For CALCUTTA HEART CLINIC & HOSPITAL

Dr. Kisanlal Pradhan

Hony. Secretary

Hony. Secretary
Calcutta Heart Clinto
and Hospital

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)]

S1.	Particulars	r				
No						
1.	Particulars of the Occupier	1:				
	(i) Name of the authorised person (occupie	er or :	DR. KISANLAL PRADHAN			
	operator of facility)					
	(ii) Name of HCF or CBMWTF	1:	Calcutta Heart Clinic & Hospil	-al		
	(iii) Address for Correspondence	:	HC-4, Sector-111, Bidhanna Kolkata - 700106	again		
	(iv) Address of Facility		Renard			
	(v)Tel. No, Fax. No		033-23587887			
	(vi) E-mail ID	1:	Colhearto6@ gmail.com			
	(vii) URL of Website					
	(viii) GPS coordinates of HCF or CBMWTF		Longitude 22°34 31.22"W Longitude 80°25' 05.32"E			
	(ix) Ownership of HCF or CBMWTF	1:	(State Government or Private or			
			Semi Govt. or any other)			
	(x). Status of Authorisation under the Bio-Medical		Authorisation No.:			
	Waste (Management and Handling) Rules		79-25(BM)-2223-2007			
			valid up to 31-07-20	122		
	(xi). Status of Consents under Water Act and Act	Air :	Valid up to:			
2.	Type of Health Care Facility	:	NURSING HOME			
	(i) Bedded Hospital	1:	No. of Beds: 108			
	(ii) Non-bedded hospital	1:				
	(Clinic or Blood Bank or Clinical Laboratory or		NOT applicable			
	Research Institute or Veterinary Hospital or	any				
	other)					
	(iii) License number and its date of expiry		33724032, 09/08/2028			
3.	Details of CBMWTF		Not applicable			
	(i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of CRMWTF.		21 22/152/216			
			Not applicable			
			Kg per day NA			
	CBMWTF: (iv) Quartity of biomedical waste treated or disposate treated	osed :	Kg/day K. A			
	by CBMWTF	,300	K.g/day NC. A			
4.	Quantity of waste generated or disposed in Kg	per :	Yellow Category 10285.600 kg/A	nnum		
.	annum (on monthly average basis)	P	Red Category: 7970 Sookg/A			
			White: 988 · 200 kg/A	nnum		
			Blue Category: (91) 800 Kg/A	nnum		
			General Solid waste: 3000 kg (APP)	ox)/Annum		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage : Siz		55 S9ft			
	facility Ca					
			f on-site storage : (cold storage or			
	1000	y other pr				
1		1	The state of the s			

	disposal facilities		Type of treatment	No	Cap	Quantity	
			equipment	of	acit	treatedo	
				unit	<u> </u>	Γ	
				5	Kg/	aisposed	
			-		day	in kg	
						per	
						annum	
			Incinerators			No	
			Plasma Pyrolysis			NO	
			Autoclaves			yes, 6 NOS	
			Microwave			NO	
			Hydroclave			NO	
			Shredder				
			Needle tip cutter or			Yes, 18 Nos	
			destroyer				
			Sharps encapsulation or			NO	
			concrete pit		-	0.000	
			Deep burial pits:				
			Chemical			NO	
			disinfection:		-	yes	
			Any other treatment		-	NO	
			equipment:				
	(iii) Quantity of recyclable wastes	:	Red Category (like plast	ic, glas	s etc.)		
	sold to authorized recyclers after			100 1770			
	treatment in kg per annum.		3				
	(iv) No of vehicles used for collection	:				*	
	and transportation of biomedical		1 405.				
	waste						
	(v) Details of incineration ash and		Quant	ity		here	
	ETP sludge generated and disposed		genera	ated	dis	posed	
	during the treatment of wastes in Kg		Incineration				
	per annum		Ash NA	A			
			ETP Sludge				4
	(vi) Name of the Common Bio-	:	Gneentech Envi	non n	nanc	gement Put	SFO
	Medical Waste Treatment Facility		-1.1. Dakehi	ndwi	KO	ad	
	Operator through which wastes are		P.O-Snibhumi, K	Olkat	cr - 1	000-18	
	disposed of						
	(vii) List of member HCF not handed		_				
6	over bio-medical waste.						
6	Do you have bio-medical waste		yes, Attached				
	management committee? If yes, attach						
	minutes of the meetings held during						
7	the reporting period Details trainings conducted on BMW						
/	(i) Number of trainings conducted on						
	BMW Management.		guartenly				
	DIVI W IVIAHAgeHIEHL.						

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	(ii) number of personnel trained	T	ADDROV ICAL
	(iii) number of personnel trained at	-	APPROX 150
	the time of induction		75-30
	(iv) number of personnel not		
	undergone any training so far		
	(v) whether standard manual for	-	
	training is available?		
	(vi) any other information)		NIL
8	Details of the accident occurred		
	during the year		Not
	(i) Number of Accidents occurred	2	NIL
	(ii) Number of the persons affected	1	NIL
	(iii) Remedial Action taken (Please	1	
	attach details if any)		Not applicable
	(iv) Any Fatality occurred, details.		No
9.	Are you meeting the standards of air		
	Pollution from the incinerator? How		
	many times in last year could not met		1.00
	the standards?		NOT applicable
	Details of Continuous online emission	1	
	monitoring systems installed		No
10	Liquid waste generated and treatment		
	methods in place. How many times		9
	you have not met the standards in a		
	year?		Yes
11	Is the disinfection method or		
	sterilization meeting the log 4		
	standards? How many times you have		Yes
	not met the standards in a year?		10
12	Any other relevant information	:	(Air Pollution Control Devices attached with the
			Incinerator)

Certified that the above report is for the period from

Jonnany 2020 to December 2020	7
	rf D

Name and Signature of the Head of the Institution

Date: 08/01/2021
Place Kolkata

/ Hony. Secretary
Calcutta Heart Clinic
and Hospital