

SILIGURI

To

The Environmental Engineer- In Charge

West Bengal Pollution Control Board, Siliguri, Regional Office,

Dist: Darjeeling,

West Bengal.

Sub: Submission of Annual Bio Medical Waste Report

Dear Sir,

With reference to your letter, M/S Medica North Bengal Clinic Private Limited, Meghnad Saha Sarani, Pradhan Nagar, Siliuri-734003, West Bengal. We are hereby submitting Annual Report of Bio Medical Waste management, as per provison of rule 5 of management and handling rules of Bio Medical Waste for they year January 2021- December 2021.

Thanking You,

Yours Truly,

For Medica North Bengal Clinic Pvt. Ltd.

(Housekeeping in- charge)

North Bengal Clinic (P) Ltd Meghnad Saha Sarani, Pradhan Nagar, Siliguri

E-mail: contactus@mnbc.in, Website: www.medicanorthbengalclinic.com

Licence No.: 32720977

.Form - IV (See rule13) 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)]

(iv) Address of Facility (iv) Address of Facility (v) Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (v) Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act (vii) Address of Facility (ix) Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (353-2518667 0353-2517854 (debamita.bhaumik@mnbc.in bikrantkumar.gupta@mnbc.in (www.medicanorthbengalclinic.com NA (State Government or Private or Semi Govt. or any other) (x). Status of Authorisation under the Bio-Medical Authorisation No.: A28/WPB/SRO/BMA/Dar/N-14-2016. Valid up to 31-3-2024 (xi). Status of Consents under Water Act and Air Act Type of Health Care				
Particulars of the Occupier	SI			
(i) Name of the authorised person (occupier or : operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (iv) Address of Facility (v) Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (ix) Ostatus of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi) Status of Consents under Water Act and Air Act Type of Health Care Facility (ii) Bedded Hospital (iii) Non bedded by the Address of the CBMWTE (iii) Bedded Hospital (iii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iii) Non bedded by the Address of the CBMWTE (iii) Bedded Hospital (iii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iiii) Non bedded by the Address of the CBMWTE (iiiii) Non bedded by the Address of the CBMWTE (iiiii) Non bedded by the Address of the CBMWTE (iiiiii) Address of the CBMWTE (iiiiii) Address of the CBMWTE (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	No			
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(iii) Address for Correspondence : Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (iv) Address of Facility : Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (v) Tel. No, Fax. No : 0353-251867 (vi) E-mail ID : debamita.bhaumik@mnbc.in bikrantkumar.gupta@mnbc.in (vii) URL of Website (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 (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital : No. of Beds:140		(i) Name of the authorised person (occupier or : operator of facility)		Mr. Komal Dutta Dashora
Siliguri-734003, Dist. Darjeeling. (iv) Address of Facility : Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (v)Tel. No, Fax. No : 0353-2518667 0353-2517854 (vi) E-mail ID (vii) URL of debamita bhaumik@mnbc.in bikrantkumar.gupta@mnbc.in (vii) URL of www.medicanorthbengalclinic.com (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital Siliguri-734003, Dist. Darjeeling. Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (sates Garani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (States Garani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (States Garani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling. (States Ghamita Gebruich Communication Na. Authorisation No.: A28/WPB/SRO/BMA/Dar/N-14-2016. Valid up to 31-3-2024 (xi). Status of Consents under Water Act and Air Act No. of Beds:140		(ii) Name of HCF or CBMWTF	:	North Bengal Clinic
Siliguri-734003, Dist. Darjeeling. (v)Tel. No, Fax. No : 0353-2518667 0353-2517854 (vi) E-mail ID : debamita.bhaumik@mnbc.in bikrantkumar.gupta@mnbc.in www.medicanorthbengalclinic.com (vii) URL of Website (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 (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility : Multi specialty Hospital : No. of Beds:140		(iii) Address for Correspondence	:	Medhnad Saha Sarani, Pradhan Nagar, Siliguri-734003, Dist. Darjeeling.
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bikrantkumar.gupta@mnbc.in www.medicanorthbengalclinic.com www.medicanorthbengalclinic.com www.medicanorthbengalclinic.com www.medicanorthbengalclinic.com www.medicanorthbengalclinic.com www.medicanorthbengalclinic.com NA			:	
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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 No.: A28/WPB/SRO/BMA/Dar/N-14-2016. Valid up to 31-3-2024 (xi). Status of Consents under Water Act and Air Act : Valid up to:31-3-2024 Type of Health Care Facility : Multi specialty Hospital : No. of Beds:140		(viii) GPS coordinates of HCF or CBMWTF		NA
Waste (Management and Handling) Rules A28/WPB/SRO/BMA/Dar/N-14-2016. Valid up to 31-3-2024 (xi). Status of Consents under Water Act and Air : Valid up to:31-3-2024 Act Type of Health Care Facility : Multi specialty Hospital : No. of Beds:140	÷	(ix) Ownership of HCF or CBMWTF	:	
Act Type of Health Care Facility (i) Bedded Hospital : No. of Beds:140		-	:	A28/WPB/SRO/BMA/Dar/N-14-2016.
2. Facility : No. of Beds:140		Act	•	Valid up to:31-3-2024
(ii) Non hadded benefit	2.	Type of Health Care Facility	:	Multi specialty Hospital
(ii) Non-bedded hospital :			:	No. of Beds:140
		(ii) Non-bedded hospital	:	

		$\overline{}$	NA	
r	(Clinic or Blood Bank or Clinical y o	r	INA	
-	Research Institute			
	or Veterinary Hospital or any			
	other)			
	(iii) License number and its date of expiry		NA	
3.	Details of CBMWTF	:	NA	
	(i) Number healthcare facilities covered by CBMWTF	:	NA	
	(ii) No of beds covered by CBMWTF	:	NA	
	(iii) Installed treatment and disposal capacity of	:	NA Kg per day	
	CBMWTF:			
	(iv) Quantity of biomedical waste treated or disposed	:	NA Kg/day	
	by CBMWTF		¥	•
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category	:619.7 Kg.
	annum (on monthly average basis)		Red Category	:1055.4083 Kg.
			White	:101 Kg.
			Blue Category	:59.08333 Kg.
			General Solid was	te: 380 Kg.
5	Details of the Storage, treatment, transportation, production	cessin	g and Disposal	Facility
	(i) Details of the site storage :	: 4'*	8' * 6'(General s ' 4' * 6' (Yellow)	olid waste)
	facility	:3'	* 4' * 6' (Red) * 3' * 6'(White/P)	PC)
	Capacity	: 96	cubic feet (Yel	neral Solid waste). low)
		: 96	cubic feet (Red cubic feet (Blu	l)
	Provisio	n of	on-site storage: YES	S
	(cold stor	age or	any other provisi	ion)
L	Categori	zed c	olor coded locke	ed BMW rooms

	disposal facilities		Type of treatment equipment	No of Cap units acity	
				Kg/ day	-
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder		
			Needle tip cutter or d	lestroyer -	NA
			Sharps encapsulation	n or concrete	pit- NA
			Deep burial pits-		NA
		¥	Chemical disinfection: Any other treatment equipment:		
	(iii) Quantity of recyclable wastes sold to authorize recyclers after	:	Red Category (like plast	ic, glass etc.)	NA
	treatment in kg per annum. (iv) No of vehicles used for collection and transportation of biomedical waste	:	1 (ONE)		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated Incineration Ash ETP Sludge		Where isposed
	(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of	,	M/s GREENZEN BIO Pv	t. Ltd.	
	(vii) List of member HCF not handed over bio-medical waste.	1	NA ;		
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period)	l'es .		
r	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management.	2	5		

	(ii) number of personnel trained	_	haa
			392
	(iii) number of personnel trained at		NA
- 1	the time of induction		
	(iv) number of personnel not		NIL
- 1	undergone any training so far		h's
	(v) whether standard manual for		YES
	training is available?	1.	
	(vi) any other information)		
8	Details of the accident occurred		4
	during the year		
	(i) Number of Accidents occurred		12
	(ii) Number of the persons affected		12
	(iii) Remedial Action taken (Please	+	
	attach details if any)	1	Affected were treated as per policy.
	(iv) Any Fatality occurred, details.		Proper counseling & education done on NSI protocol
9.			NO
1	Pollution from the incinerator? How		NA
1	many times in last year could not met the standards?		
	Details of Continuous online emission		0
	monitoring systems installed		* - *
10	and treatment		ETP installed
-	methods in place. How many times		
1	you have not met the standards in a		
1	year?		1 ,
11	Is the disinfection method or	 	NA
	sterilization meeting the log 4	1	TYCK
	standards? How many times you have		
	not met the standards in a year?		
12	Any other relevant information	-	(A: D.H.:
	, other relevant information	:	(Air Pollution Control Devices attached with the
.			Incinerator) NA
			-FV

Certified that the above report is for the period from - January 2021 to December 2021.

KOUSHIK CHAKRABORTY Name and Signature of the Head of the Institution

Date:

Place:

North Bengal Clinic (P) Ltd Meghnad Saha Sarani, Pradhan Nagar, Siliguri

ANNUAL REPORT (BIO MEDICAL WASTE GENERATION) JAN' 2021 - DEC' 2021

673	673 136.2825 67.7038 55	673 552 136.2825 111.78 67.7038 55.5312 4.038 3.312 464.9757 381.3768	673 552 136.2825 111.78 67.7038 55.5312 4.038 3.312 464.9757 381.3768 673 552	67.7038 55.5312 4.038 3.312 464.9757 381.3768 673 552	673 136.2825 11 67.7038 55.5 4.038 3 464.9757 87.3 673 673
	105.5	52.4126 3.126 3.59.9589	521 105.5025 52.4126 3.126 359.9589 521	521 105.5025 52.4126 3.126 3.59.9589 521 521	521 105.5025 52.4126 3.126 359.9589 521 521
	135.8	70.923 67.5026 4.23 4.026 7.0845 463.5939		70.923 67.502 4.23 67.502 70.945 463.593 705 67	70.923 67.502 4.23 67.502 4.23 4.02 7.0845 463.593 705 67 11.529 463.593
	120.285	120.285 59.7564 3.564 410.3946	120.285 59.7564 3.564 410.3946 594	120.285 59.7564 3.564 410.3946 594	120.285 59.7564 3.564 410.3946 594 1127-11056
	129	129.195 64.1828 3.828 440.7942	129.195 64.1828 3.828 440.7942 638	129.195 64.1828 3.828 440.7942 638	129.195 64.1828 3.828 440.7942 638
	975 96.795	m	48 48 330	96. 48.0 2. 330.2	96. 48.0 2. 330.2
	68.3	68.3	68.3	68.3	68.3
12/33/31/5/	49.797 64.2834	7.97 64.2834 2.97 3.834 9955 441.4851	797 64.28 2.97 3.8 9955 441.48 495 66	7.97 64.28 2.97 3.88 9955 441.48 495 6 786 6	7.97 64.28 2.97 3.8 3955 441.48 495 6 786 6
100.2385 100.2379		m	9.61484 49. 4.7484 341.9 791.4	9.61484 49. 4.7484 46.7783 341.9 791.4 678]9	3.61484 49. 4.7484 46.7783 341.5 791.4 678.9
(20.25%) I					

								-					
GRAND TOTAL	1735.3	1365	1757	2135	2016	1835	1804	2494	2178	1377	1964	1738	22398.3
CATEGORY NO. 8	17700	17700	17700	17700	17700	17700	17700	17700	17700	17700	17700	17700	212400
CATEGORY NO. 10	354	354	354	354	354	354	354	354	354	354	354	354	4248

MONTH	MONTHLY- AVG
YELLOW	619.7
RED	1055.4083
BLUE	31.333333
PPC	160.08333
TOTAL	1866,525
All Quantity	in Kg

North Bengal Clinic (P) Lid North Bengal Saha Saran, Meghnad Saha Siligun Pradhan Nagar, Siligun MAY GUATATION.

TABARET /