



o/c

N G NURSING HOME

TO,
SENIOR ENVIRONMENTAL ENGINEER
WEST BENGAL POLLUTION CONTROL BOARD
CAMAC STREET CIRCULAR OFFICE
247, DESHAPRAN SASMAL ROAD
KIT MARKET, 1ST FLOOR
KOLKATA-700033

DATE: 22/02/2019

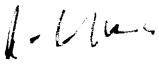
KIND ATTEN: ENVIRONMENTAL ENGINEER
Subject : Submission of Bio-Medical Waste
Annual Report of 2018.
Reference : Bio Medical Waste (Management & Handling)
Rules, 1998 Consent to Operate Memo No.
163-CM-CO-B-12-0023.

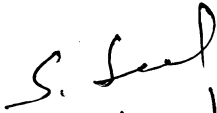
Dear Sir,
With reference to the above we are submitting of Bio-Medical Waste Annual Report for 2018.

Please receive and oblige.

Thanking You,
Your's Faithfully,

For N G NURSING HOME
(A Division of N G Industries Ltd.)


Rajesh Goenka
(DIRECTOR)


22/02/19
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CONTENTS NOT VERIFIED
W.B. Pollution Control Board
Office of the Sr. Env. Engineer
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W.B. Pollution Control Board
Office of the Sr. Env. Engineer

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. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	RAJESH GOENKA (DIRECTOR)
	(ii) Name of HCF or CBMWTF	:	N G NURSING HOME (A DIV. OF N G INDUSTRIES LTD.)
	(iii) Address for Correspondence	:	23 SOUTHERN AVENUE, KOLKATA-26.
	(iv) Address of Facility	:	SAME AS ABOVE
	(v) Tel. No, Fax. No	:	033-2463-7273
	(vi) E-mail ID	:	ngnh@ymail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	LATITUDE : 22.51443017 LONGITUDE : 88.34710746
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) PUBLIC LTD.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 164-CM-BW-B-18-0043valid up to 31/08/2023.
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/08/2023. 163-CM-CO-B-12-0023
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 53 NOS.
	(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	:	34208191 Dt:-02/08/2020.
3.	Details of CBMWTF	:	NA
	(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																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>:</td> <td>364 kg/m</td> </tr> <tr> <td>Red Category</td> <td>:</td> <td>145</td> </tr> <tr> <td>White:</td> <td>:</td> <td>6</td> </tr> <tr> <td>Blue Category</td> <td>:</td> <td>185</td> </tr> <tr> <td>General Solid waste:</td> <td>:</td> <td>1300</td> </tr> </table>	Yellow Category	:	364 kg/m	Red Category	:	145	White:	:	6	Blue Category	:	185	General Solid waste:	:	1300																																	
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>:</td> <td>10' x 10'</td> </tr> <tr> <td>Capacity</td> <td>:</td> <td>2 DAYS (48 HOURS)</td> </tr> <tr> <td>Provision of on-site storage (cold storage or any other provision)</td> <td>:</td> <td>COLOUR QUOTED CONTAINER HANDOVER TO MEDICARE ENG. MEN. PVT. LTD.</td> </tr> </table>	Size	:	10' x 10'	Capacity	:	2 DAYS (48 HOURS)	Provision of on-site storage (cold storage or any other provision)	:	COLOUR QUOTED CONTAINER HANDOVER TO MEDICARE ENG. MEN. PVT. LTD.																																							
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	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>Quantity</th> <th>Capacity</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Autoclaves</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Microwave</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Hydroclave</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Shredder</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>810</td> <td>-</td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Chemical disinfection:</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Any other treatment equipment:</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Type of treatment equipment	Quantity	Capacity	Quantity treated or disposed in kg per annum	Incinerators	-	-	-	Plasma Pyrolysis	-	-	-	Autoclaves	-	-	-	Microwave	-	-	-	Hydroclave	-	-	-	Shredder	-	-	-	Needle tip cutter or destroyer	810	-	-	Sharps encapsulation or concrete pit	-	-	-	Deep burial pits:	-	-	-	Chemical disinfection:	-	-	-	Any other treatment equipment:	-	-	-
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	<table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td> <td>:</td> <td>NO SALE IS MADE OF WASTE.</td> </tr> </table>	Red Category (like plastic, glass etc.)	:	NO SALE IS MADE OF WASTE.																																													
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	(iv) No of vehicles used for collection and transportation of biomedical waste	:	DEDICATED VEHICLES ORGANISED BY MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD.																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <tr> <td>Quantity generated</td> <td>:</td> <td>NO INCINERATION</td> </tr> <tr> <td>Where disposed</td> <td>:</td> <td>NO ETP.</td> </tr> </table>	Quantity generated	:	NO INCINERATION	Where disposed	:	NO ETP.																																										
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	NO-
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD. 41 'F' ROAD BELGACHIA HOWRAH - 71005	
	(vii) List of member HCF no handed over bio-medical waste.		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	MANAGER LEADS OPERATIONS TEAM	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	4 NO. YEARLY.	
	(ii) number of personnel trained	10 PERSONS.	
	(iii) number of personnel trained at the time of induction	ON A GOING BASIS ALL ARE PROVIDED ORIENTATION	
	(iv) number of personnel not undergone any training so far	NONE IN THE DEPARTMENT WHICH ARE CONCERNED.	
	(v) whether standard manual for training is available?		
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	NIL	
	(ii) Number of the persons 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 year could not met the standards?	NA	
	Details of Continuous online emission monitoring systems installed	NA	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	<ul style="list-style-type: none"> • COLLECT IN BUNCH WITH 1% BLEACHING POWDER SOLUTION & DISCHARGE THROUGH KMC DRAINS • NONE 	
11	Is the disinfection method or sterilization meeting the log 4	ONLY SHARP ITEM ARE DISINFECTED USING 1% SODIUM HYPOCHLORIDE SOLUTION.	

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NO.

Certified that the above report is for the period from **JANUARY 2018 to DECEMBER 2018**

Name and Signature of the Head of the Institution

Date: **22.02.2019**
Place: **KOLKATA**

For N G Nursing Home
(Prop:-N C Industries Ltd.)

[Handwritten Signature]
Director