

N G Medicare & Calcutta Hope Infertility Clinic

123 A, Rashbehari Avenue, Kolkata - 700 029, Ph. : 2464 0230 / 2463 1376
e-mail:ngmedicare@ngind.com Website : www.ngmedicare.in



Date
12.02.2020

To,
The Environmental Engineer, ^{Kolkata} (~~Game st.~~ R.O)
West Bengal Pollution Control Board,
Minority Bhawan ^{5th Floor, Mani Square}
Kolkata 700 027, S 4

Sub: - Submission of Bio-Medical waste ANNUAL return for 2019.

Dear Sir,

With reference to the above we are submitting the ANNUAL report of Bio-Medical waste from JANUARY 2019 to DECEMBER 2019 for your records.

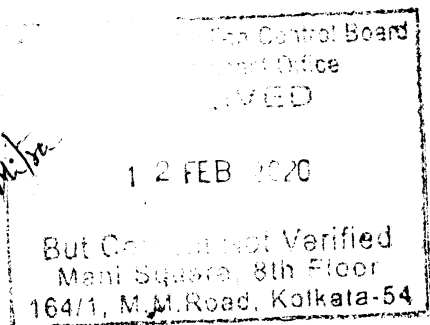
Please receive and oblige.

Thanking You,

Yours faithfully,

N G Medicare & Calcutta Hope Infertility Clinic.
(A Division of N G Industries ltd)

Rajesh Goenka
(Rajesh Goenka)
Director



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	NG MEDICARE CALCUTTA HOPE INFERTILITY CLINIC. C.A. DIVISION OF NG INDUSTRIES LTD.
	(iii) Address for Correspondence	123A RASH BEHARI AVENUE KOLKATA-700029
	(iv) Address of Facility	SAME AS ABOVE
	(v) Tel. No, Fax No	033 264-0230
	(vi) E-mail ID	ngmail@ngil.co.in
	(vii) URL of Website	www.ngmedicare.in
	(viii) GPS coordinates of HCF or CBMWTF	LATITUDE - 22.51879719 LONGITUDE - 88.35891187
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other) PUBLIC LTD.
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No.: D0012068 MEMO NO. 01/WBPEB-RO-1/BMW/57/2002 valid up to 31.12.2023
(xi) Status of Consents under Water Act and Air Act	Valid up to 31.12.2023 CONSENT No - 20118944 MEMO No - 01/WBPEB-RO-1/01732/2018	
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: 08 DAY CARE
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	CLINICAL LABORATORY
	(iii) License number and its date of expiry	34215682 VALID UPTO - 12/01/2022
3.	Details of CBMWTF	
	(i) Number healthcare facilities CBMWTF	NA
	(ii) No of beds covered by CBMWTF	NA
	(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)	:	Yellow Category 117 KG: Red Category : 263 KG White: 14.75 KG Blue Category : 7.91 KG General Solid waste: 430 KG																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 10' X 10' Capacity : 2 DAYS (48 HOURS) Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <tr> <td>Type of treatment equipment</td> <td>No of units</td> <td>Capacity Kg/day</td> <td>Quantity of waste treated or disposed in kg per annum</td> </tr> <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></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> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity of waste treated or disposed in kg per annum	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:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NO SALE IS MADE OF WASTE																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	VEHICLES USED FOR PICK UP OF WASTE IS DONE BY MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD.																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	NO INCINERATION quantity Where NO ETP generated disposed																																																

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD 41'E ROAD BELGACHIA HOWRAH
	(vii) List of member HCF not 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.	04 NOS YEARLY
	(ii) number of personnel trained	08 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 DEPARTMENTS WHICH ARE CONCERNED.
	(v) whether standard manual for training is available?	SOP / POSTER ARE AVAILABLE.
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NILL
	(ii) Number of the persons affected	NILL
	(iii) Remedial Action taken (Please attach details if any)	NILL
	(iv) Any Fatality occurred, details.	NILL
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?	COLLECTED IN BUNCH WITH 1% BLEACHING BLEACHING POWDER SOLUTION & DISCHARGE THROUGH DRAIN. NONE
11	Is the disinfection method or sterilization meeting the log 4	ONLY SHARP ITEMS ARE DISINFECT 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)

Certified that the above report is for the period from

JANUARY - 2019 TO DECEMBER - 2019

For N G MEDICARE & CALCUTTA HOPE

INFERTILITY CLINIC

Prop: N G INDUSTRIES LTD.



Name and Signature of the Head of the Institution
Director

Date: 12/02/2020

Place