

**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)]

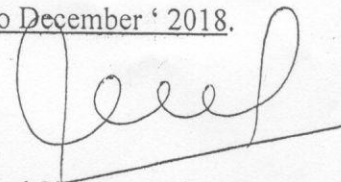
Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Shusanta Kumar Roy
	(ii) Name of HCF or CBMWTF	:	Anandaloke Medical Centre Pvt. Ltd.
	(iii) Address for Correspondence	:	2 nd Mile, P.O.- Sevoke Road, Siliguri - 734001
	(iv) Address of Facility	:	Do
	(v) Tel. No, Fax. No	:	03532540980
	(vi) E-mail ID	:	hrd@anandaloke.com / info@anandaloke.com
	(vii) URL of Website	:	www.anandaloke.com
	(viii) GPS coordinates of HCF or CBMWTF	:	N/A
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi-Govt. or any other) – PRIVATE LIMITED
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: -A37/WPB/SRO/Jal/BMA/A-7-2003(Sr.bw-b/18/0227), Valid upto: 31-08-2023.
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 31-08-2023
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Bed- 150.
	(ii) Non-bedded hospital	:	N/A
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	328113582 , valid till – 08/08/2019
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	N/A
	(ii) No. of Beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical 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: 99 Kg per month Red Category:- 108 Kg per month. White: 17 Kg per month Blue Category: General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size:

	facility	Capacity:		
		Provision of on-site storage : (Cold storage or any other provision)		
	(ii) Disposal facilities			Quantity Treated or disposed in kg per annum
		Type of treatment equipment	No of Units	Capacity Kg/day
		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:		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.)	
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed
		Incineration		
		Ash		
		ETP Sludge		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			
	(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		Yes	

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		24
	(ii) Number of personnel trained		500
	(iii) Number of personnel trained at the time of induction		150
	(iv) Number of personnel not undergone any training so far		Nil
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of persons affected		No
	(iii) Remedial Action taken (Please attach details if any)		No
	(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 the standards?		N/A
	Details of Continuous online emission monitoring systems installed		N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes (ETP installed) Continuing the standards
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) – N/A

Certified that the above report is for the period from

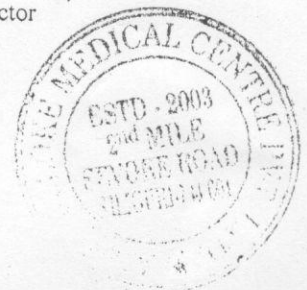
January ' 2018 to December ' 2018.



Name and Signature of the Head of the Institution
(Dr. A.K.Khandelwal)
Medical Director

Date:

Place:



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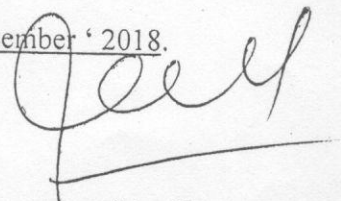
Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Shusanta Kumar Roy
	(ii) Name of HCF or CBMWTF	:	Anandaloke Spiral C.T.Scan
	(iii) Address for Correspondence	:	2 nd Mile, P.O.- Sevoke Road, Siliguri - 734001
	(iv) Address of Facility	:	Do
	(v) Tel. No, Fax. No	:	03532540980
	(vi) E-mail ID	:	hrd@anandaloke.com / info@anandaloke.com
	(vii) URL of Website	:	www.anandaloke.com
	(viii) GPS coordinates of HCF or CBMWTF	:	N/A
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi-Govt. or any other) – PRIVATE
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: -C921.WPB/SRO/Jal/A-19.2004 Valid upto: 31-07-2020
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 31-07-2020
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	N/A.
	(ii) Non-bedded hospital	:	C. T. Scan Unit
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	328113579 , valid till – 09/11/2019
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	N/A
	(ii) No. of Beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical 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: 7.5 Kg per month Red Category:- 09 Kg per month. White: 2 Kg per month Blue Category: General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size:

facility		Capacity:			
		Provision of on-site storage : (Cold storage or any other provision)			
(ii)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity 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:			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.)		
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
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		Ash			
			ETP Sludge		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of				
	(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		Yes		

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		01
	(ii) Number of personnel trained		05
	(iii) Number of personnel trained at the time of induction		05
	(iv) Number of personnel not undergone any training so far		Nil
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of persons affected		No
	(iii) Remedial Action taken (Please attach details if any)		No
	(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 the standards?		N/A
	Details of Continuous online emission monitoring systems installed		N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes (ETP installed) Continuing the standards
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) – N/A

Certified that the above report is for the period from

January ' 2018 to December ' 2018.



Name and Signature of the Head of the Institution
(Dr. A.K.Khandelwal)
Medical Director

Date:

Place:

