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Fortis Hospital
730 Anandapur, EM Bypass Road,
Kolkata - 700 107, West Bengal
Tel : +91 33 6628 4444
Fax : +91 33 6628 4242
Emergency : 105711
E-mail : enquiries@fortishealthcare.com
Website : www.fortishealthcare.com

June 19, 2020

To,
The Chief Engineer (WMC)
West Bengal Pollution Control Board,
Paribesh Bhavan,
10A, Block - LA, Sector - III
Salt Lake City,
Kolkata-700098

Dear Sir,

Sub- Submission of Annual Return in Form 4 & Form 1 under Bio Medical Waste (Management & Handling) Rules, 2016

We are enclosing herewith the "Annual Return in Form 4 and Form 1 for the period of 1st January, 2019 to 31st December, 2019 as per Bio Medical Waste (Management & Handling) Rules, 2016 for your kind information.

Thanking You.

Yours faithfully,

For Fortis Hospitals Ltd

S.P. Singh
Authorized Signatory

Encl: Form 4 & Form 1



From -IV

(See rule 13)

Annual Report

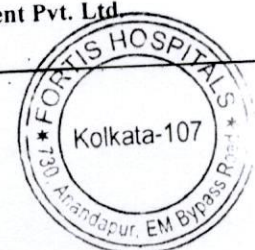
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier		Fortis Hospitals Limited
	(i)	Name of the authorized person (occupier or operator of facility)	Mr. Samir Singh, Zonal Director
	(ii)	Name of HCF or CBMWTF	Fortis Hospitals Limited
	(iii)	Address for Correspondence	730, Anandapur, EM Bypass Road, Kolkata - 700107
	(iv)	Address of Facility	730, Anandapur, EM Bypass Road, Kolkata - 700107
	(v)	Tel. No.	+91 33 2268 4444
		Fax. No.	+91 33 2268 4242
	(vi)	E-mail ID	enquiries@fortishealthcare.com
	(vii)	URL of Website	www.fortishealthcare.com
	(viii)	GPS coordinates of HCF of CBMWTF	Latitude: 22.5124826
			Longitude: 88.40198050000004
	(ix)	Ownership of HCF of CBMWTF	Private Hospital
	(x)	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	Authorization No. 129-SEE-CAMAC-WBPCB-BM-12-2010, Valid up to 30.09.2021
	(v)	Status of Consents under Water Act and Air Act.	Valid up to: 30.09.2021
2	Type of Health Care Facility		Hospital
	(i)	Bedded Hospital	No. of Beds 260
	(ii)	Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA
	(iii)	License number and its date of expiry.	34211046 (VUT) Date of Expiry 04.01.2021
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 CBMWTF	NA
	(iv)	Quantity of biomedical waste treated or disposal by CBMWTF	NA



4	Quantity of waste generated or disposed in Kg / annum (on monthly average basis)	Yellow category: 59,127.9 kgs. / annum Monthly : 4,927.3 kgs./Month(Avg)
		Red Category: 80,643.1kgs. / annum Monthly: 6720.3 kgs./Month(Avg)
		White: 2954.7kgs. / annum Monthly: 246.2kgs./Month(Avg)
		Blue Category:10196.9kgs. / annum Monthly: 849.7 kgs./Month(Avg)
		General Solid waste: Food Waste: 11,520 kgs. / Annum Monthly : 960kgs./Month(Avg)
		Other Waste: 73,896 kgs. / annum Monthly : 6,158 kgs./Month(Avg)

5		Details of the Storage, treatment, transportation, processing and Disposal Facility				
(i)	Details of the on-site storage facility	Size : 6' x 6' x 9' (2 Rooms)				
		Capacity: 800 kgs. +				
		Provision of on-site storage : (cold storage or any other provision) NO				
(ii)	Disposal Facilities	Type of Equipment	Treatment	No. of Units	Capacity kg / day	Quantity Treated or Disposed in kg / annum
		Incinerators				NA
		Plasma Paralysis				
		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.) - NA				
(iv)	No of vehicles used for collection and transportation of biomedical waste.	List Attached - (Annex. I)				
(v)	Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg / annum)		Quantity Generated	Where disposed	NA	
		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				



	(vii)	List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste management committee?		YES. Minutes of the Meeting Attached (Annex II 1,2,3,4)
7	Detail trainings conducted on BMW		
	(i)	Number of training conducted on BMW Management.	60
	(ii)	Number of personnel trained	All 20
	(iii)	Number of personnel trained at the time of induction	All
	(iv)	Number of personnel not undergone any training so far	None
	(v)	Whether standard manual for training is available ?	Yes
	(vi)	Any other information	Trainings imparted periodically by Medicare Environmental Management Pvt. Ltd.
8	Details of the accident occurred during the year		
	(i)	Number of Accidents occurred	None (Form I attached)
	(ii)	Number of the persons affected	NA
	(iii)	Remedial Action taken (Please attach details if any)	NA
	(iv)	Any Fatality occurred. details.	NA
9	Are you meeting the standards of air Pollution from the incinerator?		NA
	How many times in last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place		Hospital Waste Water Sewage Treatment Plant
	How many times you have not met the standards in a year.		Always met
11	If the disinfection method or sterilization meeting the log 4 standards?		Meeting Log 4 standards
	How many times you have not met the standards in a year?		Always met the standards
12	Any other relevant information		(Air Pollution Control Device attached with the incinerator.) - None
Certified that the above report is for the period from 01.01.2019 to 31.12.2019			
Mr. Samir Singh, Zonal Director			
Name and Signature of the Head of the Institution			
Date:	19-06-2020		
Place:	Kolkata		



FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

- | | |
|---|-----|
| 1 Date and time of accident : | NIL |
| 2 Type of Accident : | NA |
| 3 Sequence of events leading to accident : | NA |
| 4 Has the Authority been informed immediately : | NA |
| 5 The type of waste involved in accident : | NA |
| 6 Assessment of the effects of the accidents on human health and the environment: | NA |
| 7 Emergency measures taken : | NA |
| 8 Steps taken to alleviate the effects of accidents : | NA |
| 9 Steps taken to prevent the recurrence of such an accident : | NA |
| 10 Does your facility have an Emergency Control policy? If yes give details: | Yes |

The hospital has a protocol for spill management, major & minor, where all concerned authorities are involved in the reporting & Root Cause Analysis followed by corrective & preventive actions for mitigation.



Signature *[Handwritten Signature]*

Place: **Kolkata**

Designation: **Zonal Director**