

June 16, 2021

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 1<sup>st</sup> January, 2020 to 31<sup>st</sup> December, 2020 as per Bio Medical Waste (Management & Handling) Rules, 2016 for your kind information.

Thanking You.

Yours faithfully,

For Fortis Hospitals Ltd



Authorized Signatory

Encl: Form 4 & Form 1

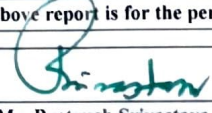


From - IV	
(See rule 13)	
Annual Report	
[To be submitted to the prescribed authority on or before 30 <sup>th</sup> June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]	
Sl. No.	Particulars
1	Particulars of the Occupier
	Fortis Hospitals Limited
(i)	Name of the authorized person (occupier or operator of facility) : Mr. Pratyush Srivastava (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 : sahin.biswas@fortishealthcare.com
(vii)	URL of Website : <a href="http://www.fortishealthcare.com">www.fortishealthcare.com</a>
(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. : 34226767 Date of Expiry 04.01.2024
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: 62571.7kgs. / annum Monthly Average: 5214.31kgs.
	Red Category: 69372.9 kgs. / annum Monthly Average: 5781.08 kgs.
	White: 1904.3 kgs. / annum Monthly Average: 158.69 kgs.
	Blue Category: 8609.9kgs. / annum Monthly Average: 717.5 kgs.
	General Solid waste: Food Waste: 8981.1 kgs. / Annum Monthly Average: 748.4kgs.,
	Other Waste: 95,250 kgs. / annum Monthly Average: 7937.5kgs.



5	<b>Details of the Storage, treatment, transportation, processing and Disposal Facility</b>																																						
(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	<table border="1"> <thead> <tr> <th>Type of Treatment Equipment</th> <th>No. of Units</th> <th>Capacity kg / day</th> <th>Quantity Treated or Disposed in kg / annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td rowspan="10">NA</td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or --- - concrete pit</td> <td></td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection: ---- Any other treatment equipment:</td> <td></td> <td></td> </tr> </tbody> </table>	Type of Treatment Equipment	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:				
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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.) - 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)	<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> <th></th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> <td></td> <td rowspan="3">NA</td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed		Incineration			NA	Ash			ETP Sludge																									
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(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? If yes, attach minutes of the meetings held during the reporting period.	YES. Minutes of the Meeting Attached (Annex II a,b,c,d)																																					
7	<b>Detail trainings conducted on BMW</b>																																						
(i)	Number of training conducted on BMW Management.	1315Minutes																																					
(ii)	Number of personnel trained	176 (All)																																					
(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	<b>Details of the accident occurred during the year</b>																																						
(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? 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 01.01.2020 to 31.12.2020		
		
	Mr. Pratyush Srivastava (Zonal Director)	
	Name and Signature of the Head of the Institution	
Date:	16.06.2020	
Place:	Kolkata	



FORM – 1  
[ (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 .....

Designation: **Zonal Director**

Date :16th June, 2021

Place: **Kolkata**

