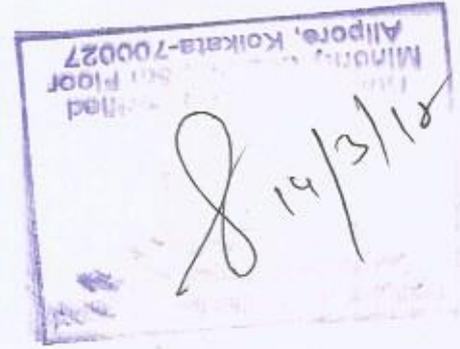


**Fortis Medical Centre**

2/7, Sarat Bose Road,
Kolkata - 700 020, West Bengal, India
Tel : +91 33 2475 4096 / 432
6620 2000
Fax : +91 33 2474 9237
E-mail : fmc@fortishealthcare.com
website : www.fortishealthcare.com

14th Mar, 2018

The Environmental Engineer
West Bengal Pollution Control Board
Camac Street Regional Office
Minority Bhgaban, 5th Floor
Biplabi Kanai Lal Bhattacharya Sarani
Alipore; Kolkata-700027



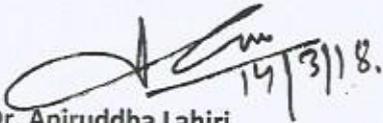
Dear Sir/Madam

Subject: Submission of Form- IV

Please find enclosed the "Annual Report" of Bio-Medical Waste generated and disposed of from Fortis Medical Centre at 2/7, Sarat Bose Road, Kolkata-700020 for the year 2017 as per the format specified by your Office.

Thanking You

For Fortis Hospitals Ltd, Kolkata


Dr. Aniruddha Lahiri

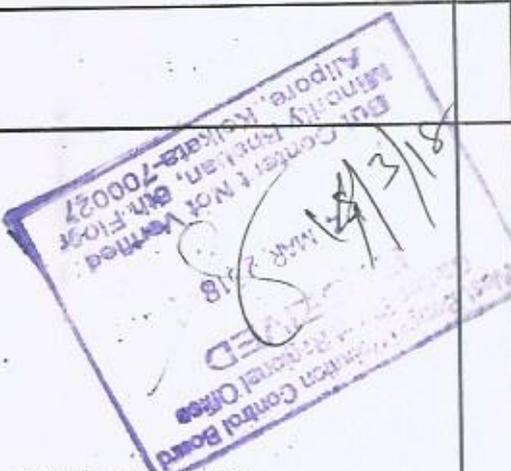
Medical Superintendent

FORTIS HOSPITAL LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi - 110025
Tel : +91 11 2682 5000, Fax : +91 11 4162 8435 CIN : U93000DL2009PLC222166

(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	: FORTIS MEDICAL CENTRE
	(i) Name of the authorised person (occupier or operator of facility)	: MR GURVINDER SINGH
	(ii) Name of HCF or CBMWTF	: FORTIS MEDICAL CENTRE
	(iii) Address for Correspondence	: FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD, KOLKATA-700020, INDIA
	(iv) Address of Facility	: FORTIS MEDICAL CENTRE 2/7, SARAT BOSE ROAD, KOLKATA-700020, INDIA
	(v) Tel. No, Fax.*No	: +91 33 24754096/4320,6620200
	(vi) E-mail ID	: fmc@fortishealthcare.com
	(vii) URL of Website	: http://www.fortishealthcare.com/india/hospitals-in-west-bengal/fortis-hospital-kidney-institute-kolkata/bmw
	(viii) GPS coordinates of HCF or CBMWTF	:  (Attached)
	(ix) Ownership of HCF or CBMWTF	: Corporate (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: 51/1/Authorisation/39/2002 valid up to 31.07.2022
	(xi). Status of Consents under Water Act and Air Act	: Valid up to: 31.07.2022

	Type of Health Care Facility	:	Day Care Centre																		
	(i) Bedded Hospital	:	No. of Beds:10																		
	(ii) Non-bedded hospital (Clinic or Blood Bank or Research Institute or other) Clinical Laboratory or Veterinary Hospital or any other)	:	NA																		
	(iii) License number and its date of expiry		L/0037(10)/15/0169 Validity : 21.06.2018																		
3.	Details of CBMWTF	:																			
	(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>: 12.68 kg</td> </tr> <tr> <td></td> <td>((Per month)</td> </tr> <tr> <td>Red Category</td> <td>:42.56 kg</td> </tr> <tr> <td></td> <td>(Per month)</td> </tr> <tr> <td>White:</td> <td>:5.3 kg</td> </tr> <tr> <td></td> <td>(Per month)</td> </tr> <tr> <td>Blue Category :</td> <td>2.25 kg</td> </tr> <tr> <td></td> <td>(Per month)</td> </tr> <tr> <td>General Solid waste:</td> <td>NA</td> </tr> </table>	Yellow Category	: 12.68 kg		((Per month)	Red Category	:42.56 kg		(Per month)	White:	:5.3 kg		(Per month)	Blue Category :	2.25 kg		(Per month)	General Solid waste:	NA
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	(Per month)																				
General Solid waste:	NA																				
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> </tr> <tr> <td>Capacity :</td> <td></td> </tr> <tr> <td>Provision of on-site storage</td> <td>:(cold storage or any other provision)</td> </tr> </table>	Size	:	Capacity :		Provision of on-site storage	:(cold storage or any other provision)												
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	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 treatedo disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of units	Capacity Kg/day	Quantity treatedo disposed in kg per annum														
Type of treatment Equipment	No of units	Capacity Kg/day	Quantity treatedo disposed in kg per annum																		

		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	<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge		
	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 (Attached)									
7	Details trainings conducted on BMW										
	(i) Number of trainings conducted on BMW Management.	22 (A ttached)									
	(ii) number of personnel trained	10									
	(iii) number of personnel trained at the time of induction	01 (Attached)									
	(iv) number of personnel not undergone any training so far	NIL									

	(v) whether standard manual for training is available?	YES
	(vi) any other information)	NO
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(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? 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. How many times you have not met the standards in a year?	NA
11	Is the disinfection method or sterilization meeting the log 4 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

.....
 JAN 2017 to Dec 2017

Date: 5/3/18
 Place: Kolkata

Name and Signature of the Head of the Institution

[Handwritten Signature]

Induction Training Schedule

SL No	Subject	Induction date	Attendant Sing.
1	Induction about hospital and basic cleaning procedure	01/04/17	Biswajit Chakraborty
2	Knowledge of different types of Biomedical Waste, their segregation.	01/04/17	Biswajit Chakraborty
3	Training for personal behaviour & ethics	3/04/17	Biswajit Chakraborty
4	How we protect ourself from needle prick & how to prevent NSI	03/04/17	Biswajit Chakraborty
5	Housekeeping operatives Hygiene / Grooming standards and body language	4/04/17	Biswajit Chakraborty
6	Importance of Hand wash & it techniques	4/04/17	Biswajit Chakraborty
7	Responsibilities on Floors - daily terminal cleaning procedure.	5/04/17	Biswajit Chakraborty



Pampa Das

AGENDA FOR THE INFECTION CONTROL COMMITTEE

MEETING-12.1.17

PRESENT ISSUES

- *Pantry Geyser needs to be repaired.*
- *Discussion on B.M.W audit for the month of December 2016.*
- *Proper Implementation of A.M.S in the ICU unit.*
- *Estimation of annual Infection control budget.*

PENDING ISSUES

- *4051-Room needs +ve pressure.*
- *The old furniture which is nearby R.O-Tanks, to be removed.*
- *Requirement of Auto Machine for the No:2 R.O-Tank.*
- *Supply of liquid soap from the general store, for the catheter care.*
- *Documentation of Temperature, Airchanges, Humidity, & water quality in the high risk areas.*
- *Discussion on revised B.M.W rules -2016*
- *Nurses uniform to be washed at laundry, to prevent infection.*


INFECTION CONTROL OFFICER


INFECTION CONTROL NURSE

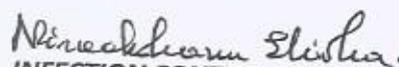


Agenda for the Infection Control Committee
Meeting-30TH JUNE-2017

PRESENT ISSUES

- 4051 & 4061 rooms required +ve pressure to manage the post KT pts.
- 3047 room needs -ve pressure for the management of Infectious cases
- Discussion on B.M.W audit for the month of May-2017.
- Requirement of hep "A" & Typhoid vaccination for the food makers.
- Discussion regarding AMS.
- B.M.W-monthly report to be displayed at the Fortis web site.
- Requirement of ETP&STP in the hospital, to prevent infection.
- Approval for the low level surface disinfectant lotion (Microzid TM 25) from schulke.

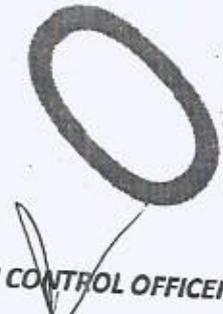

INFECTION CONTROL OFFICER


INFECTION CONTROL NURSE



AGENDA FOR THE INFECTION CONTROL COMMITTEE MEETING-21.09.17

- 1-Restricted Antibiotic forms needs to be implemented.
- 2-Microgid TM 25, lowlevel disinfectant to be implemented for disinfecting the non critical instruments.
- 3-Reimplementation of microshield hand rub in the place of Bacto Rub, due to inconvenient for the Doctors & Nurses.
- 4-Aqua guard filters needs to be changed periodically, & needs to be documented.
5. Gycer to be repaired for the supply of hot water, to clean the dishes in the pantry.
6. Broken R.O Tank lids to be fixed , to prevent the infection.
7. +ve & -ve pressure rooms to be created for the Room no: 4051, 4061, and 3047 to prevent the infection.
8. Effluent fluid drainage system to be implemented, as for the B.M.W rules for the 2016.
9. Water cooler cleaning needs to be done periodically & the documentation to be maintained.


INFECTION CONTROL OFFICER


INFECTION CONTROL NURSE



AGENDA FOR THE INFECTION CONTROL COMMITTEE
MEETING-21.12.17

- 1-Restricted Antibiotic forms needs to be implemented.
- 2-Aquaguard filters needs to be changed periodically,& needs to be documented.
4. Water cooler cleaning needs to be done periodically& the documentation to be maintained.
- 5.Discussions on B.M.W audit.
- 6.OT doors need automatic door stoppers,to prevent infection.


INFECTION CONTROL OFFICER


INFECTION CONTROL NURSE



