FROM- IV (See rule 13) Annual Report (April 2022-March 2023)

s.no	Particulars					
1	Particulars of the occupier					
	(i) Name of the authorized person	Medical Superintendent, AIIMS Kalyani				
	(occupier or: operator of facility)	Dr. Ajay Mallick				
	(ii) Name of HCF or C BMWTF	All India Institute of Medical Sciences Kalyani				
	(iii) Address for correspondence	Al I MS Kalyani, NH-34 Connector, Basantapur, Saguna, Nadia, West Bengal - 741 245				
	(iv) Address of Facility	Same as above				
	(v) Tel. No, Fax No					
	(vi) E—mail ID	ajay.ent@aiimskalyani.edu.in				
	(vii) L RL of website	ajuy.ent@unnokuryunkeussa				
	(viii) GPS coordinates of HCF or CBM WTF					
	(ix) Ownership of HCF or CBM WTF	Autonomous organization				
10	(x) Status of Authorization under the B io-Medical Waste					
	(Management and Handling) Rules					
	(xi) Status of consents under water Act and Air act					
2	Type of Health care Facility	1000 hadded hospital)				
	(i) Bedded Hospital	NA (This is a proposed 960 bedded hospital)				
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary' Hospital or any other	NA				
	(iii) License number and its date of expiry	NA				
3	Details of CBMWTF	NA				
	(i) Number of health care facilities covered by CB M WTF	NA				
	(ii) No. of beds covered b CBM WTF	NA				
	(iii) Installed treatment and disposal capacity of CBMWTF	NA				
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF;	N A  Yellow Red White Blue				
4	Quantity of waste generated or	, , , , , , , , , , , , , , , , , , , ,				
	disposed in KG per Annum (on monthly average basis)	COVID 29.89 16.27 0.00 kg 0.00 kg kg kg				
		Others         2251.99         2868.91         215.65         188.1           kg         kg         kg         kg           Total         2281.88         2885.18         215.65         188.1				
		kg kg kg kg				
5	Details of the storage, Treatment, T	ransportation, processing and Disposal Facility:				

	led by CB M WTF		7						
(1) De	(i) Details of the on-site storage		Size: 1 5' X 3' X 7'						
			Capacity: 50kg						
			Provision on site storage: (cold storage any						
			other provision	sion) None					
(1) Dis	i) Disposal facilities		Type of No of Capacity Quantit						
			treatment	Units	(kg/day)	1	reated or		
			equipment			1	disposed in kg/annun		
		Incinerato				1			
			Incinerators		I Rg ui				
			p1asma paralysis	ma paralysis					
	,		Autoclyes						
			Microwaves						
			Hydroclave						
			Trydrociave						
			Shreeder						
			Needle tip cutter or destroyer	CBMWTF					
			Sharps	Operator					
			Encaptualtion or						
			concrete pit						
			Deep burial pits						
6 6 8			Chemical						
			Any other						
	* · · · · · · · · · · · · · · · · · · ·		treatment	ent					
(iii) O	uantity of recyclable wastes		Red category (1ike plastic, glass etc.) handled by CBM WTF operator						
	sold to authorized recyclers after								
4	ent in kg per annum								
	o of vehicles used for		NH						
	ollection and transportation of								
	biomedical waste								
	ails of incineration ash and			Quantit	ty	Whe	re		
	ed during the treatment r I	1		generat	ted	dispo	sed		
waste	wastes in kg per annum		Incineration	agent and the second se	lil	2	NA		
			Ash	N	il		NA		
1000	0.1		ETP Sludge						
	ame of the common BIO			ironment Management Private					
	al waste treatment facility or through which wastes are		Limited						
dispos									
	ist of member HCF not		NA			***************************************	Market State Company		
	d over bio-medical waste		1 <b>N/</b> 1						
	u have bio-medical waste	$\dashv$	Not at present						
	ement committee? If yes,		. tot at present						
	minutes of the meetings								
	uring the reporting period	-							
	s of trainings conducted on	$\neg \uparrow$	· ·	*******************		*****			
BM W									
	nber of trainings conducted		×						
on RA	IW Management								

П	ii)Number of personnel trained	394
	(iii) Number of personnel trained at the time of induction	4
	(iv) Number of personnel not undergone any training so far	Nil
	(v) Whether standard manual for training 1s available?	Utilizing posters, power points and hands on training.
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of persons affected	Nil
	(iii) Remedial Action taken (please attach details i1 any)	Nil
	(iv) Any Fatality occurred, details	Nil
9	Are you meeting the standards of air pollution from the incinerator/How many times in last year could not meet the standards?	NA
	Details of continuous online emission monitoring system installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	STP
11	1s this the disinfection method or sterilization meeting the log 4 standards? Ho many timesyou have not met the standards ill a year?	NA
12	Any other relevant information	

Certified that the above report is for the period from 01.04.2022 to 31.03.2023

Name and Signature of FIC- of Bio Medical Waste Management

Date: 01/04/2023 Place: Alims Kalyami

Professor Dr. Ajay Mallick

Medical Superintendent

& Chairperson of Swachhta and Kayakalp Committee