

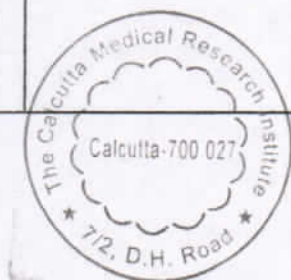
**Form IV**  
**(See Rule 13)**  
**ANNUAL REPORT**

[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 (CBWTF)]

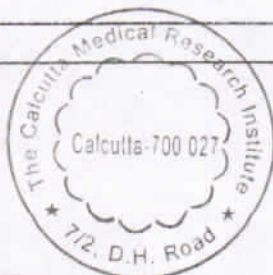
Sl No	Particulars					
1	Particulars of the Occupier	:	The Calcutta Medical Research Institute			
i	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Uttam Bose			
ii	(ii) Name of HCF or CBMWTF	:	The Calcutta Medical Research Institute			
iii	(iii) Address for Correspondence	:	7/2 Diamond Harbour Road, Kolkata-700027			
iv	(iv) Address of Facility	:	7/2 Diamond Harbour Road, Kolkata-700027			
v	(v) Tel. No, Fax. No	:	+9133 30903090			
vi	(vi) E-mail ID	:	<a href="mailto:Corporatehelpdesk@cmri.in">Corporatehelpdesk@cmri.in</a>			
vii	(vii) URL of Website	:	<a href="http://www.cmri.in">http://www.cmri.in</a>			
viii	GPS coordinates of HCF or CBMWTF	:	Latitude- 12.95320 Longitude- 77.58350			
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.: 20/2S(BM)-320/99-2000..... .....valid up to 31/12/2021.....			
xi	Status of Consents under Water Act and Air Act	:	Valid up to: 31/12/2021			
2	Type of Health Care Facility	:	Private Hospital			
i	Bedded Hospital	:	440 beds			
ii	Non-bedded hospital (Clinic or Blood Bank or Research Institute or other)	:	NA			
iii	License number and its date of expiry	:	34204762. Valid up to ....16/04/2019.....			
3	Details of CBMWTF	:	NA			



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)	:	Yellow Category:3659.66(Per Month)			
		:	Red Category :6476.35(Per Month)			
		:	White: 1042.41(Per Month)			
		:	Blue Category :553.43 (:Per Month)			
		:	General Solid waste:			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	:				
i	Details of the on-site storage facility	:	Size: 649.30 sqft.			
		:	Capacity :700 Kg. 24 hrs.			
		:	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/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	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)			



iv	(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 transportation	:		Quantity generated	Where disposed
			Incineration Ash ETP Sludge		
	Name of the Common Bio- : Through Medicare Environmental Management (P) Ltd.	:			
vi	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.		
			Document as attached.		
7	Details trainings conducted on BMW	:			
i	Number of trainings conducted on BMW Management.	:	20		
ii	Number of personnel trained	:	412		
iii	Number of personnel trained at the time of induction	:	All include above.		
iv	Number of personnel not undergone any training so far	:	NIL		
v	Whether standard manual for training is available?	:	YES		
vi	any other information	:	NA		



8	Details of the accident occurred during the year	:	NA
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 meet the standards?	:	NA
	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?	:	YES
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	NA
12	Any other relevant information	:	(Air Pollution Control Devices attached with the autoclave)

Certified that the above report is for the period from

.....01/01/2017..... to  
31/12/2017.....

*Praveen*  
Name and Signature of the Head of the Institution

Date: 20/06/2018  
Place: Kolkata

