

Government of West Bengal

, Office of the Medical Superintendent cum Vice Principal IPGMER-SSKM Hospital, Centre of Excellence, Kolkata – 700020

E-mail: msvp.sskm@gmail.com; Office: 033-2204 1102

Memo No SSKM/1589

To Chief Engineer Planning & Waste Management Cell West Bengal Pollution Control Board Paribesh Bhawan 10A, Block - LA, Sector - III Kolkata - 700 098



Dated: <u>3/3/23</u>

Sub: Submission of Annual Report of IPGME&R-SSKM Hospital, Kolkata for the year 2022

Sir,

Sending herewith the Annual Report in Form-IV of IPGMER-SSKM Hospital, Kolkata for the period from 01.01.2022 to 31.12.2022 for your ready reference and necessary action please.

Thanking you.

Medical Superintendent cum Vice Principal **IPGMER-SSKM Hospitals, Kolkata**

> Medical Superintencom OUM Vice Principal IPGME&R & S.S.K.M. Hospital Kolkata-20

Form 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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No:

3491089

Period: 2022

| I. Particulars of the Occupier | | | | | |
|--|--|--|--|--|--|
| (i) Name of the authorized person (Occupier or operator of facility): | Medical Superintendent cum Vice Principal | | | | |
| (ii) Name of HCF or CBMWTF: | IPGMR-SSKM Hospital | | | | |
| (iii) Address for Correspondence: | 244 A J C Bose oad | | | | |
| (iv) Address of Facility: | 244 A J C Bose Road, Kolkata | | | | |
| (y) Tel. No.: | 9433832862 | | | | |
| (vi) Fax. No.: | - | | | | |
| (vii) E-mail ID: | msvp.sskm@gmail.com | | | | |
| (viii) URL of Website: | | | | | |
| (ix) GPS coordinates of HCF of CBMWTF: | | | | | |
| (x) Ownership of HCF or CBMWTF: | State Government | | | | |
| (xi) Status of Authorization under the BMW (Managementand Handing) Rules: | Authorization No.: 03-2S(BM)-926/2000-2001 Valid Upto: 31/01/2026 | | | | |
| (xii) Status of Consents under Water Act and Air Act.: | Valid Upto: 31/01/2026 | | | | |
| 2. Type of Health Care Facility | MOD | | | | |
| HCF/CBMWTF Type: | HCF | | | | |
| (i) No. of Beds(for Bedded Hospital): | 1770.0 | | | | |
| (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other): | NA O | | | | |
| (iii) Licence Number: | 0 | | | | |
| (iv) Licence date of expiry: | 31/01/2026 | | | | |
| 3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | Yellow Category: 113445.360 Red Category: 70644.140 White Category: 2801.670 Blue Category: 38342.140 General Solid Waste: 0 | | | | |
| 4. Details of the Storage, Treatment, Transportation, Proc | essing and Disposal Facility Details | | | | |
| (i) Details of the on-site storage facility: | Size: 0 Capacity: 0 Provision of on-site storage: 0 | | | | |



| (I) Disposal Facility | - | | | | | | | |
|--|---|--|--------------------|----------------|--|------|--|--|
| (ii) Disposal Facility: | | Type of Treatmen t Equipmen t | Number of Units | Capac Kg/da | ity(Quantity ay) Treated or Disposed(Kg/annu m) | 1938 | | |
| | | List is Empty | | | | | | |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum: | 0.0 | | | | | | | |
| (iv) No of vehicles used for collection and transportation of BMW: | 0 | | | | | | | |
| (v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum | | Type of waste Quantity Generated Where disposal List is Empty | | | | | | |
| (vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of: | GREENTECH ENVIRON MANAGEMENT PRIVATE LIMITED | | | | | | | |
| 5. Do you have BMW management committee: | yes | | | | | | | |
| details: | 0 | | | | | | | |
| 6. Training Conducted on BMW Details | , | | | | | | | |
| (i) Number of training conducted on BMW Management: | 0 | | | | | | | |
| (ii) Number of personnel trained: | 0 | | | | | | | |
| (iii) Number of personnel trained at the time of induction: | 0 | | | | | | | |
| (iv) Number of personnel not undergone any training so far: | 0 | | | | | | | |
| (v) Whether standard manual for training is available: | no | | | | | | | |
| (vi) Any other information: | NA | | | | | | | |
| 7. Details of the accident occurred | | | | | | | | |
| (i) No. of accident occurred: | 0 | 1 | | | | | | |
| (ii) Number of the persons affected: | 0 | | | | | | | |
| (iii) Remedial Action taken: | NA | | | | | | | |
| (iv) Any Fatality occurred, details: | NA | | | | | | | |
| 8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?: | NA | | | | | | | |
| Details of Continuous online emission monitoring systems installed: | NA | | | | | | | |
| 9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year: | NO | | | | | | | |
| 10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?: | NO | NO . | | | | | | |
| 11. Any other relevant information: | NA | | | | | | | |

Name and Signature of the Head of the Institution

Date: 03/03/2023
Place: Kolkata

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