

**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 :** 6909666

**Period :** 2024

<b>1. Particulars of the Occupier</b>	
<b>(i) Name of the authorized person (Occupier or operator of facility):</b>	Mrs Krishna Das
<b>(ii) Name of HCF or CBMWTF:</b>	KPC MEDICAL COLLEGE & HOSPITAL
<b>(iii) Address for Correspondence:</b>	BC 35/6 SECTOR 1 SALLAKE KOLKATA 700064
<b>(iv) Address of Facility:</b>	1F RAJA S C MULLICK ROAD
<b>(v) Tel. No.:</b>	9888743611
<b>(vi) Fax. No.:</b>	033 - 40449700
<b>(vii) E-mail ID:</b>	kpchospital@kpcmedicalcollege.com
<b>(viii) URL of Website:</b>	www.kpcmedicalcollege.in
<b>(ix) GPS coordinates of HCF of CBMWTF:</b>	Latitude - 22°29'38.25"N and. Longitude - 88°22'23.91"E.
<b>(x) Ownership of HCF or CBMWTF:</b>	Private
<b>(xi) Status of Authorization under the BMW (Management and Handling) Rules:</b>	Authorization No.: Form III Ref No:WBPCB/5038997/2024 dated 15-05-2024 Valid Upto: 30/04/2029
<b>(xii) Status of Consents under Water Act and Air Act.:</b>	Valid Upto:
<b>2. Type of Health Care Facility</b>	
<b>HCF/CBMWTF Type:</b>	HCF
<b>(i) No. of Beds(for Bedded Hospital):</b>	1050.0
<b>(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):</b>	Blood Bank Licence No:DL123MB/SLACLA/WB
<b>(iii) Licence Number:</b>	123
<b>(iv) Licence date of expiry:</b>	20/08/2027
<b>3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)</b>	Yellow Category: 3025.48 Red Category: 2372.66 White Category: 81.36 Blue Category: 535.68 General Solid Waste: 800
<b>4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details</b>	
<b>(i) Details of the on-site storage facility:</b>	Size: 18 Capacity: 17982 Provision of on-site storage: NA

(ii) Disposal Facility:	<table border="1"> <tr> <th data-bbox="874 107 1010 275">Type of Treatment Equipment</th> <th data-bbox="1011 107 1147 275">Number of Units</th> <th data-bbox="1149 107 1284 275">Capacity(Kg/day)</th> <th data-bbox="1286 107 1422 275">Quantity Treated or Disposed(Kg/annum)</th> </tr> <tr> <td colspan="4" data-bbox="874 277 1422 327"><i>List is Empty</i></td> </tr> </table>	Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)	<i>List is Empty</i>			
Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)						
<i>List is Empty</i>									
(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	<table border="1"> <tr> <th data-bbox="874 481 1054 548">Type of waste</th> <th data-bbox="1056 481 1236 548">Quantity Generated</th> <th data-bbox="1238 481 1422 548">Where disposal</th> </tr> <tr> <td colspan="3" data-bbox="874 551 1422 593"><i>List is Empty</i></td> </tr> </table>	Type of waste	Quantity Generated	Where disposal	<i>List is Empty</i>				
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<i>List is Empty</i>									
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	<i>Medicare Environmental Management Pvt Ltd</i>								
5. Do you have BMW management committee:	<i>yes</i>								
details:	<i>Minutes of Meeting 2024</i>								
<b>6. Training Conducted on BMW Details</b>									
(i) Number of training conducted on BMW Management:	<i>30</i>								
(ii) Number of personnel trained:	<i>600</i>								
(iii) Number of personnel trained at the time of induction:	<i>4</i>								
(iv) Number of personnel not undergone any training so far:	<i>0</i>								
(v) Whether standard manual for training is available:	<i>yes</i>								
(vi) Any other information:	<i>Air Pollution Control Device attached with Incinerator</i>								
<b>7. Details of the accident occurred</b>									
(i) No. of accident occurred:	<i>0</i>								
(ii) Number of the persons affected:	<i>0</i>								
(iii) Remedial Action taken:	<i>NA</i>								
(iv) Any Fatality occurred, details:	<i>NIL</i>								
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	<i>NA</i>								
Details of Continuous online emission monitoring systems installed:	<i>NA</i>								
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	<i>Average 400m3/day sewage Arobic Treatment Plant with Tab reactor tube settler</i>								
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	<i>NIL</i>								
11. Any other relevant information:	<i>Air Pollution Control Device attached with the incinerator</i>								

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

**Date :**19/05/2025

**Place :** South Twenty Four Pgs