


EMERGENCY : 0343-2608888

Prepared by 

Director - Medical Services

Dr. Debashish Sarma



Thanking you,

Kindly acknowledge the same and oblige.

With reference to your letter, M/S IQ City Narayana Multispeciality Hospital at Sovapur, Bijra Rd. Jayma, B-Zone, Durgapur, Dis : Bardhaman, Pin - 713206, are hereby submitting report on Bio - Medical waste management, as per provision of rule 5, of management and handling rules for the month of "FEB" 2019.

Dear Sir,

Sub : Submission of Monthly Bio-Medical Waste Report

The Chief Engineer
Waste Management Cell
West Bengal Pollution Control Board
Paribesh Bhaban, 10A, Block- L.A.
Sector - III, Salt Lake City,
Kolkata - 700098.

TO,

Date : 19.03.19

MONTHLY REPORT

Particulars of the applicant
 1) Name of the authorized person (occupier/operator): - **Dr. Debashish Sarma**
 2) NAME & ADDRESS OF THE HEALTH CARE UNIT: **IQ CITY NARAYANA HRUDAYALAYA HOSPITAL, SOVAPUR, BURA ROAD, JAYMUA, DIS. BARDWMAN, DURGAPUR - 713206**

Category of Waste (as per Schedule - 1 of the Rule) generated and quantity for the month of FEB:-2019			
Category	Waste Quantity	Category	Waste Quantity
Category No. 1	563.76	Category No. 6	1923.4656
Category No. 2	NIL	Category No. 7	3431
Category No. 3	280.0704	Category No. 8	19000
Category No. 4	70	Category No. 9	NIL
Category No. 5	16.704	Category No. 10	22000

Note: All quantities to be given in kg./month, Except Category No. 8, which will be in ltr./month

Brief details of the treatment facility:
 In case off-site facility:

1. Name of the operator: **"MEDICARE"**
 2. Name and Address of the facility: **MAUZA - MANGAG PUR, I.L NO. 22, P.S. - RANIGUNGE,**

DIS: **BARDWAMAN, W.B.**

3) Category wise quantity of waste treated / sent to common BMW treatment facility :

Incineration / Burial (Yellow Bags) kg.(own facility /common BMW treatment facility)
 Autoclave / Microwave Red bags : kg.(own facility /common BMW treatment facility)
 Sharp Container : kg.(own facility /common BMW treatment facility)

3) Any other relevant information : **NA**

4) Certified that the above report for the month of -----

FEB:- 2019

Date : **19/03/19**

(Signature)

(Signature)

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