

Ref: OEL/KOL/003/06/2021-22

DATE 21.06.2021

To,
The Chief Engineer (WMC)
West Bengal Pollution Control Board
10A, Block LA Sector II
Paribesh Bhawan
Salt Lake
Kolkata - 700098



Sub: Submission of Form IV, Annual Report of Bio Medical Waste for the year 2020-21

Dear Sir,

Please find the enclosed form -IV, Annual Report of Bio Medical Waste for the year 2020-21 for your information and record.

Thanking you

Yours Sincerely,

For Orient electric ltd

Apratim Das
(Apratim Das)



General Manager (operation)

Encl:- As Above

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

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	MR. APRATIM DAS GENERAL MANAGER-OPS.
	(ii) Name of HCF or CBMWTF	:	ORIENT ELECTRIC LTD
	(iii) Address for Correspondence	:	6, GHORE BIBI LANE, KOL-54
	(iv) Address of Facility	:	- do -
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	apratim.das@orientelectric.com
	(vii) URL of Website	:	-
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(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.:valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	- N A -
	(i) Bedded Hospital	:	No. of Beds:.....
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	- N A -
	(iii) License number and its date of expiry	:	- N A -
3.	Details of CBMWTF	:	- N A -
	(i) Number healthcare facilities covered by CBMWTF	:	- N A -
	(ii) No of beds covered by CBMWTF	:	- N A -
	(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 : 4.66 kg Red Category : 9.46 kg White: 0.00 kg Blue Category : 0.65 kg General Solid waste:																																																		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																				
	(i) Details of the on-site storage facility	:	Size : 4 bucket 20kg capacity Capacity : 80 kg. Provision of on-site storage : (cold storage or any other provision)																																																		
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of unit s</th> <th>Cap acit y Kg/ day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Type of treatment equipment	No of unit s	Cap acit y Kg/ day	Quantity treated or disposed in kg per 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:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	01																																																		
	(v) Details of incineration ash and ETP sludge generated and disposed	:	-NA- Quantity generated Where disposed																																																		

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	- NA - MEDICARE ENVIRONMENTAL MANAGEMENT PVT LTD.
	(vii) List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	- NA -
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	01
	(ii) number of personnel trained	06 HDS
	(iii) number of personnel trained at the time of induction	-
	(iv) number of personnel not undergone any training so far	-
	(v) whether standard manual for training is available?	-
	(vi) any other information	-
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	
9.	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	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	- NA -
11	Is the disinfection method or sterilization meeting the log 4	NA

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) - NA -

Certified that the above report is for the period from
 01.01.2020 to 31.12.2020

Apratim Das

Name and Signature of the Head of the Institution
 For ORIENT ELECTRIC LTD

Date: 21/6/21
 Place KOLKATA

✓
 Authorised Signatory

Subhasis Jana <subhasis.jana@ranky.com>
Subject: Re: requirement of month wise medical waste collection details from our factory for the year 2020-21

Dear Sir,

Please find the report mentioned below

Name:ORIENT. ELECTRIC LIMITED Sap Id:CHOW00002865 Hno:CHOW00002865 Vehicle:HOW_RT 05														
Plant-Medicare Environmental Management Pvt. Ltd. (Howrah Facility) Period: 2020 : 2020 Hospital Id:94724 Bed Capacity:0 Town:Kolkata														
	Yellow Bags		Red Bags		Blue Mark Box		Whites		Cytotoxic Bags		Covid19 Bags		Total	
Sl No.	Year	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count
1	2020	10	4.66	11	9.46	3	0.65	0	0.00	0	0.00	0	0.00	24
Total		10	4.66	11	9.46	3	0.65	0	0	0	0	0	0	24

On Thu, Feb 25, 2021 at 11:14 AM Sandeep Banerjee <sandeep.banerjee@orientelectric.com> wrote:

Dear Mr Subhasis Jana,

As required by our audit team,

Kindly share month wise medical waste collection details from our factory for the year 2020-21

THANKS & REGARDS

Sandeep Banerjee,
Security Officer

CK BIRLA GROUP | Orient

6,Chow Bibi Lane, Kolkata - 700 054, India
033-40163697, 9766333735
www.orientelectric.com

Fans Heating Appliances Lighting



Orient Electric (A Division
of Orient Paper &
Industries Ltd.)(I)

CHOW000002865

medicare

Managing Bio-Medical Wastes

Medicare Environmental
Management Pvt. Ltd,
(Howrah Facility)

41, F - Road, Belgachia,
Near HMC Hotmix Plant Howrah 711 105

033-26513890, 9088338505

how.bcode@ramky.com

ORIENT ELECTRIC,		TRAINING INTIMATION & ATTENDANCE SHEET		DOC NO. : ORI/TRG-01 ISSUE NO : 01 DATE : PAGE NO : 01 OF 01	
THEME OF TRAINING		BIO-MEDICAL WASTE MANAGEMENT			
DATE OF TRAINING		19/6/21			
DURATION OF TRAINING		1 hr			
FACULTY		ARUN DUTTA			
VENUE		FIRST AID ROOM.			
LIST OF PARTICIPANTS		AS UNDER			
ON-THE-JOB / OFF- THE- JOB		ON JOB			
S. NO.	NAME (Mr.)	CODE NO.	AREA	SIGNATURE	
				INTIMATION	ATTENDANCE
1	Sanjay Dey	58	Sanitation	S Dey	S Dey
2	Narender Das	66	Sanitation	N Dey	N Dey
3	Seva Harijan	645	Sanitation	SHIVAHARIJAN	SHIVAHARIJAN
4	Raj Kumar Das	644	Sanitation	Raj Kumar Das	Raj Kumar Das
5	Anil Hari	640	Sanitation	Anil Hari	Anil Hari
6	Debas Rabi Das	676	Sanitation (Supriya)	Debas	Debas
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OBSERVATIONS

Arjun Dutt
RMP
Pg 19693