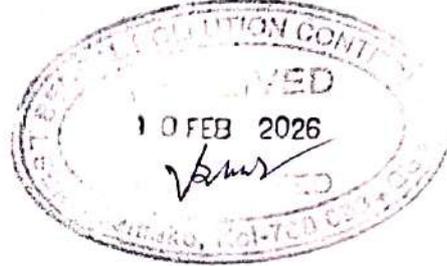


Date -- 30/01/2026

To
Chief Engineer (WMC Cell)
West Bengal Pollution Control Board
Paribesh Bhawan
Building No- 10A, LA Block,
Sector- III, Bidhannagar
Kolkata- 106



Subject - Submission of Annual Biomedical Waste Report for the year 2025

Dear sir,

In compliance with the Biomedical Waste Management Rules, 2016, we are submitting the Annual Report for the period January 2025 to December 2025 in the prescribed format (Form-IV).

Thanking you

A handwritten signature in black ink, appearing to read "Sombrata Roy".

Sombrata Roy
Head of the Unit

The Calcutta Medical Research Institute, Kolkata



Form - IV
(See rule 13)
ANNUAL REPORT

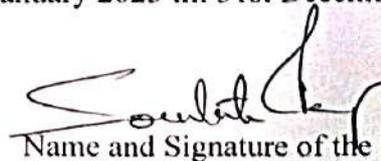
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. SOMBRATA ROY
	(ii) Name of HCF or CBMWTF	:	The Calcutta Medical Research institute
	(iii) Address for Correspondence	:	7/2, Diamond Harbour Road, Kolkata - 700027
	(iv) Address of Facility	:	7/2, Diamond Harbour Road, Kolkata - 700027
	(v) Tel. No, Fax. No	:	033-4090-4090
	(vi) E-mail ID	:	naresh.rajdhan@ckbirlahospitals.com
	(vii) URL of Website	:	http://cmri.ckbirlahospitals.com/
	(viii) GPS coordinates of HCF or CBMWTF	:	22.5322° N, 88.3278° E
	(ix) Ownership of HCF or CBMWTF	:	Private Trust
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorization No.:07-2S (BM)-320/99/2000 Valid up to: 31-DEC- 2026
	(xi). Status of Consents under Water Act and Air Act	:	06-2S/con (BM)-1190/2001 Valid upto: 31-DEC-2026
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>440</u>
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	34245618 Valid Till 28 Apr-2027
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NA
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	NA
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category: 4502.54 kg</i> <i>Red Category: 7221.67 kg</i> <i>White: 285.23 kg</i> <i>Blue Category: 528.92 kg</i> <i>Cytotoxic Drugs: 72.58 kg</i> <i>General Solid Waste:</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: 650 Sqft

	facility		Capacity: 700 kg			
			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 per annum
			Incinerators	N.A	N.A	N.A
			Plasma Pyrolysis	N.A	N.A	N.A
			Autoclaves	N.A	N.A	N.A
			Microwave	N.A	N.A	N.A
			Hydroclave	N.A	N.A	N.A
			Shredder	N.A	N.A	N.A
			Needle tip cutter or destroyer	N.A	N.A	N.A
			Sharps	N.A	N.A	N.A
			Encapsulation or concrete pit	N.A	N.A	N.A
			Deep burial pits	N.A	N.A	N.A
			Chemical disinfection:	N.A	N.A	N.A
			Any other treatment equipment:	N.A	N.A	N.A
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	N.A			
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	1 Per day			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed	
			Incineration	N.A	N.A	
			Ash	N.A	N.A	
			ETP Sludge	N.A	N.A	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Medicare Environment Management Pvt Ltd.			
	(vii) List of member HCF not handed over bio-medical waste.		N.A			

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes, MOM of committee meeting enclosed.
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		54
	(ii) Number of personnel trained		194
	(iii) Number of personnel trained at the time of induction		51
	(iv) Number of personnel not undergone any training so far		0
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the Year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of persons affected		Nil
	(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 met 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?		NA
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 Incinerator)

Certified that the above report is for the period from 1st January 2025 till 31st December 2025


Name and Signature of the Head of the Institution

Date:

Place:

HICC MINUTES OF MEETING

Date: 25/11/25

Time: 1:00PM onwards

1. Name of Unit: Infection Prevention & Control .
2. Name of Committee: HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE
3. Total No. of Members: 43
4. Number of members attended : 27
5. Chairperson, Convener and Mandatory Members present (Y/N): Y
6. Details of essential members who neither attended nor sent a representative: N
7. Agenda circulated prior to meeting (Y/N): Y
8. Discussion on action taken items/recommendations from previous meeting(Y/N): Y

Sl No	Agenda Item	Responsible Person	Date	Responsible Team
1.	Health care associated Infection: 3 (Oct'25) CAUTI - 1 CLABSI -2			
2	List of restricted antibiotic to be modified after discussion with stakeholders. Anti fungal to be added to the list as well.	Dr. Sayantan Ghosh	3 rd December'25	Quality, IC Team
3	Instruments used on sero-positive patients must be initially processed under the strict infection-control protocols with HLD before sending to CSSD. Proposed protocol to be prepared & shared by CSSD.	Mr.Amit Dhara	3 rd December'25	Infection Control Team,OT

4	MDRO risk assessments to be initiated in the ER for early identification of high risk patients, timely implementation of isolation precaution and alignment with proper antimicrobial stewardship practices.	ER, Medical Admin, Quality	Before next meeting	IC Team
5	Joint Infection Prevention & Control round to be conducted by IC Chair person, Intensivist, ICNs, representative from quality & house keeping fortnightly.	IC Team	With immediate effect	IC Team,
6	Hand Hygiene training video to be circulated among all groups to increase hand hygiene compliance	Hand Hygiene training video to be circulated among all groups to increase hand hygiene compliance.	3 rd December'25	ICNs

BMW Minutes of the Meeting:

Date: 25/11/25

Time: 1:00PM Onwards

Sl No	25/11/25			
1	Any change to a disinfectant product requires formal pre-approval from the Infection Control Committee and end user prior to implementation.	House keeping	With immediate effect	House keeping, Purchase, IC Team
2	Over flowing of linen during transportation to be strictly prevented, ensure secure containment and appropriate bag/trolley usage at all time.	House keeping	With immediate effect	House keeping, IC Team

QRF ID – QRF-QUA 7903

Vers-01-09/21

HICC MINUTES OF MEETING

Date: 15/12/25

Time: 3: 00 PM onwards

1. Name of Unit: Infection Prevention & Control.
2. Name of Committee: HOSPITAL INFECTION PREVENTION & CONTROL COMMITTEE
3. Total No. of Members: 43
4. Number of members attended : 30
5. Chairperson, Convener and Mandatory Members present (Y/N): Y
6. Details of essential members who neither attended nor sent a representative: N
7. Agenda circulated prior to meeting (Y/N): Y
8. Discussion on action taken items/recommendations from previous meeting(Y/N): Y

Sl. No				
1.	Health care associated Infection: 2 (Nov'25) CAUTI - 1 SSI - 1			
2.	To establish a clear, standardized policy on the safe disposal of reused items in the OT, to be decided in OT committee meeting.	Mr. Nirupam Roy Choudhury	End of January'26	OT & CSSD Team
3.	Maximum of two (2) insertion attempts per PICC line inserter.(As discussed and decided by HICC members) If unsuccessful, escalate to a senior or perform under senior supervision.	Medical Admin	By 30 th December'25	Pediatric Doctors
4.	Representative from pharmacy, SCM to be present in HICC monthly meeting.	Mr. Amarendra Pratap Singhdeo. Mr. Durgendra Singh.	Next meeting onwards	Infection Prevention & Control Team
5.	MDRO risk assessments to be initiated in the ER for early identification of high risk patients, timely implementation of isolation precaution and alignment with proper antimicrobial stewardship practices.	ER, Medical Admin, Team Quality	Before next meeting	Infection Prevention & Control Team

6.	SCM team to provide antimicrobial consumption data to the Clinical Pharmacology team.	Mr. Amarendra Pratap Singhdeo. Mr. Durgendra Singh.	By 30 th Dec'25	Clinical Pharmacology team.
7.	Discussion regarding necessary updates to the Infection Prevention and Control Manual was undertaken with the committee members. The required revisions and additions were identified and approved for incorporate into the manual infection control.	Infection Prevention & Control Team	By 24 rd December'25	Quality Team
8.	Provide patients with clear, standardized wound care instructions on discharge to be finalized after consultation with maximum surgeons across all specialties to improve patient compliance, safety and reduce risk of infection.	Infection Prevention & Control Team. Medical Admin	By 30 th December'25	Quality Team

Biomedical Waste Management Committee Minutes of the Meeting :

Date: 15/12/25

Time: 3:00PM Onwards

Sl. No				
1	To maintain aseptic standards and reduce risk of cross-contamination in the operating theatre (OT), proper regular cleaning of scrub suit is required after each use.	House keeping	By 18 th December'25	OT
2	Increase mopping frequency to ensure the scrub station remains clean, dry, and free from contamination. No water stagnation should be there.	House keeping	By 18 th December'25	OT
3	Green scrub for Surgeons & Blue scrub for RMOs of other area RMO to be supplied accordingly by the Housekeeping.	House keeping	By 24 th December'25	OT & Other areas