



Fortis Medical Centre
2/7, Sarat Bose Road,
Kolkata - 700 020, West Bengal, India
Tel : +91 33 2475 4096 / 4820,
6620 2000
Fax : +91 33 2474 9237
E-mail : fmc@fortishealthcare.com
website : www.fortishealthcare.com

13th, March, 2025

The Sr. Environmental Engineer
West Bengal Pollution Control Board
Kolkata Regional Office
Mani Square 8th floor
164/1mm Road, Kolkata-64



Dear Sir/Madam

Subject: Submission of Form-IV

Please find enclose the "Annual Report" of Bio-Medical Waste generated and disposed of from Fortis Medical Centre at 2/7, Sarat Bose Road, Kolkata for the year of 2024 as per the format specified by your Office.

Thanking You

For Fortis Hospitals Ltd, Kolkata

Baishpayan Mukherjee
Baishpayan Mukherjee
Facility Director

Note: There was no occurrence of any type of incidents (minor/major) at Hospital during handling /transportation of BMW in the year 2024.

FORTIS HOSPITALS LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi - 110025,
Tel : +91 11 2682 5000, Fax : +91 11 4162 8435 CIN : U93000DL2009PLC222166, GST : 19AABCF3718N1ZB

Fortis SPECIALITY Hospital

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 BAISHPAYAN MUKHERJEE
	(ii) Name of HCF or CBMWTF	:	FORTIS MEDICAL CENTRE
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	2/7, SARAT BOSE ROAD, KOLKATA-700020, INDIA
	(v) Tel. No, Fax. No	:	91 33 6627 6800 Fax.No : +91- 33-2463-4802
	(vi) E-mail ID	:	fmc@fortishealthcare.com
	(vii) URL of Website	:	http://www.fortishealthcare.com/india/hospitals-in-west-bengal/fortis-hospital-kidney-institute-kolkata/bmw
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude:22.53947578475152, Longitude:88.35523250474294
	(ix) Ownership of HCF or CBMWTF	:	Corporate
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 144-SEE-CAMAC-WBPCB-BM-220-2015 valid up to 31.07.2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.07.2027
2.	Type of Health Care Facility	:	Day Care Centre
	(i) Bedded Hospital	:	No. of Beds:.....3
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	CE License No:34245875 Validity - 21-06-2027
3.	Details of CBMWTF	:	NA
	(i) Number healthcare 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 biomedical waste treated or disposed by CBMWTF :	NA																																																	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 297.5 (Average-24.7 kg Per month) Red Category : 550.5 (Average-45.8 Per month) White: 35 (2.9kg Per month) Blue Category : 55 (Average -4.5kg) General Solid waste: NA																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility :	Size : NA																																																	
		Capacity : NA																																																	
		Provision of on-site storage : (cold storage or NA																																																	
	(ii) Details of the treatment or disposal facilities :	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity 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 units	Capacity 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.) NA																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste :	NA																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed :	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	Medicare Environmental Management (P) Ltd HMC Dumping site Belgachia F-Road Howrah-107
	(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	YES (Attached)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	12(Sample copy Attached
	(ii) number of personnel trained	9
	(iii) number of personnel trained at the time of induction	NIL
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	NO
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NA
	(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	NA

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	NIL

Certified that the above report is for the period from **1ST JAN 24 - 31ST DEL 2024.**

.....

Date: 13/03/2025

Baishravan Mukherjee
 Name and Signature of the Head of the Institution

FORTIS MEDICAL CENTRE

2/7, SARAT BOSE ROAD,
KOL-700020, WEST BENGAL
TEL- +91 033662020000



TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio Medical Waste segregation & handling.

TRAINING CONDUCTED BY: Pampa Das,

DATE: 07.01.25

SL NO	NAME OF THE STAFF	SIGNATURE
1	Tarak Parikshit	TARAK PARIKSHIT
2	Rajkumar Sharma	<u>Devi</u>
3	Mamata Pramanick	mamata pramanick
4	Srimanta Naskar	Srimanta Naskar
5	Biswajit Chakraborty	Biswajit Chakraborty
6	Suzuchi Haldar	Suzuchi Haldar
7	Kartick Ch. Jana	Kartick ch. Jana
8	Suvajit Hazari	Suvajit Hazari
9	Chuncki Saha	C. Saha
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Pampa Das
Signature of HK In charge



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TEL- +91 03366202000



TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio Medical Waste segregation & handling.

TRAINING CONDUCTED BY: Pampa Das,

DATE: 04/02/25

SL NO	NAME OF THE STAFF	SIGNATURE
1	Suvajit Hazari	Suvajit Hazari
2	Tarak Parikshit	TARAK PARIKSHIT
3	Mamata Pramanick	mamata Pramanick
4	Suzuchi Haldar	Suzuchi Haldar
5	Rajkumar Shuman	
6	Srimanta Naskar	Srimanta Naskar.
7	Biswajit Chakraborty	Biswajit Chakraborty
8	Kartick Ch. Jana	Kartick Ch. Jana
9	Chemki Saha	C. Saha
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Pampa Das

Signature of HK In charge



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TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio Medical Waste segregation & handling.

TRAINING CONDUCTED BY: Pampa Das.

DATE: 11.06.24

SL NO	NAME OF THE STAFF	SIGNATURE
1	Suvajit Hazari	Suvajit Hazari
2	Tarak Parikshit	TARAK PARIKSHIT
3	Srimanta Naskar	Srimanta Naskar
4	Kartick Jana	Kartick Jana.
5	Biswajit Chakraborty	Biswajit Chakraborty
6	Rajkumar Sharma	Rajkumar
7	Mamata Pramanick	Mamata Pramanick
8	Surechi Haldar	Surechi Haldar
9	Chemki Saha	C. Saha
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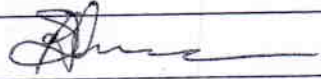
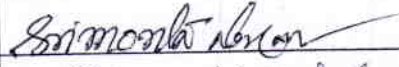
Pampa Das.
Signature of HK In charge



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TRAINING**DEPARTMENT: HOUSEKEEPING****SUBJECT: Bio Medical Waste segregation & handling.****TRAINING CONDUCTED BY: Pampa Das.****DATE: 27-08-24**

SL NO	NAME OF THE STAFF	SIGNATURE
1	Rajkumar Sharma	
2	Srimanta Naskar	
3	Suruchi Haldar	Suruchi Haldar
4	Tarak Parikshit	TARAK PARIKSHIT
5	Suvajit Hazari	Suvajit Hazari
6	Mamata Braamanick	mamata Braamanick
7	Biswajit Chakraborty	Biswajit Chakraborty
8	Kartick Jana	Kartick Chandra Jana
9	Cheemki Saha	C. Saha
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Pampa Das.
Signature of HK In charge



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TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio Medical Waste segregation & handling.

TRAINING CONDUCTED BY: Pampa Das,

DATE: 03-10-24

SL NO	NAME OF THE STAFF	SIGNATURE
1	Chuenki Saha	C. Saha
2	Tarak Parikshit	TARAK PARIKSHIT
3	Surajit Hazari	Surajit Hazari
4	Rajkumar Sharma	Rajkumar
5	Srimanta Naskar	Srimanta Naskar
6	Mamata Pramanick	Mamata Pramanick
7	Surechi Haldar	Surechi Haldar
8	Biswajit Chakraborty	Biswajit Chakraborty
9	Kartick Ch. Jana	Kartick Ch. Jana
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Pampa Das
Signature of HK In charge



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TRAINING

DEPARTMENT: HOUSEKEEPING

SUBJECT: Bio Medical Waste segregation & handling.

TRAINING CONDUCTED BY: *Pampa Das.*

DATE: *05/12/24*

SL NO	NAME OF THE STAFF	SIGNATURE
1	<i>Chusmki Saha</i>	<i>C. Saha</i>
2	<i>Sunajit Hazari</i>	<i>Sunajit Hazari</i>
3	<i>Surechi Haldar</i>	<i>Surechi Haldar</i>
4	<i>Mamata Pramanick</i>	<i>Mamata Pramanick</i>
5	<i>Biswajit Chakraborty</i>	<i>Biswajit Chakraborty</i>
6	<i>Rajkumar Sharma</i>	<i>Rajkumar Sharma</i>
7	<i>Srimanta Naskar</i>	<i>Srimanta Naskar</i>
8	<i>Kartick Ch. Jara</i>	<i>Kartick Ch. Jara.</i>
9	<i>Tarak Parikshit</i>	<i>TARAK PARIKSHIT</i>
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Pampa Das.

Signature of HK In charge



MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: FHKI Hospital, Kolkata-29

1. Date & Time: 18.04.2024 4.00 pm
2. Total no. of Members in the committee: 16
3. Number of members attended: 13
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: No
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes.
7. Action Taken Report (ATR) of previous meeting : Yes.

S. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1	Expiratory cassettes are being ETOed currently. Added options – using a filter at the expiratory tubing.	20.03.2024	ICU in-charge ICN Purchase team	30.06.2024	Filters at the expiratory circuit may reduce soiling of the expiratory cassettes. Available products may	--



					be checked for usability and cost to decide upon one for purchase.		
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Summary of discussion on Reports / documents of all essential Agenda items presented.

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1	MOS - HAI Concerns / Scores	MOS overall compliance: 99%	PPE compliance during invasive procedures – to be ensured. Urinary bags to be emptied when more than 2/3 rd full and bag lids to be kept closed all the time. Ensure 2x CHG baths for pts planned for transplant.	Nursing Infection control team Housekeeping	Immediately and ongoing compliance required
2	CESC – HAI Score / trend / Analysis / Concerns	VAP- 0 SSI- 0 CLABSI- 0 CAUTI: 0 HAI rate: 0	Continue training and awareness raising sessions with all staffs. Be careful about infection surveillance activity to not miss any possible HAI cases.	ICN ICO	ongoing compliance required
3	BMW License / Vendor Agreement validity / regulatory reports status	All updated	--	Head-Admin & HK.	To be updated when next due.



4	Needle Stick Injury data / concerns	Sharp injury-1 / BBF -0	Continue follow up of affected staff for a period of 6 months as prescribed in SOP. Continue training and awareness raising sessions to cut down on preventable incidences. Try raising awareness regarding self-reporting of blood/body fluid exposures if happening.	ICN Nursing in-charges CON	Continuous compliance required
5	Infection Control & BMW Trainings update	Improper disposal of biomedical waste in some areas.	Regular training to be continued; emphasis on training on biomedical waste management during induction training. Spot teaching during Audit. Show the areas with repeated mistakes and their progress.	HK team Team-Education, ICN.	20.05.2024 And Continuous training and monitoring
6	Surveillance reports	No remarkable growths anywhere this month.	ICN to follow frequency of surveillance activities as per respective SOPs to be compliant and cost effective.	ICN CON Quality	With immediate effect
7	Vaccination status update	Updated (4 staffs jabbed) – 100%	--	HR & ICN.	Ongoing process
8	AMS status & concerns	Issues with duration of pre-surgical prophylaxis. Antibiogram & DDD 2023 presented and explained. RAJF filling was at 100%, but mostly filled by Dr Mustafa/Ramandeep.	The AMS team will work on raising awareness about AMS policies and ensure higher number of deescalations in culture-negative group. Encourage urology team to fill RAJF actively.	AMS WG AMS Nurse ICO MS	31.05.2024



9	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters.	OT surveillance plan changed. Biological Indicator (BI) policy changed	OT surveillance to be done as per SOP. HEPA filter DOP tests to be performed biannually. CSSD to immediately start following new BI policy for autoclaves.	OT Team ICN CSSD Team	30.04.2024, ideally with immediate effect
10	Construction / Repair planned	--	--	--	--

A. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline

Signature of Convener



Signature of Chairman




MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: FHKI Hospital, Kolkata-29

1. Date & Time: 22.08.2024 from 4-5:30 pm
2. Total no. of Members in the committee: 16
3. Number of members attended: 16
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: No
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes.
7. Action Taken Report (ATR) of previous meeting :Yes.

S. No.	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed	Remarks on escalation to next higher committee (if the point was open for previous two meetings)
1.	Infection control round findings in the Pathology Lab and Phlebotomy area	21.06.2024	Lab manager Quality Head	Immediate effect	Basic PPE provided in phlebotomy room and lab. Appropriate disinfectant for surfaces is being	30.09.2024



					discussed as per SOP.	
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Summary of discussion on Reports / documents of all essential Agenda items presented.

S. No.	Agenda Item	Updates / Points	Actionable	Responsibility	Timeline
1	MOS - HAI Concerns / Scores	MOS compliance: CAUTI- 99% CLABSI - 99%, VAP, SSI - 100%.	Urinary bags to be emptied when more than 2/3 rd full and bag lids to be kept closed all the time.	Nursing Infection control team Housekeeping Lab manager	Immediately and ongoing compliance required
2	CESC - HAI Score / trend / Analysis / Concerns	VAP- 0 SSI- 0 CLABSI- 0 CAUTI: 0 HAI rate: 0	HAI prevention bundle to be followed strictly with emphasis on hand hygiene, proper maintenance, and early removal of device. Continue training and awareness sessions for all staffs regarding standard precautions and bundle care. Surveillance method and reporting of HAI to be monitored.	ICN ICO	Ongoing compliance required
3	BMW License / Vendor Agreement validity /	All updated	ICN to supervise schedules and reports when available.	Head-Admin & HK. ICN	To be updated when next due.



	regulatory reports status				
4	Needle Stick Injury data / concerns	Sharp injury-1 (0.06%) / BBF - 0	<p>Use of thumb forceps for recapping insulin and other needles when required.</p> <p>To reduce burden of sharps, increased use of blunt-cut needles for medicine reconstitution to be ensure at all levels.</p> <p>Few auto-sealed sharp jars showed some defect. The jars to come with upper half sealed to the bottom part. Vendor to be requested for this.</p> <p>Awareness for self-reporting of blood/body fluid exposure incidents to be raised among staffs through frequent sessions of training and counselling.</p>	ICN Purchase Housekeeping	30.09.2024 & Continuous compliance required.
5	Infection Control & BMW Trainings update	Improper disposal of biomedical waste in some areas.	Regular training of all staffs to continue with emphasis on biomedical waste disposal. Spot teaching during audit and notifying areas with repeated noncompliance.	HK team ICN.	Continuous training and monitoring
6	Surveillance reports	No remarkable growths anywhere this month.	<p>Surveillance activities to continue as per SOPs.</p> <p>ICN to supervise the schedule and monitor all reports and do CAPA whenever applicable.</p>	ICN CON Quality	Continuous training and monitoring
7	Vaccination status update	Updated (3/5 staffs jabbed) - 40%	Hepatitis B vaccine availability: Pharmacy to discuss with ANP pharmacy or escalate to the CASC/CIPACC/MSOG if doses are not available.	HR & ICN Pharmacy	Ongoing process



			Three due vaccinations to be completed immediately with available stock.		
8	AMS status & concerns	Improvement noted in duration of surgical antimicrobial prophylaxis although a BL-BLI was the most used agent. Timing of injection worsened to 80% from 94%.	New staffs in OT to be trained about correct time of prophylaxis dose. Session on AMS policies for doctors/nurses to continue at regular interval.	AMS Nurse Quality Head ICO MS	30.09.2024
9	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters.	Next round of scheduled HEPA filter testing to be planned.	ICN to supervise HEPA filter maintenance and changing schedules and update HIPACC. Sterilizer indicators to be monitored and cross-checked by ICN regularly.	Maintenance team ICN	Continuous compliance and follow up.

A. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline

[Handwritten Signature]

Signature of Convener

Pulak Mukherjee
Signature of Chairman

