



BETHANY HOSPITALS

COMPASSION · CARE · COMMITMENT

Ref. no. BHS/MSPCB/2025/01

Date: 03.02.2025

To,
Member Secretary
Meghalaya State Pollution Control Board
'Arden Lumpyngngad'
Shillong.

Subject: Submission of Annual Report for the year 2024.

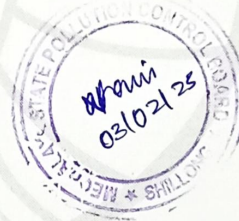
Sir/Madam,

With reference to the subject cited above, please find the attachment enclosed herewith of the Annual Report of Bethany Hospital, from January 2024 to December 2024.

Thanking you

Yours sincerely,

Peter S. Kharsaithiang
Peter S. Kharsaithiang
Chief Executive Officer
Bethany Hospital
Nongrim Hills
Shillong – 793003



BETHANY HOSPITAL
An NABH Certified Hospital
Nongrim Hills, Shillong - 793003, Meghalaya
Tel.: 0364-3501600 / 2520300, OPD: 1800-889-6050
email: info@bethanyhospitals.com | www.bethanyhospitals.com



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)	: MRS. ACHULA D. SAILO
(ii)	Name of HCF or CBMWTF	: BETHANY HOSPITAL
(iii)	Address for Correspondence	: NONGRIM HILLS, SHILLONG
(iv)	Address of Facility	: NONGRIM HILLS, SHILLONG.
(v)	Tel. No., Fax. No.	: 97741 39123
(vi)	Email Id	: info@bethanyhospitals.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 (Management and Handling) Rules	: Authorisation No.: MPCB/B.M.W. 411/2020/2022-23/44valid up to 31.12.2025
(xi)	Status of Consents under Water Act and Air Act.	: Valid up to: CONSENT TO ESTABLISH - 31/5/2018 CONSENT TO OPERATE - 31/01/2025
2.	Type of Health Care Facility	:
(i)	Bedded Hospital	: No. Of Beds: 175.....
(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	: -
3.	Details of CBMWTF	: N/A
(i)	Number healthcare facilities covered by CBMWTF	: -
(ii)	No. Of beds covered by CBMWTF	: -
(iii)	Installed treatment and disposal capacity of CBMWTF	: - Kg/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: 911.04 KG Red Category: 946.91 KG White: 95.5 KG Blue Category: 338.125 KG General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
(i)	Details of the on-site storage facility	: Size: 103.4 SQ FT Capacity: Provision of on-site storage: (cold storage or any other provision)

(ii) 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/annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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>- 19</td> <td></td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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/annum	Incinerators				Plasma				Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		- 19		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/annum	: Red category (like plastic, glass etc.)																																																								
(iv) No. Of vehicles used for collection and transportation of biomedical waste	: 2																																																								
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg/annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge																																																	
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(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: 1. SHILLONG MUNICIPAL BOARD. 2. MEGHALAYA STATE DISPOSAL WASTE MANAGEMENT.																																																								
(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																																																									
7. Details trainings conducted on BMW																																																									
(i) Number of trainings conducted on BMW Management.	1																																																								
(ii) Number of personnel trained																																																									
(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?																																																									
8. Details of the accident occurred during the year																																																									
(i) Number of Accidents occurred	NSI - 4, MERCURY SPILLAGE - 2																																																								
(ii) Number of the person affected																																																									

	(iii) Remedial Action taken (please attach details if any)	
	(iv) Any facility 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?	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11.	Is the disinfection method or sterilization meeting the log 4 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)

Certified that the above report is for the period from

JANUARY 2024 - DECEMBER 2024

Name and Signature of the Head of Institution

For [Signature]

Date : 03/02/2025
 Place : SHILLONG.

