

**By Speed Post
Urgent**

No. P-18012/12/2016-Environment
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services
(Environment & Climate Change Cell)

GENERAL SECRETARY
E-OFFICE No. 207/198
दिनांक/DATED: 19/4/17

21/4/17
24/4/17

Nirman Bhawan, New Delhi
Dated 11th April, 2017

निदेशक कार्यालय, अ.सा.आ.से.
प्राप्त किया
20 APR 2017
RECEIVED
DIRECTOR OFFICE, A.I.I.M.S.

To,
(As per list attached)

**Subject:-Submission of Monthly Report of Bio-Medical
Waste Management (BMW)-reg.**

Sir,

I am directed to refer to this Dte's letter of even number dated 31 May, 2016 on the above subject wherein you have been requested to furnish the monthly report on bio-medical waste management. The Bio-medical Waste Management Rules 2016 have been notified on 28.03.2016 by Ministry of Environment, Forest & Climate Change.

2. You are, therefore, requested to furnish monthly report on bio-medical waste management in prescribed Proforma (enclosed) by first week of every month regularly.

Yours faithfully,

Chhavi

Encl. As above.

(Dr. Chhavi Pant Joshi)
Deputy Assistant Director General

RECEIVED
21 APR 2017
BY DIRECTOR OFFICE, A.I.I.M.S.

DDAMS

20/4
24/4

20/4

60
24/4

D.P.K.

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Ansari Nagar, New Delhi 110029

F. No. 33/BMW/2018-Estt. (H)

Dated:09/05/18

To

The Deputy Assistant Director General
Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India

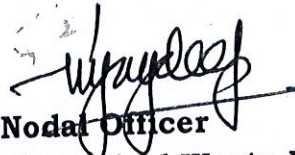
Subject: Submission of monthly report for Bio Medical Waste Management

Dear Sir/ Madam,

This is in reference to your letter no. P-18012/12/2016- Environment dated 11th April 2017 regarding above mentioned subject.

Please find enclosed the report of Biomedical Waste Management for the month of April duly signed by the Medical Superintendent on behalf of the Director, AIIMS, New Delhi.

Kind regards



Nodal Officer
Biomedical Waste Management
AIIMS, AIIMS

**From –IV
(See rule 13)
ANNUAL REPORT/MONTHLY REPORT**

| Sl.No | Particulars | | |
|-------|--|---|--|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Director AIIMS Prof. Randeep Guleria |
| | (ii) Name of HCF or CBMWTF | : | All India Institute of Medical Sciences (AIIMS) |
| | (iii) Address for Correspondence | : | AIIMS, Ansari Nagar, New Delhi-110029 |
| | (IV)Address of Facility | | Same as above |
| | (v)Tel. No. Fax. No. | : | 26594800 |
| | (VI) E-mail ID | : | director.aiims@gmail.com |
| | (VII)URL of Website | : | aiims.edu |
| | (VIII)GPS coordinates of HCF of CBMWTF | | |
| | (IX)Ownership of HCF of CBMWTF | | Autonomous Organization |
| | (X)Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules. | : | Authorization No DPCC/BMW/AUTH/NEW NO/2015/01511 Applied for fresh authorization wide authorization request no. DPCC/BMW/AuthorisationRequest/2017/8955 |
| | (XI)Status of Consents under Water Act and Air Act. Valid up to: | : | Under process wide request no. DPCC/NMW/ORANGE/2017/55983 |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 2412 |
| | (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 if CBMWTF | : | |
| | (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 | : | N.A. |
| | (iv) Quantity of biomedical waste treated or disposal by CBMWTF | : | N.A. |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow category: 21761kg/month Red Category:24462kg/month White: 489 kg/month Blue Category:26921 kg/month General Solid waste 210000 kg/month |
| 5. | Details of the Storage , treatment, transportation, processing and Disposal Facility: Handled by CBMWTF | | |
| | (i) Details of the on-site storage facility | : | Size : (99X6.5X9)X2 Capacity: 250 KG Provision of on-site storage : (cold storage or any other provision) |

| | | | | | | |
|----|--|---|---|--|--------------------|--|
| | (ii) Disposal Facilities | : | Type of treatment Equipment NIL Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment equipment: | No of Units | Capacity Kg/day | Quantity treated or disposed In Kg per Annum |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) Handled by CBMWTF operator | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | : | 4 Vehicles | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) | : | Incineration Ash ETP Sludge (STP) 3650 kg/p.a | NIL NIL used for complex horticulture | Quantity Generated | Where disposal NIL |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | One, Biotic Waste Solutions Private limited | | | |
| | (vii) List of member HCF not handed over bio-medical waste. | : | | Nil | | |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | : | | No | | |
| 7. | Detail trainings conducted on BMW | | | | | |
| | (i) Number of training conducted on BMW Management. | | 126 | | | |
| | (ii) Number of personnel trained | | 9141 | | | |
| | (iii) Number of personnel trained at the time of induction | | 2100 | | | |
| | (iv) Number of personnel not undergone any training so far. | | 1859 | | | |
| | (v) Whether standard manual for training is available ? | | Utilizing through posters, videos & power point presentation. | | | |

| | | | |
|-----|---|---|------|
| | (vi) Any other information) | | Nil |
| 8. | Details of the accident occurred during the year | | Nil |
| | (i) Number of Accidents occurred | | Nil |
| | (ii) Number of the persons affected | | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | | NA |
| | (iv) Any Fatality occurred, details. | | NO |
| 9. | Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards? | | N.A. |
| | Details of Continuous online emission monitoring systems installed | | N.A. |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year. | | STP |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | N.A. |
| 12. | Any other relevant information | (Air Pollution Control Device attached with the incinerator.) | N.A. |

Certified that the above report is for the period from

01/04/2018 to 30/04/2018

Date:
Place:

7/5/18
N. Delhi

Name and Signature of the Head of the Institution

[Handwritten Signature]