



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029

F. No.33/BMW/2022-Estt.(II)

Dated: 02/05/2023

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

Reference letter no. P-18012/12/2016- Environment dated 11.04.2017 from DGHS, MoHFW, GOI on the subject cited above (Flag 'A').

In this regard, the monthly report for the month of April, 2023 in the prescribed format is placed below at flag 'B'.

Submitted for kind perusal & signature please.


Dr. Abdul Hakim Choudhary
Nodal officer
Biomedical Waste Management


Medical Superintendent, AIIMS

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)

Nirman Bhawan, New Delhi
Dated: 11 April, 2017

19/4/17
2-11-17
24/4/17

RECEIVED
OFFICE - A.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 format (enclosed) by first week of every month regularly.

Yours faithfully,

Encl. As above.

(Dr. Chhavi Parashar)
Deputy Assistant Director General

11 APR 2017

ODAMS

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Ansari Nagar, New Delhi – 110029

F. No. 33/BMW/2022-Estt. (H)

Dated 02.05.2023

To

Deputy Assistant Director General
Directorate General of Health Services
Ministry of Health & Family Welfare
Environment & Climate Change Cell
Government of India

Sub: Submission of monthly report of Bio Medical Waste Management.

Dear Sir/Madam,

This is in reference to your letter no. P-18012/12/2016 Environment dated 25th April, 2017 regarding above mentioned subject.

Please find enclosed the report of Biomedical Waste Management for the month of April, 2023 duly signed by the Medical Superintendent on behalf of the Director, AIIMS, New Delhi.

Kind regards


Nodal Officer

**Biomedical Waste Management
AIIMS, New Delhi**

BIOMEDICAL WASTE REPORT APRIL, 2023

Date:	Yellow Bags		Red Bags		Blue Bags		White Containers	
01.04.23 to 30.04.23	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Box	Weight (Kg)
Main Buidling	3039	16243	3467	19243	937	9816	169	191.4
CN Centre	1648	7210	1897	15468	516	5179	81	86.2
IRCH	1102	4156	921	4812	331	3502	107	104.9
RP Centre	249	543	386	1423	89	392	26	27.1
PC Teaching	231	489	247	1234	8	63	4	5.3
RAK/OPD	314	542	401	1321	36	298	7	8.6
CDER	136	276	153	478	33	163	13	10.2
Animal House	435	2491	38	89	0	0	0	0
MCH Block	613	2267	643	2101	226	1806	23	27.2
Surgery Block	946	2898	1164	3216	304	3349	41	42.1
Convergence Block	89	254	112	304	0	0	0	0
BPS Block	867	3615	565	2538	129	1230	52	53.1
JPNA Trauma Centre	2602	10817	1698	7616	499	3692	158	159.5
Total	12271	51801	11692	59843	3108	29490	681	715.6
	No of bags containers	weight (Kg)						
Total for the month	27752	141849.6						

TOTAL DATA FOR THE MONTH OF APRIL ,2023 COVID WASTE WITH DOUBLE PACKING

Date:	Yellow Bags		Red Bags		Blue Bags		White Containers	
01.04.23 to 30.04.23	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Box	Weight (Kg)
AIIMS	398	717	584	1045	0	0	0	0
Total Waste	12669	52518	12276	60888	3108	29490	681	715
							Verified by :	
Biotic Waste Solutions							Sanitation Officer(H)	


SANITATION OFFICER
 A.I.I.M.S.
 NEW DELHI-110029
 HOSPITAL




From-IV
(See rule 13)
Monthly Report

Particulars			
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Director AIIMS Prof. M. Srinivas
	(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) (V) 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 Handling) Rules.	:	Authorization No. DPCC/BMW/AUTH/NEW NO/2017/03334
	(xi) Status of Consents under Water Act and Air Act. Valid up to:	:	Certificate No. 0-029036 Valid up to 23/02/2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 2486
	(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	:	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	:	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	:	Yellow category: 52518 Kg /Month Red Category: 60888 Kg / Month Blue Category: 29490 Kg / Month White: 715 Kg / Month General Solid waste: 216300 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 No Capacity Quantity Equipment of Kg/day treated or Units disposed NIL In Kg per Annum 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:															
	(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.	:	3 Vehicles															
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		<table border="0"> <tr> <td></td> <td style="text-align: center;">Quantity Generated</td> <td style="text-align: center;">Where disposal</td> </tr> <tr> <td>Incineration</td> <td style="text-align: center;">NIL</td> <td style="text-align: center;">NIL</td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> <tr> <td colspan="3">(STP) 3650 kg/ p.a. used for complex horticulture</td> </tr> </table>		Quantity Generated	Where disposal	Incineration	NIL	NIL	Ash			ETP Sludge			(STP) 3650 kg/ p.a. used for complex horticulture		
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Incineration	NIL	NIL																
Ash																		
ETP Sludge																		
(STP) 3650 kg/ p.a. used for complex horticulture																		
	(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.	:	Yes															
7.	Detail trainings conducted on BMW																	
	(i) Number of training conducted on BMW Management.		69															
	(ii) Number of personnel trained		All concerned staff															
	(iii) Number of personnel trained at the time of induction		All concerned staff															
	(iv) Number of personnel not		Nil															

	undergone any training so far.		
	(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.)

Certified that the above report is for the period from 01/04/2023 to 30/04/2023


 Name and Signature of the Head of the Institution

Date: 02-05-2023

Place: New Delhi