All India Institute of Medical Sciences Ansari Nagar, New Delhi 110029

F.No.33/BMW/2020-Estt. (H)

Dated:- 10/02/20

To

Deputy Assistant Director General Directorate General of Health Services Ministry of Health & Family Welfare Environment & Climate Change Cell Government of India, Nirman Bhawan, New Delhi-110001

Sub:- 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 January, 2020 duly signed by the Medical Superintendent of behalf of the Director, AIIMS, New Delhi.

Kind regards

Biomedical Waste Management
AIIMS, New Delhi

विनांधां/CATEO;

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 //April, 2017



(As per list attached)

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

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;

Encl. As above.

(Dr. Chhavi Pant Joshi) Deputy Assistant Director General

From-IV (See rule 13) Monthly Report

	Particulars				
1.	Particulars of the Occupier	:			
	(i) Name of the authorized person	:	Director AIIMS		
	(occupier or operator of facility)		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) (V) E-mail ID		Director.aiims@gmail.com		
	(vii) URL of Website		Aims.edu		
	(viii) GPS coordinates of HCF of CBMWTF	•	Aims.edu		
	(ix) Ownership of HCF of CBMWTF		Autonomous Organization		
	(x) Status of Authorization under the		Autonomous Organization Authorization No. DPCC/BMW/AUTH/NEW		
	Bio-Medical Waste (Management and Handing) Rules.	•	Authorization No. DPCC/BMW/AUTH/NEW NO/2017/03334		
	(xi) Status of Consents under Water	:	Certificate No. 0-029036		
2.	Act and Air Act. Valid up to:		Valid up to 09/03/2022		
2.	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds: 2412		
	(ii) Non-Bedded Hospital	:	N.A.		
	(Clinic or Blood Bank or Clinical				
	Laboratory or Research Institute or				
1	Veterinary Hospital or any other)				
	(iii) License number and its date of	:	N.A.		
	expiry.				
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	:	N.A.		
	treated or disposal by CBMWTF		577		
4.	Quantity of waste generated or	:	Yellow category: 46044 kg/month		
	disposed in Kg per annum (on monthly average basis)		Red Category: 60207 kg/month		
	monthly average basis)		White: 662.6 kg/month		
	Yes,		Blue Category: 35139 kg/month		
	A.		General Solid waste: 2,10,000 kg/month		
5.	Details of the Storage , treatment, tran	etails of the Storage , treatment, transportation, processing and Disposal Facility: Handled by			
	(i) Details of the on-site storage facility	:	Size : (99X6.5X9)X2		
			/		
		e	Capacity: 250 kg		
			Provision of on-site storage : (cold storage or any other provision)		

-			
	(iii) Disposal Facilities (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		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: Red Category (like plastic, glass etc.) Handled by CBMWTF operator
			2 Valsiala a
	(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) 	pased to	Quantity Generated Where disposal 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.	: 86.91	Yes
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	e	2100
	(iv) Number of personnel not undergone any training so far.		1859
1	(v) Whether standard manual for		Utilizing through posters, videos & power point

	training is available? (vi) Any other information)	presentation.
8.	Details of the action	NIL
	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	the persons affected	NIL
	attach details if any)	NA
	(IV) Any Fatality occurred, details	
).	Are you meeting the standard	NO
	many times in last year could not met the standards?	N.A.
	Details of Continuous online emission monitoring systems installed	N.A.
0.	methods in place. How many timent	STP
	year.	
	It the disinfection method or sterilization meeting the log 4	N.A.
	standards? How many times you have not met the standards in a year?	14.74.
	Any other relevant information	(Air Dally ti
		(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from 01/01/2020 to 31/01/2020

Name and Signature of the Head of the Institution

Date:

Place: