All Indian Institute of medical sciences Ansari Nagar, New Delhi-110029

File no.F.33/BMW/2017-Estt. (H)

Date-05.06.2017

To

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

Sample

Subject: Submission of monthly report for Bio medical Waste Management (BMW)

Respected Sir/Madam,

This is in reference to your letter no. P-18012/12/2016-Environment dated 11th April 2017. The Bio Medical Waste Management report of AIIMS duly signed by The Director for the month of May2017 is enclosed.

Nodal Officer

Biomedical Waste Management AIIMS

All Indian Institute of medical sciences Ansari Nagar, New Delhi-110029

File no.F.33/BMW/2017-Estt. (H)

Date-05.06.2017

To

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 (BMW)

Respected Sir/Madam,

This is in reference to your letter no. P-18012/12/2016-Environment dated 11th April 2017. The Bio Medical Waste Management report of AIIMS duly signed by The Director for the month of May2017 is enclosed.

Nodal Officer
ste Management

Biomedical Waste Management

AIIMS



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

No. F.33/BMW/2017-Estt. (H)

Dated: 01.06.2017

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

Reference letter no P-18012/12/2016-Environment dated 14.04.2017 from DGHS, MoHFW, GOI on the subject cited above (Flag 'A').

In this regard, the monthly report for the month of May 2017 in the prescribed format is placed below at Flag B'.

Submitted for kind perusal & signature please.

Dr. P.Kumar, Nodal Officer,

Biomedical Waste Management

Medical Superintendent, AIIMS

Director/AIIMS

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B

From -IV (See rule 13) ANNUAL REPORT/MONTHLY REPORT

SI.No	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) 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	;	Authorization No DPCC/BMW/AUTH/NEW NO/2015/01511		
	Handing) Rules.		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	:	DI GOMMINIVIOTO MACENZATIVICADA		
۷.		<u> </u>	No. of Beds: 2362		
	(i) Bedded Hospital (ii) Non-Bedded Hospital		N.A.		
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)				
	(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	;	Yellow category: 29253kg/month		
	in Kg per annum (on monthly average basis)		Red Category:21622kg/month		
	Dasis)		White: 1664 kg/month		
			Blue Category:22301 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	1:	Size : (99X6.5X9)X2		
			Capacity: 250 KG		
			Provision of on-site storage : (cold storage or an 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 CBMWTF Operator 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.	:	4 Vehicles
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		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.	•	No
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		93 8500
	(ii) Number of personnel trained		2100
	(iii) Number of personnel trained at the time of induction		
	(iv) Number of personnel not undergone any training so far.		3000
	(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 01/05/2017 to 31/05/2017

Date: Place: Name and Signature of the Head of the Institution

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 Mapril, 2017

कार्यालय, अ.अ/. प्राप्त किया 2 0 APR 2017

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,

(Dr. Chhavi Pant Joshi) Deputy Assistant Director General

Encl. As above.

1	The Director, All India Institute of Medical Science, Ansari Nagar East, New Delhi-110029	2	The Medical Suptt., Post Graduate Institute of Medical Education & Research Chandigarh-160012
3	The Medical Suptt., Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry-605006	4	The Medical Suptt., Vardhman Mahavir & Safdarjung Hospital, Opp. AIIMS Hospital, Ansari Nagar, New Delhi- 110029
5	The Medical Suptt., Lady Hardinge Medical College, C-604, Shaheed Bhagat Singh Road, Diz Area, Connaught Place, New Delhi-110001	6	The Medical Suptt., Ram Manohar Lohia Hospital, Baba Kharak Singh Marg, New Delhi-110001
7	The Medical Suptt., Kalawati Saran Children's Hospital New Delhi-110001	8	The Director, National Institute of Mental Health & Neuro Sciences, Hosur Road, Lakkasandra, Bengaluru, Karnataka 560029
9	The Director, Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand- 834006	10	The Director, All India Institute of Hygine & Public Health, Block-JC-27 & 27B, Sector-III, Bidhan Nagar, Salt Lake, Kolkata, West Bengal 700098
11	The Director, Central Leprosy Teaching & Research Institute, Chengalpattu - 603 001	12	The Director, Regional Leprosy Training & Research Institute, Raipur-492001
13	The Director, Vallabh Bhai Patel Chest Institute, Delhi-110007	14	The Director, National Institute of TB and Respiratory Diseases, Sri Aurobindo Marg, Near Qutub Minar, Mehrauli, Delhi- 110030
15	The Director, New Delhi Tuberculoses Centre, Near Loknayak Hospital, Jawaharlal Nehru Marg, Maulana Azad Medical College Campus, Delhi- 110002	16	The Director, National Centre for Disease Control 22, Sham Nath Marg, New Delhi-110 054
17	The Director, Central Research Institute Kasauli (Himachal Pradesh)-173204	18	The Director, BCG Vaccine Laboratory, Guindy, Chennai-600032
19	The Director, National Institute of Biologicals, Plot No. A-32, Sector-62, Institutional Area, Noida, Uttar Pradesh 201309	20	The Director, Pasteur Institute of India, Coonoor, Nilgiris, Tamilnadu-643103
21	The Director, Institute of Serology, 1st And 2nd Floor, Kyd Street, 3, Dr M D Ishaque Rd, Park Street area, Taltala, Kolkata, West Bengal 700016	22	The Director, International Institute for Population Sciences, Govandi Station Road, Deonar, Opposite Sanjona Chamber, Mumbai, Maharashtra 400088
23	The Director, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha, Maharashtra 442102	24	The Director, Central Leprosy Teaching and Research Institute, Chengalpattu, Chennai-603003 (T.N.)

Form - IV (See rule 13) ANNUAL REPORT/ MONTHLY REPORT

SI.	Particulars		
No			
1	Particulars of the Occupier	:	·
	(i) Name of the authorised person	:	,
	(occupier or operator of		× ,
	facility)		
	(ii) Name of HCF or CBMVVTF	:	
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi
	(ix) Ownership of their of oblines in	·	Govt. or any other)
	(x). Status of Authorisation under the Bio-	:	Authorisation No.:
	Medical Waste		
	(Management and Handling) Rules		valid up to
	(xi). Status of Consents under Water Act	:	
	and Air Act: Valid up to		
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds
	(ii) Non-bedded hospital	<u> </u>	170. 01 2000
	(Clinic or Blood Bank or Clinical Laboratory		,
	or Research		
	Institute or Veterinary Hospital or any		
	other)		*
	(iii) License number and its date of expiry		
	Details of CBMWTF	ļ	
3	Cit Aliverbar has like are facilities severed by	1:	
	(i) Number healthcare facilities covered by		
	CBMWTF (ii) No of beds covered by CBMWTF	: .	
		1:	Kg per day
	(iii) Installed treatment and disposal		
	capacity of		
	CBMWTF	-	Kg/day
	(iv) Quantity of biomedical waste treated or	:	Ng/day
ĺ	disposed by		2 ×
	CBMWTF	-	Yellow Category :
4	Quantity of waste generated or disposed in		reliow Category.
	Kg per annum		†
	(on monthly average basis)		
			Pad Catagory:
		,	Red Category : White:
			Blue Category:
		hi	General Solid waste:
5	Details of the Storage, treatment, transporta	tion, p	
	(i) Details of the on-site storage facility		Size:
	•		Capacity:
			Provision of on-site storage : (cold storage or any other
			provision)
	(ii) disposal facilities		Type of treatment No Capa Quantity treatment
			Equipment of city disposed in kg per
			Units Kg/ annum
			Day
-			Incinerators

	,				
			Plasma Pyrolysis		
			Autoclaves		
			Microwave		
			Hydroclave		
	·		Shredder		
			Needle tip cutter or		
			Destroyer:		
	2		Sharps encapsulation		
			or concrete pit:		
			Deep burial pits:		
			Chemical disinfection:		
			Any other treatment		
			equipment:		
	(iii) Comments of the latest the state of th				
	(iii) Quantity of recyclable wastes sold to	1:	Red Category (like plasti	c, glass etc.)	
	authorized recyclers after treatment in kg				
	per annum				
	(iv) No of vehicles used for collection and	. :			
	transportation of biomedical waste				
	(v) Details of incineration ash and ETP			Quantity	Where
	sludge generated and disposed during the			Generated	disposed
	treatment of wastes in Kg per annum		Incineration		
		1 17	Ash		
			ETP Sludge		
	(vi) Name of the Common Bio-Medical	:		The state of the s	
	Waste Treatment Facility Operator		*		
	through which wastes are disposed of				
	(vii) List of member HCF not handed over	:	41		
	bio-medical waste				
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.				
	(ii) number of personnel trained				
	(iii) number of personnel trained at the time				
	of induction		6		
	(iv) number of personnel not undergone				
	any training so far				
	(v) whether standard manual for training is			THE SECRETARY AND ADDRESS OF SECRETARY SECRETARY SECRETARY SECRETARY	
	available?				
	(vi) any other information				
8	Details of the accident occurred during the				
	year				
	(i) Number of Accidents occurred				
	(ii) Number of the persons affected				
	(iii) Remedial Action taken (Please attach				
•	details if any)	.			
	(iv)-Any Fatality 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?				
	Details of Continuous online emission				
	monitoring systems installed				
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				y .

	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 re	port is for the p	eriod from	
			Name and Signature Head of the Institution

Date: Place