



सर्वेभ्यो वैद्येण वाच्यं
० भा० आ० सं०
I. I. M. S.

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

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

Dated: 05/04/2022

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

Reference letter no. P-18012/12/2016- Enviroment 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 March, 2022 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

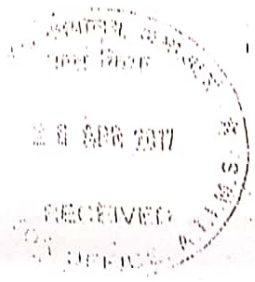
Medical superintendent, AIIMS

By Speed Post
Urgent

No. P-18Q12/12/2016-Environment
Government of India

Ministry of Health & Family Welfare
Directorate General of Health Services
(Environment & Climate Change Cell)

Nirman Bhawan, New Delhi
Dated 11th April, 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 Dir's letter 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.

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

Encl. As above.

(Dr. Chandra Prasad)
Deputy Assistant Director General

Handwritten signature and initials, including 'OB/MS' and a large flourish.

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

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

Dated 05.04.2022

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 March, 2022 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 MARCH, 2022

Date:	Yellow Bags		Red Bags		Blue Bags		White Containers	
	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Box	Weight (Kg)
01.03.22 to 31.03.22								
Main Buidling	4976	18756	4812	19974	987	14281	122	149.3
CN Centre	2564	5879	2461	8792	645	9878	87	102.4
IRCH	1462	3874	1098	2694	284	1847	51	67.8
RP Centre	271	436	387	846	83	401	20	24.9
PC Teaching	312	487	394	826	9	66	3	4.1
RAK/OPD	1398	1901	1326	2746	112	697	36	44.6
CDER	132	269	172	297	24	86	6	8.7
Animal House	648	2556	52	124	0	0	0	0
Convergence Block	0	0	0	0	0	0	0	0
JPNA Trauma Centre	1521	4572	1329	3948	330	1978	26	37.2
Total	13284	38730	12031	40247	2474	29234	351	439
	No of bags containers	weight (Kg)						
Total for the month	28140	108650						

TOTAL DATA FOR THE MONTH OF MARCH,2022 COVID WASTE WITH DOUBLE PACKING

Date:	Yellow Bags		Red Bags		Blue Bags		White	
	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Bags	Weight (Kg)	No of Box	Weight (Kg)
01.03.22 to 31.03.22								
AIIMS+JPNA	1310	2978	1708	3857	96	351	5	6
Total Waste	14594	41708	13739	44104	2570	29585	356	445



Verified by *[Signature]*
Sanitation Officer(H) 04/04/2022

From-IV
(See rule 13)
Monthly Report

Particulars		
1	Particulars of the Occupier	:
	(i) Name of the authorized person (occupier or operator of facility)	:
	(ii) Name of HCF or CBMWTF	:
	(iii) Address for Correspondence	:
	(iv) Address of Facility	:
	(v) Tel. No. Fax. No.	:
	(vi) (V) E-mail ID	:
	(vii) URL of Website	:
	(viii) GPS coordinates of HCF of CBMWTF	:
	(ix) Ownership of HCF of CBMWTF	:
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:
	(xi) Status of Consents under Water Act and Air Act. Valid up to:	:
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	:
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:
	(iii) License number and its date of expiry.	:
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No. of beds covered by CBMWTF	:
	(iii) Installed treatment and disposal capacity of CBMWTF	:
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:
4.	Quantity of waste generated or disposed in Kg per annum	:
		:
		:
		:
		:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility: Handled by CBMWTF	:
	(i) Details of the on-site storage facility	:
		:
		:
	(ii) Disposal Facilities	:
		:

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.	Is 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 01/03/2022 to 31/03/2022

Name and Signature of the Head of the Institution

Date 05-04-2022

Place: New Delhi