

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

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

Dated:- 09/04/2020

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

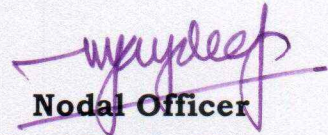
**Sub:- Submission of monthly report for Bio Medical Waste Management.**

Dear Sir/ Madam,

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

Please find enclosed the report of Biomedical Waste Management for the month of April, 2020 duly signed by the Medical Superintendent of behalf of the Director, AIIMS, New Delhi.

Kind regards



**Nodal Officer  
Biomedical Waste Management  
AIIMS, New Delhi**

**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. 207/19  
दिनांक/DATED: 19/4/17

Nirman Bhawan, New Delhi  
Dated 11<sup>th</sup> April, 2017

कार्यालय, अ.भा.आ.स.  
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;

*Chav*

Encl. As above.

(Dr. Chhavi Pant Joshi)  
Deputy Assistant Director General

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

*DDA/MS*

*20/4*  
*D. P. Joshi*

*Chav*  
20/4

60  
20/4

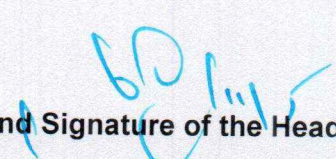
From-IV  
(See rule 13)  
Monthly Report

| Particulars |  |   |   |
|-------------|--|---|---|
| 1.          | Particulars of the Occupier  | : |   |
|             | (i) Name of the authorized person (occupier or operator of facility)   | : | Director AIIMS<br>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  | : |   |
|             | (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/2017/03334   |
|             | (xi) Status of Consents under Water Act and Air Act. Valid up to:  | : | Certificate No. 0-029036<br>Valid up to 09/03/2022  |
| 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  | : | 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 (on monthly average basis)   | : | Yellow category: 30001 kg/month<br>Red Category: 34100 kg/month<br>White: 72.05 kg/month<br>Blue Category: 12209 kg/month<br>General Solid waste: 2,10,000 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<br><br>Capacity: 250 kg<br>Provision of on-site storage : (cold storage or any other provision)   |

|   |                    |   |  |                    |                |                  |     |     |                  |               |                               |
|---|--------------------|---|--|--------------------|----------------|------------------|-----|-----|------------------|---------------|-------------------------------|
| (ii) Disposal Facilities  | :                  | <p>Type of treatment No Capacity Quantity<br/>Equipment of Kg/day treated or Units<br/>disposed<br/>NIL In Kg per Annum</p> <p>Incinerators<br/>Plasma Paralysis<br/>Autoclaves<br/>Microwave<br/>Hydroclave<br/>Shredder<br/>Needle tip cutter or<br/>Destroyer<br/>Sharps<br/>encapsulation or<br/>concrete pit<br/>Deep Burial pits:<br/>Chemical<br/>disinfection:<br/>Any other treatment<br/>equipment:</p> <p style="text-align: right;">Handled by<br/>CBMWTF Operator</p>                              |  |                    |                |                  |     |     |                  |               |                               |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                               | :                  | <p>Red Category (like plastic, glass etc.)<br/>Handled by CBMWTF operator</p>   |  |                    |                |                  |     |     |                  |               |                               |
| (iv) No of vehicles used for collection and transportation of biomedical waste.   | :                  | <p style="text-align: center;">3 Vehicles</p>   |  |                    |                |                  |     |     |                  |               |                               |
| (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)           | :                  | <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">Quantity Generated</td> <td style="width: 40%; text-align: center;">Where disposal</td> </tr> <tr> <td>Incineration Ash</td> <td style="text-align: center;">NIL</td> <td style="text-align: center;">NIL</td> </tr> <tr> <td>ETP Sludge (STP)</td> <td style="text-align: center;">3650 kg/ p.a.</td> <td style="text-align: center;">used for complex horticulture</td> </tr> </table> |  | Quantity Generated | Where disposal | Incineration Ash | NIL | NIL | ETP Sludge (STP) | 3650 kg/ p.a. | used for complex horticulture |
|   | Quantity Generated | Where disposal  |  |                    |                |                  |     |     |                  |               |                               |
| Incineration Ash  | NIL                | NIL   |  |                    |                |                  |     |     |                  |               |                               |
| 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                      | :                  | <p>One, Biotic Waste Solutions Private limited</p>  |  |                    |                |                  |     |     |                  |               |                               |
| (vii) List of member HCF not handed over bio-medical waste.   | :                  | <p style="text-align: center;">NIL</p>  |  |                    |                |                  |     |     |                  |               |                               |
| 6. Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | :                  | <p style="text-align: center;">Yes</p>  |  |                    |                |                  |     |     |                  |               |                               |
| 7. Detail trainings conducted on BMW  | :                  |   |  |                    |                |                  |     |     |                  |               |                               |
| (i) Number of training conducted on BMW Management.   | :                  | <p style="text-align: center;">126</p>  |  |                    |                |                  |     |     |                  |               |                               |
| (ii) Number of personnel trained  | :                  | <p style="text-align: center;">9141</p>   |  |                    |                |                  |     |     |                  |               |                               |
| (iii) Number of personnel trained at the time of induction  | :                  | <p style="text-align: center;">2100</p>   |  |                    |                |                  |     |     |                  |               |                               |
| (iv) Number of personnel not undergone any training so far.   | :                  | <p style="text-align: center;">1859</p>   |  |                    |                |                  |     |     |                  |               |                               |
| (v) Whether standard manual for   | :                  | <p>Utilizing through posters, videos &amp; power point</p>  |  |                    |                |                  |     |     |                  |               |                               |

|     |   |  |   |
|-----|---|--|---|
|     | training is available?  |  | 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 01/04/2020 to 30/04/2020

  
Name and Signature of the Head of the Institution

Date:

Place: New Delhi