

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

F. No. 33/BMW/2023-Estt. (H)

Date: 07.02.2025

Subject:- Submission of monthly Report for the month of January, 2025 of Bio Medical Waste Management (BMW) at AIIMS, New Delhireg.

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 January, 2025 in the prescribed format in placed below at flag 'B'

Submitted for kind perusal & signature please.

Dr. Amit Lathwal

Nodal officer

Biomedical Waste Management

Medical Superintendent, AIIMS

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

F. No. 33/BMW/2023-Estt. (H)

Date: 07.02.2025

To

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

Subject:- 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 January, 2025 duly signed by the Medical Superintendent on behalf of the Director AIIMS, New Delhi.

Kind regards

Nodal Officer 7 V Biomedical Waste Management AIIMS, New Delhi

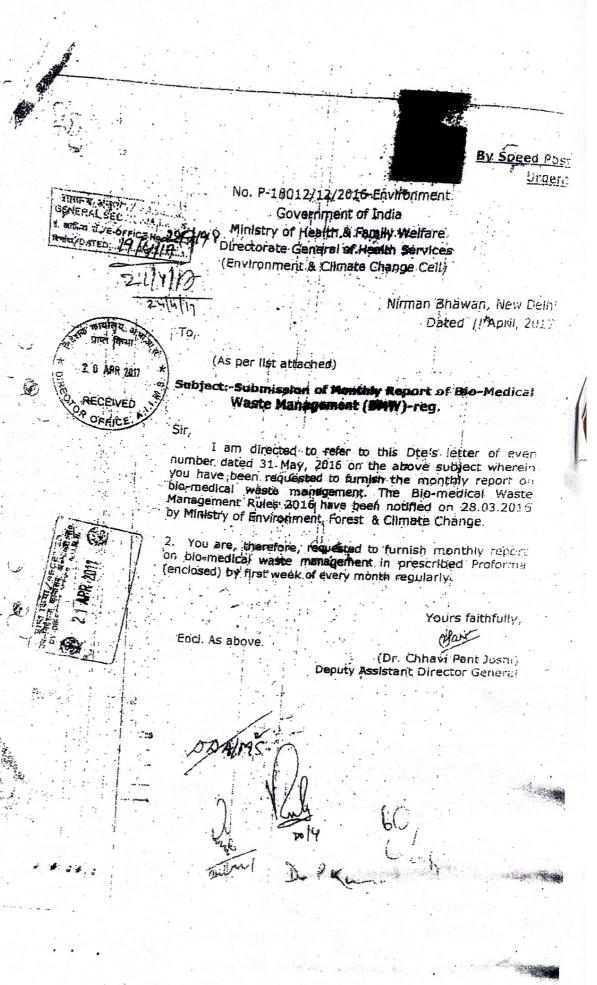
| | | 73 | | | T JAN, | | | 1 and 40 50 40b |
|----------------------------|-------------------------------|-------------|---------------|----------------|---------------|----------------|--|-----------------|
| Date: | Yellow Bags | | Red Bags | | Blue Bags | | White Containers | |
| 01.01.25 to 31.01.25 | No of Bags | | No of Bags | Weight (Kg) | No of Bags | Weight (Kg) | No of Box | Weight (Kg) |
| Main Buidling Waste Points | 7309 | 38158.3 | 6371 | 37849 | 2539 | 26639.6 | 691 | 535.35 |
| New RAK Waste Point | 3097 | 15873 | 2619 | 13024 | 637 | 7317.75 | 242 | 257.52 |
| JPNA Trauma Waste Points | 2948 | 14387.1 | 1961 | 9123 | 713 | 5810.12 | 209 | 185.674 |
| Total | 13354 | 68418.4 | 10951 | 59996 | 3889 | 39767.47 | 1142 | 978.544 |
| | No of bags & containers | weight (Kg) | | | | | the state of the s | |
| Total for the Month | 29336 | 16916 | 0.414 | | | | | |
| | | | | | | | | |

SAMPATION OFFICER

A.I.I.M.S.

NEW DELHI-110029

HOSPITAL



STATE OF THE PARTY OF

Form-IV (See rule 13) Monthly Report

| Pai | rticulars | | | |
|--------------|--|-----------|---|--|
| Pa | rticulars of the Occupier | : | | |
| (i) | | : | Director AIIMS | |
| | (occupier or operator of facility) | | Prof M Srinivas | |
| (ii) | | : | All India Institute of Medical Sciences (AIIMS) | |
| (ii | i) Address for Correspondence | | AIIMS, Ansari Nagar, New Delhi-110029 | |
| 6.550 | v) Address of Facility | • | Same as above | |
| () | | | 26594800 | |
| <u> </u> | (vi) (V) E-mail ID | | Director.aiims@gmail.com | |
| <u> </u> | vii) URL of Website | : | Aiims.edu | |
| - | • | | Allinoicus | |
| , | viii) GPS coordinates of HCF of CBMWTF | | Autonomous Organization | |
| <u> </u> | ix) Ownership of HCF of CBMWTF | | Authorization No. DPCC/BMW/AUTH/NEW | |
| 10 | (x) Status of Authorization under the | 5050 | No/2017/03334 | |
| | Bio-Medical Waste (Management | | NO/2017/0000 ! | |
| 100 | and Handing) Rules. | Ø | Certificate No. 0-029036 | |
| | (xi) Status of Consents under Water Act | isterna e | Valid up to 23/02/2027 | |
| | And Air Act. Valid up to: | | Valid up to 25/2 / | |
| | Type of Health Care Facility | : | No. of Beds: 2486 | |
| _ | (i) Bedded Hospital | | N.A. | |
| 2500 | (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or | | | |
| | (Clinic or Blood Bank of Clinical Laboratory of | | | |
| | Research Institute or Veterinary Hospital or | 25-0 | | |
| - | any other) (iii) License number and its date of expiry. | | N.A. | |
| | · · | 6.00000 | N.A. | |
| - | Details if CBMWTF (i) Number healthcare facilities covered by | | N.A. | |
| | (i) Number healthcare facilities covered by CBMWTF | | | |
| | (ii) No. of beds covered by CBMWTF | i sala s | N.A. | |
| | (iii) Installed treatment and disposal capacity of CBMWTF | : | N.A. | |
| ļ. | (iv) Quantity of biomedical waste treated or disposal by CBMWTF | : | N.A. | |
| . | Quantity of waste generated or disposed in Kg per annum | | Yellow category: 68418.4 kg/Month | |
| | | | Red Category : 59996 Kg/Month | |
| | | | Blue Category : 39767.47 Kg/ Month | |
| | | | White : 978.544 Kg/ Month | |
| | Details of the Storage, treatment, transportation | n, proce | essing and Disposal Facility: Handled by CBMW | |
| · ¦ | (i) Details of the on-site storage facility | : | Size : (99×6.5×9)×2 | |
| | (i) Details of the owner. | | | |
| . - | | | | |
| - | | | Capacity: 250 Kg | |
| | | | Provision of on-site storage: (cold storage | |
| | | | or any other provision) | |

| | (ii) Disposal Fa | Т. | Type of treatment No Capacity Quantity |
|---|--|--------------|---|
| | cilities | 1: | Type of treatment No Capacity Country Equipment of Kg/day treated or units disposed |
| | | | NIL In Kg per Annum |
| | | | NIL In kg per Aman |
| | | | Incinerators |
| | | | Plasma Paralysis |
| | | | Autoclaves |
| | 그 없이 많아 아이들은 그리스를 되었다. | | Microwave |
| | | | Hydroclave |
| | | | Shredder Handled by |
| | | | Needle tip cutter or CBMWTF |
| | | | Destroyer Operator |
| | | | Sharps |
| | | | Encapsulation or |
| | | | Concrete pit |
| | | | Deep Burial pits: |
| | | | Chemical |
| | | 12.4 | Disinfection: |
| | | | 그렇게 하면 사람들 바로 사람들이 가는 사람들이 얼마나 되었다. |
| | | | Any other treatment |
| | (iii) Quantity of recyclable wastes sold to authorized | | Equipment: |
| | 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 FTP sludge | i and a give | Quantity Congreted A4/hamadian and |
| | generated and disposal during the treatment of | 100 | Quantity Generated Where disposal incineration NIL NII |
| | wastes in kg per annum) | | Incineration NIL NIL Ash |
| | | | ETP Sludge |
| | and the second s | | 하는 [4] 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 |
| | (vi) Name of the common Bio-Medical Waste | • | (STP) 3650 kg/p.a. used for complex horticultur One, Biotic Waste Solutions Private limited |
| | Treatment Facility Operator through which wastes | | one, blotic waste solutions Private limited |
| | are disposed of | | |
| | (vii) List of member HCF not handed over bio- | : | NIL |
| | medical waste. | - | NIL mg |
| | Do you have bio-medical waste management | : | Yes |
| | committee? If yes, attach minutes of the meetings | | Tes |
| | held during the reporting period. | | to additional emperational actions as |
| | Details trainings conducted on BMW | | |
| | (i) Number of training conducted on BMW | | None |
| | Management. | | Notice |
| | (ii) Number of personnel trained | | All concerned staff |
| | (iii) Number of personnel trained at the time of | Sept. | All concerned staff |
| | induction | | Concerned Staff |
| | (iv) Number of personnel not undergone any | Bearing | NIL |
| | training so far. | | INIL |
| | (v) Whether standard manual for | | Utilizing through postors wide of |
| | Training is available? | | Utilizing through posters, videos & power Point presentation. |
| | (vi) Any other information | | |
| _ | Details of the accident occurred during the month. | | NIL |
| | (i) Number of Accidents occurred | | NIL |
| | | | NIL |
| | (ii) Number of the persons affected | | NIL |
| | (iii) Remedial Action taken (please attach details | | |
| | If any) | | |
| | (iv) Any Fatality occurred details. | | NO |
| _ | Are you meeting the standards of air pollution from | | INO |

| | the incinerator? How many times in last year could not met the standards? | |
|-----|---|---|
| | 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. | If 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 01/01/2025 to 31/01/2025.

Name and Signature of the Head of the Institution

Date: 07-02-2025

Place: New Delhi