

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

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

Date: 05.05.2025

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

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 April, 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: 05.05.2025

То

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 25<sup>th</sup> April, 2017 regarding above mentioned subject.

Please find enclosed the report of Biomedical Waste Management for the month of April, 2025 duly signed by the Medical Superintendent on behalf of the Director AIIMS, New Delhi.

**Kind regards** 

Nodal Officer Biomedical Waste Management AIIMS, New Delhi

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No. P-18012/12/2016 Environment - Government of India Ministry of Hepith & Family Welfare Directorate Ganaral of Health Services (Environment & Climate Change Cell)

> Niman Bhawan, New Delhi Dated // April, 2017

(As per list atlached)

Subject:-Submission of Mentilly Report of Bio-Medical Waste Management (MWW)-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 mentigement. 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, required to furnish monthly report on blo-medical waste management in prescribed Proforma (enclosed) by first week of every month regularly.

> Yours faithfully, Man

Encl. As above.

(Dr. Chhavi Pant Joshi) Deputy Assistant Director General

| ate: Yellow             |  | Red  | Red Bags  |  | Blue Bags   |   | White<br>Containers  |  |
|-------------------------|--|--|---|--|---|---|--|--|
| Ne off                  |  |  | Weight.   | No of<br>Backs   |   | No of   | Waight<br>(Kej)  |  |
| 6628                    | 33505  | 6382   | 40473   | 2764   | 27701   | 661   | 546.98   |  |
| 2873                    | 11751  | 2530   | 12950   | 749  | 7290  | 222   | 219.9  |  |
| 2615                    | 13080  | 1801   | 8080  | 727  | 5706  | 165   | 173.47   |  |
| 12116                   | 58336  | 10713  | 61503   | 4240   | 40697   | 1048  | 940.35   |  |
| No of bags & containers | weight<br>(Kg)   |  |   |  |   |   |  |  |
| 28117                   | 16147  | 76.35  |   |  |   |   |  |  |
|                         |  |  |   |  |   |   |  |  |
|                         | No of<br>Bags<br>6628<br>2873<br>2615<br>12116<br>No of bags &<br>containers | Bags         (Kg)           6628         33505           2873         11751           2615         13080           12116         58336           No of bags & containers         weight (Kg) | No of Bags         Weight (Kg)         No of Bags           6628         33505         6382           2873         11751         2530           2615         13080         1801           12116         58336         10713           No of bags & weight containers         (Kg)         1 | No of<br>Bags         Weight<br>(Kg)         No of<br>Bags         Weight<br>(Kg)           6628         33505         6382         40473           2873         11751         2530         12950           2615         13080         1801         8080           1         12116         58336         10713         61503           No of bags &<br>containers         weight<br>(Kg)         I         I         I | No of<br>Bags         Weight<br>(Kg)         No of<br>Bags         Weight<br>(Kg)         No of<br>Bags         Weight<br>(Kg)         No of<br>Bags           6628         33505         6382         40473         2764           2873         11751         2530         12950         749           2615         13080         1801         8080         727           1         1         10713         61503         4240           No of bags &<br>containers         weight<br>(Kg)         I         I         I | No of<br>Bags         Weight<br>(Kg)         No of<br>Bags         Weight<br>(Kg)         No of<br>Bags         Weight<br>(Kg)           6628         33505         6382         40473         2764         27701           2873         11751         2530         12950         749         7290           2615         13080         1801         8080         727         5706           12116         58336         10713         61503         4240         40697           No of bags &<br>containers         weight<br>(Kg)         I         I         I         I | Yellow Bags         Red Bags         Blue Bags         Conta           No of         Weight         No of         Weight         No of         Bags         No of         Box         Box |  |

GPALIT 515/25

SANITATION OFFICER A.I.I.M.S. NEW CSLHI-110029 HOSPITAL

## Form-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)<br>(ii) Name of HCF of CBMWTF  |   | Prof. M. Srinivas<br>All India Institute of Medical Sciences (AIIMS)   |
|       |   | :   |  |
|       |   | :   | 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  | :   | Aiims.edu  |
|       | (viii) GPS coordinates of HCF of CBMWTF   | :   |  |
|       | (ix) Ownership of HCF of CBMWTF   | <ul> <li>••••••••••••••••••••••••••••••••••••</li></ul> | Autonomous Organization  |
|       | (x) Status of Authorization under the<br>Bio-Medical Waste (Management<br>and Handing ) Rules.  | :   | Authorization No. DPCC/BMW/AUTH/NEW<br>No/2017/03334   |
|       | (xi) Status of Consents under Water Act<br>And Air Act. Valid up to:  | ng dug<br>Ng dug ga                                     | Certificate No. 0-029036<br>Valid up to 23/02/2027   |
| 2.    | Type of Health Care Facility  | :   |  |
| and a | (i) Bedded Hospital   | :   | No. of Beds: 2486  |
| 221   | (ii) Non-Bedded Hospital<br>(Clinic or Blood Bank or Clinical Laboratory or<br>Research Institute or Veterinary Hospital or<br>any other) | sw riad<br>sw riad                                      |  |
|       | (iii) License number and its date of expiry.  | :   | N.A.   |
| 3.    | Details if CBMWTF   | C. Agreen ser   | N.A  |
|       | (i) Number healthcare facilities covered by CBMWTF  |   | bones grutes in N.A.   |
|       | (ii) No. of beds covered by CBMWTF  | 14  | N.A.   |
|       | (iii) Installed treatment and disposal capacity of CBMWTF   | :   | N.A.   |
|       | (iv) Quantity of biomedical waste treated or<br>disposal by CBMWTF  |   | N.A.   |
| 4.    | Quantity of waste generated or disposed in Kg<br>per annum  | Dalaria.  | Yellow category : 58336 kg/MonthRed Category : 61503 Kg/MonthBlue Category : 40697 Kg/ MonthWhite : 940.35 Kg/ Month |
| 5.    | Details of the Storage treatment transportation   |   | ssing and Disposal Facility : Handled by CBMWTF  |
| 5.    | (i) Details of the on-site storage facility   | Size : (99×6.5×9)×2                                     |  |
|       |   | 1 1 1 1   | Capacity : 250 Kg  |
|       |   |   | Provision of on-site storage : (cold storage<br>or any other provision)  |

|    | (ii) Disposal Facilities   | 1:                | Type of treatment No Capacity Quantity<br>Equipment of Kg/day treated or units dispo |
|----|--|-------------------|--|
|    | ,  |                   | Equipment of Kg/day treated of units dispe   |
|    |  |                   | NIL In Kg per Annum  |
|    | 11 - Children An   |                   | Incinerators   |
|    | A state of the sta |                   | Plasma Paralysis   |
|    | The second s   |                   | Autoclaves   |
|    |  |                   | Microwave  |
|    |  |                   | Hydroclave   |
|    |  | 1.11              | Shredder Handled by  |
|    | and same li  |                   | Needle tip cutter or CBMWTF  |
|    | The second second second   |                   | Destroyer Operator   |
|    | a second se   |                   | Sharps   |
|    | Contrast is an account of an and an and an and an  | 1.5402            | Encapsulation or   |
| 6  | Regel reported for the transfer of the second second second  | The second second | Concrete pit   |
|    | and the state of the   |                   | Deep Burial pits:  |
|    | 0081 444   |                   | Chemical   |
|    | mo benefate and the  |                   | Disinfection:  |
|    | intervention in the  | _                 | Any other treatment  |
|    |  | 140,81            | Equipment:   |
|    | (iii) Quantity of recyclable wastes sold to authorized   | :                 | Red Category (like plastic, glass etc.)  |
|    | recyclers after treatment in kg per annum.   | 34                | Handled by CBMWTF operator   |
|    | (iv) No of vehicles used for collection and  | : 2.0             | 3 Vehicles   |
|    | transportation of biomedical waste.  |                   | 14/have dispose  |
|    | (v) Details of incineration ash and ETP sludge   | 四体                | Quantity Generated Where dispose   |
|    | generated and disposal during the treatment of   |                   | memeration me  |
|    | wastes in kg per annum)  | Acres 1           | Ash  |
|    |  |                   | ETP Sludge<br>(STP) 3650 kg/p.a. used for complex horticultu                         |
|    | d set reside se  | she               | One, Biotic Waste Solutions Private limited  |
|    | (vi) Name of the common Bio-Medical Waste  | i<br>or to sat    | One, Biolic Waste Solutions Private minted   |
|    | Treatment Facility Operator through which wastes   | to the second     | Science lastingle an American  |
|    | are disposed of<br>(vii) List of member HCF not handed over bio-   | :                 | NIL  |
|    |  | •                 | a stale at her mathematica and the   |
| -  | medical waste.<br>Do you have bio-medical waste management   |                   | Yes  |
| 6. | committee? If yes, attach minutes of the meetings  | •                 |  |
|    | held during the reporting period.  | 0.5 199 20        | Section 200 March 10 March 200   |
| 7  | Details trainings conducted on BMW   |                   |  |
| 7. |  |                   | None   |
|    | (i) Number of training conducted on BMW<br>Management.   |                   | nguin tors insent on teach and   |
|    | (ii) Number of personnel trained   |                   | All concerned staff  |
|    | (iii) Number of personnel trained at the time of   | 1.2.3%。在1         | All concerned staff  |
|    | induction  |                   | THE WAR THE BALL THE   |
|    | (iv) Number of personnel not undergone any   | 1 03200           | NIL  |
|    | training so far.   |                   | Containe 190   |
|    | (v) Whether standard manual for  |                   | Utilizing through posters, videos & power Poin                                       |
|    | Training is available?   |                   | presentation.  |
|    | (vi) Any other information   |                   | NIL  |
| 8. | Details of the accident occurred during the month.   |                   | NIL  |
| 0. | (i) Number of Accidents occurred   |                   | NIL  |
|    | (ii) Number of the persons affected  |                   | NIL  |
|    | (iii) Remedial Action taken (please attach details   |                   |  |
|    | lf any)  |                   |  |
|    | (iv) Any Fatality occurred details.  |                   | NO   |
|    | (iv) Any rucuncy occurred accuns.  |                   | NO   |

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|     | 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<br>the log 4 standards? How many times you have not<br>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 01/04/2025 to 30/04/2025.

Name and Signature of the Head of the Institution

Date: 05-05-2025

Place: New Delhi