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 //April, 2017

र्व. जाहित्स ती./E-OFFIC

विनांवा/04150;.

(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.

Encl. As above

Yours faithfully

(Dr. Chhavi Pant Joshi Deputy Assistant Director Genera

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

F. No. 33/BMW/2018-Estt. (H)

Dated: 14/06/18

To

The 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

Dear Sir/ Madam,

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

Please find enclosed the report of Biomedical Waste Management for the month of May, 2018 duly signed by the Medical Superintendent on behalf of the Director, AIIMS, New Delhi.

Kind regards

Nodal Officer

Biomedical Waste Management

AIIMS, AIIMS

SI.No	Particulars		
	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	:	AllMS, 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-	:	Authorization No DPCC/BMW/AUTH/NEW
	Medical Waste (Management and		NO/2017/03334
•	Handing) Rules.	400000000000000000000000000000000000000	
	(XI)Status of Consents under Water Act	: •	Certificate No. 0-029036
	and Air Act. Valid up to:		Valid up to 09/03/2022
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 2412
	(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	:	N.A.
	1 \ /		L. A.
3.	expiry. Details if CBMWTF		
3.			N.A.
	(i) Number healthcare facilities covered		N.A.
	by CBMWTF		N.A.
	(ii) No. of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal	:	N.A.
	capacity of CBMWTF		N A
	(iv) Quantity of biomedical waste treated	:	N.A.
	or disposal by CBMWTF	,i	0.4.050L-(
4.	Quantity of waste generated or disposed	1:	Yellow category: 24,650kg/month
	in Kg per annum (on monthly average	10000	Red Category:23,300kg/month
	basis)		
			White: 493 kg/month
			Blue Category:27,716 kg/month
			General Solid waste 210000 kg/month
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility: Handled b		
0.	CBMWTF	4-	
	(i) Details of the on-site storage facility	1	Size : (99X6.5X9)X2
	(1)		Capacity: 250 KG
			Provision of on-site storage : (cold storage or a
			other provision)
		+.	Type of treatment No Capacity Quantity
	(ii) Disposal Facilities		Equipment of Kg/day treated or
			Units disposed
		1	In Kg per

			Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave
			Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	equipment: 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 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.		126
	(ii) Number of personnel trained		9141
	(iii) Number of personnel trained at the time of induction		2100
	(iv) Number of personnel not undergone any training so far.		1859
	(v) Whether standard manual for training is available?	N -	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	Y	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

01/05/2018 to 31/05/2018

Name and Signature of the Head of the Institution

Place: N. Delh:

Date: 14 06 (18

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