

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

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

Dated: 11.12.2018

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

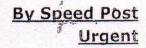
References letter no P-18012/12/2016-Environment dated 11.04.2017 from DGHS, MoHFW, GOI on the subject cited above (Flag 'A').

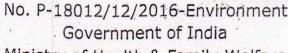
In this regard, the monthly report for the month of November, 2018 in the prescribed format is placed below at Flag 'B'.

Submitted for kind perusal & signature please.

Nodal Officer, Biomedical Waste Management

Medical Superintendent, AIIMS





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

Nirman Bhawan, New Delhi Dated // 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 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 General

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

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

Dated: 11/12/2018

To,

The Deputy Assistant Director General Directorate General of Health Services Ministry of Health & Family Welfare Government of India

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 11th April, 2017 regarding above mentioned subject.

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

Kind regards

Nodal-officer

Biomedical Waste Management

AIIMS, New Delhi

From -IV (See rule 13) Monthly Report

	Particulars		
1,	Particulars of the Occupier		
	(m) Name of the authorized person		
	(Occupier or operator of authorized person		Director AIIMS
	(ii) Name of HOT		Prof. Randeep Guleria
	(ii) Name of HCF or CBMWTF		All India Institute of Medical Sciences (AIIMS)
	(iii) Address for Correspondence	1 2 2 2	AIIMS Appari Nagar Na D Histories (AIIMS)
	(IV)Address of Facility		AllMS, Ansari Nagar, New Delhi-110029 Same as above
	(v)Tel. No. Fax. No.		26594800
	(VI) E-mail ID		
	(VII)URL of Website	:	director.aiims@gmail.com
	(VIII)GPS coordinates of HCF of CBMWTF		aiims.edu
	(IX)Ownership of HCF of CBMWTF		
	(A) Status of Authorization under the Di		Autonomous Organization
	Handing) Rules. (Management and		Authorization No DPCC/BMW/AUTH/NEV
	(XI)Status of Consents under Water Act		Contification
2.	and All Act. Valid up to:		Certificate No. 0-029036
۷.	Type of Health Care Facility		Valid up to 09/03/2022
	(XIII) Bedded Hospital	:	
	(XIV) Non-Bedded Hospital	1	No. of Beds: 2412
	(Clinic or Blood Bank or Clinical		N.A.
	Veterinary Hospital or any other)		
	(XV) License number and its date of	:	
3.	expiry. Details if CBMWTF		N.A.
	THE IT CENTIVALE		
	(xxix) Number healthcare facilities		
	covered by CBMWTF		N.A.
	(xxx) No. of beds covered by CRANA		N.A.
	(xxx) No. of beds covered by CBMWTF (xxxi) Installed treatment and disposal		NA
	capacity of CBMWTF	THE SE	N.A.
J. 10 T.	(XXXII) Quantity (N.A.
V _e n 1	(xxxii) Quantity of biomedical waste :		
			N.A.
	Samility of Marie Genorated		Volley
r i	in Kg per annum (on monthly average basis)		Yellow category: 36,962kg/month
			Red Category:45,432kg/month
Sun			White: 615kg/month
			Blue Category 25 490 L
	Details of the O		Blue Category:35,488 kg/month
	CBMWTE Storage , treatment, trans	sportation	General Solid waste 210000 kg/month processing and Disposal Facility: Handled by
	(V) Details of the	,	processing and Disposal Facility: Handled by
	(v) Details of the on-site storage facility :		Size : (99X6.5X9)X2
			(-0.10.0/10)/12
		1	Capacity: 250 KG
	ii) Dia		Provision of on-site storage : (cold storage or any other provision)
(ii) Disposal Facilities		
		E	ype of treatment No Capacity Quantity quipment of Kg/day treated or Units disposed

			Annum
			Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter c destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatme
g	(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.	ji e	3 Vehicles
	(xxxiii) 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
	(xxxiv) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	One, Biotic Waste Solutions Private limited
	(xxxv) 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	i	No
	Detail trainings conducted on BMW		
	(xxv) Number of training conducted on BMW Management.		126
	(xxvi) Number of personnel trained		9141
	(xxvii) Number of personnel trained at the time of induction		2100
	(xxviii)Number of personnel not undergone any training so far.		1859
	(xxix) Whether standard manual for training is available?		Utilizing through posters, videos & power poin presentation.
	(xxx) Any other information)		Nil
	Details of the accident occurred during the year		Nil

	(xvii) Number of Accidents occurred	Nil
	(xviii) Number of the persons affected	
	(xix) Remedial Action taken (Please	Nil
-	attach details if any)	NA
	(xx) Any Fatality occurred, details.	NO
9.	Are you meeting the standards of air	NO
	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 treat	
	have not met the standards in a year	0.75
11.	it the disinfection method or storilization	STP
	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 01/11/2018 to 30/11/2018

Name and Signature of the Head of the Institution

Date:

Place: