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

F.No.33/BMW/2021-Estt. (H)

Dated: - 05/04/2021

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 11th April, 2017 regarding above mentioned subject.

Please find enclosed the report of Biomedical Waste Management for the month of March, 2021 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

एक्काम असुकारा/श.भा.आ.सं. GENERAL SECTIONALLIMIS \$. white vi./E-OFFICE Perias/DATED

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

Nirman Bhawan, New Delhi Dated 13 April, 2017

To,

(As per list attached)

Subject:-Submission of Annual Report of Bio-Medical Waste Management (BMW) for the year 2016-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 annual/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 &

You are, therefore, requested to furnish annual report on biomedical waste management in prescribed Proforma (enclosed) for the year 2016 on or before 30th June, 2017.

Encl. As above.

2 0 APR 2017

Yours faithfully,

(Dr. Chhavi Pant Joshi) Deputy Assistant Director General

Tel:- 23061936

E-mail:-drchhavipant@gmail.com

From-IV (See rule 13) Monthly Report

| | D. A. C. | IVIOII | itnly Report |
|----|---|---------|---|
| + | Particulars | | |
| - | Particulars of the Occupier | | |
| | (i) Name of the authorized person | 1 | |
| | (occupier or operator of facility) | | Director AIIMS |
| - | (ii) Name of HCF or CBMWTF | | Prof. Randeep Guleria |
| | (iii) Address for Common F | | All India Institute of the |
| | (iii) Address for Correspondence | | All India Institute of Medical Sciences (AIIMS) AIIMS, Ansari Nagar, New D. Heiner |
| | (iv) Address of Facility (v) Tel No Fax No | | |
| | | | - Jame as above |
| | (vi) (V) E-mail ID | | 26594800 |
| 1. | (vii) URL of Website | | Director.aiims@gmail.com |
| | (viii) GPS coordinates of HCF of | • | Aims.edu |
| | CDIVIVVIE | | |
| | (ix) Ownership of HCF of CBMWTF | | |
| | (x) Status of Authorization under the | | Autonomous Organization |
| | Bio-Medical Wasts (M | | Authorization No. DPCC/BMW//ALTH/NET |
| | Bio-Medical Waste (Management and Handing) Rules. | | NO/2017/03334 DPCC/BMW/AUTH/NEV |
| | (xi) Status of Commission | | |
| | (xi) Status of Consents under Water | | Certificate No. 0-029036 |
| 2. | Act and Air Act. Valid up to: | | Valid up to 00/00/2006 |
| | ·) po of fleatill Care Facility | | Valid up to 09/03/2022 |
| | (i) Bedded Hospital | | No. of D. J. |
| | (ii) Non-Bedded Hospital | | No. of Beds: 2412 |
| | (Clinic or Blood Bank or Clinic) | | N.A. |
| | Laboratory of Research Institut | | |
| | Total y mospital or any other | | |
| | (iii) License number and its date of : | | |
| | expiry. | | N.A. |
| 3. | Details if CBMWTF | | |
| | (i) Number to the | | N.A. |
| | covered by CBMWTF | | N.A. |
| | (ii) No of bada assessed to | | N.A. |
| | (ii) No. of beds covered by CBMWTF | | NA |
| | (iii) Installed treatment and disposal : | | N.A. |
| | Capacity of C.Bi///// L | | N.A. |
| | (iv) Quantity of biomedical waste : | | |
| | TI COLCU OI (IISDOS 21 DV CDAMA/TE | | N.A. |
| | waste deported | | Volley |
| | disposed in kg her appum | | Yellow category: 35568 kg/month |
| | monthly average basis) | | Red Category: 43491 kg/month |
| | | | IAM: |
| | | | Di Sos.4 kg/month |
| | Details of the Co | | General Solid worth |
| | CRAMATE Storage , treatment, transport | ortatio | General Solid waste: 2,10,000 kg/month |
| | (i) Detail | | General Solid waste: 2,10,000 kg/month on, processing and Disposal Facility: Handled by |
| | of the on-site storage | | |
| | facility storage . | | Size : (99X6.5X9)X2 |
| | | | |
| | | | |
| | | 9.10 | |
| | | | Capacity: 250 L |
| | | | Capacity: 250 kg |
| | | | Provision of on-site storage : (cold storage or any other provision) |
| | | | any other provision) |

| (ii) Disposal Facilities | |
|---|--|
| Town domines | Type of treatment No Capacity Quantity Equipment of Kg/day treated or U disposed NIL In Kg per Annum 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 | Any other treatment equipment: |
| dullionzed recyclore | Red Category (like plastic, glass etc.) |
| treatment in kg per annum | Handled by CBMWTF operator |
| (IV) No of vehicles used for collection | |
| and transportation of biomedical waste. | 3 Vehicles |
| (v) Details of incineration ash 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 | Horacaltale |
| 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 |
| Do you have bio-medical wast | |
| attach minutes of the meetings held during the reporting period | Yes |
| Detail trainings conducted on BMW | |
| (i) Number of training conducted | |
| Of Divivy Management | 126 |
| (II) Number of personnel trained | 0444 |
| (iii) Number of personnel trained at the time of induction | 9141 |
| (IV) Number of | 2100 |
| undergone any training so for | 1859 |
| (v) Whether standard manual for | Utilizing through posters, videos & power point |

| | training is available? | |
|----|--|---|
| | (vi) Any other information) | presentation. |
| 8. | Details of the accident accurred | NIL |
| | during the year (i) Number of Accidents occurred | NIL |
| | (ii) Number of the persons affected | NIL |
| | (iii) Remedial Action taken (Please | NIL |
| | (iv) Any Fatality occurred, details. | NA |
|). | Are you meeting the standards to | NO |
| | many times in last year could not met the standards? | N.A. |
| | Details of Continuous online emission monitoring systems installed | N.A. |
| 0. | Liquid Waste generated and trans | |
| | methods in place. How many times you have not met the standards in a year. | STP |
| 1. | 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. |
| | Any other relevant information | |
| | The state of the s | (Air Pollution Control Device attached with the incinerator.) |

Certified that the above report is for the period from 01/02/2021 to 28/02/2021

Name and Signature of the Head of the Institution

Date: 5/4/41

Place: New Delhi