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

F. No. 33/BMW/2019-Estt.(H)

Dated: $\frac{17}{98}/05/2019$

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 April, 2019** duly signed by the Medical Superintendent on behalf of the Director, AIIMS, New Delhi.

Kind regards

Biomedical Waste Management

AIIMS, New Delhi

No. P-18012/12/2016-Environment Government of India Ministry of Health & Family Welfare Directorate General of Health Services (Environment & Climate Change Cell) विनांबां/DATED... Nirman Bhawan, New Delhi Dated //April, 2017 क्तायालय, अ (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. You are, therefore, requested to furnish monthly report on bio-medical waste management in prescribed Proforma (enclosed) by first week of every month regularly. Yours faithfully, Encl. As above. (Dr. Chhavi Pant Joshi) Deputy Assistant Director General

From -IV (See rule 13) Monthly Report

S.No	Particulars	N#				
1.	Particulars of the Occupier					
	(s) 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			AIIMS, 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- Medical Waste (Management and Handing) Rules.	:		Authorization No DPCC/BMW/AUTH/NEW NO/2017/03334		
	(XI)Status of Consents under Water Act and Air Act. Valid up to:			Certificate No. 0-029036 Valid up to 09/03/2022		
2.	Type of Health Care Facility	:				
	(xxxi) Bedded Hospital	:		No. of Beds: 2412		
	(xxxii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)			N.A.		
	(xxxiii) License number and its date of expiry.	:		N.A.		
3.	Details if CBMWTF	:				
	(lxxi)Number healthcare facilities covered by CBMWTF	i		N.A.		
	(Ixxii) No. of beds covered by CBMWTF	:	- 116	N.A.		
	(lxxiii) Installed treatment and disposal capacity of CBMWTF			N.A.		
	(lxxiv) Quantity of biomedical waste treated or disposal by CBMWTF			N.A.		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average			Yellow category: 38,749kg/month		
	basis)			Red Category:44,675kg/month		
				White: 687kg/month		
				Blue Category:37,147 kg/month		
				General Solid waste 2,10,000 kg/month		
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility: Handled by CBMWTF					
	(xi) Details of the on-site storage facility			Size : (99X6.5X9)X2		
				Capacity: 250 KG		
				Provision of on-site storage : (cold storage or an other provision)		
	(ii) Disposal Facilities			Type of treatment No Capacity Quantity Equipment of Kg/day treated or Unit 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 treatmer equipment:
	(iii) Quantity of recyclable wastes sold to authorized 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
	(Ixxv) 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
	(Ixxvi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	•	One, Biotic Waste Solutions Private limited
	(lxxvii)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.		Yes
7.	Detail trainings conducted on BMW		126
	(Ixi) Number of training conducted on BMW Management.		
	(Ixii) Number of personnel trained		9141
	(lxiii) Number of personnel trained at the time of induction		2100
	(lxiv) Number of personnel not undergone any training so far.		1859
	(lxv) Whether standard manual for training is available?		Utilizing through posters, videos & power point presentation.
	(Ixvi) Any other information)		Nil
8.	Details of the accident occurred during the year		Nil
	(xli) Number of Accidents occurred		Nil

	(xlii) Number of the persons affected	Nil
	(xliii) Remedial Action taken (Please attach details if any)	NA
	(xliv) 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

01/04/2019 to 30/04/2019

Date: 175/19
Place: New Delli.

Name and Signature of the Head of the Institution