

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

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

Dated: 02/04/2024

Subject: Submission of monthly Report for the month of February, 2024 of Bio Medical Waste Management (BMW) at AHMS, 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 March, 2024 in the prescribed format is placed below at flag 'B'.

Submitted for kind perusal & signature please.

Dr. Abdul Hakim Choudhary Nodal officer

Biomedical Waste Management

Medical Superintendent, AIIMS

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

F. No. 33/BMW/2022-Estt. (H)

Dated 02.04.2024

To

Deputy Assistant Director General Directorate General of Health Services Ministry of Health & Family Welfare Environment & Climate Change Cell Government of India

Sub: 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 March, 2024 duly signed by the Medical Superintendent on behalf of the Director, AIIMS, New Delhi.

Kind regards

Biomedical Waste Management

AIIMS, New Delhi

By Speed Post Urgent

No. P-18012/12/2016-Environment

Government of India

Government of India

Ministry of Health & Family Welfare

Directorate General of Health Services

(Environment & Climate Change Cell)

Nirman Bhawan, New Delni Dated [PApril, 201]

2 0 APR 2017 APR 2017

(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 ever number dated 31 May, 2016 on the above subject wherein you have been requested to furnish the monthly report obio-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 blowmedical waste management in prescribed Proforms (enclosed) by first week of every month regularly.

Yours faithfully.

Enci. As above.

(Dr. Chhavi Pant Joshi) Deputy Assistant Director General

DIVAMS TO 14

| BIOMEDICAL WASTE REPORT MARCH, 2024                             |                               |                |               |                |               |                               |                  |                |  |
|---|-------------------------------|----------------|---------------|----------------|---------------|-------------------------------|------------------|----------------|--|
| Date:   |                               |                | Red Bags      |                | Blue Bags     |                               | White Containers |                |  |
| 01.03.24 to 31.03.24  | No of<br>Bags                 | Weight<br>(Kg) | No of<br>Bags | Weight<br>(Kg) | No of<br>Bags |                               | No of<br>Box     | Weight<br>(Kg) |  |
| Main Buidling   | 2924                          | 19021          | 2955          | 20857          | 1198          | 14976                         | 126              | 123.1          |  |
| CN Centre   | 1669                          | 8128           | 1834          | 13426          | 979           | 8620                          | 88               | 81.4           |  |
| IRCH  | 1036                          | 3702           | 816           | 2504           | 387           | 4165                          | 86               | 82.3           |  |
| RP Centre   | 286                           | 649            | 329           | 1413           | 123           | 654                           | 30               | 26.4           |  |
| PC Teaching   | 261                           | 628            | 263           | 1346           | 28            | 121                           | 6                | 6.2            |  |
| RAK/OPD   | 476                           | 1846           | 569           | 2991           | 29            | 245                           | 32               | 34.6           |  |
| CDER  | 193                           | 338            | 168           | 481            | 49            | 256                           | 12               | 11.1           |  |
| Animal House  | 394                           | 2597           | 31            | 143            | 0             | 0                             | 0                | 0              |  |
| MCH Block   | 1289                          | 5709           | 1120          | 4809           | 556           | 4520                          | 121              | 122.1          |  |
| Surgery Block   | 1170                          | 4198           | 1187          | 5014           | 277           | 1947                          | 53               | 79.4           |  |
| Convergence Block   | 71                            | 236            | 73            | 212            | 0             | 0                             | 0                | 0              |  |
| NCA   | 398                           | 1562           | 275           | 1046           | 84            | 833                           | 28               | 29.1           |  |
| BPS Block   | 1003                          | 3216           | 658           | 2354           | 147           | 1303                          | 73               | 65.4           |  |
| JPNA Trauma Centre  | 3021                          | 13287          | 2034          | 9102           | 477           | 5121                          | 129              | 120.3          |  |
| Total   | 14191                         | 65117          | 12312         | 65698          | 4334          | 42761                         | 784              | 781.4          |  |
|   | No of bags<br>&<br>containers | weight<br>(Kg) |               |                |               |                               |                  |                |  |
| Total for the month   | 31621                         | 174            | 357.4         |                |               |                               |                  |                |  |
| TOTAL DAT   | A FOR THE                     | MONTH OF       |               |                |               |                               |                  |                |  |
| Date:   |                               | / Bags         |               | Bags<br>Weight | Blue Bag      |                               | White Co         |                |  |
| 01.03.24 to 31.03.24  | No of<br>Bags                 | Weight<br>(Kg) | No of<br>Bags | (Kg)           | Bags          | (Kg)                          | No of Box        | (Kg)           |  |
| AIIMS   | 0                             | 0              | 0             | 0              | 0             | 0                             | 0                | 0              |  |
| TOTAL DATA FOR THE MONTH OF MARCH, 2024 NON COVID & COVID WASTE |                               |                |               |                |               |                               |                  | TE             |  |
| Date:   |                               | Yellow Bags    |               | Red Bags       |               | Blue Bags                     |                  | White          |  |
| 01.03. 2024 to  | No of                         | Weight         | No of         | Weight         | No of         | Weight                        | No of            | Weight         |  |
| 31.03.2024  | Bags                          | (Kg)           | Bags          | (Kg)           | Bags          | (Kg)<br>42761                 | Bags             | (Kg)           |  |
| Non covid   | 14191<br>0                    | 65117<br>0     | 12312         | 65698<br>0     | 4334          | 0                             | 784<br>0         | 781.4<br>0     |  |
| Covid<br>Total  | 14191                         | 65117          | 12312         | 65698          | 4334          | 42761                         | 784              | 781.4          |  |
|   |                               | 03117          | 12312         | 05050          |               | 12,01                         | 7.04             | 701.4          |  |
| Bion Wife Soldions Pvt. Ltd Verified By                         |                               |                |               |                |               |                               |                  |                |  |
| 30 12   |                               |                |               |                |               | Sanitation                    | Officer (H)      |                |  |
| I'M DENNIA  |                               |                |               |                |               | (4)                           | 100              |                |  |
| Mar X   |                               |                |               |                |               | $\langle \mathcal{M} \rangle$ | "CO"             |                |  |

SANITATION OFFICER

A.I.I.M.S.

NEW DELHI-110029

HOSPITAL

## From-IV (See rule 13) Monthly Report

|    | Particulars                                 |             |  |  |  |
|----|---|-------------|--|--|--|
| l. | Particulars of the Occupier                 | :           |  |  |  |
|    | (i) Name of the authorized person           | :           | Director AIIMS                                     |  |  |
|    | (occupier or operator of facility)          |             | Prof. M. Srinivas                                  |  |  |
|    | (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   |  |  |
|    |   | •           | Director.aiims@gmail.com                           |  |  |
|    | (vi) (V) E-mail ID (vii) URL of Website     | •           | Aiims.edu  |  |  |
|    |   |             | Allinston  |  |  |
|    | (viii) GPS coordinates of HCF of CBMWTF     |             | Autonomous Organization                            |  |  |
|    | (ix) Ownership of HCF of CBMWTF             |             | Authorization No. DPCC/BMW/AUTH/                   |  |  |
|    | (x) Status of Authorization under the       | :           |  |  |  |
|    | Bio-Medical Waste (Management               |             | NEW NO/2017/03334                                  |  |  |
|    | and Handing) Rules.                         |             | Certificate No. 0-029036                           |  |  |
|    | (xi) Status of Consents under Water Act     | :           |  |  |  |
|    | and Air Act. Valid up to:                   |             | Valid up to 23/02/2027                             |  |  |
| 2  | Type of Health Care Facility                | 1           | A. (D. d. 2406                                     |  |  |
|    | (i) Bedded Hospital                         | :           | No. of Beds: 2486                                  |  |  |
|    | (ii) Non-Bedded Hospital                    | :           | N.A.   |  |  |
|    | (Clinic or Blood Bank or Clinical           | 1           |  |  |  |
|    | Laboratory or Research Institute or         |             |  |  |  |
|    | Veterinary Hospital or any other)           |             | NI A   |  |  |
|    | (iii) License number and its date of        | :           | N.A.   |  |  |
|    | expiry.                                     | -           | N A  |  |  |
| 3. | Details if CBMWTF                           | :           | N.A.   |  |  |
|    | (i) Number healthcare facilities covered    | :           | N.A.   |  |  |
|    | by CBMWTF                                   |             | N.A.   |  |  |
|    | (ii) No. of beds covered by CBMWTF          | :           | N.A.   |  |  |
|    | (iii) Installed treatment and disposal      | :           | N A.   |  |  |
|    | capacity of CBMWTF                          |             | N.A.   |  |  |
|    | (iv) Quantity of biomedical waste           |             | N.A.   |  |  |
|    | treated or disposal by CBMWTF               |             | 25117 11 11 11 11 11 11 11 11 11 11 11 11          |  |  |
| 4. | Quantity of waste generated or disposed     | :           | Yellow category: 65117 Kg / Month                  |  |  |
|    | in Kg per annum                             |             | Red Category: 65698 Kg / Month                     |  |  |
|    |   |             | Blue Category: 42761 Kg / Month                    |  |  |
|    |   |             | White: 781.4 Kg / Month                            |  |  |
|    |   |             | General Solid waste: 216800 kg/ Month              |  |  |
|    | Details of the Storage , treatment, transpo | ortation, p | rocessing and Disposal Facility: Handled by CBMWTF |  |  |
| 5. | (i) Details of the on-site storage facility | :           | Size : (99X6.5X9)X2                                |  |  |
|    | (I) Details of the on site starts           |             |  |  |  |
|    |   |             |  |  |  |
|    |   |             |  |  |  |
|    |   |             | Canacity: 250 kg                                   |  |  |
|    |   |             | Capacity: 250 kg                                   |  |  |
|    |   |             | Provision of on-site storage : (cold storage or an |  |  |
|    |   |             | other provision)                                   |  |  |

| T  | (ii) Disposal Facilities   |     | Type of treatment No Capacity Quantity            |  |  |
|----|--|-----|---|--|--|
|    | (ii) dispose is  |     | Equipment of kg/day treater                       |  |  |
|    |  |     | disposed  |  |  |
|    |  |     | NIL In Kg per Annum                               |  |  |
|    |  |     | Incinerators                                      |  |  |
|    |  |     | Plasma Paralysis                                  |  |  |
|    |  |     | Autoclaves  |  |  |
|    |  |     | Microwave   |  |  |
|    |  |     | Hydroclave  |  |  |
|    | 1  |     | Shredder  |  |  |
|    |  |     | Needle tip cutter or                              |  |  |
|    |  |     | Destroyer Handled by                              |  |  |
|    |  |     | Sharps CBMWTF Operator                            |  |  |
|    |  |     | encapsulation or                                  |  |  |
|    |  |     |   |  |  |
|    |  |     | concrete pit                                      |  |  |
|    |  |     | Deep Burial pits:                                 |  |  |
|    |  |     | Chemical  |  |  |
|    |  |     | disinfection:                                     |  |  |
|    |  |     | Any other treatment                               |  |  |
|    |  |     | equipment:  |  |  |
|    | (iii) Quantity of recyclable wastes sold to  | :   | Red Category (like plastic, glass etc.)           |  |  |
|    | authorized recyclers after treatment   |     | Handled by CBMWTF operator                        |  |  |
|    | in kg per annum.   |     |   |  |  |
|    |  | ;   | 3 Vehicles  |  |  |
|    | transportation of biomedical waste.  |     |   |  |  |
|    | (Total Sports to the Sports to |     |   |  |  |
|    | (v) Details of incineration ash and ETP  |     | Quantity Generated Where disposal                 |  |  |
|    | sludge generated and disposal  |     | Incineration NIL NIL                              |  |  |
|    | during the treatment of wastes in  |     | Ash   |  |  |
|    | Kg per annum)  |     | ETP Sludge  |  |  |
|    | kg per amiding   |     | (STP) 3650 kg/ p.a. used for complex norticulture |  |  |
|    | (vi) Name of the Common Bio-Medical  | :   | One, Biotic Waste Solutions Private limited       |  |  |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator  |     |   |  |  |
|    | through which wastes are disposed  |     |   |  |  |
|    |  |     |   |  |  |
|    | (vii) List of member HCF not handed  | :   | NIL   |  |  |
|    |  |     |   |  |  |
|    | over bio-medical waste.  | 1.  | Yes   |  |  |
| 6. | DO VOU Have Significant  | 1   |   |  |  |
|    | management committee? If yes, attach   |     |   |  |  |
|    | minutes of the meetings held during the  |     |   |  |  |
|    | reporting period.  | -   |   |  |  |
| 7. | Detail trainings conducted on BMW  |     |   |  |  |
|    | full in a conducted on   |     | 98  |  |  |
|    | (i) Number of training conducted on  |     |   |  |  |
|    | BMW Management.  | +   | All concerned staff                               |  |  |
|    | (ii) Number of personnel trained   |     | All concerned star.                               |  |  |
|    | (iii) At what of personnel trained at  |     | All concerned staff                               |  |  |
|    | (iii) Number of personnel trained at   |     |   |  |  |
|    | the time of induction  (iv) Number of personnel not  |     | Nil   |  |  |
|    | (iv) Number of personnel not   | . 1 | 1   |  |  |

|     | undergone any training so far.  | ideas P. power point  |
|-----|---|---|
|     | (v) Whether standard manual for training is available?  | Utilizing through posters, videos & power point presentation. |
|     | (vi) Any other information)   | NIL   |
| 8.  | Details of the accident occurred during the month.  | NIL   |
|     | (i) Number of Accidents occurred  | NIL   |
|     | (ii) Number of the persons affected   | NIL   |
|     | (iii) Remedial Action taken (Please attach details if any)  |   |
|     | (iv) Any Fatality occurred, details.  | ОИ  |
| 9.  | Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the       | N.A.  |
|     | standards?  Details of Continuous online emission monitoring systems installed  | N.A.  |
| 10. | Liquid waste generated and treatment methods in place. How many times you   | STP   |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in | N.A.  |
| 12. | a year?  Any other relevant information   | (Air Pollution Control Device attached with the incinerator.) |

Certified that the above report is for the period from 01/03/2024 to 31/03/2024

Name and Signature of the Head of the Institution

Date: 02-04-2024

Place: New Delhi