

All India Institute of Medical Sciences, Bhubaneswar अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर

F.No. 07/MS/476/BMW/2021

Date - 01.11.2021

To

Deputy Assistant Director General

Directorate General of Health Services

Ministry of Health & family Welfare

Environment & Climate change Cell

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 11/04/2017 regarding above mentioned subject.

Please find enclosed the report of Bio Medical Waste Management for the month of **October 2021** duly signed by the Medical Superintendent on behalf of the Director, AIIMS, Bhubaneswar.

Thanks & regards

Nodal Officer

Dr. P. R. Tripathy Addl. Professor, Anatomy AMS, AllMS, Bhubaneswa

Bio Medical Waste Management

AIIMS, Bhubaneswar

अस्पताल अधीक्षाक Medical Superintendent एस भुवनेश्वर/ AllMS Bhubaneswar

| SI. No. | Particulars | and the second | | | |
|------------|--|---|--|--|--|
| 1 | Particulars of the Occupier | : | | | |
| | (i) Name of the authorized person (occupier or : operator of facility) | 9 8 | The Director ,AIIMS, Bhubaneswar | | |
| | (ii) Name of HCF or CBMWTF | ; | AIIMS, Bhubaneswar | | |
| | (iii) Address for Correspondence | : | Sijua, Dumduma | | |
| | (iv) Address of Facility | : | -Do- | | |
| | (v)Tel. No, Fax. No | : | 0674-2476789 | | |
| | (vi) E-mail ID | : | info@aiimsbhubaneswar.edu.in | | |
| | (vii) URL of Website | : | www.aiimsbhubaneswar.nic.in | | |
| | (viii) GPS coordinates of HCF or CBMWTF | : | | | |
| | (ix) Ownership of HCF or CBMWTF | : Autonomous C | | | |
| | (x). Status of Authorization under the Bio- Medical | : | Authorization No.: 8697 | | |
| | Waste (Management and Handling) Rules | | Valid up to: 31-03-2022 | | |
| | (xi). Status of Consents under Water Act and Air Act | • | Valid up to: 31-03-2022 | | |
|) | Type of Health Care Facility | : | | | |
| | (i) Bedded Hospital | : | No. of Beds: 960 | | |
| | (ii) Non-bedded hospital | * | -NA- | | |
| | Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | | | |
| | (iii) License number and its date of expiry | : | | | |
| 3 | Details of CBMWTF | : | | | |
| | (i) Number of health care facilities covered by CBMWTF | : | -NA- | | |
| | (ii) No. of Beds covered by CBMWTF | : | -NA- | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | 9 3 | -NA- | | |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | : | -NA- | | |
| 4 | Quantity of waste generated or disposed in | : | Yellow Category: 7921.470 kg/month | | |
| | Kg per Annum (on monthly average basis) | | Red Category: 9354.080 kg/month | | |
| | | | White Category: 442.520 Kg/month | | |
| | | | Blue Category: 1242.090 kg/month | | |
| | | | Cyto -toxic category: 252.610 kg/month | | |
| | | | General Solid Waste: 98374 kg/month | | |
| | Details of the Storage, Treatment, Transportat | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility | | | |
| | (i) Details of the on-site storage | : | Size:5 no's room for BMW and 5000sqft for solid waste. | | |

| | facility | | Capacity: Provision of on-site storage: (Cold storage or | | | | |
|---|--|--|--|--|--------------------|---------------------|--|
| | | | | | | | |
| | | | any other provision) | | | | |
| | (ii) | Disposal facilities | | | | Quantity Treated | |
| | | | | | | or | |
| | | | Type of treatment | No of | Conneitu | disposed | |
| | | | | Units | Capacity | _ | |
| | | | equipment | Onits | Kg/day | per annum | |
| | | | Incinerators | | 1 | aiiiuiii | |
| | | | Plasma | | | | |
| | | | Pyrolysis | NA COLOR | | | |
| | | | Autoclaves | orani produce de la companya de la c | | | |
| | | 100000000000000000000000000000000000000 | Microwave | - | | | |
| | | | Hydroclave | appoint make of the state of th | | | |
| | | | Shredder | | | | |
| | | | Needle tip | 0000 | Handle by | | |
| | | | cutter or | ************************************** | CBMWTI | | |
| | | | destroyer | ************************************** | Operator(Pvt.Ltd) | Sani clean | |
| | | | Sharps | | | | |
| | | | Encapsulation | *** | | | |
| | | | or concrete | | | | |
| | | | pit | *************************************** | | | |
| | | | Deep burial | 8 1 1 1 1 1 1 1 1 1 1 | | | |
| | | | pits | *************************************** | | | |
| | | | Chemical | *************************************** | | | |
| | | | disinfection: | AC PROPERTY AND A STATE OF THE | | | |
| | | | Any other | vigga-co-co-co-co-gap | | | |
| | | | treatment | | | | |
| | | | equipment: | | | | |
| | (iii) | Quantity of recyclable wastes sold to authorized recyclers after | : Red Category (like plastic, glass, etc.) | | | c.) | |
| | | treatment in Kg per annum | | | | | |
| | (iv) | No. of Vehicles used for : | (i)06 no's battery operated waste carrying | | | arrying | |
| | | collection and transportation of biomedical waste | vehicles. | | | | |
| | () | Details of incineration ash and | (11)2/110 s man | ually hand pulling trolley. | | | |
| | (v) | ETP sludge generated and | | Quanti | 1 | nere | |
| | | disposed during the treatment of | Incineration | Genera | itea als | posed | |
| | | wastes in Kg per Month | Ash | | | | |
| | | The state of the s | ETP Sludge | 20-30k.g | per On | Horticulture | |
| | | | LTI Sidage | month | work | | |
| | (vi) | Name of the Common Bio- | Sani clean Pvt. Ltd Tangiapada, Khurda- Odisha 752057 | | | | |
| | | Medical Waste Treatment Facility Operator through which wastes | | | | | |
| | | are disposed of | | | | | |
| | (vii) | List of member HCF not handed over bio-medical waste. | | | | | |
| 6 | Do you | | | yes | | | |
| | management committee? If yes, attach minutes of the meetings held during the | | jes | | | | |
| | reporting | | | | | | |

| 7 | Details trainings conducted on BMW | | | |
|----|---|---|--|--|
| | (i) Number of trainings conducted on BMW Management | 03 | | |
| | (ii) Number of personnel trained | 354 | | |
| | (iii) Number of personnel trained at the time of induction | 345 | | |
| | (iv) Number of personnel not undergone any training so far | | | |
| | (v) Whether standard manual for training is available? | Yes ,we use ppt, videos, kit, leaflet ,painting etc. | | |
| 8 | Details of the accident occurred during the year | | | |
| | (i) Number of Accidents occurred | NIL | | |
| | (ii) Number of persons affected | NIL | | |
| | (iii) Remedial Action taken (Please attach details if any) | NA | | |
| | (iv) Any Fatality occurred, details | NIL | | |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | NA | | |
| | Details of Continuous online emission monitoring systems installed | NA | | |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | ETP is fully functional | | |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | NA | | |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) | | |

Certified that the above report is for the period from 01/10/2021 to 31/10/2021

Name and Signature of the Head of the Institution

निदेशक / Director एम्स, भुवनेश्वर/ AIIMS, Bhubaneswar

Date: 01.11.2021
Place: Shuhaneswar