

FORM IV: ANNUAL REPORT

S. NO.	Particulars	
1.	Particulars of Occupier	
	I. Name of Authorized Person (Occupier or Operator)	AIIMS, Bhubaneswar (Director)
	II. Name of HCF or CBMWTF :	AIIMS, Bhubaneswar
	III. Address for Correspondence :	Sijva, Dumduma, Khurda
	IV. Address of Facility	- do -
	V. Tel. No, Fax. No :	
	VI. E-mail ID :	
	VII. URL of Website	
	VIII. GPS coordinates of HCF or CBMWTF	
	IX. Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other)
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number8697..... Valid Up to : 31-3-22
	XI. Status of Consents under Water Act and Air Act	Valid Up to :
2.	Type of Health Care Facility	
	I. Bedded Hospital:	No. of Beds: 560
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA
	III. License number and its date of Expiry	
3.	Details of CBMWTF	NA
	I. Number healthcare facilities covered by CBMWTF	
	II. No of beds covered by CBMWTF :	
	III. Installed treatment and disposal capacity of CBMWTFkg/day
	IV. Quantity of biomedical waste treated or disposed by CBMWTFkg/day
4.	Quantity of waste generated or	Category Quantity(kg/numn)

disposed in Kg per annum (on monthly average basis)	Yellow	7023 kg		
	Red	4565 kg		
	Blue	3177 kg		
	White	disposed in PLC		
	General Solid Waste	Outsourced 18w tips in a year		
5. Details of the Storage, treatment, transportation, processing and Disposal Facility				
I. Details of On Site Storage	Size: 4 rooms of 8x20' size			
	Capacity: Provision for Onsite Storage (Cold Storage or any other provisions):			
II. Details of Onsite Disposal Facility (NA)	Type of Treatment Equipment	No. of Units	Capacity kg/day	Quantity Treated or Disposed kg/annum
	Incinerators			
	Plasma Pyrolysis			
	Autoclaves			
	Microwave			
	Hydroclave			
	Shredder			
	Needle tip cutter or destroyer			
	Sharps encapsulation or concrete pit			
	Deep Burial Pits			
	Chemical Disinfection			
Any other equipment used for treatment				
III. Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) NA			

	IV. No of vehicles used for collection and transportation of biomedical waste	2		
	V. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed
		Incineration		
		Ash		
	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Saniclean.		
	VII. List of member HCF not handed over bio-medical waste			
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes Attached.		
7.	Details of Training conducted on BMW			
	I. Number of trainings conducted on	12		
	II. BMW Management			
	III. number of personnel trained	260		
	IV. number of personnel trained at the time of induction			
	V. number of personnel not undergone any training so far	300		
	VI. Whether standard manual for training is available?	Yes		
	VII. Any other Information	we use videos, Kit to train		
8.	Details of Accident Occurred			
	I. Number of Accidents occurred	Zero		
	II. Number of the persons affected	Zero		
	III. Remedial Action taken (Please attach details if any)			
	IV. Any fatality occurred, details	Zero		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year	NA		

	could not meet the standards?	
	Details of Continuous online emission monitoring systems installed	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	ETP is 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?	Yes
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that above report is for the period from

1.1.2017 to 31.12.2017

Name and Signature of Head of Institution

Date:

Place

Medical Superintendent
AIIMS, Bhubaneswar-751019