



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

**F.No. - 14/MS/476/BMW/2022**

**Date – 03.05.2022**

To

Deputy Assistant Director General  
Directorate General of Health Services  
Ministry of Health & family Welfare  
Environment & Climate change Cell  
Nirman Bhawna , 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 **May 2022** 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, AIIMS, Bhubaneswar**

**Bio Medical Waste Management**

**AIIMS, Bhubaneswar**

**Form – IV**  
**(See rule 13)**  
**MONTHLY**  
**REPORT**

| Sl. No. | Particulars  | : |   |
|---------|--|---|---|
| 1       | Particulars of the Occupier  | : |   |
|         | (i) Name of the authorized person (occupier or : operator of facility)   | : | <b>The Director ,AIIMS, Bhubaneswar</b>   |
|         | (ii) Name of HCF or CBMWTF   | : | <b>AIIMS, Bhubaneswar</b>   |
|         | (iii) Address for Correspondence   | : | <b>Sijua,Dumduma</b>  |
|         | (iv) Address of Facility   | : | <b>-Do-</b>   |
|         | (v)Tel. No, Fax. No  | : | <b>0674-2476789</b>   |
|         | (vi) E-mail ID   | : | <b>info@aiimsbhubaneswar.edu.in</b>   |
|         | (vii) URL of Website   | : | <b>www.aiimsbhubaneswar.nic.in</b>  |
|         | (viii) GPS coordinates of HCF or CBMWTF  | : |   |
|         | (ix) Ownership of HCF or CBMWTF  | : | <b>Autonomous Organization</b>  |
|         | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules                       | : | Authorization No.: <b>8697</b><br>.....<br>Valid up to: .....   |
|         | (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: <u>    <b>960</b>    </u>  |
|         | (ii) Non-bedded hospital<br><br>Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | <b>-NA-</b>   |
|         | (iii) License number and its date of expiry  | : |   |
| 3       | Details of CBMWTF  | : |   |
|         | (i) Number of health care facilities covered by CBMWTF   | : | <b>-NA-</b>   |
|         | (ii) No. of Beds covered by CBMWTF   | : | <b>-NA-</b>   |
|         | (iii) Installed treatment and disposal capacity of CBMWTF;   | : | <b>-NA-</b>   |
|         | (iv) Quantity of bio medical waste treated or disposed by CBMWTF   | : | <b>-NA-</b>   |
| 4       | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)                             | : | <b>Yellow Category: 7217.380 kg/month</b><br><b>Red Category: 10231.680 kg/month</b><br><b>White Category: 419.00Kg/month</b><br><b>Blue Category: 1570.860 kg/month</b><br><b>Cyto -toxic category : 232.980 kg/month</b><br><b>General Solid Waste: 99885kg/month</b> |
| 5       | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility                            | : |   |
|         | (i) Details of the on-site storage   | : | Size: <b>5 no's room for BMW and 5000sqft for solid waste.</b>  |

|   |   |   |   |                    |                        |  |
|---|---|---|---|--------------------|------------------------|--|
|   | facility  |   | Capacity:<br>Provision of on-site storage: (Cold storage or any other provision)  |                    |                        |  |
|   | (ii) Disposal facilities  |   | <b>Type of treatment equipment</b>  | <b>No of Units</b> | <b>Capacity Kg/day</b> | <b>Quantity Treated or disposed in kg per annum</b>          |
|   |   |   | Incinerators<br>Plasma<br>Pyrolysis<br>Autoclaves<br>Microwave<br>Hydroclave<br>Shredder<br>Needle tip cutter or destroyer<br><br>Sharps<br>Encapsulation or concrete pit<br>Deep burial pits<br>Chemical disinfection:<br>Any other treatment equipment: |                    |                        | <b>Handle by<br/>CBMWTF<br/>Operator(Sani clean Pvt.Ltd)</b> |
|   | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum                            | : | Red Category (like plastic, glass, etc.)  |                    |                        |  |
|   | (iv) No. of Vehicles used for collection and transportation of biomedical waste   | : | <b>(i)06 no's battery operated waste carrying vehicles.</b><br><b>(ii)27 no's manually hand pulling trolley.</b>  |                    |                        |  |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per Month        |   |   | Quantity Generated | Where disposed         |  |
|   |   |   | Incineration Ash  |                    |                        |  |
|   |   |   | ETP Sludge  | 21.60              | Horticulture work      |  |
|   | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                  |   | <b>Sani clean Pvt. Ltd</b><br>Tangiapada, Khurda- Odisha 752057   |                    |                        |  |
|   | (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 |   | <b>yes</b>  |                    |                        |  |

|    |   |  |   |
|----|---|--|---|
| 7  | Details trainings conducted on BMW  |  |   |
|    | (i) Number of trainings conducted on BMW Management   |  | 04  |
|    | (ii) Number of personnel trained  |  | 350   |
|    | (iii) Number of personnel trained at the time of induction  |  | 300   |
|    | (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 01/05/2022 to 31/05/2022

Name and Signature of the Head of the Institution

अस्पताल अधीक्षक / Medical Superintendent  
एम्स भुवनेश्वर / AIIMS Bhubaneswar

Date:

Place: