

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

F.No. 02/MS/476/BMW/2024/25

Date - 02.05.2025

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 April, 2025 duly signed by the Medical Superintendent on behalf of the Director, AIIMS, Bhubaneswar.

Thanks & regards

Nodal Officer

Bio Medical Waste Management

डॉ. मानस रंजन साहु / Dr Manas Ranjan Sa**Autims, Bhubaneswar** अतिरिक्त प्रोफेसर / Additional Professor फोरेंसिक चिकित्सा एंव विष विज्ञान विभाग Dept. of Forensic Medicine & Toxicology एम्स, भुवनेश्वर, AIIMS, Bhubaneswar

Form – IV (See rule 13) MONTHLY REPORT

SI. No.	Particulars						
1	Particulars of the Occupier		-				
	(i) Name of the authorized person (occupier or : operator of facility)	:	The Director ,AIIMS, Bhubaneswar				
95	(ii) Name of HCF or CBMWTF	-:-	AIIMS, Bhubaneswar				
9 7	(iii) Address for Correspondence	-:-	Sijua,Dumduma	111			
1	(iv) Address of Facility		-Do-	- 1			
1 1	(v)Tel. No, Fax. No		0674-2476789	1			
11	(vi) E-mail ID	500	info@aiimsbhubaneswar.edu.in	<u>. </u>			
	(vii) URL of Website	1537	www.aiimsbhubaneswar.nic.in				
	(viii) GPS coordinates of HCF or CBMWTF		www.amiisbiiubaneswar.nic.in	11			
	The state of the control of contr	505 SA	1.6(1) L ₁₀	111			
	(ix) Ownership of HCF or CBMWTF	•	Autonomous Organization				
	(x). Status of Authorization under the Bio- Medical		Authorization No.: 8269				
	Waste (Management and Handling) Rules		Valid up to: 31-03-2025	ž.			
	(xi). Status of Consents under Water Act and Air		Valid up to: 31-03-2025				
	Act						
2	Type of Health Care Facility	THE P	25 Literatural	1			
	(i) Bedded Hospital		No. of Beds: 960	1			
	(ii) Non-bedded hospital	(real contractions	Any diviner				
	Clinical Laboratory or Research Institute or		outproon!				
	Veterinary Hospital or any other)	7. 1	Red Catherine Brown	7,			
	(iii) License number and its date of expiry	:	A CONTRACTOR OF THE CONTRACTOR	1			
3	Details of CBMWTF	:		1			
	(i) Number of health care facilities covered by CBMWTF	:	-NA-				
	(ii) No. of Beds covered by CBMWTF	:	-NA- or seek as				
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	-NA-				
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	-NA-				
4	Quantity of waste generated or disposed in	V	√Yellow Category: 21345.41/month	T a			
D	Kg per Annum (on monthly average basis)	1 1	✓ Red Category: 20089.12/month	1			
	, , , , , , , , , , , , , , , , , , , ,		✓ White: 223.99Kg/month	1.			
	the throught with a vertice		Blue Category:1742.060 kg/month	1			
	see disposed of		Cyto-Toxic Category: 186.64kg/mont	h			
		All hot see	General Solid Waste: 97300 kg/mont				
5	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 5000sqf solid waste.	t fo			

	facility		Capacity:					
			Provision of on-site storage: (Cold storage or any other provision)					
	(ii) Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum		
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer		CBN Operator	ndle by MWTF r(Sani clean t.Ltd)		
			Sharps Encapsulation or concrete pit Deep burial pits Chemical disinfection: Any other treatment					
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum		equipment: Red Cate	gory (lik	e plastic, g	glass, etc.)		
1 - 7	(iv) No. of Vehicles used for collection and transportation of biomedical waste	: 1	(i)06 no's battery operated waste carrying vehicles. (ii)25 no's manually hand pulling trolley.					
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	-2,1	Incineration Ash ETP Sludge	Gen	erated 33 kg	Where disposed On horticultu		
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of				an Pvt. Lt urda- Odish			
52 17 17 17 17 17 17 17 17 17 17 17 17 17	(vii) List of member HCF not handed over bio-medical waste.		No. 1		16.5	MOS-SURF		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				yes	eg#25		

7	Details trainings conducted on BMV	V		
	(i) Number of trainings conduct	cted	1	5
	on BMW Management			
	(ii) Number of personnel train	ed		70
	(iii) Number of personnel traine			40
	the time of induction			
	(iv) Number of personnel no	t		j
	undergone any training so	far		11.1.0.4
	(v) Whether standard manual		150 H	Yes ,we use ppt, videos, kit, leaflet
	fortraining is available?	7	ile,	,painting etc.
8	Details of the accident occurred during	the		
J	year			NII
	(i) Number of Accidents occur			NIL
	(ii) Number of persons affect	ed		NIL
	(iii) Remedial Action taken			NA
4	(Pleaseattach details if	1		
	any)	45.5		1.
	(iv) Any Fatality occurred, det	ails		NIL
9	Are you meeting the standards of	(30)		NA
3	air Pollution from the incinerator?			
, ,	How many times in last year could			
- 1 476 g	not met		21	· · · · · · · · · · · · · · · · · · ·
医肾上腺	the standards?	1 1 1		
1. 11.00	Details of Continuous online	. 8 .	And a	NA
	emissionmonitoring systems			
	installed			TOTAL C. H. Surational
10	Liquid waste generated and treatme	nt		ETP is fully functional
	methods in place. How many times	you		
	have not met the standards in a yea	r?		NTA
11	Is the disinfection method or			NA .
- -	sterilization meeting the log 4			
	standards? How many times you have			
	not			
	met the standards in a year?			(Air Pollution Control Devices attach
12	Any other relevant information	1,0 -0		with
		600		the Incinerator)
				the monerator)

Certified that the above report is for the period fro	m 01/04/2025 to 30/04/2025

Date: Place: Name and Signature of the Mister of the Mistribution Medical Superintendent