

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

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

Date -04.07.2025

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 **June**, **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 Salu IIMS, Bhubaneswar अतिरिक्त पोफेसर / Additional Professor फोरेंसिक चिकित्सा एंच विष विज्ञान विभाग Dept. of Forensic Medicine & Toxicology एम्स, भुवनेशर, AIIMS, Bhubaneswar

Form – IV (See rule 13) MONTHLY REPORT

SI. No.	Particulars					
1	Particulars of the Occupier	:	trace Distance			
=	(i) Name of the authorized person (occupier or : operator of facility)	:	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					
	(vi) E-mail ID		info@aiimsbhubaneswar.edu.in			
		-	www.aiimsbhubaneswar.nic.in			
	(vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF					
	(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			
	(xi). Status of Consents under Water Act and Air Act	•	Valid up to: 31-03-2025			
2	Type of Health Care Facility	:				
	(i) Bedded Hospital	:	No. of Beds:960			
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or	:	-NA-			
1 1	Veterinary Hospital or any other)	:	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(iii) License number and its date of expiry Details of CBMWTF					
3	(i) Number of health care facilities covered by CBMWTF	:	-NA-			
1377	(ii) No. of Beds covered by CBMWTF	1	-NA-			
	(iii) Installed treatment and disposal capacity of CBMWTF;	•	-NA-			
4 0	(iv) Quantity of bio medical waste treated or disposed by CBMWTF		-NA-			
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	1 10 1	Yellow Category: 20681.81/month			
			Red Category: 18209.55/month			
1 7 7			White: 252.82Kg/month			
			Blue Category:1800.010 kg/month			
			Cyto-Toxic Category: 207.37kg/month			
			General Solid Waste: 94300 kg/month			
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 5000sqft for solid waste.			

1

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

7	Details trainings conducted on BMW				
	(i) Number of trainings conducted	10			
	on BMW Management	50			
	(ii) Number of personnel trained	60			
	(iii) Number of personnel trained at the time of induction	and the second s			
	(iv) Number of personnel not undergone any training so far				
	(v) Whether standard manual fortraining is available?	Yes ,we use ppt, videos, kit, leaflet ,painting etc.			
8	Details of the accident occurred during the				
Ü	i I				
	year (i) Number of Accidents occurred	NIL			
	(ii) Number of Accidents occurred (iii) Number of persons affected	NIL			
	(iii) Remedial Action taken	NA			
	(Pleaseattach details if	E .			
	any)				
	(iv) Any Fatality occurred, details	NIL			
9	Are you meeting the standards of	NA			
	air Pollution from the incinerator?				
	How many times in last year could				
	not met				
	the standards?				
	Details of Continuous online	NA .			
	emissionmonitoring systems				
	installed				
10	Liquid waste generated and treatment	ETP is fully functional			
	methods in place. How many times you				
	have not met the standards in a year?				
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?	in a line of the standard			
12	Any other relevant information	(Air Pollution Control Devices attache			
		with			
		the Incinerator)			

Certified that the abo	ve report is fo	or the period fron	on 01/06/2025 to 30/06/2025	

Date: Place:

Name and Signature of the Head of the Institution /Medical Superintendent भूबनेश्वर/AIIMS Bhubaneswar