

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

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

Date - 02.06.2025

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

Thanks & regards

डां. मानस रंजन साहु / Dr Manas Ranjan Sahu अतिरिक्त प्रोफेसर / Additional Professor फोरेंसिक चिकित्सा एंव विष विज्ञान विभाग

Nodal Officer

Dept. of Forensic Medicine & Toxicology एम्स, भुवनेशर, AliMS, Billibanes war aste Management

AIIMS, Bhubaneswar

Form – IV (See rule 13) MONTHLY REPORT

CI.	Particulars		
SI. No.	Particulars		
1	Particulars of the Occupier	:	
-	(i) Name of the authorized person (occupier		The Director ,AIIMS, Bhubaneswar
	or : operator of facility)	.	1
	(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	:	
	(VIII) GF3 coordinates of field of CBIVIVVII	:	Autonomous Organization
	(ix) Ownership of HCF or CBMWTF	•	
^	(x). Status of Authorization under the Bio-		Authorization No.: 8269
	Medical	-	7 37 37
	Waste (Management and Handling) Rules		Valid up to: 31-03-2025
4 2	(xi). Status of Consents under Water Act and	:	Valid up to: 31-03-2025
1	Air		4: 1.12
100	Act		a so saide da.
2	Type of Health Care Facility	:	1 2 32 43
	(i) Bedded Hospital		No. of Beds:960
	(ii) Non-bedded hospital	:	1-4
	(.,,		-NA-
	Clinical Laboratory or Research Institute or		A STATE OF THE STA
	Veterinary Hospital or any other)		. Eugentziyek si no
-	(iii) License number and its date of expiry	:	3/4/11
3	Details of CBMWTF	:	
	(i) Number of health care facilities	1 :	-NA-
	covered by CBMWTF	1	is at the same of
r as Note	(ii) No. of Beds covered by CBMWTF	:	-NA-
3785 95-3	(iii) Installed treatment and disposal	:	-NA-
	capacity of CBMWTF;		A A L
	(iv) Quantity of bio medical waste	7	-NA-
1	treated or disposed by CBMWTF		A STATE OF THE STA
4	Quantity of waste generated or disposed in	:	Yellow Category: 22849.09/month
	Kg per Annum (on monthly average basis)		Red Category: 19705.48/month
			White: 236.33Kg/month
			Blue Category:1930.150 kg/month
	20 mm (A)		Cyto-Toxic Category: 192.54kg/month
			General Solid Waste: 99600 kg/month
5	Details of the Storage, Treatment,	Transp	ortation, Processing and Disposal Facility
	(i) Details of the on-site storage	:	Size:5 no's room for BMW and 5000sqft for solid waste.

	f-ailie.	Capacity:				
	facility		Provision of on-site storage: (Cold storage or			
			an	y other	provision)	1 1
	(ii) Disposal facilities					Quantity Treated
					L	or
1			Type of treatment equipment	No of Units	Capacity Kg/day	disposed in kg per annum
		-	Incinerators			aiiiuiii
	•		Plasma			
			Pyrolysis			
=			Autoclaves		s , .	
	A STATE OF THE PARTY OF THE PAR		Microwave			-
7	while the setting the property of the setting of th		Hydroclave			
			Shredder		Uor	idle by
			Needle tip			MWTF
1 植	and the second of the second o	1	cutter or destroyer		Operator	r(Sani clean t.Ltd)
		7.	Sharps			Lat W
6			Encapsulation			安 富士
-			or concrete			
	The state of the s		pit			The second
		- 7	Deep burial	5 , 1		
1	· · · · · · · · · · · · · · · · · · ·	-	pits			
-	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Chemical disinfection:	:	×	
			Any other			
-	The state of the s	7 11 p	treatment equipment:			
e e e e e e e e e e e e e e e e e e e	(iii) Quantity of recyclable wastes sold to authorized recyclers after		Red Cate	egory (I	ike plastic,	glass, etc.)
	treatment in Kg per annum (iv) No. of Vehicles used for		(i)06 no's b	attery o	nerated w	aste carrying
	(iv) No. of Vehicles used for collection and transportation of biomedical waste		vehicles. (ii)25 no's manually hand pulling tro			
	(v) Details of incineration ash and		(11)20 110 0		uantity	Where
	ETP sludge generated and				nerated	disposed
	disposed during the treatment of		Incineratio	n		1 1/6
. 6	wastes in Kg per annum		Ash			
		║	ETP Sludge		40 kg	On horticulture
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	,	Tangia		lean Pvt. L hurda- Odis	
	(vii) List of member HCF not handed over bio-medical waste.		No or	e sage e	pivel	
6	Do you have bio-medical waste		2 2		yes	11 - 12
J	management committee? If yes, attach minutes of the meetings held during the					
	reporting period	Ш				1 1 1

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted	8
	on BMW Management	75
	(ii) Number of personnel trained	30
	(iii) Number of personnel trained at	30
	the time of induction	
	(iv) Number of personnel not	200
	undergone any training so far	Transport vidges kit leeflet
	(v) Whether standard manual	Yes ,we use ppt, videos, kit, leaflet ,painting etc.
	fortraining is available?	,painting etc.
8	Details of the accident occurred during the	
	year	NIL
	(i) Number of Accidents occurred	NIL NIL
	(ii) Number of persons affected	V. C. C.
\$12 a. 183	(iii) Remedial Action taken	NA
	(Pleaseattach details if	
	any)	
	(iv) Any Fatality occurred, details	NIL
0	Are you meeting the standards of	NA NA
9	air Pollution from the incinerator?	
	How many times in last year could	
	not met	
	the standards?	
	Details of Continuous online	NA NA
	emissionmonitoring systems	
	installed	
1 1 1	Liquid waste generated and treatment	ETP is fully functional
10	methods in place. How many times you	
	have not met the standards in a year?	
	Is the disinfection method or	NA NA
11	1	
	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	with
		the Incinerator)

Certified that the above report is for the perio	d from 01/05/2025 to 31/05/2025

Date: Place:

Name and Signature of the Head of the Institution /Medical Superintendent

अस्पताल अधीक्षक/Medical Superintenden एम्स भुवनेश्वर/AIIMS Bhubaneswar