

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

F.No. 02/MS/476/BMW/2023/24

Date - 10.10.2024

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 **September**, 2024 duly signed by the Medical Superintendent on behalf of the Director, AIIMS, Bhubaneswar.

Thanks & regards

Nodal Officer

Bio Medical Waste Management

AIIMS, Bhubaneswar

Dr. P.R. Tripathy
Addl. Medical Superintendent
Nodal Officer BMW
AIIMS, Bhubaneswar-751019

Form – IV (See rule 13) MONTHLY REPORT

SI. No.	, or treatars	-			
1	Particulars of the Occupier	aniem de state de la companie de la			
deline continue	(i) Name of the authorized person (occupier		model and a reprint and a service of the service of		
a distant a section as	or : operator of facility)	:	The Director ,AHMS, Bhubaneswa		
	(ii) Name of HCF or CBMWTF	:			
	(iii) Address for Correspondence	-	AHMS, Bhubaneswar		
-	(iv) Address of Facility	:	Sijua,Dumduma		
	(v)Tel. No, Fax. No	 :	-Do-		
	(vi) E-mail ID	 	0674-2476789		
	(vii) URL of Website		info@aiimsblubaneswar.edu.in		
	(viii) GPS coordinates of HCF or CBMWTF	-	www.aiimsbhubaneswar.nic.in		
	The state of the s	:			
	(ix) Ownership of HCF or CBMWTF	:	Autonomous Organization		
	(x). Status of Authorization under the Bio- Medical	i i i i i i i i i i i i i i i i i i i	Authorization No.: 8269		
	Waste (Management and Handling) Rules		Valid up to: 31-03-2025		
1	(xi). Status of Consents under Water Act and	:	Valid up to: 31-03-2025		
	Air				
-	Act				
2	Type of Health Care Facility	g (%)	7		
-	(i) Bedded Hospital	:	No. of Beds: 960		
	(ii) Non-bedded hospital				
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		-NA-		
	(iii) License number and its date of expiry	.			
	Details of CBMWTF	:			
	(i) Number of health care facilities covered by CBMWTF	:	-NA-		
	(ii) No. of Beds covered by CBMWTF	:	-NA-		
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	-NA-		
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF		-NA-		
C	Quantity of waste generated or disposed in	•	Yellow Category: 16886.300kg/month		
1	Kg per Annum (on monthly average basis)		Red Category: 17454.920kg/month		
			White: 247.950Kg/month		
			Blue Category: 1838.700kg/month		
			Cyto-Toxic Category: 206.670kg/month		
			General Solid Waste: 99300 kg/month		
	Details of the Storage, Treatment, Trans	porta			
	(i) Details of the on-site storage		Size:5 no's room for BMW and 5000sqft for solid waste.		

1	facility						
	racinty	1.50		Capacity:			
				Provision of on-site storage: (Cold storage any other provision)			
700	(ii) Disposal facilities				Provision	Quantit Treated or	
			Type of treatment equipment	No of Units	Capacity Kg/day	disposed in kg per 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 treatment equipment:		Hand CBM Operator(S Pvt.I	WTF Sani clean	
	(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	:	/ · · · ·	vehicle	operated waste carrying vehicles. ally hand pulling trolley.		
	(v) Details of incineration ash and			Quantit	-		
	ETP sludge generated and		8 . L.	Generat	ed dispo	osed	
	disposed during the treatment of		Incineration Ash				
	wastes in Kg per annum		ETP Sludge	27 kg	On h	orticulture	
	(vi) Name of the Common Bio-			ni clean P			
	Medical Waste Treatment Facility Operator through which wastes are disposed of		Tangiapada, Khurda- Odisha 752057				
	(vii) List of member HCF not handed over bio-medical waste.		C. Address St. 1862 and				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			yes			

1	Details trainings conducted on BMW (i) Number of the conducted on BMW			
<i></i>	on BMW Management	12		
	in the of personnel trained	225		
	the time of induction	100		
	(iv) Number of personnel not undergone any training so far			
0	(v) Whether standard manual fortraining 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 (Pleaseattach 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	NA		
	the standards? Details of Continuous online emissionmonitoring 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 01/09/2024 to 30/09/2024

Date: Place:

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