

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

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

Date - 14.02.2025

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 January, 2025 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. | raiticulars | | | | | | | |
|--------------|---|--------|--|--------------------------|--|--|--|--|
| 1 | Particulars of the Occupier | | f - | | | | | |
| | (i) Name of the authorized person (occupier or : operator of facility) | : | The Director ,AIIMS, Bhubaneswa | | | | | |
| | (ii) Name of HCF or CBMWTF | ļ | | | | | | |
| | (iii) Address for Correspondence | : | AIIMS, Bhubaneswar | | | | | |
| | (iv) Address of Facility | : | Sijua,Dumduma | | | | | |
| | (v)Tel. No, Fax. No | : | -Do- | | | | | |
| The state of | (vi) E-mail ID | : | 0674-2476789 | 1: | | | | |
| 911 | (vii) URL of Website | : | info@aiimsbhubaneswar.edu.in | 11: | | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | : | www.aiimsbhubaneswar.nic.in | | | | | |
| 100 | (viii) GF3 coordinates of HCF or CBMWTF | : | | 1 | | | | |
| | (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 | 1 | | | | |
| | (xi). Status of Consents under Water Act and Air | : | Valid up to: 31-03-2025 | :- | | | | |
| TTE | Act | | | | | | | |
| 2 | Type of Health Care Facility | 34: | and the second second | + | | | | |
| 1 11 | (i) Bedded Hospital | 27.1 | No. of Beds:960 | 1 | | | | |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | -NA- | | | | | |
| STATE OF | (iii) License number and its date of expiry | 10. | Control of the State of the Sta | 4.1 | | | | |
| 3 | Details of CBMWTF | 25 | Control of the Contro | | | | | |
| | (i) Number of health care facilities covered by CBMWTF | | -NA- | | | | | |
| £ 25. 4 | (ii) No. of Beds covered by CBMWTF | all at | -NA- | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | 0 | -NA- | | | | | |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | | -NA- | 1 - #1 1 - 1 1 - 1 | | | | |
| 4 | Quantity of waste generated or disposed in | 610 | Yellow Category: 18009.47kg/month | | | | | |
| | Kg per Annum (on monthly average basis) | | Red Category: 19480.36kg/month | | | | | |
| | | | White: 211.7Kg/month | | | | | |
| | | | Blue Category:1811.43kg/month | | | | | |
| | | | Cyto-Toxic Category: 189.49kg/month | | | | | |
| | 1. The state of Marketine and the specialists | 4 | General Solid Waste: 98300 kg/month | 11 | | | | |
| 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. | or | | | | |

| facility | | | Can | acity: | |
|--|----------|--|----------------------|-------------------|----------------|
| | | Provision o | f on-site ste | orage: (Col | d storag |
| (ii) Disposal facilities | _ | | any other | provision) | u storag |
| (ii) Disposal facilities | | 200 | | | Quant Treat |
| | | Type of | | | or dispos |
| | | treatment | No of | Capacity | in kg |
| | | equipment | Units | Kg/day | per |
| A CONTRACTOR OF THE SECTION ASSESSMENT OF TH | | Incinerator | | | annu |
| The Control of Control of the Control | ll | Plasma | s 7 | | |
| | | Pyrolysis | | | İ |
| and the second s | | Autoclaves | | | |
| | | Microwave | 0.00 | | İ |
| | | Hydroclave | | | - |
| | | Shredder | may V | 200 | |
| | | Needle tip | | Handle | |
| | | cutter or | | CBMW | |
| | | destroyer | | Operator(Sa | |
| | | Sharps | | Pvt.Lt | ia) |
| | Qs. | Encapsulation | | | 1 |
| | | or concrete | | | |
| | | pit | | | 1 |
| | 100 | Deep burial | | | - 1: |
| | | pits | | | 1 |
| | | Chemical disinfection: | | | i j |
| | 74.4 | Any other | | | |
| Car Inni | | treatment | | | ' |
| And the Paris of t | 12.5 | equipment: | | | - |
| (iii) Quantity of recyclable wastes | | ory (like pl | astic, glass, | etc.) | |
| sold to authorized recyclers after treatment in Kg per annum | | | | | 1: |
| (iv) No. of Vehicles used for | | (i)06 no's battery operated waste carry vehicles. (ii)25 no's manually hand pulling trol | | ed waste ca | rrying |
| collection and transportation of biomedical waste | | | | | |
| (v) Details of incineration ash and | | (11)25 HO'S M2 | | | |
| ETP sludge generated and | | A Section 1 | Quantity Generate | | |
| disposed during the treatment of | | Incineration | Scherate | uispos | |
| wastes in Kg per annum | | Ash | 1 1 | | |
| | | ETP Sludge | 26 kg | The second second | ticulture |
| (vi) Name of the Common Bio- | | | ni clean Pv | | |
| Medical Waste Treatment Facility Operator through which wastes | | Tangiapada, Khurda- Odisha 752 | | odisna /5208 | 0/ |
| are disposed of | | | | | |
| (vii) List of member HCF not handed | 200 | | | AN BORN HAR TH | |
| over bio-medical waste. | -0.50 | | 新疆 2.460 | | |
| Do you have bio-medical waste | | | yes | | 0 41 |
| nagement committee? If yes, attach | TASSES F | | | | |
| inutes of the meetings held during the | | | | | 1:31 |

| / | | |
|---------|---|--|
| 7 | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management | 3 |
| | (ii) Number of personnel trained | 110 |
| | (iii) Number of personnel trained at the time of induction | 30 |
| | (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 year | |
| | (i) Number of Accidents occurred | NIL |
| | (ii) Number of persons affected | NIL |
| | (iii) Remedial Action taken (Pleaseattach details if any) | NA |
| 主人 心思报告 | (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 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 attache with the Incinerator) |

| Certified that the above report is for the period from | 01/01/2025 to 31/01/2025 |
|--|--------------------------|
| | |
| | |

Date: Place:

Name and Signature of the Head
of the Institution Medical strength Medical Superintandent
AllMS, Bhubaneswar