

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH**

Date: 04/05/2022

To

Deputy Assistant Director General,
Directorate General of health sciences,
Ministry of Health and Family Welfare,
Environment and climate cell,
Government of India, Nirman Bhavan,
New Delhi-110001.

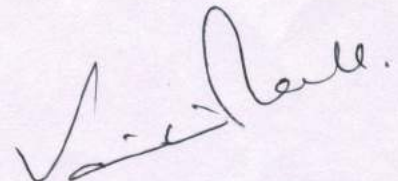
Sub: Submission of monthly report for Biomedical waste Management- reg

Dear Sir/Madam,

This is in reference to your letter No. P18012/12/2016-Environment dated 11th April 2017 and letter No. P18011/02/2020-Env. EPI-Env from Chief medical officer regarding the aforementioned subject.

Please find the enclosed report of Biomedical waste Management for the month of April 2022 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,


Nodal officer,
Biomedical waste Management,
AIIMS, Mangalagiri
Dr. D. AIMS, MOHAN
M.D. (Hosp. Admn.) DNB (Health Admn.)
Professor & HOD
Dept. of Hospital Administration
All India Institute of Medical Sciences
Mangalagiri, Andhra Pradesh

Copy to:

- Medical Superintendent for information
- Chairperson, Biomedical waste Management committee for information.
- Environmental Engineer, Regional Office, APPCB, Guntur

Form - IV
(See rule 13)
MONTHLY REPORT- APRIL - 2022

| Sl. No. | Particulars | | |
|---------|--|---|--|
| 1 | Particulars of the Occupier | | |
| | (i) Name of the authorised person (occupier or operator of facility) operator of facility | : | Director AIIMS Prof. Mukesh Tripathi |
| | (ii) Name of HCF or CBMWTF | : | All India Institute of Medical Sciences (AIIMS) |
| | (iii) Address for Correspondence | : | AIIMS, Mangalagiri, Andhra Pradesh-522503 |
| | (iv) Address of Facility | | Same as above |
| | (v) Tel. No, Fax. No | : | 08645-231133 |
| | (vi) E-mail ID | : | director@aiimsmangalagiri.edu.in |
| | (vii) URL of Website | | www. aiimsmangalagiri.edu.in |
| | (viii) GPS coordinates of HCF or CBMWTF | | |
| | (ix) Ownership of HCF or CBMWTF | : | Autonomous Organization |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules. | : | Order No. MGL-39/APPCB/RO-GNT/BMWM/2020-1106 dated 01.01.2022 Valid upto 31.12.2022 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31.12.2022 |
| 2. | Type of Health Care Facility | | |
| | (i) Bedded Hospital | : | 24 No.s |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | N.A. |
| | (iii) License number and its date of expiry. | | N.A. |
| 3. | Details of CBMWTF | | 602/APPCB/BMW/CBMWTF/GNT/2001-5578 |
| | (i) Number of Healthcare facilities covered by CBMWTF. | : | N.A. |
| | (ii) No of beds covered by CBMWTF | : | N.A. |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | N.A. |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | N.A. |
| 4. | Quantity of waste generated or disposed in Kg (on monthly basis) | : | Yellow Category: 577 KG/MONTH |
| | | : | Red Category: 623.4 KG/ MONTH |
| | | : | White Category: 7.2 / MONTH |
| | | : | Blue Category: 38.2 KG/ MONTH |
| | | : | General Solid waste: 6250 kgs |

| 5. Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|---|-------------------------------|---------------------------------------|------------------|---------------------|--------------|--|----------------|-------------------------------|------------------|--|--|------------|--|--|-----------|--|--|------------|--|--|----------|--|--|--------------------------------|--|--|--------------------------------------|--|--|-------------------|--|--|------------------------|--|--|--------------------------------|--|--|
| (i) Details of the on-site storage facility | : | Size: 144 square feet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | : | Capacity: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | : | Provision of on-site storage: (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (ii) Details of the treatment or disposal facilities | : | <table border="0"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of units disposed in kg per Annum.</th> <th>Cap Kg/day</th> <th>Quantity treated or</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td rowspan="10">Handled by CBMWTF Operator</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> </tr> </tbody> </table> | Type of treatment Equipment | No of units disposed in kg per Annum. | Cap Kg/day | Quantity treated or | Incinerators | | | Handled by CBMWTF Operator | 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: | | |
| Type of treatment Equipment | No of units disposed in kg per Annum. | Cap Kg/day | Quantity treated or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | Handled by CBMWTF Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) Handled by CBMWTF Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iv) No of vehicles used for collection and transportation of biomedical waste. | : | 2 VEHICLES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum. | : | <table border="0"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration NIL</td> <td></td> </tr> <tr> <td>Ash</td> <td></td> </tr> <tr> <td>ETP Sludge NIL</td> <td></td> </tr> </tbody> </table> | Quantity generated | Where disposed | Incineration NIL | | Ash | | ETP Sludge NIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quantity generated | Where disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incineration NIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETP Sludge NIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (vii) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of | : | SAFEENVIRON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (vii) List of member HCF not handed over bio-medical waste. | : | NIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 on BMW Management. | | 2 |
| | (ii) Number of personnel trained. | | 59 |
| | (iii) Number of personnel trained at the time of induction. | | |
| | (iv) Number of personnel not undergone any training so far | | |
| | (v) Whether standard manual for training is available? | | Utilizing posters, power point presentation, mock drill and hands on training. |
| | (vi) any other information | | NIL |
| 8 | Details of the accident occurred during the year. | | |
| | (i) Number of Accidents occurred | | NIL |
| | (ii) Number of the persons affected | | NIL |
| | (iii) Remedial Action taken (Please attach details if any) | | N.A. |
| | (iv) Any Fatality occurred, details. | | NO |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | N.A. |
| | Details of Continuous online emission monitoring systems installed | | N.A. |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | N.A. |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | N.A. |
| 12 | Any other relevant information | : | NIL |

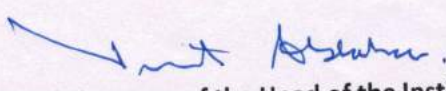
| | YELLOW (in kgs) | RED (in kgs) | WHITE (in kgs) | BLUE (in kgs) |
|--------|-----------------|--------------|----------------|---------------|
| COVID | 13.3 | 0 | 0 | 0 |
| OTHERS | 563.7 | 623.4 | 7.2 | 38.2 |
| TOTAL | 577 | 623.4 | 7.2 | 38.2 |

Certified that the above report is for the period from

01/04/2022 to 30/04/2022

Date: 4/5/22.

Place: MANGALAGIRI.


Name and Signature of the Head of the Institution
Medical Superintendent
AIIMS, Mangalagiri