

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

**Date: 05/12/2023**

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 11<sup>th</sup> 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 November-2023 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,

*D. D. Rama Mohan*  
5/12/2023

Nodal officer,  
Biomedical waste Management,

**D. D. RAMA MOHAN**  
M.D. (Hosp. Admn.) DNB (Health Admin.)  
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- NOVEMBER - 2023**

Sl. No.	Particulars		
1	<b>Particulars of the Occupier</b>		
	(i) Name of the authorised person (occupier or operator of facility) operator of facility)	:	<b>Director AIIMS Prof. Mukesh Tripathi</b>
	(ii) Name of HCF or CBMWTF	:	<b>All India Institute of Medical Sciences (AIIMS)</b>
	(iii) Address for Correspondence	:	<b>AIIMS, Mangalagiri, Andhra Pradesh-522503</b>
	(iv) Address of Facility		<b>AIIMS, Mangalagiri, Andhra Pradesh-522503</b>
	(v) Tel. No, Fax. No	:	<b>08645-231133</b>
	(vi) E-mail ID	:	<b>director@aiimsmangalagiri.edu.in</b>
	(vii) URL of Website		<b>www. aiimsmangalagiri.edu.in</b>
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	<b>Autonomous Organization</b>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules.	:	<b>Order No. APPCB-11021/96/2022-TEC-BMW-APPCB Dated 09.09.2022 valid for 960 beds</b>
	(xi). Status of Consents under Water Act and Air Act	:	<b>Order No.489 /APPCB/CFE/RO-GNT/HO/2021 dated 11/5/2022</b>
2.	<b>Type of Health Care Facility</b>		
	(i) Bedded Hospital	:	<b>600</b>
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	<b>N.A.</b>
	(iii) License number and its date of expiry.		
3.	<b>Details of CBMWTF</b>		<b>602/APPCB/BMW/CBMWTF/GNT/2001-5578</b>
	(i) Number of Healthcare facilities covered by CBMWTF.	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	
4.	<b>Quantity of waste generated or disposed in Kg (on monthly basis)</b>	:	<b>Yellow Category: 3159.63 / MONTH</b>
		:	<b>Red Category: 2937.91 / MONTH</b>
		:	<b>White Category: 87 / MONTH</b>
		:	<b>Blue Category: 444 / MONTH</b>
		:	<b>Total: 6628.54 / MONTH</b>

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 of Kg/day</th> <th>Quantity treated or disposed</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td rowspan="10">}</td> <td rowspan="10"></td> <td rowspan="10">handled by CBMWTF Operator</td> </tr> <tr> <td>Plasma Pyrolysis</td> </tr> <tr> <td>Autoclaves</td> </tr> <tr> <td>Microwave</td> </tr> <tr> <td>Hydroclave</td> </tr> <tr> <td>Shredder</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> </tr> <tr> <td>Deep burial pits:</td> </tr> <tr> <td>Chemical disinfection:</td> </tr> <tr> <td>Any other treatment equipment:</td> </tr> </tbody> </table>	Type of treatment Equipment	No of units disposed in kg per Annum.	Cap of Kg/day	Quantity treated or disposed	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:
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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.) <b>Handled by CBMWTF Operator</b>																		
(iv) No of vehicles used for collection and transportation of biomedical waste.	:	<b>2 VEHICLES</b>																		
(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</th> <th>disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td><b>NIL</b></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td><b>NIL</b></td> </tr> </tbody> </table>	Quantity generated	Where	disposed	Incineration Ash		<b>NIL</b>	ETP Sludge		<b>NIL</b>									
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(vii) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	:	<b>SAFEENVIRON</b>																		
(vii) List of members HCF not handed over bio-medical waste.	:	<b>NIL</b>																		
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	<b>YES</b>																		

Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		
	(ii) Number of personnel trained.		
	(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, demonstration with colour coded bins and bags.
	(vi) any other information		
8	<b>Details of the accident occurred during the year.</b>		
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	

	YELLOW (in kgs)	RED (in kgs)	WHITE (in kgs)	BLUE (in kgs)
<b>TOTAL</b>	3159.63	2937.91	87	444

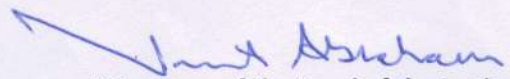
Certified that the above report is for the period from "01-11-2023 to 30-11-2023".

Date:

5/12/23

Place:

Mangalagiri

  
Name and Signature of the Head of the Institution

डॉ. विनीत थॉमस अब्राहम / Dr. Vineet Thomas Abraham

चिकित्सा अधीक्षक / Medical Superintendent

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि (आ.प.)

All India Institute of Medical Sciences,

Mangalagiri (A.P.)