

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

**Date: 05/08/2024**

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 July-2024 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,

*01/11/2024*  
*5/8/24*

Nodal Officer,  
Biomedical waste Management,  
AIIMS, Mangalagiri

**Dr. 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



**Form - IV**  
**(See rule 13)**  
**MONTHLY REPORT- JULY - 2024**

Sl. No.	Particulars		
1	<b>Particulars of the Occupier</b>		
	(i) Name of the authorised person (occupier or operator of facility) operator of facility)	:	Director, AIIMS Mangalagiri
	(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		AIIMS, Mangalagiri, Andhra Pradesh-522503
	(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. APPCB-11021/96/2022-TEC-BMW-APPCB-947 Dated 14.01.2024
	(xi). Status of Consents under Water Act and Air Act	:	Consent Order No: APPCB-11021/96/2022-TEC-BMW-APPCB-947 Dated 14/01/2024
2.	<b>Type of Health Care Facility</b>		
	(i) Bedded Hospital	:	500
	(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.		
3.	<b>Details of CBMWTF</b>		MoU with Safenviron Pvt. Ltd, Chinakakani, Mangalagiri, Guntur District Dated 01.04.2023 valid up to 31.03.2028
	(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>	:	Yellow Category: 4829.1kg / MONTH
		:	Red Category: 6499.40 kg / MONTH
		:	White Category: 173.45 kg / MONTH
		:	Blue Category: 856.11 kg / MONTH
		:	<b>Total: 12358 kg / MONTH</b>



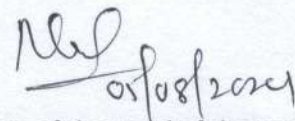
5. Details of the Storage, treatment, transportation, processing and Disposal Facility									
(i) Details of the on-site storage facility	: Size: 144 square feet								
	: Capacity:								
	: Provision of on-site storage: (cold storage or any other provision)								
(ii) Details of the treatment or disposal facilities	: <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Type of treatment Equipment</td> <td style="width: 10%;">No of units disposed in kg per Annum.</td> <td style="width: 10%;">Cap of Kg/day</td> <td style="width: 10%;">Quantity treated or</td> <td style="width: 10%;">disposed</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">           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:         </td> <td style="width: 5%; text-align: center;">}</td> <td style="width: 25%; text-align: center;"> <b>handled by CBMWTF Operator</b> </td> </tr> </table>	Type of treatment Equipment	No of units disposed in kg per Annum.	Cap of Kg/day	Quantity treated or	disposed	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:	}	<b>handled by CBMWTF Operator</b>
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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:	}	<b>handled by CBMWTF Operator</b>							
(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.	Quantity generated Where disposed Incineration <b>NIL</b> Ash ETP Sludge <b>NIL</b>								
(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>								



7	<b>Details trainings conducted on BMW</b>		
	(i) Number of trainings conducted on BMW Management.		1
	(ii) Number of personnel trained.		12 (Bio Medical handlers)
	(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		02
	(ii) Number of the persons affected		02
	(iii) Remedial Action taken (Please attach details if any)		One dose Post exposure prophylaxis taken by one person, Baseline investigations like HIV, HCV, HBsAg done by both
	(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>	4829.1	6499.40	173.45	856.11

Certified that the above report is for the period from "01-07-2024 to 31-07-2024".



Name and Signature of the Head of the Institution  
**डॉ. नटराज. ऐ. आर / Dr. NATARAJ A.R.**  
 चिकित्सा अधीक्षक/Medical Superintendent  
 अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि, (आं.प्र.)  
 All India Institute of Medical Sciences  
 Mangalagiri (A.P.)

Date:

Place: