INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

(Hospital based autonomous academic Institute, under GNCT of Delhi, dealing with)

"Brain – Mind Problems & their Solutions"

Dilshad Garden, Delhi 110 095 (India)



Tel.: 2211 4021, 32, Ext. No.655 Fax; 2259 9227, E-mail: dmsihbas a gmail.com; website: ihbas, delhigovt.nic.in

Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

EN 35/BMW/IIIBAS/2025/ 295

Date 16/1/25

To.

The CMO (BMW-MGMT)

DHS,F-17,

SwasthyaSewaNideshalayaBhagwan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of December 2024 regarding Bio Medical Waste Management in our Institute .

Sir/Madam.

With reference to your letter, herewith we are enclosing the Monthly Report for the month of December 2024 regarding Bio Medical Waste Management in our Institute.

(Dr,Om Prakash)

Copy to:-

- 1. OIC Computer with request to upload on website
- 2. OIC (BMW/HIC)
- 3. Assistant office of the Director

Form - N/ (See rule 13) ANNUAL REPORT/ MONTHLY REPORT

Particulars of the Occupier		· ·
(i) Name of the authorised person	;	
(accupier or operator of	:	
facility)		Disector
fill Name of HOE or OBLAN	, '	V VECTOR
(ii) Name of HCF or CBMWTF	:	
(ii) Address for Correspondence	-	LAIRAS
(iv) Address of Facility	÷	17681 1116400 0000
(v)Tel. No, Fax, No	÷	LHEAC, DISHAD - GARDEN, DELHI-35.
(vi) E-mail ID	1:	FAX MA 22 GROSS
(vii) URL of Website		director office @ Ilbar orgs
(viii) GPS coordinates of HCF or CBMWTF	-	aunithas delli gout blato.
(ix) Ownership of HCF or CBMWTF	<u> </u>	John John Dich
1	:	(State Government or Private or Semi
(x). Status of Authorisation under the Bio-	-	1 Covi. or any other)
I medical reaste	:	Authorisation No.: Auth/1992920
(Management and Handling) Rules	3.	
(A). Status of Consents under White a		valid up to 7/7/29
Tana All Alet. Valid up to	1:	
Type of Health Care Facility	-	916125
(i) Bedded Hospilal	 	HOSPITAL
(ii) Non-bedded hospital		No. of Beds3.13
(Clinic or Blood Bank or Clinical I - I		
1		*.
Institute or Veterinary Hospital or any		. 🔾
Ottici)		•
(iii) License number and its date of expiry Details of CBMWTF	_	_
Colding of CDMM//	1	
(i) Number healthcare facilities covered by CBMWTF	1:	
(ii) No of beds covered by CBMWTF	_	
(iii) Installed treatment and disposal	<u>;</u> :.	
1 Sapacity of		Kg per day
CEMWIF	1	
(iv) Quantily of biomedical waste treated of	01'	Kalday
disposed by CBMWTF	· '	Kg/day
 Quantity of waste generated or disposed Kg per annum 	ln	Yellow Category:
(on monthly average basis)		1441,26 Kg
		,
		Red Category: 148 5 12 40
		VVhite: Q 2-440
		Blue Category: 299, 28 49
5 Details of the Storage, treatment, transpr	orlation	Gerteral Solid waste: 3130 kg
(i) Details of the on-site storage facility	- TEILIOII	Sire :
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Capacity:
		Provision of on-site storage: (cold storage or any other provision)
(ii) disposal facililles		Type of treatment
, and the second		Type of treatment No Capa Quantity treatment
	1	of city disposed in kg per
1 1	1	Units Kg/ appum

			Plasma Pyrolysis
			Autoclaves Microwave Hydroclave Shredder Needle tip cutter or Destroyer: Sharps encapsulation or concrete plt: Deep burlal pifs: 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.)
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	BY SMS WATER GRACE PUT, LTD,
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where Generated disposed Incineration Ash ETP Sludge 12 K 25
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	ETP Sludge 12 kg, SMS WATER CROCK PUT, LTD,
	(vii) List of member HCF not handed over bio-medical waste	•	
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,		09
	(ii) number of personnel trained		223+17=240
	(iii) number of personnel trained at the time of induction		. 17
<u>.</u>	(iv) number of personnel not undergone any training so far (v) whether standard manual for training is available?		
8	(vI) any other information Details of the accident occurred during the year		
	(i) Number of Accidents occurred (ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
9	(iv) Any Fatality occurred, details. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		h0
	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?		CHEMICAL TREATMENT PONE BY NEUTRALIPATION C SOPIUM HYPOCHLORITE
11	is the disinfection method or sterilization meeting the log 4 standards? How many		

10.25

- 24

emy 25

•			7
times you have not met the standards in a		· · · · · · · · · · · · · · · · · · ·	1
year? 12 Any other relevant information	1 .	(Air Pollution Control Devices attached with the Incinerator)	

Certified that the above report is for the period from MaNTH of DECEMBER 2029

Jeeracion

Date: Place

Jenn :

Assistant Professor
Assistant Professor
DMC regd no. 2-017
Deptt of Micronic Gy
Deptt of Micronic Behavior and
Institute of Numan Behavior
Allied Sciences Delhi -110095

Name and Signature Head of the Institution

Dr. OM PRAKASH

Dr. OM PRAKASH

Dr. OM PRAKASH

Experimenden

Professor of Psychiatry

Professor of Psychiatry

Professor of Psychiatry

DMC No. A4910

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Dr.Om Prakash professor of Psychiatry & Dy. Medical Superintendent IHBAS

To.

The Director,

Health services, Govt.of NCT of Delhi

Directorate of Health Services

SwasthyaSewaNideshalayaBhawan

F-17, Karkardooma,

Delhi 110032

Subject: Action Taken Report in respect of implementation of the High court orders forbidding the use of plastic bags

Refference: Your letter no. F.No.25/3(95)/09/DHS/BMW/,12564-608 dated 16.03.10

Sir/Madam,

With reference to your letter referred to above, this is to inform that no incident of use of plastic bags has been reported at this institute, except for use of plastic bags as prescribed under BMW (handling and management) Rules, 2016. The relevant report duly filled in, in respect of this Institute forDecember2024 is forwarded herewith as desired.

Thanking you

(Dr.Om Prakash)

Copy to:-

1. OIC Computer with request to upload on website

2. OIC (BMW/HIC)

3. Assistant office of the Director

Format for Report to Be Submitted To the Member Secretary, DPCC

1.	Name of the Unit	LHBas
2.	Name of the offender with father's name	
	& residential address & telephone	_
	number	
3.	Date of sample/Inspection	26-12-29
4.	Brief description of offence	
5.	Name & Address along with telephone	
4	number of the witness	
, c	1.	
	2.	
6.	Remarks, If any	3.4.
-	Enclosure: Sample & seizure memo and	
7.	Eliciosure. Sample de solette metale dis-	• • •
	any other document (s):	_
n '	Please specify	,

Siguature

(Name and Designation of the authorized officer)

NOTE: On the time of seizure of sample, signature and addresses of two independent witnesses must be obtained