INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES



(Hospital based autonomous academic Institute, under Government of National Capital Territory of Delhi. dealing with)

"Brain - Mind Problems & their Solutions"

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Dr. Deepak Kumar M. D., D.N.B.(Psychiatry) Professor & Head, Department of Psychiatry & Dv. Med. Superintendent

F.No.35/BMW/IHBAS/2021/ 19 5

To.

The CMO (BMW-MGMT) DHS, F - 17. Swasthya Sewa Nideshalaya Bhawan Karkardooma Delhi 32

Sub: Submission of Monthly report for the month of June 2022 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 June 2022 regarding Bio Medical Waste Management in our Institute. my gens reprise

Copy to:-

1. OIC Computer with request to upload on website

2. OIC (BMW/HIC)

3. Assistant office of the Director

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

| | Particulars | | makes the makes the state of the first and the state of t |
|-----------|-----------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SI. No | ranticulars | | |
| 10 | Particulars of the Occupier | | |
| | (i) Name of the authorised person | | and the state of t |
| | (occupier or operator of | , | Director |
| | facility) | | |
| | (ii) Name of HCF or CBMWTF | | I, H, B, A.S, |
| | (iii) Address for Correspondence | 1: | THE OF A NUMBER OF LITTLE DE LITTLE |
| | (iv) Address of Facility | 1 | 1. H. B. O. S. ALLCH AD - GARDEN, DELHI - 95. |
| | (v)Tel. No, Fax. No | 1: | LIHIBANSIBLICHAD-GARDEN, DELHI-35. FAX NO 22593227 Lirector office @ ILbas, org. |
| | (vi) E-mail ID | 1: | Lirector office @ 16bas, oral. |
| | (vii) URL of Website | 1: | couse, iht acidelli govathicim. |
| | (viii) GPS coordinates of HCF or CBMWTF | 1: | |
| | (ix) Ownership of HCF or CBMWTF | 1 | (State Government or Private or Semi |
| | (IX) Ownership of Hor of Opinivi (1 | ' | Govi or any other) |
| | (x). Status of Authorisation under the Bio- | 1: | Authorisation No.: AUTH 1993950 |
| | Medical Waste | ' | |
| | (Management and Handling) Rules | | valid up toチ.ノテリマのミザ |
| | (xi). Status of Consents under Water Act | 1: | |
| | and Air Act: Valid up to | ' | 9/6/2025 |
| 2 | Type of Health Care Facility | 7 | HOSPITAL |
| | (i) Bedded Hospital | 1: | No. of Beds 30.9 |
| | (ii) Non-bedded hospital | 1 | |
| | (Clinic or Blood Bank or Clinical Laboratory | | |
| | or Research | | . ~ |
| | Institute or Veterinary Hospital or any | | |
| | other) | | |
| | (iii) License number and its date of expiry | | |
| 3 | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by | 1: | _ |
| | CBMWTF | | |
| | (ii) No of beds covered by CBMWTF | | V are alout |
| , | (iii) Installed treatment and disposal | : | Kg per day |
| | capacity of | | |
| | CBMWTF | - | Kg/day |
| | (iv) Quantity of biomedical waste treated or | ; | |
| | disposed by | | COVID NON COVED ITATAL |
| | CBMWTF | | Yellow Category: Saka |
| 9 | Quantity of waste generated or disposed in | | 590,7kg |
| | Kg per annum (on monthly average basis) | | |
| | (on monthly average basis) | | 2 |
| | | | Yellow Category: Soky, Sgorts 640.7kg Red Category: Sym, 959.53kg 1008.53kg White: 9554 959.54kg 1008.53kg Blue Category: No. 262.49kg 252.49kg Corporal Solid waste: 2700.54 (2-704) abboxes |
| | | 1 | White: 411 9.5 45 9.3 45 |
| * | | | Blue Category: 262, 9960262, 179 |
| | | | |
| 5 | Details of the Storage, treatment, transporta | tion, p | processing and Disposal Facility |
| | (i) Details of the on-site storage facility | | S120: 70 6 1 23: |
| | | | Capacity: |
| | | | Provision of on-site storage: (cold storage or any other |
| | | | provision) BMW STOKESE Type of treatment No Capa Quantity treatment |
| | (ii) disposal facilities | | Equipment of city disposed in kg per |
| | | | Units Kg/ annum |
| | | | Day |
| | · · · · · · · · · · · · · · · · · · · | | Incinerators |

| | 2 May 1 | | Plasma Pyrolysis | 9 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------|-------|
| | A.C. | | Autoclaves – o 2 | |
| | | | Microwayo - 01 | 1 |
| | | | Hydroclave | |
| | | | Shredder | 1 |
| | | | Needle tip cutter or — 2.5 | 1 |
| | | | Destroyer: | 1 |
| | | | Sharps encapsulation | 1 |
| | | | or concrete plt: | 1 |
| | | | Deep burial pits: - 02 | 1 |
| | | | Chemical disinfection: | (|
| | | | Any other treatment | í |
| | | | equipment: | ĺ |
| | | | o quiprio in | (|
| | (iii) Quantity of recyclable wastes sold to | : | Red Category (like plastic, glass etc.) | Ĺ |
| | authorized recyclers after treatment in kg | , | , , , , , , , , , , , , , , , , , , , , | i |
| | per annum . | | | i |
| | (iv) No of vehicles used for collection and | 1: | 040 | |
| | transportation of biomedical waste | | BY SIMIS, WATER GRACE PUT, LTD, | i |
| | (v) Details of incineration ash and ETP | - | Quantity Where | |
| | sludge generated and disposed during the | | Generated disposed | |
| | treatment of wastes in Kg per annum | | Incineration | |
| | A Property of the second of th | | | |
| | | | | , |
| | (vi) Name of the Common Bio-Medical | + | | * |
| ļ | Waste Treatment Facility Operator | 1. | SMS WATER SPACE PUTLTD, | |
| | through which wastes are disposed of | 1 | ONS WATER STATE IVILID, | |
| | (vii) List of member HCF not handed over | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | bio-medical waste | 1- 1 | | |
| 6 | Do you have bio-medical waste | - | · · · · · · · · · · · · · · · · · · · | |
| | management committee? If yes, attach | [] | | |
| | minutes of the meetings held during the | [] | yes | |
| | minutes of the meetings held during the reporting period | 1 | 0 - | |
| 7 | | 1 | 1 | |
| 1 . | Details trainings conducted on BMW | 1 | | |
| | (i) Number of trainings conducted on BMW | 1 1 | 5 | |
| | Management. | | | |
| | (ii) number of personnel trained | | 149 | |
| | (iii) number of personnel trained at the time | , | 21. | |
| | of induction | , | 09 | |
| | (iv) number of personnel not undergone | | , | |
| | any training so far | | | |
| | (v) whether standard manual for training is | | | |
| | available? | | | |
| | (vi) any other information | | | |
| 3 | Details of the accident occurred during the | 1 | | |
| | year | | | |
| | (i) Number of Accidents occurred | | NLL | |
| | (ii) Number of the persons affected | | / [| |
| | (iii) Remedial Action taken (Please attach | | • | |
| | details if any) | | | |
| · · | The state of the s | | A., | |
| | (iv) Any Fatality occurred, details. | | No | |
| | Are you meeting the standards of air | | | |
| | Pollution from the incinerator? How many | | <i>N</i> 10€), | |
| , | times in last year could not met the | | | ٠. |
| | standards? | | | |
| , | Details of Continuous online emission | | | |
| | monitoring systems installed | | | |
| Δ . | Liquid waste generated and treatment | - | HEMICAL TREATMENT DONE BY NEUTRALLZATION | N |
| ו | | 1 | 1 | |
|) | methods in place. How many times you | | - | - |
| | have not met the standards in a year? | 5 | SODIUM HYPOCHLORITE OF DRAIN (CONNECTED) | IDE |
| 0 | | ==== | JES, ALL STANDARDS MET. |) o E |

| | times you have not met the standards in a | | |
|----|-------------------------------------------|---|--------------------------------------------------|
| | year? | | |
| 12 | Any other relevant information | : | (Air Pollution Control Devices attached with the |
| - | | | Incinerator) |

| Certified that the above report is for the period from | MONTH OF JUNE 2022 |
|--------------------------------------------------------|--------------------|
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| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | N . |

Date: Place Jerna Char

Jan Marie Ma

Dr. REMI GUPTA

Name and Signature Head of the Institution

Dr. Rajinder K. Dhamija Director, IHBAS Delhi-110095