

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”

Dilshad Garden, Delhi 110 095 (India) Tel.: 2211 2136 Fax: 2259 9227,

E.Mail: dmsihbas@gmail.com website: ihbas.delhigovt.nic.in

Dr. Deepak Kumar

M. D., D.N.B.(Psychiatry)

**Professor & Head, Department of Psychiatry &
Dy. Med. Superintendent**

F.No.35/BMW/IHBAS/2022/ 99

Date: 18/6/22

To

The Director,
Health services, Govt. of NCT of Delhi
Directorate of Health Services
Swasthya Sewa Nideshalaya Bhawan
F-17, Karkardooma,
Delhi 110032

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

Reference: Your letter no. F.No.25/3(95)/09/DHS/BMW/,12564-608 dated 16.03.2010

Sir,

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 for **May 2022** is forwarded herewith as desired.

Thanking you

For n-a.

[Signature]

See lab
09/6/22

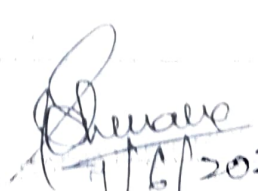
(Dr. Deepak Kumar)

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	I. H. B. A. S.
2.	Name of the offender with father's name & residential address & telephone number	—
3.	Date of sample/Inspection	28/5/22
4.	Brief description of offence	—
5.	Name & Address along with telephone number of the witness 1.	—
	2.	—
6.	Remarks, If any	—
7.	Enclosure: Sample & seizure memo and any other document (s): Please specify	—


Signature
(Name and Designation of the authorized officer)

(L.H.S.)
Seen on
03/6/22

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



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Professor & Head, Department of Psychiatry &

Dy. Med. Superintendent

F.No.35/BMW/IHBAS/2022/100

Date: 13/6/22

To

CMO (BMW-MGMT)

DHS, F – 17,

Swasthya Sewa Nideshalaya Bhawan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of May 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 **May 2022** regarding Bio Medical Waste Management in our Institute.

(Dr. Deepak Kumar)

Copy to:-

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3. Assistant office of the Director

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

Sl. No	Particulars																										
1	Particulars of the Occupier-																										
	(i) Name of the authorised person (occupier or operator of facility)		Director																								
	(ii) Name of HCF or CBMWTF		I.H.B.A.S.																								
	(iii) Address for Correspondence		I.H.B.A.S., DILSHAD-GARDEN, DELHI-95,																								
	(iv) Address of Facility		I.H.B.A.S., DILSHAD-GARDEN, DELHI-95,																								
	(v) Tel. No, Fax. No		FAX NO. - 22599227																								
	(vi) E-mail ID		director.office@ihbas.org																								
	(vii) URL of Website		www.ihbasdelhi.govt.in																								
	(viii) GPS coordinates of HCF or CBMWTF																										
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)																								
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: AUTH/1995950valid up to 7/7/2029																								
	(xi). Status of Consents under Water Act and Air Act : Valid up to		9/6/2025																								
2	Type of Health Care Facility		HOSPITAL																								
	(i) Bedded Hospital		No. of Beds....309																								
	(ii) Non-bedded hospital (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 CBMWTF		—																								
	(ii) No of beds covered by CBMWTF																										
	(iii) Installed treatment and disposal capacity of CBMWTF		_____ Kg per day																								
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		_____ Kg/day																								
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		<table border="1"> <thead> <tr> <th></th><th>COVID</th><th>NONCOVID</th><th>TOTAL</th></tr> </thead> <tbody> <tr> <td>Yellow Category :</td><td>50kg,</td><td>461.53kg</td><td>511.53kg</td></tr> <tr> <td>Red Category :</td><td>46kg,</td><td>830.14kg</td><td>876.14kg</td></tr> <tr> <td>White:</td><td>N/A</td><td>17.096kg</td><td>17.096kg</td></tr> <tr> <td>Blue Category :</td><td>N/A</td><td>230.56kg</td><td>230.56kg</td></tr> <tr> <td>General Solid waste:</td><td colspan="3">7000kg (7 Ton) approx.</td></tr> </tbody> </table>		COVID	NONCOVID	TOTAL	Yellow Category :	50kg,	461.53kg	511.53kg	Red Category :	46kg,	830.14kg	876.14kg	White:	N/A	17.096kg	17.096kg	Blue Category :	N/A	230.56kg	230.56kg	General Solid waste:	7000kg (7 Ton) approx.		
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																										
	(i) Details of the on-site storage facility		<table border="1"> <tr> <td>Size :</td><td>70.64 mts.</td></tr> <tr> <td>Capacity :</td><td></td></tr> <tr> <td>Provision of on-site storage : (cold storage or any other provision)</td><td>BMW STORAGE</td></tr> </table>	Size :	70.64 mts.	Capacity :		Provision of on-site storage : (cold storage or any other provision)	BMW STORAGE																		
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	(ii) disposal facilities		<table border="1"> <tr> <td>Type of treatment Equipment</td><td>No of Units</td><td>Capa city Kg/ Day</td><td>Quantity treatment disposed in kg per annum</td></tr> <tr> <td>Incinerators</td><td></td><td></td><td></td></tr> </table>	Type of treatment Equipment	No of Units	Capa city Kg/ Day	Quantity treatment disposed in kg per annum	Incinerators																			
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		Plasma Pyrolysis Autoclaves - 02 Microwave - 01 Hydroclave Shredder Needle tip cutter or Destroyer: Sharps encapsulation or concrete pit: Deep burial pits: - 02 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 S.M.S. WATER GRACE PVT. LTD.									
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table> <tr> <th></th><th>Quantity Generated</th><th>Where disposed</th></tr> <tr> <td>Incineration Ash</td><td></td><td></td></tr> <tr> <td>ETP Sludge</td><td>11,500 kg,</td><td>SENT TO YELLOW BAG.</td></tr> </table>		Quantity Generated	Where disposed	Incineration Ash			ETP Sludge	11,500 kg,	SENT TO YELLOW BAG.
	Quantity Generated	Where disposed									
Incineration Ash											
ETP Sludge	11,500 kg,	SENT TO YELLOW BAG.									
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATER GRACE PVT 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.	05									
	(ii) number of personnel trained	139									
	(iii) number of personnel trained at the time of induction	15									
	(iv) number of personnel not undergone any training so far										
	(v) whether standard manual for training is available?										
	(vi) any other information										
8	Details of the accident occurred during the year										
	(i) Number of Accidents occurred	NIL									
	(ii) Number of the persons affected										
	(iii) Remedial Action taken (Please attach details if any)										
	(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										
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	CHEMICAL TREATMENT DONE BY NEUTRALIZATION									
11	Is the disinfection method or sterilization meeting the log 4 standards? How many	2 SODIUM HYPOCHLORITE OR DRAINS CONNECTED TO E.T.S. YES, ALL STANDARDS MET.									

	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 MAY 2022.

Date:
Place

Seema Chandra
01/6/22

Rajinder K. Dhamija
1/6/2022

Name and Signature
Head of the Institution

10/6/22
Dr. Rajinder K. Dhamija
Director, IHBAS
Delhi-110095