

7

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

1.	Name of the Unit	I.I.B.A.S.
2.	Name of the offender with father's name & residential address & telephone number	—
3.	Date of sample/Inspection	28/9/22
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	—

Heena
6/5/22

(A. K. N.)
Seen
2/9/22

Signature

(Name and Designation of the authorized officer)

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.I.B.A.S.,																								
	(iii) Address for Correspondence		I.I.B.A.S., DILSHAD-GARDEN, DELHI-95,																								
	(iv) Address of Facility		I.I.B.A.S., DILSHAD-GARDEN, DELHI-95,																								
	(v) Tel. No, Fax. No		FAX No. - 22599227																								
	(vi) E-mail ID		director.office@ibba.org,																								
	(vii) URL of Website		www.ibba.org, delhi.govt.hic.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 7/7/2021																								
	(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... 30.9																								
	(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) month of APRIL 2022		<table border="1"> <tr> <td>Yellow Category :</td> <td>COVID</td> <td>NON COVID</td> <td>TOTAL</td> </tr> <tr> <td></td> <td>98kg</td> <td>589.92kg</td> <td>632.92kg</td> </tr> <tr> <td>Red Category :</td> <td>98kg</td> <td>859.75kg</td> <td>907.75kg</td> </tr> <tr> <td>White:</td> <td>-Nil</td> <td>15.8kg</td> <td>15.8kg</td> </tr> <tr> <td>Blue Category :</td> <td>-Nil</td> <td>218.37kg</td> <td>218.37kg</td> </tr> <tr> <td>General Solid waste:</td> <td colspan="3">2000kg (2 Ton) approx</td> </tr> </table>	Yellow Category :	COVID	NON COVID	TOTAL		98kg	589.92kg	632.92kg	Red Category :	98kg	859.75kg	907.75kg	White:	-Nil	15.8kg	15.8kg	Blue Category :	-Nil	218.37kg	218.37kg	General Solid waste:	2000kg (2 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		Size : 70.64 mts. Capacity : Provision of on-site storage : (cold storage or any other provision) BMW STORAGE																								
	(ii) disposal facilities		Type of treatment Equipment No of Units Capa city Kg/ Day Quantity treatment disposed in kg per annum Incinerators																								

		Plasma Pyrolysis Autoclaves - 02 Microwave - 01 Hydroclave Shredder Needle tip cutter or Destroyer - 25 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 SMS 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 border="1"> <thead> <tr> <th></th><th>Quantity Generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr> <td>Incineration Ash</td><td></td><td>SENT TO YELLOW BAGS</td></tr> <tr> <td>ETP Sludge</td><td>11,600</td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration Ash		SENT TO YELLOW BAGS	ETP Sludge	11,600	
	Quantity Generated	Where disposed									
Incineration Ash		SENT TO YELLOW BAGS									
ETP Sludge	11,600										
	(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	202									
	(iii) number of personnel trained at the time of induction	37									
	(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 C SODIUM HYPOCHLORITE OR DRAIN CONNECTED TO E.T.P.									
11	Is the disinfection method or sterilization meeting the log 4 standards? How many	YES, ALL STANDARDS MET.									

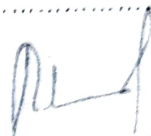
	times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from MONTH 01- APRIL 2022

Date:
Place

Seema (L.G.N)
21/7/22

Seema
4/5/22


Name and Signature
Head of the Institution
Dr. Rajinder K. Dhamija
Director, IHBAS
Delhi-110005