



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

(An Autonomous Body under the Government of National Capital Territory of Delhi)

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Library

Dr. Deepak Kumar

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

Associate Professor, Department of Psychiatry &

Dy. Med. Superintendent

F.19 (4)/ANS/IHBAS/2021/29

Date 16/1/2021

To

The Directorate  
Biomedical Waste Management Cell  
DHS, F-17  
Karkardooma, Delhi 110032

Subject: Submission of Quarterly Report from October 2020 to December 2020

Sir,

Please find enclosed the quarterly report in prescribed format regarding bio- medical waste status at this Institute for the October 2020 to December 2020.

Deepak  
15/1/2021  
(Dr. Deepak Kumar)

Quarterly information required for BMW Management as per BMW Rules 2016

| S.No. | Particulars                                                            |                                                                              |
|-------|------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.    | Name address of the Hospital                                           | INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHAS) DELHI-95               |
| 2.    | No. of authorized/sanctioned beds                                      | 297                                                                          |
| 3.    | Name of the occupier (MS/Director)                                     | DR. N. G. DESAI (Director)                                                   |
| 4.    | Phone No. Fax, E-mail                                                  | FAX NO-22599227.                                                             |
| 5.    | Whether authorization from Delhi Pollution Control Committee obtained? | YES.                                                                         |
| 6.    | If yes, Authorisation No., date of issue and validity                  | DPCC (HSC) COI/2019/BMW/INST/AUTH/1995950 DATED-15/11/2019, VALID-07/12/2024 |
| 7.    | Whether in-house treatment facility available?                         | YES.                                                                         |
|       | 7A. If yes, write-                                                     | MICROWAVE FOR LAB WASTE ONLY.                                                |
|       | 7B. If No. how is the BMW treated?                                     | OTHER WASTE BY SMS WATER GRACE PVT LTD.                                      |
|       | 7C. Whether tie up with CBWTF Operator (name)                          | SMS WATER GRACE PVT LTD.                                                     |
| 8.    | Whether Nodal Officer for BMW Management designated?                   | YES.                                                                         |
|       | 8A. If yes-pl. give name & phone No.                                   | DR. RENU GUPTA, 9868386833                                                   |
| 9.    | Whether Biomedical Waste Management Committee formed?                  | YES.                                                                         |
|       | 9A. If yes, give name of the members                                   | MEMBERS LIST ENCLOSED.                                                       |
|       | 9B. Date of last meeting                                               | 20/8/2020                                                                    |
| 10.   | Whether Colour Coded Segregation Containers available?                 | YES.                                                                         |
|       | 10A. If yes-what is colour coding                                      | RED, YELLOW                                                                  |
| 11.   | Whether Colour Coded Segregation Liners/Bags available?                | YES.                                                                         |
|       | 11A. If yes, what colours?                                             | RED, YELLOW                                                                  |
| 12.   | Whether using Biohazard and Cytotoxic Symbols                          | YES.                                                                         |
| 13.   | Whether Packaging & labeling practiced                                 | YES.                                                                         |
| 14.   | Whether puncture proof sharps containers available for metal sharps?   | YES.                                                                         |
| 15.   | How is glass sharp segregated?                                         | THROUGH BLUE PUNCTURE PROOF CONTAINER                                        |
| 16.   | Whether the laboratory waste is pretreated?                            | YES.                                                                         |
| 17.   | If yes, by what method?                                                | BY MICROWAVE                                                                 |

|     |                                                                      |                                                                                                |
|-----|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 18. | Quantity of laboratory waste/monthwise                               | OCT-165 Kgs, NOV-175 Kgs, DEC-190 Kgs                                                          |
| 19. | Is there any provision internal storage?                             | YES.                                                                                           |
| 20. | Whether there are any use of wheel barrow/trolleys?                  | YES.                                                                                           |
| 21. | Is there any separate provision of washing facilities for containers | YES.                                                                                           |
|     | 21A. If No, where these containers are washed?                       | -                                                                                              |
| 22. | Is there any centralized storage site?                               | YES.                                                                                           |
|     | 22A. Is there any provision of lock and key for BMW storage?         | YES.                                                                                           |
| 23. | Whether needle destroyers available?                                 | YES.                                                                                           |
| 24. | Whether the hand hygiene is practiced in the hospital                | YES.                                                                                           |
|     | 24A. If yes, how is it monitored                                     | OBSERVED BY HC SISTER IN PATIENT CARE AREA FOR ONE HOUR.                                       |
| 25. | Is there any Spill Management Protocol                               | YES.                                                                                           |
| 26. | Is there any Provision for Management of Mercury Waste, Heavy Metals | MERCURY TOTALLY PHASED OUT.                                                                    |
| 27. | Whether records are maintained properly?                             | YES.                                                                                           |
|     | 27A. If yes, whether verified by the Chairman/Nodal Officer          | YES.                                                                                           |
| 28. | Whether there is daily supervision?                                  | YES.                                                                                           |
|     | 28A. If yes, whether the records are maintained                      | YES.                                                                                           |
| 29. | Is there any provision of separate waste weighing machine            | YES.                                                                                           |
|     | 29A. If yes, whether daily record of weight maintained.              | YES.                                                                                           |
| 30. | Whether in cytotoxic drug vials are managed as per rules.            | NOT USED IN THIS PERIOD.                                                                       |
|     | 30 A. If yes, how they are managed.                                  | -                                                                                              |
| 31. | Whether there is any injury register                                 | YES.                                                                                           |
|     | 31 A. If yes, whether there is needle stick injury protocol          | YES.                                                                                           |
| 32. | Is there any separate Budget Head for BMW?                           | YES.                                                                                           |
| 33. | Whether SOPs/ guidelines available                                   | YES.                                                                                           |
| 34. | Is there any provision of Training/Retraining in BMW Management      | YES.                                                                                           |
|     | 34A. If yes, the No. of personnel trained during the quarter         | Doctors- 02<br>Nurses- 51+55 (106)<br>Technicians- 02<br>Gr.IV employees- 13<br>Any others- 02 |
| 35. | Is there any IEC/Community awareness                                 | YES.                                                                                           |
| 36. | Whether Waste Audit carried out?                                     | YES.                                                                                           |

|       |                                                                           |                                  |
|-------|---------------------------------------------------------------------------|----------------------------------|
| 36 A. | If yes, whether the audit report submitted to the head of the institution | YES.                             |
| 37.   | Whether monthly reports submitted to DHS                                  | YES.                             |
| 38.   | Whether Quarterly reports submitted to DHS                                | YES.                             |
| 39.   | Whether Annual Monthly Reports submitted to DPCC                          | YES.                             |
| 40.   | Whether regular inspections carried out by hospital administration        | YES.                             |
| 41.   | Whether consent obtained under air and water Act                          | YES.                             |
| 42.   | Whether Acoustic enclosures for generator sets present                    | YES.                             |
| 43.   | Whether effluent treatment plant (ETP) installed in the Hospital          | YES.                             |
| 44.   | If yes, attach copy of laboratory Report authorized by DPCC               | COPY ATTACHED                    |
| 45.   | Whether Personal Protective Equipment (PPE) used BMW staff                | YES.                             |
| 46.   | Whether the staff posted at BMW is medically examined                     | YES.                             |
|       | 46A. If yes, how frequently                                               | 6 MONTHLY.                       |
|       | 46B. Whether immunized against Tetanus and Hepatitis B                    | YES.                             |
| 47.   | Quantum of waste generated                                                | OCTOBER NOVEMBER DECEMBER        |
|       | Incinerable                                                               | 815.08kg 631.75kg 1,046.1 kg     |
|       | Autoclavable/Microwavable                                                 | 1,073.72kg 935.71kg 1,042.67kg   |
|       | Sharps                                                                    | 218.57kg 170.98kg 201.00kg       |
|       | Total                                                                     | 2,106.13kg 1,738.44kg 2,289.68kg |

Signature of Nodal Officer/Chairperson:  
Signature of MS/CDMO:

*[Signature]*  
15/1/2021

*[Signature]*  
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Name.....  
Nursing Officer  
NIC, IHBAS  
Dilshad Garden, Delhi-95

**Bio-Medical Waste Management Committee, IHBAS**

| Name               | Designation & Department   |
|--------------------|----------------------------|
| Dr. Deepak Kumar   | DMS & HOD (Psychiatry)     |
| Dr. Renu Gupta     | OIC & Nodal Officer (BMW)  |
| Dr. Ravinder Singh | OIC (Sanitation)           |
| Mr. Anil Kumar Rai | ANS-I                      |
| Mr. M. S. Bhati    | E.E. Civil                 |
| Ms. Sunita Rani    | Sr. Nursing Officer        |
| Ms. Priti Smart    | Nursing Officer            |
| Mr. Vijay Bhan .   | Nodal Officer (Sanitation) |



## WATER LABORATORY

DELHI POLLUTION CONTROL COMMITTEE  
4TH FLOOR, ISBT BUILDING, KASHIMERE GATE, DELHI-110006  
visit us at <http://dpcccommc.nic.in>

Result No- DPCC/Comm/W/4068

Date: 09/03/2020

17/3/20

LAB REPORT

1. Name & Address of Unit : M/s. INSTITUTE OF HUMAN BEHAVIOUR AND ALLIED SCIENCES  
Dilshad Garden  
Delhi-110092
2. Sampling Location : ETP Outlet
3. Date of sampling : 02/03/2020
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : ETP
6. Nature of sample : Grab
7. Nature of Industry : Health Care Establishments having bed strength above 50 beds and connected or not connected to Sewer and without boiler
8. Parameter analyzed and result

| S. No. | Parameters                                                                         | ETP Outlet | Prescribed Standard |
|--------|------------------------------------------------------------------------------------|------------|---------------------|
| 1      | pH                                                                                 | 7.9        | 6.5-9.0             |
| 2      | Total Suspended Solids (TSS)                                                       | 26         | 100.0               |
| 3      | Oil and Grease                                                                     | 1.6        | 10.0                |
| 4      | Bio - assay Test (percent survival of fish after 96 hours in 100 percent effluent) | 100        | 90.0-100.0          |
| 5      | Bio-Chemical Oxygen Demand(BOD)[3 days at 27°C]                                    | 18         | 30.0                |
| 6      | Chemical Oxygen Demand(COD)                                                        | 56         | 250.0               |

\*All parameters are in mg/l except pH

*N. Moitra*Dr Nandita Moitra  
I/C Water LaboratoryDr. NANDITA MOITRA  
Scientist 'C'*SSA*

SSA/Analyst/JLA