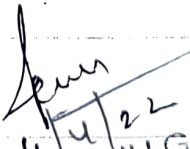


Format for Report to Be Submitted To the  
Member Secretary, DPCC

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

  
 4/4/22  
 DR. RENU GUPTA  
 (Name and Designation of the authorized officer)  
 Assessor  
 MD Microbiology  
 IHBAS, Delhi-110095

Signature \_\_\_\_\_  
 9/7/22

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

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   |           | D.H.B.A.S.   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (iii) Address for Correspondence   |           | D.H.B.A.S., DILSHAD-GARDEN, DELHI-95   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (iv) Address of Facility   |           | D.H.B.A.S., DILSHAD-GARDEN, DELHI-95   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (v) Tel. No, Fax. No   |           | FAX No. - 22599324   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (vi) E-mail ID   |           | director.office@dhbae.org  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (vii) URL of Website   |           | www.dhbae.delhi.govt.bil.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/1995950  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      |  |           | .....valid up to 7/7/2024  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (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.. 307  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (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>52kg</td><td>6497.76kg</td><td>6549.76kg</td></tr> <tr> <td>Red Category :</td><td>52kg</td><td>918.14kg</td><td>970.14kg</td></tr> <tr> <td>White:</td><td>NIL</td><td>7.41kg</td><td>7.41kg</td></tr> <tr> <td>Blue Category :</td><td>NIL</td><td>219.48kg</td><td>219.48kg</td></tr> <tr> <td>General Solid waste:</td><td colspan="3">4000 kg, (4 ton) approx</td></tr> </tbody> </table> |  | COVID | NONCOVID | TOTAL | Yellow Category : | 52kg | 6497.76kg | 6549.76kg | Red Category : | 52kg | 918.14kg | 970.14kg | White: | NIL | 7.41kg | 7.41kg | Blue Category : | NIL | 219.48kg | 219.48kg | General Solid waste: | 4000 kg, (4 ton) approx |  |  |
|                      | COVID  | NONCOVID  | TOTAL  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| Yellow Category :    | 52kg   | 6497.76kg | 6549.76kg  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| Red Category :       | 52kg   | 918.14kg  | 970.14kg   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| White:               | NIL  | 7.41kg    | 7.41kg   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| Blue Category :      | NIL  | 219.48kg  | 219.48kg   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| General Solid waste: | 4000 kg, (4 ton) approx  |           |  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
| 5                    | Details of the Storage, treatment, transportation, processing and Disposal Facility  |           |  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (i) Details of the on-site storage facility  |           | Size : 70.64 mts.<br>Capacity :<br>Provision of on-site storage : (cold storage or any other provision)<br>BMWSTORAGE  |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      | (ii) disposal facilities   |           | Type of treatment Equipment : No of Units<br>Capa city : Kg/Day<br>Quantity treatment disposed in kg per annum   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |
|                      |  |           | Incinerators   |  |       |          |       |                   |      |           |           |                |      |          |          |        |     |        |        |                 |     |          |          |                      |                         |  |  |

|                  |   |  |  |                    |                |                  |  |  |            |            |                     |
|------------------|---|--|--|--------------------|----------------|------------------|--|--|------------|------------|---------------------|
|                  |   | Plasma Pyrolysis<br>Autoclaves - 02<br>Microwave - 01<br>Hydroclave<br>Shredder<br>Needle tip cutter or Destroyer: - 25<br>Sharps encapsulation or concrete pit:<br>Deep burial pits: - 02<br>Chemical disinfection:<br>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="0"> <tr> <td></td><td>Quantity Generated</td><td>Where disposed</td></tr> <tr> <td>Incineration Ash</td><td></td><td></td></tr> <tr> <td>ETP Sludge</td><td>12,700 Kg.</td><td>SENT TO YELLOW BAGS</td></tr> </table>                   |  | Quantity Generated | Where disposed | Incineration Ash |  |  | ETP Sludge | 12,700 Kg. | SENT TO YELLOW BAGS |
|                  | Quantity Generated  | Where disposed   |  |                    |                |                  |  |  |            |            |                     |
| Incineration Ash |   |  |  |                    |                |                  |  |  |            |            |                     |
| ETP Sludge       | 12,700 Kg.  | SENT TO YELLOW BAGS  |  |                    |                |                  |  |  |            |            |                     |
|                  | (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.  | 03   |  |                    |                |                  |  |  |            |            |                     |
|                  | (ii) number of personnel trained  | 87   |  |                    |                |                  |  |  |            |            |                     |
|                  | (iii) number of personnel trained at the time of induction  |  |  |                    |                |                  |  |  |            |            |                     |
|                  | (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 OF SODIUM HYPOCHLORITE OF DRAINS CONNECTED TO ETP.   |  |                    |                |                  |  |  |            |            |                     |
| 11               | Is the disinfection method or sterilization meeting the log 4 standards? How many   | YES, ALL STANDARDS MET.  |  |                    |                |                  |  |  |            |            |                     |