

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS) (Hospital based autonomous academic Institute, under GNCT of Delhi, dealing with) "Brain - Mind Problems & their Solutions" Dilshad Garden, Delhi 110 095 (India)

Tel.: 2211 4021, 32, Ext. No.655 Fax: 2259 9227, E-mail: dmsihbas@gmail.com; website: ihbas.delhigovt.nic.in

Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

F.N.35/BMW/IHBAS/2023/149 15 9

Date... 1.618123.

To,

The CMO (BMW-MGMT)

DHS,F-17,

Swasthya Sewa Nideshalaya Bhagwan

Karkardooma

Delhi 32

Sub: Submission of Monthly report for the month of July 2023 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 July

2023 regarding Bio Medical Waste Management in our Institute.

(Dr. Om prakash) Dr. OM PRAKASH Professor of Psychiatry

DMC NO. 44910 IHBAS, Delhi-110095

Thanking You

Copy to:-

OIC Computer with request to upload on website 1.

OIC (BMW/HIC) 2.

Assistant office of the Director 3.

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

SI.	Parliculars		
1	Particulars of the Occupier		
THE REAL PROPERTY.	(i) Name of the authorised person		
12	(occupier or operator of		Director
	facility)		D10CC100
<u> </u>	(ii) Name of HCF or CBMWTF		Dugo
	(iii) Address for Correspondence	:	LHBOS DYGENER
	(IV) Address of Facility		LHBOS DIGGHAD-CORDEN, DELHI- 95.
	(V) rel. No, r-ax, No	-	LADOUS DECLETADOS DELA DELLI- a c
	(VI) E-mail ID		
	(vii) URL of Website		director office @ Inbarioggi
	(viii) GPS coordinates of HCE or CRANATE	:	www. Isbas, delli gover blerin.
	(ix) Ownership of HCF or CBMWTF	;	Joy 10 Co In
	The state of CBMMALE	:	(State Government or Private or Semi
	(x) Status of Authorise ti		Govt. or any other)
1	(x). Status of Authorisation under the Bio- Medical Waste	:	Authorisation No.: AUTH Leason
1	(Management	-	Authorisation No.: AUTH 1995950
-	(Management and Handling) Rules		The second secon
	(A). Oldius Of Linnsente under the		valid up to 7/7/2024
	and the following to	:	A CONTRACTOR OF THE CONTRACTOR
-	Type of Health Care Facility		9/6/2025
	(I) Bedded Hospital	;	(100)
	(ii) Non-bedded hospital	:	No. of Beds. 3.13
1	(Clinic or Placel F.	·	10. of beds5,15.
	(Clinic or Blood Bank or Clinical Laboratory or Research		
1	or Research		•
	Institute or Veterinary Hospital or any other)	1	_
	other)	1	•
	(iii) License number and its		
3	(iii) License number and its date of expiry Details of CBMWTF		
	(i) Number heavy	1:	
	(i) Number healthcare facilities covered by CBMWTF	1:	
	(a) b) is		
-	(ii) No of beds covered by CBMWTF	-	
	1 Motoricularity and dies	-	
	1 12 12 12	1:	Kg per day
	CBMWTF		
	(iv) Quantity of biomedical waste treated or		
	disposed by	;	Kg/day
*.	CBMWTF		ivgrudy
4	Ougative	1	,
•	Quantity of waste generated or disposed in	_	Vallow O-4
		1	Yellow Category:
	(on monthly average basis)		893,189,
			Red Category: 1022 22-Va
			White:
			Blue Category:
			Congral G-Bl
5	Details of the Storage, treatment, transport	atlon	Drocessing and Discount 5 250 Kg
	(i) Details of the on-site storage facility	1	Proofsally and Disposal Facility
	(1) Details of the on-site storage radility	1	Size:
			Capacity:
		1	Provision of on-site storage: (cold storage or any other
			provision) RMAL STARAGE
	(ii) diaposal facilities		DI TE STERIE
	(ii) disposal facilities	1	Type of treatment No Capa Quantity treatment
		1	Equipment of city disposed in kg per
		I	Units Kg/ annum
		1	Day
			Incinerators
	1		

Scanned with CamScanner

		T	Plasma Pyrolysis
- 1			Autoclavon
		1	Microwave 02
		1.	Hydroclave O)
	1		Shredder
	The second secon		Needle tip cuttor or
		that is	Destroyer:
		1	Sharps encapsulation
	• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	or concrete pit:
			Deep burial pits: — 03
		1	Chemical disinfection:
			Any other treatment
-		1	equipment:
	(iii) Quantity of recyclable wastes sold to		
I		:	Red Category (like plastic, glass etc.)
-	per annum		Januaric, glass e(C.)
1.	(iv) No of vehicles wants		
-	transportation of biomedical waste (v) Details of incirculated waste	1:	DY CALL
	(v) Details of inclination waste	-	BY SMS WATER CRACE PUT, LTD.
- 1	sludge generated and disposed during the treatment of wastes in Kg por arms.		
	treatment of wastes in Kg per annum		Quantity Where
. 1	annum		Incineration Generated disposed
			1 A = L
	(vi) Name of the Common Bio-Medical Waste Treatment Facility On		ETP Sludge 19 Co. Les
	Waste Treatment Facility Operator	:	ETP Sludge 19. 600kg.
	through which wastes are disposed of (vli) List of member HCE and the state of the		EMS WATER GRACE PUT. LTD.
	(vii) List of member HCF not handed over bio-medical waste		STATE WHOLE IVT. LTD
6	bio-medical waste	:	
1	Do you have bio-medical waste		
	management committee? If yes, attach		
	minutes of the meetings held during the reporting period		yes
7	Details trainings		0
	Details trainings conducted on BMW (i) Number of trainings and on BMW		
	(i) Number of trainings conducted on BMW Management.	B. 1	
	(ii) number of personnel trained	11.15	09
	(iii) number of personnel trained at the time of induction		10.5
	of induction		1.9.5
1	(iv) number of personnel not undergone		09
-	any training so far		
1	(v) whether standard manual for training is		
	available?	1	
	(vI) any other information		
8	Details of the accident occurred during the		
	year year		
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
1	(iii) Remedial Action taken (Please attach		
•	details if any)		
			AT.
9	(iv) Any Fatality occurred, details.		No
3	Are you meeting the standards of air		
	Pollution from the incinerator? How many		NA
	times in last year could not met the		
	standards?		
	Details of Continuous online emission		
	monitoring systems installed	-	CHEMICAL TREATMENT DONE BY MEUTRALEZATION C
10	Liquid waste generated and treatment		CIEPILOS INCINITARIO
	mathada in place How many times you		SOPIUM STEPOCHLORITE OF DRAINC CONNECTED TO ETT.
	the standards in a year fundament		COPION OF CONTROL
wyne mie miene inzeren	the most and of SIAIIII alloll	Jus	
1	Is the disinfection metrod of stormany ameeting the log 4 standards? How many	1	TALY
	meeting the log 4 Standardo	- 0	

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

Date: Place

Certified that the above report is for the period from

Name and Signature 2.)

Director

I-IBAS, Dilshad Garden,
Delhi-110095



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

(Hospital based autonomous academic Institute, under GNCT of Delhi, dealing with)

"Brain – Mind Problems & their Solutions"

Dilshad Garden, Delhi 110 095 (India)

Tel.: 2211 4021, 32, Ext. No.655 Fax:2259 9227, E-mail: dmsihbas@gmail.com;website: ihbas.delhigovt.nic.in

Dr.Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

F.N.35/BMW/IHBAS/2023/ | 60

Date 178123

To,

The Director,

Health services, Govt.of NCT of Delhi

Directorate of Health Services

Swasthya Sewa Nideshalaya Bhawan

F-17, Karkardooma,

Delhi 110032

<u>Subject: Action Taken Report in respect of implementation of the High court orders forbidding the use of plastic bags</u>

Refference: Youf letter no. F.No.25/3(95)/09/DHS/BMW/,12564-608 dated 16.03.10

Sir/Madam,

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 July 2023 is forwarded herewith as desired.

Thanking You

Copy to:-

(Dr Om Prakash)

Dr. OM PRAKASUI Professor of Psych DMC No. 4491 IHBAS, Delhi-110000

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	
7.		LHBos
2.	Name of the offender with father's name	
	& residential address & telephone	,
	number :	
3.	Date of sample/Inspection	1717122
4.	Brief description of offence	
5.	Name & Address along with telephone	
4	number of the witness	_
	1.	
	2.	_
	Describe Ifone	And .
6.	Remarks, If any	4
7.	Enclosure: Sample & seizure memo and	
<i>,</i> .	any other document (s):	
	Please specify	

Jour 23

Signature

(Name and Designation of the authorized officer)

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

Scanned with CamScanner

Jan (104)