

INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)



*Hospital based autonomous academic Institute, under
Government of National Capital Territory of Delhi, dealing with
"Brain - Mind Problems & their Solutions"*

Dilshad Garden, Delhi 110095 (India)

Tel.: 22114021, Extn. 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.No.35/BMW/IHBAS/2022/ 122

Date: 9/11/22

To,

The CMO (BMW-MGMT)
DHS, F - 17, ^
Swasthya Sewa Nideshalaya Bhawan
Karkardooma
Delhi 32

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

Copy to:-

1. OIC Computer with request to upload on website
2. OIC (BMW/HIC)
3. P.S. to the Director

(Dr. Om Prakash)

Dr. OM PRAKASH
Professor of Psychiatry &
Medical Superintendent
DMC No. 44910
IHBAS, Delhi-110095

For MA please

Programmer 07/11/22

| | | | |
|----|---|--|--|
| 1 | Name of the Institution | Director | |
| 2 | Address of the Institution | LMB.O.S. | |
| 3 | State of the Institution | LMB.O.S. DILCHAD-GARDEN, DELHI-35. | |
| 4 | Pin Code | LMB.O.S. DILCHAD-GARDEN, DELHI-35. | |
| 5 | Telephone No. | Fax No. - 2252222 | |
| 6 | Website | Director office @ lmb.os | |
| 7 | Year of Establishment | www.lmb.delhi.govt.hk.in | |
| 8 | Category of HCF or CBMWTF | (State Government or Private or Semi Govt. or any other) | |
| 9 | Authority | Authorisation No.: AUTH/1995950 | |
| 10 | Valid up to | 7/7/2024 | |
| 11 | Type of Health Care Facility | 9/6/2025 | |
| 12 | Bedded Hospital | HOSPITAL | |
| 13 | No. of Beds | 309 | |
| 14 | Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | - | |
| 15 | License number and its date of expiry | - | |
| 16 | Details of CBMWTF | - | |
| 17 | (i) Number healthcare facilities covered by CBMWTF | - | |
| 18 | (ii) No. of beds covered by CBMWTF | - | |
| 19 | (iii) Installed treatment and disposal capacity of CBMWTF | _____ Kg per day | |
| 20 | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | _____ Kg/day | |
| 21 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | Yellow Category : 361.8-5 Kg. | |
| 22 | | Red Category : 801.28 kg | |
| 23 | | White: 8.07 kg | |
| 24 | | Blue Category : 232.98 kg | |
| 25 | | General Solid waste: 9498 kg | |
| 26 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | |
| 27 | (i) Details of the on-site storage facility | Size : 70.64 m ² | |
| 28 | | Capacity : | |
| 29 | | Provision of on-site storage : (cold storage or any other provision) | |
| 30 | (ii) disposal facilities | BMW Storage | |
| 31 | Type of treatment Equipment | No of city Units | |
| 32 | | Capa city Kg/ Day | |
| 33 | | Quantity treatment disposed in kg per annum | |
| 34 | Incinerators | | |

| | | 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> <thead> <tr> <th></th><th>Quantity Generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr> <td>Incineration Ash</td><td></td><td></td></tr> <tr> <td>ETP Sludge</td><td>0 kg</td><td></td></tr> </tbody> </table> | | Quantity Generated | Where disposed | Incineration Ash | | | ETP Sludge | 0 kg | |
| | Quantity Generated | Where disposed | | | | | | | | | |
| Incineration Ash | | | | | | | | | | | |
| ETP Sludge | 0 kg | | | | | | | | | | |
| | (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. | 07 | | | | | | | | | |
| | (ii) number of personnel trained | 338 | | | | | | | | | |
| | (iii) number of personnel trained at the time of induction | 17 | | | | | | | | | |
| | (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 | SODIUM HYPOCHLORITE OF DRAIN CONNECTED 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 OCTOBER 2022

Date:
Place

Suma Choudhary
11/11/22

Suma
11/11/22

Name and Signature
Head of the Institution

INBAS, Disha G...
Delhi-110085

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Dr. Om Prakash

Professor of Psychiatry &

Dy. Medical Superintendent

IHBAS

F.No.35/BMW/IHBAS/2022/ 123

Date: 21/11/22

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 16.03.10

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 **October 2022** is forwarded herewith as desired.

Thanking you


(Dr. Om Prakash)

Dr. OM PRAKASH
Professor of Psychiatry &
Dy Medical Superintendent
DMC No. 44910
IHBAS, Delhi-110095

Copy to:-

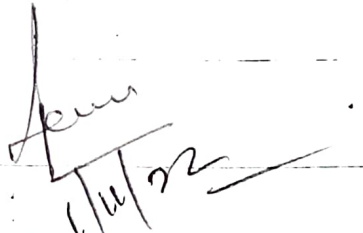
1. OIC Computer with request to upload on website
2. OIC (BMW/HIC)
3. P.S. to the Director


for n/a please.
Programmer
21/11/2022

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

| | | |
|----|--|------------|
| 1. | Name of the Unit | L.H.B, Q.S |
| 2. | Name of the offender with father's name & residential address & telephone number | — |
| 3. | Date of sample/Inspection | 27/11/22 |
| 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)


 11/11/22

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