

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
MANGALAGIRI, ANDHRA PRADESH**

Date: 02/03/2023

To

Deputy Assistant Director General,
Directorate General of health sciences,
Ministry of Health and Family Welfare,
Environment and climate cell,
Government of India, Nirman Bhavan,
New Delhi-110001.

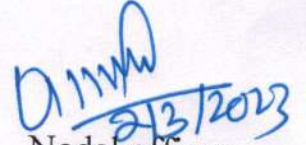
Sub: Submission of monthly report for Biomedical waste Management- reg

Dear Sir/Madam,

This is in reference to your letter No. P18012/12/2016-Environment dated 11th April 2017 and letter No. P18011/02/2020-Env. EPI-Env from Chief medical officer regarding the aforementioned subject.

Please find the enclosed report of Biomedical waste Management for the month of February-2023 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,



Nodal officer,
Biomedical waste Management,
AIIMS, Mangalagiri

Copy to:

- Medical Superintendent for information
- Chairperson, Biomedical waste Management committee for information.
- Environmental Engineer, Regional Office, APPCB, Guntur

Form - IV
(See rule 13)
MONTHLY REPORT- FEBRUARY - 2023

Sl. No.	Particulars		
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility) operator of facility	:	Director AIIMS Prof. Mukesh Tripathi
	(ii) Name of HCF or CBMWTF	:	All India Institute of Medical Sciences (AIIMS)
	(iii) Address for Correspondence	:	AIIMS, Mangalagiri, Andhra Pradesh-522503
	(iv) Address of Facility		Same as above
	(v) Tel. No, Fax. No	:	08645-231133
	(vi) E-mail ID	:	director@aiismangalagiri.edu.in
	(vii) URL of Website		www. aiismangalagiri.edu.in
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	Autonomous Organization
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules.	:	Order No. APPCB-11021/96/2022-TEC-BMW-APPCB Dated 09.09.2022 valid for 960 beds
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.08.2023
2.	Type of Health Care Facility		
	(i) Bedded Hospital	:	500
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N.A.
	(iii) License number and its date of expiry.		N.A.
3.	Details of CBMWTF		602/APPCB/BMW/CBMWTF/GNT/2001-5578
	(i) Number of Healthcare facilities covered by CBMWTF.	:	N.A.
	(ii) No of beds covered by CBMWTF	:	N.A.
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N.A.
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N.A.
4.	Quantity of waste generated or disposed in Kg (on monthly basis)	:	Yellow Category: 1312.43 KG/MONTH
		:	Red Category: 1212.54 KG/ MONTH
		:	White Category: 34 KG / MONTH
		:	Blue Category: 85.5 KG/ MONTH
		:	General Solid waste: 2644.47 KGS

5. Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
(i) Details of the on-site storage facility	:	Size: 144 square feet																																																
	:	Capacity:																																																
	:	Provision of on-site storage: (cold storage or any other provision)																																																
(ii) Details of the treatment or disposal facilities	:	<table border="0"> <tr> <td>Type of treatment Equipment</td> <td>No of units disposed in kg per Annum.</td> <td>Cap of Kg/day treated or</td> <td>Quantity treated or</td> </tr> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </table> <p style="text-align: right;">handled by CBMWTF Operator</p>	Type of treatment Equipment	No of units disposed in kg per Annum.	Cap of Kg/day treated or	Quantity treated or	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) Handled by CBMWTF Operator																																																
(iv) No of vehicles used for collection and transportation of biomedical waste.	:	2 VEHICLES																																																
(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>Quantity generated</td> <td>Where</td> <td>disposed</td> </tr> <tr> <td>Incineration NIL</td> <td></td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge NIL</td> <td></td> <td></td> </tr> </table>	Quantity generated	Where	disposed	Incineration NIL			Ash			ETP Sludge NIL																																						
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(vii) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	:	SAFEENVIRON																																																
(vii) List of members HCF not handed over bio-medical waste.	:	NIL																																																
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.		04
	(ii) Number of personnel trained.		
	(iii) Number of personnel trained at the time of induction.		227 (Tutors, Nursing tutors, SR, JR, Nursing Officer)
	(iv) Number of personnel not undergone any training so far		
	(v) Whether standard manual for training is available?		Utilizing posters, power point presentation, demonstration with colour coded bins and bags.
	(vi) any other information		NIL
8	Details of the accident occurred during the year.		
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		N.A.
	(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		N.A.
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		N.A.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		N.A.
12	Any other relevant information	:	NIL

	YELLOW (in kgs)	RED (in kgs)	WHITE (in kgs)	BLUE (in kgs)
COVID	0	0	0	0
OTHERS	1312.43	1212.54	34	85.5
TOTAL	1312.43	1212.54	34	85.5

Certified that the above report is for the period from

01/02/2023 to 28/02/2023

Date:

3/3/23

Place:

MANGALAGIRI

Name and Signature of the Head of the Institution

डॉ. विनीत थॉमस अब्राहम / Dr. Vineet Thomas Abraham
 चिकित्सा अधीक्षक / Medical Superintendent
 अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि (आ.प्र.)
 All India Institute of Medical Sciences,
 Mangalagiri (A.P.)