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

Date: 31/05/2023

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 11<sup>th</sup> 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 May-2023 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,

Nodal officer, Biomedical waste Management,

> Dept. of Hospital Administration All India Institute of Medical Sciences Mangalagiri, Andhra Pradesh

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- MAY - 2023

I. 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@aiimsmangalagiri.edu.in	
	(vii) URL of Website		www. aiimsmangalagiri.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	:	Yellow Category: 2319.17 KG/MONTH	
	Kg (on monthly basis)	:	Red Category: 2191.3 KG/ MONTH	
		:	White Category:62.5 KG / MONTH	
		:	Blue Category: 165.8 KG/ MONTH	
		:	General Solid waste: 4738.77 KGS	

(i	) Details of the on-site storage facility	: 5	Size: 144 square feet		
-	•	: (	Capacity:		
	er and the second		Provision of on-site storage: (cold storage or any other provision)		
100	ii) Details of the treatment or disposal facilities		Type of treatment No Cap Quantity Equipment of Kg/day treated or units disposed in kg per Annum.		
			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:		
	(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.		Quantity generated Where disposed Incineration NIL Ash ETP Sludge NIL		
	(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		
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	YES		

Service Services

Det	tails trainings cor	nducted on BMW				* NIII	
(i)	Number of tra	inings conducted on	BMW			NIL	
		-1 teninod				NIL	
	Number of pers					NIL	
	i) Number of per duction.	rsonnel trained at the t	ime of				
(iv	v)Number of ny training so far	personnel not unde	ergone			NIL	·
(v	/)Whether stan	dard manual for tra	ining is	U1 de	ilizing emonstra	posters, power po tion with colour coded	oint presentation bins and bags.
		ation				NIL	
8 D	vi) any other infor	accident occurred du	ring the				
У	rear.					NIL	
(	i) Number of Acci	idents occurred				NIL	
1	(ii) Number of the persons affected				N.A.		
	(iii) Remedial Ac (Please attach det	tion taken tails if any)				NO	
	(iv) Any Fatality o	ccurred, details.				N.A.	
9.	Are you meeting	g the standards of air le erator? How many time net the standards?	Pollution es in last				
	Details of Contin	uous online emission m	onitoring			N.A.	
	in place. How	nerated and treatment many times you have	methods not met			N.A.	
11	meeting the	ection method or sto log 4 standards? H	erilization low many			N.A.	
12	1 . information			:		NIL	
12	Ally center : ele		DED	(in k	gs)	WHITE (in kgs)	BLUE (in kgs)
		YELLOW (in kgs)	KED	, (iii k	53/		0
	COVID	0		0		0	· ·
	LALIVIN						ACE O

			WHITE (in kgs)	BLUE (in kgs
	YELLOW (in kgs)	RED (in kgs)	AALILE (III 1/82)	0
			0	
CO1/ID	0	0	0	
COVID			62.5	165.8
OTHERS	2319.17	2191.3	02.3	
OTHERS			62.5	165.8
TOTAL	2319.17	2191.3	02.3	
TOTAL				

Certified that the above report is for the period from

01/05/2023 to 31/05/2023

Date: 02/06/2023
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 Science Mangalagiri (A.P.)