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

To

Date: 03/12/2022

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 November 2022 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,

Nodal officer,

Biomedical waste Management,

Copy to:

Medical Superintendent for information

Chairperson, Biomedical waste Management committee for information.

 Mangalagiri, Andhra Prade
 committee for information.

Environmental Engineer, Regional Office, APPCB, Guntur

## Form - IV (See rule 13) MONTHLY REPORT- November - 2022

SI. N	o. Particulars			
1	Particulars of the Occupier	+		
	(i) Name of the suit is	-		
	(occupier or operator of facility) operator of facility)  (ii) Name of HCF or CBMWTF		: Director AIIMS Prof. Mukesh Tripathi	
			All looks to see	
	(iii) Address for Correspondence		All India Institute of Medical Sciences (AIIMS)	
	(iv) Address of Facility		Andhra Pradesh-522503	
	(v)Tel. No, Fax. No		Same as above	
	(vi) E-mail ID		: 08645-231133	
	(vii) URL of Website		: director@aiimsmangalagiri.edu.in	
	(viii) GPS coordinates of HCF or CBMWTF		www. aiimsmangalagiri.edu.in	
	(ix) Ownership of HCF are CDA WATER			
	(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 Date 09.09.2022 valid for 960 beds	
	(XI). Status of Consents under Water A.		Valid up to: 31.08.2023	
2.	Type of Health Care Facility			
	(i) Bedded Hospital			
	(ii) Non-bedded hospital	:	400	
	(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.		•••	
	Details of CBMWTF		N.A.	
(	(i)Number of Healthcare facilities covered		602/APPCB/BMW/CBMWTF/GNT/2001-5578 N.A.	
	by CBMWTF. ii) No of beds covered by CBMWTF		N.A.	
	····	:	N.A.	
C	apacity of CBMWTF:	:	N.A.	
(ii di	v) Quantity of biomedical waste treated or isposed by CBMWTF	:	N.A.	
Q	Quantity of waste generated or disposed in Kg (on monthly basis)		ellow Category: 1000.81 KG/MONTH	
			ed Category: 883.33 KG/ MONTH	
			/hite Category: 34 KG / MONTH	
			lue Category: 84.4 KG/ MONTH eneral Solid waste: 2002.54 KGS	
			elleral Solid Waste: 2002 54 KGS	

	(i) Details of the on-site storage facility	:	Size: 144 square feet	
		:	Capacity:	
			Provision of on-site storage: (cold storage or any ot provision)	
	(ii) Details of the treatment or disposal facilities			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.  (iv) No of vehicles used for collection		Any other treatment equipment:  Red Category (like plastic, glass etc.)  Handled by CBMWTF Operator  2 VEHICLES	
	and transportation of biomedical waste.			
	(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	

7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	03		
	(ii) Number of personnel trained.	30(Nursing Officers)		
i	(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?	Utilizing posters, power point presentation demonstration with colour coded bins and bags.		
	vi) any other information			
8 D	Details of the accident occurred during the year.	NIL		
(i	i) Number of Accidents occurred	- Au		
(i	ii) Number of the persons affected	NIL		
(i	iii) Remedial Action taken Please attach details if any)	NIL N.A.		
(i	v) Any Fatality occurred, details.	NO		
fr	re you meeting the standards of air Pollution from the incinerator? How many times in last ear could not met the standards?	N.A.		
D <sub>0</sub>	etails of Continuous online emission monitoring ystems installed	N.A.		
. in	quid waste generated and treatment methods place. How many times you have not met standards in a year?	N.A.		
tin	the disinfection method or sterilization eeting the log 4 standards? How many mes you have? of met the standards in a year?	N.A.		
	any other relevant information :	NIL		
	YELLOW (in kgs) RED (in kgs)	WHITE (in kgs) BLUE (in kgs)		
601	VID	DEOE (III KBS)		

	YELLOW (in kgs)	RED (in kgs)	WHITE (in kgs)	BLUE (in kgs)
COVID	0	0	0	0
OTHERS	1000.81	883.33	34	84.4
TOTAL	1000.81	883.33		
			34	84.4

Certified that the above report is for the period from

01/11/2022 to 30/11/2022

Place
MANGALLAGILI.

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.)