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

Date: 05/11/2021

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 October 2021 duly signed by Medical Superintendent on behalf of Director, AIIMS Mangalagiri.

Kind Regards,

Biomedical waste Management,

Copy to:

• Medical Superintendent for information

• Chairperson, Biomedical waste Management committee 139 139 139 139

• Environmental Engineer, Regional Office, APPCB, Guntur

## Form - IV (See rule 13) MONTHLY REPORT-OCTOBER 2021

SI. 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		e and a second s		
	(ix) Ownership of HCF or CBMWTF	:	Autonomous Organization		
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules. (xi). Status of Consents under Water Act		Order No. MGL-39/APPCB/RO-GNT/BMWM/2020-110 dated 04.02.2021 Valid upto 31.12.2021		
	and Air Act		Valid up to: 31.12.2021		
2.	Type of Health Care Facility				
	(i) Bedded Hospital	:	24 No.s		
	(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: KG/MONTH		
			Red Category: KG/ MONTH		
			White Category: KG/ MONTH		
			Blue Category: KG/ MONTH		
		: (	General Solid waste: 6250 kgs		

	Details of the Storage, treatment, transportation, p  i) Details of the on-site storage facility	: 5	Size: 144 square feet		
(1)	A STATE OF S	: (	Capacity:		
			Provision of on-site storage: (cold storage or an other provision)		
	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.	8	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		

	7 Details trainings conducted on BMW		
	(i) Number of trainings conducted as passed		
	Management.	2	
	(ii) Number of personnel trained.		
	(iii) Number of personnel trained at the time of induction.	Utilizing posters, power point presentation, mock drand hands on training.	
	(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.	NIL	
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected	NIL	
	(iii) Remedial Action taken	NIL	
	(Please attach details if any)	N.A.	
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of the standards	NO	
	from the incinerator? How many times in last year could not met the standards?	N.A.	
	Details of Continuous online omissis		
10	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		
	sterilization meeting the log standards? How many times you have not met the standards in a year?	N.A.	
12	Any other relevant information :	NII	
		NIL .	

	YELLOW (in kgs)	RED (in kgs)	WHITE (in kgs)	DILLE (C. )
COVID	0		(8-)	BLUE (in kgs)
	0	0	0	_
OTHERS	544			0
		800	28	
TOTAL	544			0
	344	800	28	
			2.0	0

Certified that the above report is for the period from

01/10/2021 to 31/10/2021

Date: 5 11 21

Place: AllMS Mangalagisi

Name and Signature of the Head of the Institution इंग्रें. राकेश कवकड़ Dr. Rakesh Kakkar चिकित्सा अधीक्षक/Medical Superintendent अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि(आ.प्र) All India Institute of Medical Sciences, Mangalagiri (A.P.)