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**BIO MEDICAL WASTE(MANAGEMENT & HANDLING) RULES, 1998
WASTE MANAGEMENT CELL**

File No. : DPCC/(11)(5)(1761)/S-498/BMW-16

Annual Return No. DPCC/BMW/ANNUALREPORT/2018/1300
Enquiry Counter I.D. No.

FORM IV

**ANNUAL REPORT
(To be submitted to the prescribed authority)**

* Required Field
Date: 26-06-2018

To,
The Delhi Pollution Control Committee,
ISBT, 4th Floor, Delhi-110006
(Name of the state Govt./UT Administration)
Address.

1. Particulars of the Occupier

- i Name of the authorised person (occupier or operator of facility)
- | | |
|--------------|--------|
| First Name * | RAMESH |
| Middle Name | |
| Last Name * | CHUGH |
- ii Name of HCF or CBMWTF * PANDIT MADAN MOHAN MALAVIYA HOSPITAL
- iii Address for correspondence * Malviya Nagar, New Delhi
- | | |
|------------|-----------|
| District * | SOUTH |
| City * | New Delhi |
| Pin Code * | 110017 |
- iv Address of Facility MALVIYA NAGAR
- | | |
|------------|-----------|
| District * | SOUTH |
| City * | New Delhi |
| Pin Code * | 110017 |
- v Telephone No. 26680603
- | | |
|-----------|----------|
| Fax No. | 26676412 |
| Telex No. | |
- vi Email Id * ms_mnhosp@nic.in
- | | |
|--|------------|
| Mobile No * | 9953420021 |
| Pan No (of Income Tax Dept) of the HCU * | AAAGP1489H |
- vii URL Of Website
- Applicant UID No. (Adhaar No.)
- Copy of Applicant UID (Adhaar Card)
- viii GPS coordinates of HCF or CBMWTF
- | | |
|-----------|--|
| Latitude | |
| Longitude | |
- ix Ownership of HCF or CBMWTF State Government
- x Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules
- | | |
|----------------------|--------------------------------|
| Authorization Status | Authorized |
| Authorisation No. | DPCC/BMW/AUTH/NEWNo/2017/03309 |
| Valid Up to | 09-12-2021 |
- xi Status of Consents under Water Act and Air Act
- | | |
|----------------------|--|
| Authorization Status | |
| Valid Up to | |

2. Type of Health care Facility :

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- (i) Bedded Hospital No Of Beds 100
- (ii) Non-bedded hospital
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)
- (iii) License Number
- (iii) License Expiry Date

3. Details of CBMWTF

- i Number healthcare facilities covered by CBMWTF
- ii No of beds covered by CBMWTF
- iii Installed treatment and disposal capacity of CBMWTF:
- iv Quantity of biomedical waste treated or disposed by CBMWTF

		Category/ Waste	Quantity (Kg/annum)
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow	10405 Kg/annum
		Red	8743 Kg/annum
		White (Translucent)	1002 Kg/annum
		Blue	1440 Kg/annum
		General Solid waste	15000 Kg/annum

5. Details of the Storage, treatment, transportation, processing and Disposal Facility

- i Details of the on-site storage facility
 - Size :
 - Capacity :
 - Provision of on-site storage
 - Any other provision BMW Room

		Type of treatment equipment	No of units	Capacity (kg/day)	Quantity generated or disposed in kg per annum
ii	Disposal Facilities	Incinerators			
		Plasma Pyrolysis			
		Autoclaves	1	5	2000
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer	65		1000
		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.)
- iv No of vehicles used for collection and transportation of biomedical waste
- v Details of incineration ash and ETP sludge generated and

Quantity of ash generated: _____
Quantity of sludge generated: _____

disposed during the treatment of wastes in Kg per annum

Quantities

Incineration Ash

ETP Sludge 14 Kg/annum

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- vi Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of Biotic Waste Solutions Pvt Ltd
- vi 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. 30
- ii Number of personnel trained 400
- iii Number of personnel trained at the time of induction 214
- iv Number of personnel not undergone any training so far 0
- v Whether standard manual for training is available? Yes
- vi Any other information

8. **Details of the accident occurred during the year**

- i Number of Accidents occurred 0
- ii Number of the persons affected
- iii Remedial Action taken (Please attach details if any)
- iv Any Fatality occurred
- Fatality Details if any

9. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?

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? 0

11. Is the disinfection method of sterilization meeting the log 4 standards? How many times you have not met the standards in a year?

12. Any other relevant information

8. **Certified that the above report is for the period from 01-01-2017 To 31-12-2017**

Date 26-06-2018

Place Delhi

Name of Head Of Institution Dr Ramesh Chugh

Designation of Head Of Institution Medical Superintendent