Sub: Annual report for the Year 2018 (Jan. to Dec.) o Biomedical Waste Management.

May please see the annual report on the subject cited above for the **year 2018** (Jan. to Dec.) which has been prepared and place opposite.

The above said report is required by the Addl. Directo (BMW), DGHS on annual basis. Accordingly, fair report i submitted for approval & signature please.

Submitted for approval & signature please.

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wooded offices BMW

2000 July

Particulars	
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Particulars of the Occupier	:
(i) Name of the authorised person (occupier or operator of facility)	DR. VIKAS RAMPAL
(ii) Name of HCF or CBMWTF	: DEEP CHAND BANDHU HOSPIT
(iii) Address for Correspondence	* - KOKIWALA BALALI, ASHOK WHE
(iv) Address of Facility	NEW DELMINSZ
(v)Tel. No. Fax. No	1 011 - 2 / 305962/62
(vi) E-mail ID	: 011 - 27305962/63 : msdebndhs.dolhiozicir
(vii) URL of Website	N,I
(viii) GPS coordinates of HCF or CBMWTF	11,1
(IX) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other)
(X) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation PROPORTION NO. 13
(xi). Status of Consents under Water Act and Air Act	: Valid up to: 05/06/2021
Type of Health Care Facility	: MULTI- SPECIALITY HOS
(i) Bedded Hospital	: No. of Beds: 52 O C
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	A.1.A
(iii) License number and its date of expiry	*, · · · · ·
Details of CBMWTF.	BIOTIC WASTE SOLUTION
(i) Number healthcare facilities covered by CBMWTF	AIA
(ii) No of beds covered by CBMWTF	: N,
(iii) Installed treatment and disposal capacity of CBMWTF:	: Kg per day Nr)
(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Kg/day
Quantity of waste generated or disposed in Kg per annum (an monthly average basis)	Red Category: 111-15 k 4/ann u White: Lill R k 4/ann u Blue Category: 2693 h 1-1/a
Details of the Storage treatment transportation processing	General Solid waste: 44 9000
between the storage, acatine it, transportation, processing	and Disposal Facility & pour !!
to Details of the on-site storage facility : Size	- 18-2 5 x 3-00 3 2 5 3 6 2 1
Capacit	C / THE WAY
	on of on-site storage : (cold storage or any rovision)

other provision)

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			[PART II—SEC. 3(i)
	disposal facilities		Type of treatment No Capa Quantity
			equipment of city treatedor units Kg/ disposed
			day in kg per annum
			Incinerators
			Plasma Pyrolysis NIL Autoclaves
			Microwave — 13 2495.219/an
	· · · · ·		Hydroclave
			Shredder
			Needle tip cutter or
			destroyer
			Sharps encapsulation or concrete pit
			Deep burial pits:
			· Chemical disinfection: (1 Ses Sazlium Hypot
	Harris Auto de la Companya de la Com		Any other treatment
		.	equipment: NIL
	(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	:	I (CNE)
	(v) Details of incineration ash and ETP sludge generated and disposed during the		Quantity Where disposed generated
	treatment of wastes in Kg per annum		Incineration
			Ash ETP Sludge
	(vi) Name of the Common Bio-Medical		MR. ANKIT GUPTA
	Waste Treatment Facility Operator through which wastes are disposed of		BIOTIC WASTE SOLUTIONS PVT.
	(vii) List of member HCF not handed over bio-medical waste.		NIL
6	Do you have bio-medical waste	٠.	YES, MEETINGS WERE HELD, COPY
	management committee? If yes, attach		CF ATTENDANCE AND MINUTES OF
	minutes of the meetings held during the reporting period		MCETING ATTACHED ALONGWITH
7	Details trainings conducted on BMW		• .
	(i) Number of trainings conducted on BMW Management.		- 26 Cct 2010 - (ME on BMW Manyamed - 18 Dec 2018 - (ME on BMW Manyamed
	(ii) number of personnel trained	٠.	99 Model off
	(iii) number of personnel trained at the time of induction		NIL
	(iv) number of personnel not undergone any training so far		NIL .
	(v) whether standard manual for training is available?		MA
	(vi) any other information)		
8	Details of the accident occurred during the year		

-			· .
	(1) Number of Accidents occurred		12 (Needle Stick Injury)
	(ii) Number of the persons affected		12
	(iii) Remedial Action taken (Please attach details if any)		DETAILS ATTACHED
	(iv) Any Fatality occurred, details.		NIL
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	¥	NA
	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?		CHEMICAL DISINFECTION FOLLOWED BY DRAINAGE IN STP - NIL -
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	:	(Air Pollution Control Devices attached with the Incinerator)

Certific	TANUARY 2018 TO STEE CENISER 2018
Date:	22 3 2019 DOBH Dolly Name and Signature of the Head of the Institution Poddloghize Row
, ince	FORM –V
	(See rule 16)
	Application for filing appeal against order passed by the prescribed authority
1. 2.	Name and address of the person applying for appeal: Number, date of order and address of the authority which passed the order, against which appeal is being made (certified copy of order to be attached):
3.	Ground on which the appeal is being made:
4	List of enclosures other than the order referred in para 2 against which appeal is being filed:
	Signature
Date :	Name and Address
	(F. No. 3-1/2000-HSMD)
	BISHWANATH SINHA, Jt. Secy.
