DR. BABA SAHEB AMBEDKAR HOSPITAL (GOVT. OF NCT OF DELHI) SECTOR VI, ROHINI, DELHI 85

F.No.1 (27)/2012/BSAH/BMW/ 9106

Dated:

To,

The Member Secretary,
Delhi Pollution Control Committee,
4th Floor, ISBT Building,
Kashmere Gate Delhi-6.

Sub: Submission of Annual Report of Bio Medical Waste for the year 2018.

Sir.

Please find enclosed herewith the Annual report of Bio - Medical Waste for the year 2018 in prescribed format (Form-IV) duly submitted by Nodal Officer BMW in r/o Dr. BSA Hospital for information and necessary action at your end.

Yours sincerely,

Encl. as above

(DR. ASHOK JAISWAL)

Additional Medical Superintendent (I)

Copy to:-

- Addl. Director (BMW-Mgmt) Dte. Of Health Services, Govt. of NCT of Delhi F/17 Karkardooma, Delhi.
- 2. Nodal Officer (BMW).
- 3. Programmer of Dr. BSAH for upload the report in website.

(DR. ASHOK JAISWAL)

Additional Medical Superintendent (I)

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`Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility(CBWTF)]

S1.	Particulars		
No			
,	Date 1 - Calca Occupion	:	
1.	Particulars of the Occupier		Dr. M. M. Kohli
	(i) Name of the authorised person (occupier or:		Medical Director
	operator of facility)		
	product in		CAMED AMBEDY AR
-	(ii) Name of HCF or CBMWTF	:	DR. BABA SAHEB AMBEDKAR
	(iii) Address for Correspondence	:	Hospital, Sec-6, Rohini
	(iv) Address of Facility		Delhi – 110085
	(v)Tel. No, Fax. No	•	011-27055585
	(vi) E-mail ID	-	msbsah@yahoo.co.in
	(vii) URL of Website		delhigov.in/WPS/connect/doit/ Dr.BSAH/Home
	SUCE OF CRAWTE	-	Dr.BSAH/Home
	(viii) GPS coordinates of HCF or CBMWTF	-	(State Government or Private or
	(ix) Ownership of HCF or CBMWTF		Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-	:	Authorisation 3 years No.:
	Medical		DPCC/BMW/Auth./New
· i	Waste (Management and Handling) Rules		No/2017/03303
			valid up to 21/10/19 Valid up to: Under process
	(xi). Status of Consents under Water Act and Air	:	Valid up to: Order process
_	Act Type of Health Care Facility	+ -	Multi specialty hospital
2.	Y -	+ :	No. of Beds: 500+
	(i) Bedded Hospital	+ :	N.A.
١.	(ii) Non-bedded hospital	'	N.A.
	(Clinic or Blood Bankor Clinical Laboratory o	r	
	Research Institute or Veterinary Hospital orany		
	other)		
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	N.A
 	(i) Number healthcare facilities covered by	:	
	CBMWTF	<u> </u>	
	(ii) No of beds covered by CBMWTF	:	

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	(iii) Installed treatment and disposal ca					
	(iv) Quantity of biomedical waste treat disposed by CBMWTF	ted or	: Kg/day			
4.	Quantity of waste generated or dispos	ed in	: YellowCategory:	58466.04 K	g	
*.	Kg per annum (on monthly average be	asis)	White:935.7 Kg	Blue Category :8195.0 Kg General Solid waste:275000 Kg		
			General Solid wa			
	Details of the Storage, treatment, tran	sport	ation, processing and Disposal I	acility		
5	(i) Details of the Storage, treatment, during (ii) Details of the on-site storage	:	Size : Total Area 87"x6 Capacity:	4"		
	facility		Provision of on-site storage:	(cold stora	ge or	
			any other provision)	No	Cap	Qua
	(2)Details of the treatment or		Type of treatment	Of	acity	ntity Trea
	disposal facilities		Equipment	O1	uoitj	tedo r
		*	a fill of switch	Units	Kg/	Disp osed
					day	in kg
ļ.				•		Per annu
			The state of the s	* *	•	m
			Incinerators Plasma Pyrolysis			
			Autoclaves: One 1000Li			
	And the second of the second o	A.	Microwave			
			Hydroclave Shredder: 240KG/Hr			
			Needle tip cutter or <u>Destroyer</u> : At every		•	
			generation site Sharps			
			encapsulation or concrete pit		-	
			Deep burial pits:	In site		
			Chemical disinfection - Chemical distribution - Chemic	``\11		-
			treatment			
	,		equipment:			

length 104/2019

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	(iii) Quantity of recyclable :	Red Category (like plastic,
	wastes	50000/KG/Annum
The Miles Jin A	sold to authorized recyclers after	
	treatment in kg per annum.	
/	(iv) No of vehicles used for :	Usually One
	collection	
	and transportation of biomedical	
	Waste	
	** diste	Quantity Where generated
		disposed Incineration Ash ETP Sludge: STP Sludge
	(v) Details of incineration ash and	Sludge: STP Sludge 117.09KG/Annum
	ETP sludge generated and disposed	117.09KG/Aimum
	during the treatment of wastes in Kg	
	per annum	, and the second
<i>//</i>		1 diamenia de limited
	(vi) Name of the Common Bio-:	Biotic waste solution private limited
	Medical Waste Treatment Facility	
	Operator through which wastes are	
	disposed of	
-	(vii) List of member HCF not	.N.A
	handed over bio-medical waste.	
	Do you have bio-medical waste	Yes
6	Do you have old-inculcar waste	1.On 1.5.2018
	Management committee? If yes,	2.On 21.12.2018
	attach minutes of the meetings held	(Minutes of meeting)
	during the reporting period.	Enclosed
	1	
	Details trainings conducted on BMW	
\$		32
	(i) Number of trainings conducted on BMW	
· .	1	680
/	Management (ii) number of personnel trained	
**************************************	(ii) number of personnel trained at	70
Marie Marie	the time of induction	
	the time of induction	
	(iv) number of personnel not	
E. 7	undergone any training so far	Yes
	(v) whether standard manual for	165
#42 #17 	training is available?	
子で全分では、100mmの対象を保護・関係ができます。 100mmm できます	(vi) any other information)	NIT
22 20 44	8 Details of the accident occurred	NIL
 	during the year	
20 CT 30r 30h	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
₩	(iii) Remedial Action taken (Please	· ·
- 1	attach details if any)	
=	(iv) Any Fatality occurred, details.	
<u> </u>		
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9.	Are you meeting the standards of air		N.A
/	Pollution from the incinerator? How		
1 1	many times in last year could not		
<u> </u>	met the standards?		
	Details of Continuous online		N.A
	emission		
	monitoring systems installed		
10	Liquid waste generated and		STP(Sewage treatment plant)
[• [treatment	,	·
	methods in place. How many		
	times you have not met the		·
	standards in a year?		
111	Is the disinfection method or		
	sterilization meeting the log 4		
L	standards? How many times you		
	have not met the standards in a		
	year?	. :	
12	Any other relevant information	. :	(Air Pollution Control Devices attached with the
•			Incinerator)

Certified that the above report is for the period from January 2018 to December 2018.

Name and Signature of the Head of the Institution

Date: - 04 04 2019

Place:-

Roulantors

- 19) Konikan Zagasiya bula Samulada
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 - मिन्यास्त्राम्बद्धाः (हार्गाद्धाः स्वास्त्राह्यः स्वास्त्राह्यः ।
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 - EBINÇANIGU)
- 14. Mrs. Kusum Rana Sister Incharge BMW
- 15. Mrs. Manu Rani Nursing Officer BMW.
- 16. Mrs. Parvesh ICN

A power-point presentation-was made by the Secretary BMW-Committee, Dr. Renu-Gurfor-BMW-Monthly-report based on data-collected-during the period of July 2018 to Nov 2018. Daily-check list record of Various parameter as observed on the round by BMW team is being maintained (presentation-copy-placed opposite on file).

it was pointed out that certain common deficiencies were observed in few area like ward

1. casualty, Labour room, ward 32 and Main OT. Regula⊨onsite training was suggested for implementation of correction of the deficiencies. The Sister Incharges were also apprised of the same for needful correction.

The meeting ended with vote of thanks of the chairperson. This issue with the prior approval of Medical-Director.

(Dr. Ashok Jaiswal)

(Dr. Ashok Jaiswal)

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- PS*(#PMD*For*Information*
 - Z. AMS (All)/DMS(All)
 - 3.-AILMO-I/C
 - 4. All Hob's
 - 5. DNS/ANS
 - 6. Sister I/C through DNS
 - 7. Guard File

(Dr. Ashok Jalswai)

Additional Medical Superintendent (1)

NS BMW. (Emgn)

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MINUTES DEMERSING

- - Dr Shalini Duggal, Intection Control Officer
 - Dr Rajender Kumar, I/G-ICU
- DI-Vinceta-Gupta, Specialist Obs & Gynae DI-Sandaepa, MO I/Cageneral-Store
- Mrs. Kusum Rane, Sister /C BMW
- Mr.Pawan Behl, Nursing Officer
- Mrs Sunita, Nursing Officer
- Mrs Sunite ICN
- 10, Mr.Jaiveer Godara, ICN
- 11. Mrs. Manju, ICN
- ±12=VIEMūkāra;=IGNE

A presentation was made by the Secretary BMW Committee, Dr Reflor Gur, for BMW Monthly Report, and a presentation was made by the Secretary BMW Committee, Dr Reflor Gur, for BMW Monthly Report, and a presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as summary was presented from Jan-2018 to March 2018 paily checklist second of various parameter as observed of the control of the paily checklist second of various parameter as a presented from Jan-2018 to March 2018 paily checklist second of various parameter as a present of the control of the parameter as a present of the control of the parameter as a parameter as a present of the control of the parameter as a paramet

the ward-take that certain deficiencies were observed in few area like ward-t, casualty, labour specified to the second correction of compared and main O1. Regular on site training was suggested for implementation of correction of compared and main O1. Regular on site training was suggested for implementation of correction of compared and main O1. the deficiencies.

The meeting ended with eavote of thanks to the chairperson. This issues with the prior approval of Medical

(DEAshok Jaiswal) Additional Medical Superintendent (

Dated

27(04)/RZOST/BSACI/EICO Copy-to:-

- PS to MD for information
- AMS (AII) (DMS (AII)
- AILMO-I/G
- All HOD's
- DNS/ANS
- Sister I/C through DNS
- All ICN's
- **Guard File**

(Dr Ashok Jaiswal) Additional Medical Superintendent (i)