



SANJAY GANDHI MEMORIAL HOSPITAL
GOVERNMENT OF NCT OF DELHI
S-BLOCK MANGOL PURI DELHI - 110083
(CARETAKING BRANCH)

<http://health.delhigovt.nic.in>

mssgmh@rediffmail.com

No. F.5/39/SGMH/CT/BMW-Report/2018/ 4854

Dated: 29/4/24

To

The Senior Scientific Officer,
Department of Environment, Govt. of NCT of Delhi
Delhi Pollution Control Committee
IV-floor, I.S.B.T. Building, Delhi-6

Sub: - Annual Report of Bio-Medical Waste.

Sir,

Please find enclosed herewith the Annual report of Bio-Medical Waste for the year - 2023 (Jan-2023 to Dec-2023).

Thanking you.

Trishla
24/4/24
(DR. TRISHLA)
NODAL OFFICER (BMW)
etc

Form - IV (See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th 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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Medical Superintendent
	(ii) Name of HCF or CBMWTF	:	S.G.M.H
	(iii) Address for Correspondence	:	S. Block Mangalkpur - Delhi - 83
	(iv) Address of Facility	:	22
	(v) Tel. No, Fax. No	:	01120873051
	(vi) E-mail ID	:	mssgmh@rediffmail.com
	(vii) URL of Website	:	Health delhi govt.nic.in/wps/wcm/connect
	(viii) GPS coordinates of HCF or CBMWTF	:	DOTI-SGMH/SGMH/home
	(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 No.: DPEC/DICS/0510547/NN-012/RMW06/7344.....valid up to 27/04/2022 applied on 07/04/2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 20/07/2023 applied on 11/07/2023
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 300
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
3.	Details of CBMWTF	:	MS Biotech
	(i) Number healthcare facilities covered by CBMWTF	:	copy of agreement
	(ii) No of beds covered by CBMWTF	:	MS Biotech attached (3)
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg/day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : Red Category : White: Blue Category : General Solid waste: copy attached (4)
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 : (cold storage or any other provision)

(1) 10x15"
(2) 15x20"
(3) 21x30"

disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators Plasma Pyrolysis <input checked="" type="checkbox"/> Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:	01 (Same) (1000lt)	80kg / cycle; cycle of 45 mins	
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NO waste being sold to authorised recycler		
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Approx 04		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where generated disposed Incineration Ash ETP Sludge ↓ NA ↳ STP area. Record Attached. (5)		
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s Biotech Waste Solution.		
(vii) List of member HCF not handed over bio-medical waste.		NA		
6 Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.		Yes Copy enclosed. (6)		

7	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management (ii) number of personnel trained	Copy enclosed. ④
	(iii) number of personnel trained at the time of induction	Copy enclosed.
	(iv) number of personnel not undergone any training so far	
	(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	47
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	All Person PEP have been given.
	(iv) Any Fatality occurred, details.	
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	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Copy enclosed ④
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	yes
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

..... of the year 2023
 2023 - 2024

Trishla
 24/4/24

Name and Signature of the
 Institution

M.O. I/C
 Bio-Medical Waste Management
 SGMH, Mangalore, Delhi-110083

Date:

Place: