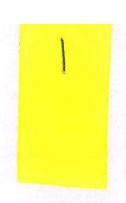


SANJAY GANDHI MEMORIAL HOSPITAL GOVERNMENT OF NCT OF DELHI S-BLOCK MANGOL PURI DELHI - 110083 (CARETAKING BRANCH)



http://health.delhigovt.nic.in

mssgmh@rediffmail.com

No. F. 5/39/SGMH/CT Branch/BMW-Report/2018/1438-1440

- 1. The Member Secretary Delhi Pollution Control Committee, 4th floor, ISBT Building, Kashmere Gate, Delhi-110006.
- 2. Dr. R. Aggarwal, Addl. Director (BMW Management), Dte. Of Health Services, Swasthya Sewa Nideshalaya Bhawan F-17, Karkardooma, Delhi-10032.
- 3. District Program Officer (BMW Mgt.) North-West District.

Sub: - Annual Report of Bio-Medical Waste.

Sir,

Please find enclosed annual report on Bio-Medical Waste Management in respect of this hospital for period Jan-2024 to Dec-2024 in Form-IV.

This is for your kind information.

Enclosed: As mentioned above.

prishla (DR. TRISHLA)

NODAL OFFICER (BMW)



Form - IV (See rule 13)

[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)

Sr. No.	Particulars Particulars	(TF)] (TF)
1		
	Particulars of the Occupier:	
	(i) Name of the authorised person	NA H
		Medical Superintendent
	The state of the s	
	(iii) Address for Correspondence :	COL
		SGM Hospital GNCT of Delhi S-Block Mangol Puri Delhi-110083.
	(iv) Address of Facility	Delhi-110083.
	()= :	SGM Hospital GNCT of Delhi S-Block Mangol Puri Delhi-110083.
	(v)Tel. No, Fax. No :	
	(vi) E-mail ID :	011-20873051
	(vii) URL of Website	Ms-sgmh@delhi.gov.in, mssgmh@rediffmail.com
	(viii) GPS coordinates of HCF or	https://sgmh.delhi.gov.in
	CBMMTE	
	(ix) Ownership of HCF or CBMWTF:	(State Government or Private or Semi Govt. or any
	(1) 5:	other)
	(x). Status of Authorisation under	Authorisation No.:
	the Bio-Medical Waste	DPCC/(11)(5)(01)/2024/BMW/NST/AUTH/13044192N
	(Management and Handling) Rules :	Dated 23.10.2024, Valid up to 06/04/2027 (Annexure
	(xi). Status of Consents under Water	Valid up to:10/07/2028
	Act and Air Act :	1 2020
2	Type of Health Care Facility :	
	. (i) Bedded Hospital :	No. of Beds: 300
	(ii) Non-bedded hospital	NA
	(Clinic or Blood Bank or Clinical	
	Laboratory or Research Institute or	1 - 4 - 1 3
	Veterinary Hospital or any other):	1
	(iii) License number and its date of expiry	Govt. Hospital
3.	Details of CBMWTF:	MS. BIOTIC WASTE SOLUTION PVT. LTD.
	(i) Number healthcare facilities	
	covered by CBMWTF:	
	(ii) No of beds covered by CBMWTF:	
	(iii) Installed treatment and disposal	: Kg per day
	capacity of CBMWTF	
	(iv) Quantity of biomedical waste	Kg/day
	treated or disposed by CBMWTF	
	Quantity of waste generated or	Yellow Category : List enclosed Annexure B
	disposed in Kg per annum (on	
	monthly average basis)	
		Red Category: List enclosed Annexure B
		White: List enclosed Annexure B

(i	Details of the Storage, treatment, transportation, processing and Disposal Facility (i) Details of the on-site storage facility (ii) Details of the treatment or disposal facilities:	Blue Category: List General Solid waste Size:120'× 246' Capacity:03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators Plasma Pyrolysis	storage:		ge or any
(i	Disposal Facility (i) Details of the on-site storage facility (ii) Details of the treatment or	Size :120'× 246' Capacity :03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators	storage :	: (cold stora	ge or any Quantity
(i	(ii) Details of the on-site storage facility (iii) Details of the treatment or	Capacity :03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
fa	(i) Details of the on-site storage facility (ii) Details of the treatment or	Capacity :03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
(1	(ii) Details of the treatment or	Capacity :03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
(1	(ii) Details of the treatment or	Capacity :03 rooms Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
(c	(ii) Details of the treatment or disposal facilities :	Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
(c	(ii) Details of the treatment or disposal facilities :	Provision of on-site other provision) NA Type of treatment equipment Incinerators	No of	Capacity	Quantity
(c	(ii) Details of the treatment or disposal facilities :	Type of treatment equipment Incinerators	No of	Capacity	Quantity
C	disposal facilities :	Type of treatment equipment Incinerators	No of	B. C. L. C.	The area of the second of the
	and identities .	Incinerators	unit s	B. C. L. C.	
					disposed ir kg per
					annum
		Autoclaves	01	350	5000Kg
			01	litres	JOOOKg
		Microwave			
		Hydroclave			
	-	Shredder			
		Needle tip cutter or			
		destroyer			
		Sharps			
47		encapsulation or			
-		concrete pit			
*		Deep burial pits			
		Chemical			
		disinfection			
		Any other treatment		1	
		equipment:			
	/··· O	Red Category (like plas	stic. glass	etc.)	1
	(iii) Quantity of recyclable wastes sold to authorized recyclers after	NA NA	/ 0		
	treatment in kg per annum. :				-11/2
- 1	(iv) No of vehicles used for collection	Red Trolley 02			
	and transportation of biomedical	Yellow Trolley 02			
	waste:				
- 1	(v) Details of incineration ash and	Quantity generated Where disposed			
(ETP sludge generated and disposed	Incineration Ash ETP Sludge			
	during the treatment of wastes in Kg				
	per annum	STP sludge (Annexure C) Ms. Biotic Waste Solutions Pvt Ltd			
10	(vi) Name of the Common				
В	BioMedical Waste Treatment Facility				
C	Operator through which wastes are				
l d	disposed of :	A1A			
()	alopoote .	NA			
0	(vii) List of member HCF not handed	Yes .			
6 D	(vii) List of member HCF not handed over bio-medical waste. Do you have bio-medical waste	Copy enclosed (Annexu	- 01		

	attach minutes of the meetings held	
	during the reporting period	Minutes of meeting (Annexure E)
7	Details (Idinings on 1	(Annexure E)
	(i) Number of trainings conducted on BMW BMW Management (ii)	Copy enclosed (Annexure F)
	BMW Management. (ii) number of	(Annexure F)
	personnel trained	
	(iii) number of porce	
	(iii) number of personnel trained at the time of induction	Copy enclosed (Annexure F)
	(iv) number of new	(Almexure F)
	(iv) number of personnel not	NIL
	undergone any training so far	
	(v) whether standard manual for	Yes
	training is available?	
8	(vi) any other information)	
ŏ	Details of the accident occurred	
	during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please	NIL
	attach details if any)	
	(iv) Any Fatality occurred, details.	NIL
9	Are you meeting the standards of air	NA
	Pollution from the incinerator? How	
	many times in last year could not	
	meet the standards?	
	Details of Continuous online	
	emission monitoring systems	
	installed	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	Liquid waste generated and	Copy enclosed (Annexure G)
	treatment methods in place. How	4
	many times you have not met the	
	standards in a year? Is the disinfection method or	Yes
11	sterilization meeting the log 4	
	standards? How many times you	
	have not met the standards in a	A1
	year?	
12	Any other relevant information	
14	The state of the s	

Certified that the above report is for the period from : January 2024 to December 2024

Name and Signature of the Head of the Institution

Date:

Place:

Dr. S. K. KAAKRAAN Medical Superintendent Sanjay Gandhi Memorial Hospital Govt. of NCT of Delhi Mangol Puri, Delhi-110083

Tuish 00

M.O. I/C

Bio-Medical Waste Management

SGMH, Mangol Puri, Delhi-110083