

Form - IV
(See rule 13)
MONTHLY REPORT
(March 2021)

| S.No. | Particulars | | |
|-------|--|---|--|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Executive Director |
| | (ii) Name of HCF or CBMWTF | : | All India Institute of Medical Sciences, Gorakhpur |
| | (iii) Address for Correspondence | : | All India Institute of Medical Sciences, Kunraghat, Gorakhpur |
| | (iv) Address of Facility | : | All India Institute of Medical Sciences, Kunraghat, Gorakhpur |
| | (v) Tel. No, Fax. No | : | 05512205501 |
| | (vi) E-mail ID | : | info@aiimsgorakhpur.edu.in |
| | (vii) URL of Website | : | www.aiimsgorakhpur.edu.in |
| | (viii) GPS coordinates of HCF or CBMWTF | : | - |
| | (ix) Ownership of HCF or CBMWTF | : | Autonomous Organisation |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: No: - 10597951 and Date:- 09/01/2021 valid up to 31/12/2021 |
| | (xi). Status of Consents under Water Act and Air Act | : | Not applicable |
| 2. | Type of Health Care Facility | : | OPD Only |
| | (i) Bedded Hospital | : | NA |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | OPD Only |
| | (iii) License number and its date of expiry | : | |
| 3. | Details of CBMWTF | : | Not Applicable |
| | (i) Number healthcare facilities covered CBMWTF | : | - |
| | (ii) No of beds covered by CBMWTF | : | - |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | <u>NA</u> Kg per day |

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| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA Kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|------------------|---|-----------------------------|----------------|------------------|--|--------------|--|--|-------------------|------------------|--|--|------------|--|--|-----------|--|--|------------|--|--|----------|--|--|--------------------------------|--|--|--------------------------------------|--|--|-------------------|--|--|------------------------|--|--|--------------------------------|--|--|--|--|--|--|
| 4. | Quantity of waste generated or disposed in Kg | : | Yellow Category: 143.1 kg Red Category: 441 kg White: 0 kg Blue Category : 2.5 kg General Solid waste: 995 kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the facility on-site storage | : | Size: (10.3 x 7.1 x 4.5) Capacity: - Provision of on-site storage: (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Details of the treatment or disposal facilities | : | <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/ day</th> <th>Quantity treated or disposed in kg/annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td rowspan="10" style="text-align: center; vertical-align: middle;">Handled by CBMWTF</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Type of treatment equipment | No of units | Capacity Kg/ day | Quantity treated or disposed in kg/annum | Incinerators | | | Handled by CBMWTF | Plasma Pyrolysis | | | Autoclaves | | | Microwave | | | Hydroclave | | | Shredder | | | Needle tip cutter or destroyer | | | Sharps encapsulation or concrete pit | | | Deep burial pits: | | | Chemical disinfection: | | | Any other treatment equipment: | | | | | | |
| Type of treatment equipment | No of units | Capacity Kg/ day | Quantity treated or disposed in kg/annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | Handled by CBMWTF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Pyrolysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.): Handled by CBMWTF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | 01 vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | | Quantity generated | | Where disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | during the treatment of wastes in Kg per annum | | Incineration Nil Ash: Nil ETP Sludge: NA |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Royal Pollution Control Services |
| | (vii) List of members HCF not handed over bio-medical waste. | | Nil |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | -- |
| 7 | Details of training conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 01 Session |
| | (ii) number of personnel trained | | 50 |
| | (iii) number of personnel trained at the time of induction | | - |
| | (iv) number of personnel not undergone any training so far | | - |
| | (v) whether standard manual for training is available? | | - |
| | (vi) any other information | | |
| 8 | Details of the accident occurred during the year | | Nil |
| | (i) Number of Accidents occurred | | Nil |
| | (ii) Number of the persons affected | | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | | Not applicable |
| | (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 meet the standards? | | Not Applicable |
| | Details of Continuous online emission monitoring systems installed | | Not applicable |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | STP |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? | | Not applicable |

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| | 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): NA |

Certified that the above report is for the period from 1st March 2021 to 31st March 2021

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Name and Signature of the Head of the Institution

Date:

Place: Gorakhpur

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27/2/21

[Signature]

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