

Form - IV
(See rule 13)
MONTHLY REPORT
(July 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 | : | |
| | (i) Bedded Hospital | : | Yes |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | - |
| | (iii) License number and its date of expiry | : | |
| 3. | Details of CBMWTF | : | Not Applicable |
| | (i) Number healthcare facilities covered by CBMWTF | : | - |
| | (ii) No of beds covered by CBMWTF | : | - |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | NA Kg per day |

Page 1 of 4

| | | | | | | |
|----|---|---|--|-------------|------------------|--|
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA Kg/day | | | |
| 4. | Quantity of waste generated or disposed in Kg | : | Yellow Category:212.5 kg Red Category:385.5 kg White: 22.9 kg Blue Category :56.5 kg General Solid waste: 1445.92 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 | : | Type of treatment equipment | No of units | Capacity Kg/ day | Quantity treated or disposed in kg/annum |
| | | | Incinerators 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: | | | Handled by CBMWTF |
| | (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 | |

Vinod
A/B

Harsh
Nitin Bapat

Vinod

Kamlesh Muni
04/08/2021

| | | | |
|-----|--|---|--|
| | 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 |

Vinod K...
4/8

H...
Page 3 of 4
S...
S...

R...

Kamlesh M...
04/08/2021

| | | | |
|----|--|---|---|
| | 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 July 2021 to 31st July 2021

.....

(Handwritten signature in blue ink)

Name and Signature of the Head of the Institution

Date:

Place: Gorakhpur

(Handwritten signature)
 A/B

(Handwritten signature)
 Nisha Boppal

(Handwritten signature)

(Handwritten signature)
 Anamsh Muni
 04/08/2021