

Dated: 30-1-2023

To,
The Member Secretary
Delhi Pollution Control Committee
4<sup>th</sup> & 5<sup>th</sup> Floor, ISBT Building
Kashmere Gate, Delhi -110006

(ENGUIRY COUNTER)

DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOYT, OF NCT OF DELHI
ATH FLOOR, ISBT BUILDING,
KASMHERE GATE, DELHI-110006

Subject: Submission of Annual Report of Bio Medical Waste under Authorized No F.NO. DPCC(11)(5)(01)ND/BMW/2019/NST/AUTH/83/21/05

Dear Sir,

0

(

With reference to the subject cited above, we hereby submitting the annual report of Bio medical waste .i.e. Jan-2022 to Dec-2022. For your reference.

Thank You.

Your Sincerely,

Dr. Nikhil Mishra

Regional Medical Director

## Enclosure

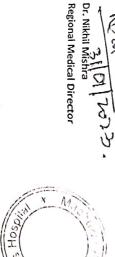
- 1. BMW Annual Report from Jan-2022 to Dec-2022
- 2. Form IV



## **Madhukar Rainbow Childrens Hospital**

## FC-29, 5 Geetanjali, Near Malviya Nagar Metro Station, New Delhi-110017 **Bio Medical Waste Generation Report**

| , | TOTAL     | Dec-22  | Nov-22 | Oct-22 | Sep-22  | Aug-22  | Jul-22  | Jun-22   | May-22  | Apr-22  | Mar-22  | Feb-22 | Jan-22   |            |                 |                                      |
|---|-----------|---------|--------|--------|---------|---------|---------|----------|---------|---------|---------|--------|----------|------------|-----------------|--------------------------------------|
|   | _         | 2       | 2      | 2      | 12      | 22      | 2       | 22       | -22     | .22     | -22     | -22    | -22      |            | Month           |                                      |
|   | 508       | 71      | 76     | 21     | 41      | 32      | 25      | 30       | 33      | 40      | 38      | 41     | 60       | Count      | Yello           |                                      |
|   | 8367.655  | 910.08  | 962.22 | 414.51 | 837.72  | 702.33  | 607.3   | 626.5    | 640.57  | 637.87  | 658.62  | 538.05 | 831.885  | Weight kgs | Yellow Bags     |                                      |
|   | 382       | 51      | 54     | 18     | 26      | 25      | 24      | 31       | 26      | 29      | 30      | 32     | 36       | Count      | Re              |                                      |
| A | 5750      | 641.86  | 646.13 | 362.08 | 525.49  | 530.6   | 472.95  | 494.33   | 456.24  | 447.3   | 405.6   | 342.79 | 424.63   | Weight kgs | Red Bags        |                                      |
| 4 | 224       | 26      | 21     | 14     | 23      | 19      | 16      | 14       | 14      | 22      | 17      | 21     | 17       | Count      | -St             | Annual Rep                           |
|   | 306.1     | 33.65   | 48.5   | 15.59  | 32.95   | 31.3    | 23.1    | 21.7     | 17.46   | 24.97   | 17.59   | 19.33  | 19.96    | Weight kgs | Sharp           | Annual Report (Jan 2022 to Dec 2022) |
|   | 263       | 26      | 36     | 14     | 21      | 23      | 15      | 21       | 20      | 21      | 22      | 21     | 23       | Count      | Blue            | to Dec 2022                          |
|   | 1344.093  | 124.47  | 183.25 | 71.39  | 135.11  | 147.58  | 91.25   | 121.123  | 104     | 103.7   | 86.16   | 84.72  | 91.34    | Weight kgs | Blue Bags       |                                      |
|   | 37        | 0       | 0      | 10     | 0       | 0       | 5       | 19       | 2       | 0       | 1       | 0      | 0        | Count      | Cytotox         |                                      |
|   | 193.4     | 0       | 0      | 44     | 0       | 0       | 10.94   | 122.41   | 6.46    | 0       | 9.59    | 0      | 0        | Weight kgs | Cytotoxic Drugs |                                      |
|   | 1414      | 174     | 187    | 77     | 111     | 99      | 85      | 115      | 95      | 112     | 108     | 115    | 136      |            | Total of bags   |                                      |
|   | 15961.248 | 1710.06 | 1840.1 | 907.57 | 1531.27 | 1411.81 | 1205.54 | 1386.063 | 1224.73 | 1213.84 | 1177.56 | 984.89 | 1367.815 |            | Total ke's      |                                      |



Dr. Nikhil Mishra



## 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)]

| SI.                     | Particulars  |  |   |
|-------------------------|--|--|---|
| No.                     |  |  |   |
| 1                       | Particulars of the Occupier  | :  | ANUS GUPIA  |
|                         | (i) Name of the authorized person (occupier or : operator of facility) | :  | ANUT GODPAN UNIT HEAD                             |
|                         | (ii) Name of HCF or CBMWTF   |  | MADIAN LOG CAUSTAN OLIVER                         |
|                         | (iii) Address for Correspondence                                       | :  | MADHULAR RAINDOW CHILDREN 1+03P                   |
|                         | (iv) Address of Facility   | :  | F-C, 29, PLOTNO .5, GERMNJALI, M.                 |
|                         | (v)Tel. No, Fax. No  | <u>:</u>   | F-C, 29, PLOTNO-S. GREETON FALL, MACUNIA          |
|                         | (vi) E-mail ID   | <u> </u>   |   |
|                         | (vii) URL of Website   | <del>                                     </del> | 0. 1910.  |
|                         | (viii) GPS coordinates of HCF or CBMWTF                                | :  | quality-model model or an bowh                    |
|                         |  |  | (State Government or Private or Semi Govt.        |
|                         | (ix) Ownership of HCF or CBMWTF  |  |   |
|                         | (x). Status of Authorization under the Bio-                            | :  | or any other) PRIVATE HOSPITAL Authorisation No.: |
|                         | Medical  |  | F.Nn. DPCC CINGTAINATEMANTONE                     |
|                         | Waste (Management and Handling) Rules                                  | -  | F.No. DPCC CU)(5)(01)ND1BMW 2019)                 |
|                         | (xi). Status of Consents under Water Act and                           | :  | Valid upto:                                       |
|                         | Air  |  | valia upto.                                       |
|                         | Act  |  |   |
| 2                       | Type of Health Care Facility   |  |   |
|                         | (i) Bedded Hospital  | 1:   | No. of Beds: 133                                  |
|                         | (ii) Non-bedded hospital   | :  | 10 10 10 10 10 10 10 10 10 10 10 10 10 1          |
|                         |  |  |   |
|                         | Clinical Laboratory or Research Institute or                           |  | NO  |
|                         | Veterinary Hospital or any other)                                      |  |   |
|                         | (iii) License number and its date of expiry                            | :  |   |
| 3                       | Details of CBMWTF  | 1  |   |
|                         | (i) Number of health care facilities                                   |  |   |
|                         | covered by CBMWTF  |  |   |
| 1                       | (ii) No. of Beds covered by CBMWTF                                     | 1;   | 13.3  |
|                         | (iii) Installed treatment and disposal                                 | 1  | Kg / day  |
|                         | capacity of CBMWTF;  | '  |   |
| 1 1                     | (iv) Quantity of bio medical waste                                     | :  | Kg / day  |
|                         | treated or disposed by CBMWTF  | 1  | NB / day  |
| 4                       | Quantity of waste generated or disposed in                             | :  | Yellow Category: 647. 304 kg                      |
|                         | Kg per Annum (on monthly average basis)                                |  |   |
|                         | Age of Annual (on Monthly average pasis)                               |  |   |
|                         |  |  | White: 25.508 cg                                  |
|                         |  |  | Blue Category: 112 001kg                          |
| 5                       | Details of the Stores = -  | <u> </u>   | General Solid Waste:                              |
| <u>J</u>                | Details of the Storage, Treatment, Transporta                          | tion,  |   |
| of the ordinary and the | (i) Details of the on-site storage                                     | ]:   | Size: NA  |

|  |                  | facility   |   | Capacity: NA)-  |                        |              |  |  |  |  |
|--|------------------|--|---|---|------------------------|--------------|--|--|--|--|
|  | • •              |  |   | Provision of on-site storage: (Cold storage or any other provision) |                        |              |  |  |  |  |
| CONTRACTOR OF THE PERSON NAMED IN COLUMN 1 | (ii)             | Disposal facilities  |   | any other provi   | sion)                  |              |  |  |  |  |
|  | (11)             | Uisposai facilities  |   | Type of   |                        |              | Quantity<br>Treatedor<br>disposed<br>in kg |  |  |  |
|  |                  |  |   | treatment   | No of                  | Capacity     | 1.   |  |  |  |
|  |                  |  |   | equipment   | Units                  | Kg/day       | annum                                      |  |  |  |
|  |                  |  |   | Incinerators  | The particular section |              |  |  |  |  |
|  |                  |  |   | 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                                | ; | Red Category  | (like plas             | stic, glass, | etc.)                                      |  |  |  |
|  |                  | sold to authorized recyclers after treatment in Kg per annum |   | NA-   | _                      |              |  |  |  |  |
|  | (iv)             | No. of Vehicles used for                                     | : |   |                        |              |  |  |  |  |
|  |                  | collection and transportation of                             | ' | DLILA   | E 630                  | 15           |  |  |  |  |
|  |                  | biomedical waste   |   |   |                        |              |  |  |  |  |
|  | (v)              | Details of incineration ash and                              |   |   | Quar                   | tity         | Where                                      |  |  |  |
|  |                  | ETP sludge generated and                                     |   |   |                        | erated       |  |  |  |  |
|  |                  | disposed during the treatment of                             |   | Incineration  | Jene                   | rateu        | disposed                                   |  |  |  |
|  |                  | wastes in Kg per annum                                       |   | Ash   |                        |              |  |  |  |  |
|  |                  |  |   | ETP Sludge  |                        |              | The transfer of the second section is a    |  |  |  |
|  | (vi)             | Name of the Common Blo-                                      |   |   |                        |              |  |  |  |  |
|  |                  | Medical Waste Treatment Facility                             |   | BIOTIC U  | or 2-AC                | SOL          | ひりひいら                                      |  |  |  |
|  |                  | Operator through which wastes                                |   | PRIVATE   |                        |              |  |  |  |  |
| 1. "                                       |                  | are disposed of  |   | IKIUMITE  | Um                     | 1760         |  |  |  |  |
|  | (vii)            | List of member HCF not handed                                | - |   |                        |              |  |  |  |  |
|  | ,                | over bio-medical waste.                                      |   | NA  |                        |              |  |  |  |  |
| 6  | Do you ha        | ave bio-medical waste  | - | 1011  |                        |              |  |  |  |  |
|  | managen          | nent committee? If yes, attach                               |   |   |                        |              |  |  |  |  |
|  | minutes          | of the meetings held during the                              |   | Yes   |                        |              |  |  |  |  |
|  | reporting period |  |   |   |                        |              |  |  |  |  |

| 7  | Details trainings conducted on BMW                                |  |  |  |  |  |
|----|---|--|--|--|--|--|
|    | (i) Number of trainings conducted                                 |  |  |  |  |  |
|    | on BMW Management   | 1,0  |  |  |  |  |
|    | (ii) Number of personnel trained                                  | 48.  |  |  |  |  |
|    | (iii) Number of personnel trained at                              | 35   |  |  |  |  |
|    | the time of induction   | O. d.  |  |  |  |  |
|    | (iv) Number of personnel not                                      | ఫర   |  |  |  |  |
|    | undergone any training so far                                     | <b>7</b> 0                                   |  |  |  |  |
|    | (v) Whether standard manual for                                   | 0  |  |  |  |  |
|    | training is available?  | 465  |  |  |  |  |
| 8  | Details of the accident occurred during the                       |  |  |  |  |  |
|    | year year   |  |  |  |  |  |
|    | (i) Number of Accidents occurred                                  | 1)   |  |  |  |  |
|    | (ii) Number of persons affected                                   | NO   |  |  |  |  |
|    | (iii) Remedial Action taken (Please                               | 100  |  |  |  |  |
|    | attach details if any)  | NIA  |  |  |  |  |
|    | (iv) Any Fatality occurred, details                               | NIA  |  |  |  |  |
| 9  | Are you meeting the standards of air                              |  |  |  |  |  |
|    | Pollution from the incinerator? How                               | NA   |  |  |  |  |
|    | many times in last year could not met                             | 1  |  |  |  |  |
|    | the standards?  |  |  |  |  |  |
|    | Details of Continuous online emission                             | NA   |  |  |  |  |
| 10 | monitoring systems installed Liquid waste generated and treatment |  |  |  |  |  |
| 10 | methods in place. How many times you                              | THROUGH STP                                  |  |  |  |  |
|    | have not met the standards in a year?                             |  |  |  |  |  |
| 11 | Is the disinfection method or                                     |  |  |  |  |  |
|    | sterilization meeting the log 4                                   | NA   |  |  |  |  |
|    | 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 | d from $C \sim 200.2$ |
|---|-----------------------|
|   |                       |
|   |                       |

Name and Signature of the Head of the Institution

Date: 30/01/22
Place: New Delli

