By hand - Vogent

F. No. NIHFW/RBM/BMW/2018 Dated 23/06/2023

To, Sr. Environmental Officer, Delhi Pollution Control Committee, Deptt. of Environment, Kashmere Gate, New Delhi-110006 (ENQUIRY COUNTERN)

DELHI POLLUTION CONTROL CON THE DEPARTMENT OF ENVIRONMENT GOVT. OF NCT OF DELHI

4TH FLOOR, ISBT BUILDING,

KASMHERE GATE, DELHI-110006

Sub: Submission of Annual Report for the period January 2022 to December 2022 for Bio Medical Waste Management at the NIHFW – reg.

Sir,

This is in reference to Rule-13 of Bio Medical Waste Management Rules-2016 (Published in the Gazette of India, Extraordinary, Part-II, Section 3, sub-section (i) by the Ministry of Environment, Forest and Climate Change. Govt. of India vide Gazette No.DL-33004/99 dated 28/03/2017, mandating institutions to submit their Annual Reports on or before 30th June each year.

In this regard, the Annual Report for the period January 2022 to December 2022 duly signed by Director, The NIHFW (in the capacity of the "Occupier" as per the Biomedical Waste Management Rules, 2016) in the prescribed format (Form-IV) is enclosed.

(Dr. S. Ramachandra Rao)

Chairperson

S. Lama Chandre In 23/06/2023

Biomedical Waste Management & Infection Control Committee

8/C



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)]

Particulars		
· ·······		
Particulars of the Occupier	:	
(i) Name of the authorised person (occupier or	:	DIRECTOR, THE NIHFW
operator of facility)		Prof. Dr. Dheeraj Shah
(ii) Name of HCF or CBMWTF	:	Department of Reproductive Biomedicine, The National Institute of Health and Family Welfare
(iii) Address for Correspondence	:	The National Institute of Health and Family Welfare, Baba Gangnath Marg, Munirka, New Delhi -110067
(iv) Address of Facility		Same as above
(v)Tel. No, Fax. No	:	26165959, FAX-26101623
(vi) E-mail ID	:	director@nihfw.org
(vii) URL of Website		http://www.nihfw.org
(viii) GPS coordinates of HCF or CBMWTF		Latitude-28.553302 Longtitude-77.179041
(ix) Ownership of HCF or CBMWTF	:	Autonomous Organization under MOHFW
(x). Status of Authorisation under the Bio-Medical	:	Authorisation No:
Waste (Management and Handling) Rules		DPCC/BMW/AUTH/NEW NO/2019/ 04442 valid up to <u>one-time (being Non-</u> bedded HCF)
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
Type of Health Care Facility	:	
(i) Bedded Hospital	:	No. of Beds: NA
(ii) Non-bedded hospital	:	Health Care Facility (Clinic), Animal House and Research Institute
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
(iii) License number and its date of expiry		NA
Details of CBMWTF	:	
(i) Number healthcare facilities covered by CBMWTF	:	NA
(ii) No of beds covered by CBMWTF	:	NA
(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day
	operator of facility) (iii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v)Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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 Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	Particulars of the Occupier (i) Name of the authorised person (occupier or operator of facility) (ii) Name of HCF or CBMWTF : (iii) Address for Correspondence : (iv) Address of Facility (v)Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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 Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of

	(iv) Quantity of biomedical waste treated	l or di	sposed : <u>NA_Kg/day</u>
4.	Quantity of waste generated or disposed annum (on monthly average basis)		Red Category: 86.3 Kg/annum White: 0.70 Kg/annum Blue Category: 4.30 Kg/annum General Solid waste: NA
5	Details of the Storage, treatment, transport (i) Details of the on-site storage	ortation:	n, processing and Disposal Facility Size :NA
	facility		Capacity :NA
			Provision of on-site storage : (cold storage or any other provision) NA
	(ii) Details of the treatment or	:	Type of treatment No Cap Quantity
	disposal facilities		equipment of acit treated o
			unit y r
			s Kg/ disposed day in kg per annum
			Nil
			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:
	(iii) Quantity of recyclable wastes	:	Red Category (like plastic, glass etc.)
	sold to authorized recyclers after treatment in kg per annum.		NA (Handled by CBMWTF operator)
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One Vehicle
	(v) Details of incineration as hand ETP sludge generated and disposed		NA Quantity Where generated disposed

6	during the treatment of wastes in Kg per annum (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of (vii) List of member HCF not handed over bio-medical waste. Do you have bio-medical waste management committee? If yes, attach	:	Incineration Ash ETP Sludge M/s. Biotic Waste Solutions Pvt. Ltd. NA Yes, constituted in 2019
	minutes of the meetings held during the reporting period		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		01
	(ii) Number of personnel trained		32
	(iii) Number of personnel trained at the time of induction		Nil
	(iv) Number of personnel not undergone any training so far		Nil
	(v) Whether standard manual for training is available?		None
	(vi) Any other information		None
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)		NA
	(iv) Any Fatality occurred, details.		No
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		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Treated with 1% (v/v) Sodium hypochlorite and discharged in Municipal sewer line
11	Is the disinfection method or sterilization meeting the log 4		NA

г		1 1011		
1		standards? How many times you have		
		not met the standards in a year?		to the desired with the
	12	Any other relevant information	:	(Air Pollution Control Devices attached with the
				Incinerator) NA
1				
- 1			1	

Certified that the above report is for the period from 01.01.2022 to 31.12.2022

Name and Signature of the Head of the Institution

Date: 23.06.2023 · Place: New Delhi

प्रो. (डॉ.) धीरज शाह PROF. (Dr.) DHEERAJ SHAH निदेशक/Director राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान The National Institute of Health & Family Welfare मुनीरका, नई दिल्ली–110067/Munirka, New Delhi-110067