

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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Medical Superintendent
	(ii) Name of HCF or CBWTF :	All India Institute of Medical Sciences, Rishikesh
	(iii) Address for Correspondence :	Virbhadrha Road Rishikesh, Dstt.Dehradun , Rishikesh-249201, Dist: Dehradun, Tal: Rishikesh
	(iv) Address of Facility :	MEDICAL POLLUTION CONTROL COMMITTEE BHAGAWAN PUR,---, Dist: ROORKEE-2
	(v) Tel. No, Fax. No :	8474900020
	(vi) E-mail ID :	msofficeaiimsrishikesh@gmail.com
	(vii) URL or Website :	www.aiimsrishikesh.edu.in
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 30.0787, Long: 78.2859
	(ix) Ownership of HCF or CBWTF :	Government
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-300403, Valid Upto: 3/31/2017
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto:

Type of Health Care Facility

2	(i) Bedded Hospital	880	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	ANA-Anaesthesiology	
2	(iii) License number and its date of expiry	TRL-300403/31.3.2015	

Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

4	(i) Yellow Category	6500.000	
4	(ii) Red Category	9500.000	
4	(iii) White Category	1800.000	
4	(iv) Blue Category	1000.000	
4	(v) General Solid Waste	90000.000	

Details of the Storage, treatment, transportation, processing and Disposal Facility

5	(i) Details of the on-site storage facility	AVAILABLE	
5	(ii) Treatment Facility	CHM-Chemical Treatment, CLE-Clean Treatment, CUT-Cutting, DIF-Disinfection, DCT-Disinfection / Cutting, DNC-Disinfection, Needle Cutter, , NEE-Needle Cutter, NCS-Needle Cutter, Shredding	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	1	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	MEDICAL POLLUTION CONTROL COMMITTEE	

BMW management committee

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	TWO MEETING HELD
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Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	14	
7	(ii) Number of Personnel trained	600	
7	(iii) Number of personnel trained at the time of induction	0	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	No.	
7	(vi) Any other information	number of persons not under gone training not complied	

Details of the accident occurred during the year

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please attch details if any)	0	
8	(iv) any Fatality Occurred , details	0	

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	No.	
9	Details of Cuntinuous online emission monitoring ststems installed	NA	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	0	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	Yes	THE PROCEDURES FOR DISINFECTION STERILIZATION DONE AS PER GUIDELOINES
12	Any other relevant information	No	

Certified that the above report is for the period from

Date:

Name and Sign of The Head of HCF

Place: