



श्री अग्रसेन इन्टरनेशनल हॉस्पीटल

संचालकः

श्री अग्रसेन नॉर्थ-एक्स वेलफेयर सोसायटी (पंजी.) पी.एस.पी., सेक्टर-22, रोहिणी, दिल्ली-110086 Shree Aggarsain International Hospital

Managed by:

Shree Aggarsain North Ex Welfare Society (Regd.)

P.S.P., Sector-22, Rohini, Delhi-110086

Phone: 011-66636600 - 99 (100 Line) | E-mail: info@saih.in | Website: www.saih.in

SAIH/MS/BMW/FEB/2019/2

Q1501/3/19

Dated: 28/02/2019

To

Senior environment Engineer WMC-I, DPCC Dept. of Environment, 4th & 5th Floor, ISBT Building Kashmiri Gate Delhi-110006 DELMI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
JOYT OF NOT OF DELHI
JOYT OF NOT OF DELHI
ATH FLIDE, SBT BUILDING,
KASHMERE GATE, DELMI-110006

Subject: - Submission of Form-IV, Annual Report of Bio-Medical Waste Management for the year 2018

Dear Sir /Madam

Please be informed that "Shree Aggarsain International Hospital" is a super speciality hospital managed by "Shree Aggarsain North Ex Welfare Society (Regd.)" and is situated at P.S.P., Sector-22, Rohini, Delhi-110086. The hospital at present has obtained registration of 50 Beds from Directorate of Health Services, Govt. of NCT, Delhi. OPD Services & IPD Services of our hospital were started w.e.f. 23rd August 2018 & 8th September 2018 respectively.

In this regard please find enclosed the Form-IV, Annual Report of Bio Medical waste Management for the year 2018.

Yours Sincerely

For Shree Aggarsain International Hospital

Dr. Deep Kamal

Medical Superintendent

Dr. DEEP KAMAL

MBBS, MD (CHA)
Medical Superintendent
Shree Aggarsain International Hospital

Enclosures: As above

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 | | | | | | |
|-----|---|-------|--|--|--|--|--|
| | Particulars of the Occupier | | | | | | |
| | (i) Name of the authorised person (occupier or : operator of facility) | | MR. SURESH KANGRA MANAGER ADMINISTRATION | | | | |
| | (ii) Name of HCF or CBMWTF | 3 | SHREE AGGARSAIN INTERNATIONAL HOSPITAL | | | | |
| | (iii) Address for Correspondence | E | PSP, ROHINI-22, DELHI- 110026 | | | | |
| | (iv) Address of Facility | | P5P, REHINI-22, DELHI-110086 | | | | |
| | (v)Tel. No, Fax. No | 7 | 011-66636600 | | | | |
| | (vi) E-mail ID | 1 | suresh kangna 1985 @ gmail com | | | | |
| | (vii) URL of Website | | www.sah.in | | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | | | | | |
| | (ix) Ownership of HCF or CBMWTF | 1 | (State Government or (Private) or Semi Govt. or any other) | | | | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | 7. | Authorisation APPLIED FOR (DATED 1/08/2018) valid up to (Annexadre No. 1) valid up to (Annexadre No. 1) | | | | |
| | (xi). Status of Consents under Water Act and An | 12 | Valid up to: Afflieb FOR (DATED 11/08/2018) (Annexume No - 2) | | | | |
| 2 | Type of Health Care Facility | 10 | 1(03) | | | | |
| | (i) Bedded Hospital | į. | No. of Bods: 50 Bedded (Annexune No 3) | | | | |
| | (Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or any other) | y | Not Applicable | | | | |
| | (iii) License number and its date of expiry | | DGHS/NH/1489. VALID UPTO 31/03/2021 | | | | |
| 3. | | | NOT APPLICABLE | | | | |
| | (i) Number healthcare facilities covered by CBMWTF | | the second | | | | |
| | (ii) No of beds covered by CBMWTF | - | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | | Kg/day — | | | | |
| | (iv) Quantity of biomedical waste treated or dispose by CBMWTF | d | Kg/day | | | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Yellow Category 187-81 Kg/month (Avg.) Red Category 1211-88 Kg/month (Avg.) White: 6-75 Kg/month (Avg.) Blue Category: 51-07 Kg/month (Avg.) General Solid waste: 5946 Kg/month (Avg.) | | | | |
| - | Details of the Storage, treatment, transportation, pro- | cessi | ng and Disposal Facility | | | | |
| | (i) Details of the on-site storage : Size Capac Provis | | 530 Ed. Les | | | | |
| | | | city: 137,56 cubic meter | | | | |
| | | | of on-site storage (Cold storage of AND TLLUMINATE Provision): WELL VENTILATED AND TLLUMINATE STORAGE AVAILABLE | | | | |

| 17.6 | disposal facilities | | Type of treatment equipment | No of | Cap | Quantity treatedor |
|------|--|-----|--|--|------------|--|
| | | | Sankanan | units | Kg/ day | disposed in kg per annum |
| | | | Plasma Pyrolysis NA Plasma Pyrolysis NA Autoclaves Microwave : N/ Hydroclave : N/ Shredder : N/A Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment: | > 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | globay 27.21 Kg./ |
| | sold to authorized recyclers after treatment in kg per annum. | | Red Category (like p NOT APPLICA | BLE | ass etc. | |
| | and transportation of biomedical waste | | MOI WHEN | DLL | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | OTE | W. e. f. 23/08/20 | on Ash- nated of ED FR 1018. envices 18 and | od of the | 14/08/2018 The hospital stantes 9/2018 nespectively |
| | (vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of | | BIOTIC WAST 46-47 551 G.T. KARNAL | IN | 0057 | TRIAL AREA |
| | (vii) List of member HCF not handed over bio-medical waste. | | NOT APPLIC | ABLE | | |
| | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period. | | YES. MINUTES OF [Annexume | ME No | ETIN | 161 ATTACHED |

| | Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management (ii) number of personnel trained | | , 223 | |
|----|--|---|--|------------------|
| | (iii) number of personnel trained at the time of induction. | | 223 | |
| 1 | (iv) number of personnel not undergone any training so far | | ML | |
| | (v) whether standard manual for training is available? | | YES . | |
| 1 | (vi) any other information) | | NOT APPLICABLE | |
| 8 | Details of the accident occurred during the year | | | |
| 3 | (i) Number of Accidents occurred | | NIL | |
| 7 | (ii) Number of the persons affected | | NIL | |
| | (iii) Remedial Action taken (Please attach details if any) | | NOT APPLICABLE | |
| | (iv) Any Fatality occurred, details. | | NOT APPLICABLE | |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | NOT APPLICABLE | |
| | Details of Continuous online emission monitoring systems installed | | NOT APPLICABLE | CAUC'INTO DEC |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | NO. OF TIMES NOT MET THE STANDARDS - NIL | KT (Walle In the |
| 11 | The state of the s | | YES NO. OF TIMES NOT MET THE STANDARDS - NIL | |
| 12 | | i | (Air Pollution Control Devices attached with the Incinerator) NOT APPLICABLE | |

Certified that the above report is for the period from 23/08/2018 TO 31/12/2018

E OFD services and IFD services of the hospital stanted w.e.f. 23/08/2018 and 08/09/2018 mespectively.]

Name and Signature of the Head of the Institution

Dr. DEEP KAMAL
MBBS, MD (CHA)
Medical Superintendent
Shree Aggarsain International Hospital

Date: 98 02 2019
Place: DELHI

SAIH, Delhi- MOM-BMW

Meeting No:

01

Purpose: To discuss the role of Bio Medical Waste (BMW) Management committee and to in develop the pathway for the implementation of BMW RULES.

Date of Meeting:

22th Sep'18

Time: 11:30 AM to 12:30

Location: MS Room (No. 1117) (First Floor),

Attendees & Distribution:

Dr. Deep Kamal (Chairperson)

Dr. Swastika Agrawal (Seceratry) 0

Mrs. Bindu Lukose Gue

· Mrs. Tanuja Taparia Tanuja Tapana

Mrs. Poonam Sharma (Asst. Secretary) (armam-

Dr. Rakesh Sharma

| S | Action Summary | Person Sharma | | | |
|----|---|---|-------------|----------------------------|--|
| N. | | Recommended | Target | Action | |
| 1. | Medical Superintendent introduced | | Date | | |
| | the meeting. He stated the purpose of the committee and its functions | | | | |
| 2. | Copy of BMW Management Rules 2016 along with BMW Management (Amendment) Rules 2018 should be in MS office at all times | Quality call to second a | | | |
| | | Quality cell to provide both rules | 30th Sep'18 | Asst Secretar BMW | |
| 3. | Separate Check list to be made for | Infanta | | Commit | |
| 1 | WWWILD DE DITTIPLE COMMONORIA | Infection Control Department to prepare the check list | | Secretar BMW Commits | |

Minutes of Meetings are to be used to minimize correspondence. Everyone is requested to use minutes of meetings as a working document/ checklist and ensure that action has taken or not.

Medical Superintendent

BMW Management Committee Chairperson

EEP KAMAL MBBS, MD (CHA) Medical Superintendent Shree Aggarsain International Hospital