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 | | Dr.B.L.Chaudhary | | | |
| <u> </u> | (i) Name of the authorized person (over | · | | | | |
| | araperator of facility) | : | DDU Hospital/(M/S. SMS water Grace BMW | | | |
| | (ii) Name of HCF or CBMWTF | • | Put I td) | | | |
| | | : | Hari Nagar, New Delhi | | | |
| | (iii) Address for Correspondence | · · | DDU Hospital, Hari Nagar, New Delli | | | |
| | (iv) Address of Facility | : | 25125268,25494404 | | | |
| | (v)Tel. No, Fax. No | 7: | msdduh@yahoo.in | | | |
| | (vi) E-mail ID | <u> </u> | https://dduh.delhi.gov.in/ | | | |
| | IIII of Wobsite | | | | | |
| | (viii) GPS coordinates of HCF or CBMW1F | | Government Government | | | |
| | Lin of UCF or CBMWIF | <u>:</u> | A sharisation No.:DPCC/BMW/AUTI/1011 | | | |
| | (v) Status of Authorisation under the Bio | : | No/2017/03307 dated 16/10/2017 | | | |
| | MedicalWaste (Management and Handling) | | | | | |
| | Rules | | Valid upto 20/07/2022 | | | |
| | | | Valid up to:26/07/2022 | | | |
| | (xi). Status of Consents under Water Act | : | Yand ap | | | |
| | and Air | | | | | |
| | | | DGHS | | | |
| | Act Type of Health Care Facility | : | No. of : 640 | | | |
| 2 | (i) Bedded Hospital | • | | | | |
| | (1) Bedded Hospital | : | N/A | | | |
| | (ii) Non-bedded hospital | | | | | |
| | (Clinic or Blood Bank or Clinical | | | | | |
| | (Clinic or Blood Bank of Chinese | | | | | |
| - 1 | Laboratory or Research Institute or | | | | | |
| | Veterinary Hospital or anyother) | | | | | |
| | (iii) License number and its date of expiry | 1: | SMS Water Grace BMW Pvt.Ltd | | | |
| | D to the of CRMWTF | $+\div$ | NA | | | |
| - | Number health care facilities | . | | | | |
| | covered by CBMWTF | | | | | |
| \rightarrow | (ii) No of beds covered by CBMWTF | : | Kg per day | | | |
| | (iii) Installed treatment and disposal | : | Kg per day | | | |
| - 1 | (iii) Installed treatment and any | | | | | |
| _ | capacity of CBMWTF: (iv) Quantity of biomedical waste treated or | : | Kg/day | | | |
| | (iv) Quantity of biomedical waste treated | | 120 | | | |
| | disposed by CBMWTF | 1: | Yellow Category : 16650.120 | | | |
| | Quantity of waste generated or disposed in | ' | | | | |
| | Kg perannum (on monthly average basis) | - | Red Category : 20580.160 | | | |
| | · | | Red Category | | | |
| - | | | Willion | | | |
| | | | Blue Category: 4434.170 | | | |
| _ | | | General Solid waste- Handed over to MCD | | | |
| | via processing and Disposal Facility: | | | | | |
| | Details of the storage, treatment, transportation, processing and Disposal Facility: | | | | | |
| - 1 | | | Size: 15.6 X 12.5 Square meter | | | |
| | (i) Details of the on-site storage facility | : | Size 15.0 A 12.5 Square meter | | | |
| - | The Control of the Co | | Capacity: 15.6 X12.5 X6.2 Cubic meter Provision of on-site storage: (cold storage or any other | | | |
| | | | Provision of on-site storage: (cold storage of any office | | | |
| - 1 | | | provision) :- NO | | | |
| | | | | | | |

| 01 | | |
|----|--|--|

LIMIT

| | | | | | | S. P. S. | 1 |
|---|--|------|----------------------------|--------------|----------------|--|------|
| | | - 11 | Type of | No of | Capacity | I Commission | |
| | | | treatment equipment | units | Kg/day | Quantity treatedor disposed in kg per | |
| | | - | | | | annum | |
| | | - | Incinertators Plasma | NIL | | | |
| | | | Prolysis | NIL | 1 | | |
| | | 8 | Autoclaves | NIL | | | |
| | | | Microwave | 2 | 30 KG/ | 17730 KG | |
| | | | | | Cycle | 17730 RG | |
| | | | Hydroclave | NIL | | | |
| | | | Shreeder | NIL | | | |
| | | | Needle tip cutter or | 10 | 2 KG/Pe | | |
| | | | destroyer | | day (Approx | (Approx) | |
| | • | | Sharps | NIL | (Approx | / | |
| | | | Encapsulati | NIL | | | |
| | | | on or | | | | |
| | | | concrete pit | | | | |
| | | | Deep burial | NIL | | | |
| | | | pits | | 2251 | 1 750 VI | |
| | | | Chemical | 1 | 2-2.5 K | | |
| | · | | disinfection: | NIL | Per day | (Approx) | 11 |
| | | | Any other treatment | NIL | | | |
| | (iii) Quantity of recyclable wastes | | NIL | | | | 4 |
| | | : | NIL | | | | |
| | sold to authorized recyclers aftertreatment in | | | | | | |
| | kg per annum. | | | | | | - |
| | (iv) No of vehicles used for collectionand | : | NIL | | | | |
| | transportation of biomedical | | | | | | |
| | waste | | | | | 11/1 | |
| | (v) Details of incineration ash and ETP | | | | uantity | Where | 1 |
| | sludge generated and disposed during the | | | g | enerated | disposed | |
| | treatment of wastes in Kg per annum | | Incinerati | | | | |
| | | | onAsh | | | | |
| | | | ETP Slud | ge App | orox 30 KC | G/Q Handed ov | ver |
| | | | | | | to CBMWT | F |
| | (vi) Name of the Common Bio- Medical | 1: | SMS Water | Grace BN | 1W Pvt. Ltd | | |
| | Waste Treatment Facility Operator through | | | | | | 1 |
| | | | | | | | |
| | which wastes are | | | | | | |
| | disposed of | +- | NIA | | | | |
| | (vii) List of member HCF not handed | | NA | | | | |
| | over bio-medical waste. | _ | | | 1 02/12/2 | 2021/C Engles | (box |
| 6 | Do you have bio-medical waste management | | Yes, last m | eeting hel | d on 03/12/2 | 2021(Copy Enclos | sea) |
| | Do you mare one meaning | | | | | | |
| | | 1 | | | | | |
| | committee? If yes, attach minutes of the | | | | | | |
| | committee? If yes, attach minutes of the meetings held during | | | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period | | | | | | |
| 7 | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW | | 142 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on | | 142 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. | | | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained | | 2368 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. | | | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained | | 2368 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (iii) number of personnel trained at the time of induction | | 2368 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (iii) number of personnel trained at the time of induction (iv) number of personnel not | | 2368 648 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (iii) number of personnel trained at the time of induction (iv) number of personnel not undergone any training so far | | 2368 648 ZERO | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (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 | | 2368 648 | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (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? | | 2368 648 ZERO YES | | | | |
| | committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management. (ii) number of personnel trained (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 | | 2368 648 ZERO | | | | |

| | during the year | | | The same |
|----|--|---|--------------------------------------|----------|
| | (i) Number of Accidents occurred | - | | |
| | (ii) Number of the persons affected | - | | |
| | (iii) Remedial Action taken (Please | - | | |
| | attach details if any) | , | | |
| | (iv) Any Fatality occurred, details. | | | |
| 9. | Are you meeting the standards of air Pollution | | N/A | |
| | from the incinerator? Howmany times in last | | N/A | |
| | year could not met | | | |
| | the standards? | | | |
| | Details of Continuous online emission | - | NA | |
| | | | NA | |
| 10 | monitoring systems installed | - | | |
| 10 | Liquid waste generated and treatment | | Chemical Neutralization/disinfection | |
| | methods in place. How many times you have | | | 1 |
| 1 | not met the standards in a | | | |
| | year? | | | |
| 11 | Is the disinfection method or sterilization | | YES | 7 |
| | meeting the log 4 standards? How many | | , | 1 |
| | times you have | | * | |
| | | | | 1 |
| | not met the standards in a year? | + | NA . | _ |
| 12 | Any other relevant information | : | NA | |
| | | | | |

Certified that the above report is for the period from...Ist January to December 2021......

Name and signature of the Head of the Institution

MEDICAL DIRECTOR
Govt. of NCT of Delhi
DDU Hospital, Hari Nagar, NLD-64

Date:

Place

Verify by:

Incharge (BMWM

DDU Hospital