Form - IV (See rule 13) ANNUAL / MONTHLY REPORT

| SI. No. | Particulars | : | |
|------------|---|---|--|
| 1 | Particulars of the Occupier | 1 | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Director AIIMS, Patna |
| | (ii) Name of HCF or CBMWTF | : | All India Institute of Medical Science, Patna |
| | (iii) Address for Correspondence | : | AIIMS, Phulwarisharif, Patna - 801507 |
| | (iv) Address of Facility | : | Same as above |
| | (v) Tel. No, Fax. No | : | |
| | (vi) E-mail ID | : | Director@aiimspatna.org |
| | (vii) URL of Website | : | https://www.aiimspatna.org/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | |
| | (ix) Ownership of HCF or CBMWTF | : | Autonomous Organization |
| | (x) Status of Authorization under the Blo- Medical Waste (Management and Handling) Rules | : | Authorization No:-BMW/133/14B3308 Date-15.12.2021 Valid up to 30-11-2023 |
| | (xi) Status of Consents under Water Act and Air Act | : | Valid up to: 30-11-2023 |
| 2. | Type of Health Care Facility | | -11 |
| | (i) Bedded Hospital | : | No. of Beds: 960 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | NA |
| | (iii) License number and its date of expiry | | - |
| 3. | Details of CBMWTF | • | NA |
| | (i) Number healthcare facilities covered by CBMWTF | : | |
| | (ii) No of beds covered by CBMWTF | : | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | • | Kg per day |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | Kg/day |
| | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 8613.6 |
| | | : | Red Category : 8811.3 |
| 4. | | : | White : 206.5 |
| | | | Biue Category : 1263.5 |
| | | | |

Pot E

| 5. | Details of the Storage, treatment, transportation, | | 1.1 | | × 10) sq. feet |
|----|--|---------------------------------|---------------------|--------------------------------|---|
| | | - | Capacity :4 × 30.61 | | |
| | (i) Details of the on-site | storage facility | | | |
| | | | : | any other provision) | e storage : (cold storage or |
| | | | | Type of treatment | No Cap Quantity |
| | | | | Equipment of | acit treatedo unit |
| | | | | Y | r |
| | | | | S | Kg/ disposed |
| | | | | | day in kg per |
| | | | | | annum |
| | | | | Incinerators Plasma | |
| | | | | | |
| | | | | Pyrolysis Autoclayes | and the second second |
| | | | | | and some of the second s |
| | | | | Microwave | |
| | (ii) Disposal facilities | | : | Hydroclave | Upendlad bu |
| | | | | Shredder | Handled by |
| | | | | Needle tip cutter or | - CBMWTF |
| | | | | destroyer | 5 |
| | | | | Sharps | Operator |
| | | | | encapsulation or | and the patient (197) |
| | | | | concrete pit | And and an other states |
| | | | | Deep burial pits: | |
| | and the second sec | | | Chemical | |
| | | | | disinfection: | and second in the second lines. |
| | | | | Any other treatment equipment: | |
| | (iii) Quantity of recyclable authorized recyclers after per annum. | wastes sold to treatment in kg | : | | (like plastic, glass etc.) y CBMWTF operator |
| | (iv) No of vehicles used for transportation of biome | collection and dical waste | : | | 02 (Two) |
| | (v) Details of incineration ash and ETP sludge | | | Quantity Where | |
| | | | | Generated disposed | |
| | generated and disposed | during the | : | Incineration | |
| | treatment of wastes in Kg pe | er annum | | Ash | |
| | | | | | |
| | (vi) Name of the Common Blo Treatment Facility Operator wastes are disposed of | -Medical Waste through which | 1 | IGIMS, Patna / S | angam Mediserve Pvt. Ltd |
| | (vil) List of member HCF not he medical waste. | anded over bio- | | | NA |
| 6. | Do you have bio-medical wast committee? If yes, attach mi meetings held during the repor | nutes of the | | Ye | s, attached |

Kogy So

| 7. | Details trainings conducted on BMW | | | | |
|-----|---|---|---|--|--|
| 0 | (i) Number of trainings conducted on BMW Management. | : | 2 (Sanitation Section-1 & HICC -1) | | |
| | (ii) Number of personnel trained | | House Keeping Staff trained by sanitation section 00, Number of personnel trained by HICC-00, Total 00 | | |
| | (iii) Number of personnel trained at the time of induction | : | | | |
| | (iv) Number of personnel not undergone any training so far | | NA | | |
| | (v) Whether standard manual for training is available? | : | YES | | |
| | (vi) Any other information | : | Nil | | |
| 8. | Details of the accident occurred during the year | | | | |
| | (i) Number of Accidents occurred | : | Nil | | |
| | ii) Number of the persons affected | | Nil | | |
| | (iii) Remedial Action taken (Please attach details if any) | : | Nil | | |
| | (iv) Any Fatality occurred, details. | : | Nil | | |
| 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 | : | | | |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | : | STP of 1200 KLD & ETP of 100 KLD has been commissioned, discharge consent order having memo NoB-177 date 28-01-2021 is obtained from Bihar state pollution control board. 3.00 kg sludge generated in the month of January 2022 | | |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | : | NA | | |
| 12. | Any other relevant information | : | NA | | |

Certified that the above report is for the period from

01 January 2022 to 31 January 2022

O 30

Date: 10-02-2022 Place: PATNA

Name and Signature of the Head of the Institution

