

GOVERNMENT OF NCT OF DELHI OFFICE OF THE MEDICAL DIRECTOR LOK NAYAK HOSPITAL: NEW DELHI-110002 (DEPARTMENT OF BMWM & SANITATION)

No. F- 69(7)/DPCC Letter/BMWM/LNH/Pt.File/2020/ 640 - 41 Date: 19/1/24

To.

The Member Secretary, Delhi Pollution Control Committee, 4th Floor ISBT Building, Kashmere Gate, Delhi 110006

Sub:- Submitting Annual Report of BMWM from 01st January, 2023 to 31st December, 2023.

Kindly find enclosed the Annual Report of Bio-Medical Waste Management from 01st Sir. January, 2023 to 31st December, 2023 for Lok Nayak Hospital, New Delhi.

Thanking you,

Regards.

(Dr. SURESH KUMAR) MEDICAL DIRECTOR

Copy to:-

1. MOI/c IT for uploading the annual report on website.

2. Office Copy

(Dr. SURESH KUMAR) MEDICAL DIRECTOR

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				
(i) Name of the Authorized person	DR. SURESH KUMAR			
(ii) Name of HCF or CBMWTF	LOK NAYAK HOSPITAL J.L.N. Marg, New Delhi-110002 J.L.N. Marg, New Delhi-110002			
(iii) Address for Correspondence				
(iv) Address of Facility				
(v)Tel. No, Fax. No	23236000, 23232870 Inhmsoffice@gmail.com			
(vi) E-mail 1D				
(vii) URL of Website	delhi.in/wps/wcm/connect/DoFT_LNJP/Injp/Home			
(viii) GPS coordinates of HCF or CBMWTF	NA .			
(ix) Ownership of HCF or CBMWTF	State Government			
(X) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	DPCC has issued authorization certificate valid upto 21/11/2027			
(XI). Status of Consents under Water	Valid up to: 15/07/2024			
Type of Health Care Facility	Hospital			
(i) Bedded Hospital	No. of Beds:- 2053			
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or	NA			
(iii) License number and its date of expiry	NA			
Details of CBMWTF				
covered by CBMWTF	NA			
(ii) No of beds covered by CBMWTF	NA .			
(iii) Installed treatment and disposal	NA			
(iv) Quantity of biomedical waste	NA			
treated or disposed by CBMWTF				
	Particulars of the Occupier (i) Name of the Authorized 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 (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 of healthcare facilities covered by CBMWTF (ii) Installed treatment and disposal capacity of CBMWTF:			

	disposed in Kg per annum (on	Yellow Category :-	- 1030)59.850 kg/annum		
	monthly average basis)	Red Category :-	1795	506.280 kg/annum		
		White Box :-		2.810 kg/annum		
		Blue Box :-		50.340 kg/annum		
				•		
		General Solid waste		392272 kg/annum		
		2001011 /				
		Blue Bag	:-	390121 kg uimun		
1	Details of the Storage, treatment, transportation, processing and Disposal	Yellow Category, White Box and Blue Box are sent to CBWTF. Red category is disposed by Autoclave, Microwave and shredding in our hospital.				
	Facility					
	(i) Details of the on-site storage facility	Size : Adequate				
		Capacity : Adequate				
		Provision of on-site storage : NA				
	disposal facilities	Type of treatment Equipment	of uni	Kg/ Day	Quantity treatedore disposed in Kg per annum	
		Incinerators :-	Inc	cinerator is closed of	on 13/6/2010	
	T.	Plasma Pyrolysis :-	N	A		
		Autoclaves :- 179506.280 kg	01	1700 Ltr.(100	0 kg/day)	
		Microwave :-	03	60Ltr. (Two 30 LTr. (1)		
	r , in a grandful	Hydroclave :-	N/	A		
		Shredder :- 179506.280 kg	01	360 Kg/Hr		
		Needle tip cutter or destroyer :-	:- 100 (Approx)			
		Sharps encapsulation or :- concrete pit	N/	\		
		•				

		T _{ax}			
		Chemical disinfection:- NA			
		Any other treatment equipment: :- Sharpblaster			
	(iii) Quantity of recyclable wastes				
	sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)			
	(iv) No of vehicles used for collection	179506.280 Kg Per Annum			
	and transportation of biomedical waste	 Vehicles used by M/s SMS Watergrace Bio Medical Waste (P) Ltd. 			
		Vehicles used by MCD for collection of Blue & Green bag.			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	ETP Sludge around 20-25 kg/ per month as informed by the PWD Department.			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility	M/s SMS Watergrace Bio Medical Waste (P) Ltd.			
	Operator through which wastes are disposed of				
	(vii) List of member HCF not handed over bio-medical waste.	NA			
6	Do you have bio-medical waste Management committee? If yes,	Yes (Copy of the minutes of meeting enclosed)			
	attach minutes of the meetings held				
	during the reporting period.	State of the state of			
	Details trainings conducted on BMW				
7	(i) Number of trainings conducted on BMW Management (ii) Number of personnel trained	45 (Avg.) per Annum			
	(ii) Number of personal transfer	683 (Avg.) per Annum			
	(iii) number of personnel trained at the time of induction	75 (Avg.)			
	(iv) number of personnel not undergone any training so far	All covered			
	(v) whether standard manual for training is available?	Yes			
	(vi) any other information)				
8	Details of the accident occurred during the year	Nil			
	(i) Number of Accidents occurred	NA			
	(ii) Number of the persons affected	NA			
	(iii) Remedial Action taken (Please	NA			

	attach details if any)	
	(IV) Any Fatality occurred, detail	
Pollution from the incinerator? How many times in last year could not met the standards?	ATE VOII Monting 41	NA
	Incinerator is closed on 13/6/2010	
10	Details of Continuous online emission	NA
10.	- I daily waste donor-1	
	methods in place. How many times you have not met the standards in a year?	another is 2100 KLD. 07 (Seven) LWP (Liquid Waste Processor Unit) installed in Path Lab, Microbiology Lab, Emergency OT, Minor OT and Dialysis OT for pretreatment of liquid waste. Further, a few LWC.
11.	Is the disinfection method or	installed in different areas of Hospital. Yes
	sterilization meeting the log 4 standards?	res
	How many times you have not met the	
12.	standards in a year?	
	Any other relevant information	NA

Certified that the above report is for the period from 01.01.2023 to 31.12.2023.

Medical Director Lok Nayak Hospital

New Delhi