RLI

GOVT. OF NCT OF DELHI OFFICE OF THE MEDICAL DIRECTOR SUSHRUTA TRAUMA CENTRE

(LOK NAYAK HOSPITAL ANNEXE): NEW DELHI-54

F.No. 06(04)/BMW-report/STC/LNH/2019-20 5 2 Dated:- 24-01-2-25
То
The CMO BIO-Medical Waste Management Cell Director of Health Services F-72, Karkardooma, Delhi-110032
Sub:- Regarding Submission of Monthly Report/ Quarterly Report/Annual report of the Bio Medical Waste Disposal.
Sir,
With regard the monthly report for the month of,quarterly reports w.e.f
Encl:-
Duly filed Monthly report



January - December 2024

[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		, (SST-1-7)
No.	raiticulais		
1.	Particulars of the Occupier :	:	
	A A Madaland St. and Sasaphan		
	(i) Name of the authorised person (occupier	:	AMS DR. Sudha Rani Aggarwal & DR Suvesh Kumar/M. D. LNH)
	or		+ DR Sovesh Kumar/M. D. LNH)
	operator of facility)		
	(ii) Name of HCF or CBMWTF	:	Sushula Trauma Centre 9. Metcal Road, Ciril lines, Delhi - 54
	(iii) Address for Correspondence	:	9. Metcal Road, Civil lines, Jelle - 34
	(iv) Address of Facility		- Same as Above -
	(v)Tel. No, Fax. No	:	011-23906003
	(yi) E-mail ID	:	ms stc 9 metcalf road agmail. com
	(vii) URL of Website		LOK Nayak Hospital website
9	(viii) GPS coordinates of HCF or CBMWTF		28.680 5°N 77.227 6°E
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or
			Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-	:	Semi Govt. or any other) Authorisation No.: DPCC(11) (15) (01) /2023 BMW/NST AUTH 167640246 Y
	Medical Waste (Management and Handling)		BMW1N51 1AU14 167640 246 Y
	Rules		valid up to 10:00.20
	(xi). Status of Consents under Water Act	;	Valid up to:
	and Air		NA (Less than 50 Beds)
	Act		
	Town of the lab Company		
2.	Type of Health Care Facility:		W (2 1 /20
	(i) Bedded Hospital	:-	No. of Beds:49
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or		
			—
	Research Institute or Veterinary Hospital or		
	other)		to the state of th
	(iii) License number and its date of expiry	-	
3.	Details of CBMWTF:		010
J.	(i) Number healthcare facilities covered by	-	NA
	CBMWTF	:	_
	(ii) No of beas covered by CBM NTF	-	
	T(1) NO OLDERS COVELER DA CONTALLE	:	

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repared by WAHTEDA REHMAN NUSSIN OFFICE (ICN) 23.01.2025 MO Sushruta Trauma Centre (Lok dayak hospital Annexe)

January - December 2024 STC

	(iii) Installed treatment and disposal capacity of	:	Kg per day	
	CBMWTF:			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_ _ Kg/day	
4.	Zamana Pouro Pouro and	:	Yellow Category : 16560.344k	y
	Kg per		Red Category: 13488.620 Kg	
	annum (on monthly average basis)		White: 379.870 Kg.	
	GSW-23484.221 Kg		Blue Category: 1542-219 Kg General Solid waste: Blue © 215	28.82T
5.	Details of the Storage, treatment, transportati	on	proceeding and Disposal Facility	
	(i) Details of the on-site storage	:	Size: 2.27m (W) x2.74m x2.6	12m(H)
	Facility		Capacity: 18-16m3	
	,	1	Provision of on-site storage: (cold storage or Storage your with	Trolly
	8		storage or Storage room with	2.00
			any other provision) (Coverea)	
	(ii) Quantity of recyclable wastes sold to	:	Red Category (like plastic, glass	
	authorized recyclers after treatment in kg		etc.) Link to CBWTF	
	per annum.			tables
	(iv) No of vehicles used for collection and		6 mannual transportation	Lybugs
	transportation of biomedical waste	:	6 mannual transportation = 2 lids (200kg Capacity ex	ich
	(v) Details of incineration ash and ETP		Quantity generated	
	sludge generated and disposed during the		Where disposed NA	
	treatment of wastes in Kg per annum		Cooled 1	Q.L Ita
	(vi) Name of the Common Bio- Medical	:	SMS Water grace, BMW 1	1
	Waste Treatment Facility Operator through		Nilothi, New Delhi-1100L	11
	which wastes are disposed of	,		
	(vii) List of member HCF not handed over		NA	
6.	bio-medical waste.			+
6.	Do you have bio-medical waste		Yes. 22.08.2024	
	management committee? If yes, attach minutes of the meetings held during the		100, 22	
	reporting period			
7.	Details trainings conducted o 3MW	. 40	Regular an cite Training	,
/.	(i) Number of trainings conducted on BMW		Regular on site Training awareness session conduct as and when required.	ted
	Management.		acand when required.	,
	(ii) number of personnel trained		1000000	
	(iii) number of personnel trained at the time		_	7
	of induction		5	
	(iv) number of personnel not undergone		60	
	any training so far		60	
	(v) whether standard manual for training is		M	
	available?		Yes	
	(vi) any other information)		_	

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8.	Details of the accident occurred during the year		-	
	(i) Number of Accidents occurred		none	
	(ii) Number of the persons affected		_	
	(iii) Remedial Action taken (Please attach details if any)	•	g 	
	(iv) Any Fatality occurred, details.		_	
9.	Are you meeting the stancards of air Pollution from the incinerator? How many		NA	
	times in last year could not met the		,	
	standards?			
2	Details of Continuous online emission monitoring systems installed		-	
10.	Liquid waste generated and treatment		Liquid Chemical Weste Pre with 17. Sodium hypochlorite Per guidelines before dispose	etrealed
	methods in place. How many times you		with M. Spdium hupochlorit	e as wer
	have not met the standards in a year?	rl	Der quidelines her as in &	pumb.
11.	Is the disinfection method or sterilization	-3	To grande dispose	4.
	meeting the log 4 standards?			
	How many times you have not met the		_	
	standards in a year?		4	
12.	Any other relevant information	:	(Air Pollution Control Devices	
	* "		attached with the Incinerator) MA	

Certified that the above report is for the period from01. 01. 2024 to 31.12. 2024	
01.01.2029 to 31.12.2024	
Tanyany 2024 to December 2024	
0	

Name and Signature of the Head of the Institution

Date:

Place

Additional Medical Superintendent

Sushruta (Annexe L.

Govt of the contin 9, Metcalf Road, Deihi-110054

> Dr. VIRENDRA KUMAR MO

FORM – I			
ACCIDENT REPORTING			
7670.			
1. Date and time of accident : —			
2. Type of Accident: NIL			
3. Sequence of events leading to accident : NIL			
4. Has the Authority been informed immediately : —			
5. The type of waste involved in accident : —			
6. Assessment of the effects of the accidents on human health and the environment: —			
7.5			
7. Emergency measures taken : —			
9 Stone taken to allowing the first of the f			
8. Steps taken to alleviate the effects of accidents : -			
9 Stone taken to provent the requirement of such an assidant .			
9. Steps taken to prevent the recurrence of such an accident :			
10. Does you facility has an Emergency Control policy? If yes give details:			
10. Does you racintly has an emergency control policy: If yes give details.			
Date: 23.01.2025 Signature Mehman			
Place: Suchhula Trauma Centre Designation Nursing officer (ICN)			

blehman 23.01.2025

Dr. VIRENDRA KUMAR MO

Süshruta Trauma Centre

Biomedical Waste Management Meetin ET on 22.08.2024

ATTENDENCE SHEET on

	71121102			
S.NO.	FULL NAME	DESIGNATION	MOBILE NO.	SIGNATURE
1.	Dr Sudha		9523617518	Since Vhice
2.	Dr Virender			7129 Vm
3.	SNO LEETH LOYAL	SNO	995387898	3 4
4.	2	SHO	83769952	
5.	0.1	3NO	93/3334[1 1100
6.	ANS Mithlesh Singh		981857252	
7.	POLIKO		1 7 7	22/8/24 Tens
8.	131 Juy 14 HOUT \$1 NGH	PWD AEE	1	17
- 9.	and al marchain	BNO	987187008	000 1 () 1
1	Ner Meena Bish	Senjor Mussing 6	fu 98 +122	120 M Chil
1	1 X/Sh KusumLata	Sonia Nya		
1	2 SNO Cumi	3 NO	971702890	1.1
1	3 SALEEM MARGHOORS	AE(c)	989996877	
1	4 KRISHNA KUMAR GAUR	JE (C)	860408241	
1	5 Dy GAVINIDAA		9 + 726 MSJ	- Com
	16. In Survait Kaushih	More-owns	24d Borning	minon.
	17 Dr. Aryt Krishna	A.Pah	9988792	206 Aurel
2	18 Dr Sameli Jumain	mo	931814154	D 1
	19 Waheeda Rehman	NSg office	2.95601147	86 Mehman
	20	0 /		
	21.			
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	23.	,-		
	24.			,
	25.		2	

Dr. VIRENDRA KUMAR

MO

Dy. Medical Suptt. (Casualty)

Sushruta Trauma Centre

Sushruta Trauma Centre