



## **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/ 1152-53

Date: 12/3/2025

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, 2024 to 31st December, 2024.

Sir,

Kindly find enclosed the Annual Report of Bio-Medical Waste Management from 01st January, 2024 to 31st December, 2024 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 30<sup>th</sup> 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)]

CI	Rectical waste treatment facility (CBWTF)]		
SI. No.	Particulars		
1.	Particulars of the Occupier		
	(occupier or : operator of facility)	DR. SURESH KUMAR	
	(ii) Name of HCF or CBMWTF (iii) Address for Correspondence	LOK NAYAK HOSPITAL	
	(iv) Address of Facility	J.L.N. Marg, New Delhi-110002	
	(v)Tel. No, Fax. No	J.L.N. Marg, New Delhi-110002	
	(vi) E-mail ID	23236000, 23232870	
	(vii) URL of Website	Inhmsoffice@gmail.com	
	(viii) GPS coordinates of HCF or	delhi.in/wps/wcm/connect/DoIT_LNJP/Injp/Home	
2.	CBMWTF	NA SECTION TO THE	
	(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 Act and Air Act	Valid up to: 15/07/2024(renew under process)	
۷.	Type of Health Care Facility	Hospital	
	(i) Bedded Hospital	No. of Beds:- 2053	
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical	NA NA	
	Laboratory or Research Institute or		
	Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	NA .	
	3		
3.	Details of CBMWTF		
	(i) Number of healthcare facilities covered by CBMWTF	NA	
	(ii) No of beds covered by CBMWTF	NA	
	(iii) Installed treatment and disposal capacity of CBMWTF:	NA	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA	
<b>1</b> ,	Quantity of waste generated or		

	disposed in Kg per annum (on monthly average basis)	Yellow Category :- 104555.430kg/annum		
	,	Red Category :-	190363.750 kg/annum	
		White Box :-	13836.870 kg/annum	
		Blue Box :- 39685.910 kg/annum		
		General Solid waste	;	
	-	Green Bag	:- 372051 kg/annum	
		Blue Bag	:- 373251 kg/ annum	
5.	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	No Capacity Quantity of Kg/Day treatedore	
			units disposed in Kg per	
	B		annum	
		Incinerators :- Incinerator has been shut down 13/6/2010		
		Plasma Pyrolysis :-	NA .	
		Autoclaves :- 190363.750 kg	01 1700 Ltr.(1000 kg/day)	
		Microwave :-	03 60Ltr. (Two) 30 LTr. (1)	
		Hydroclave :-	NA ·	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Shredder :- 190363.750 kg	01 360 Kg/Hr	
		Needle tip cutter or destroyer :-	100 (Approx)	
		Sharps encapsulation or :- concrete pit	NA .	
		Deep burial pits :-	NA	



		W (
		Chemical disinfection:- NA
	E, 19.	
	7	Any other
		treatment
	(112)	equipment: :- Sharpblaster
	(iii) Quantity of recyclable wastes	Red Category (like plastic, glass etc.)
i	sold to authorized recyclers after treatment in kg per annum.	Programme of the control of the cont
	(iv) No of vehicles used for collection	190363.750 Kg Per Annum
i I	and transportation of biomedical	1. Vehicles used by M/s SMS Watergrace Bio Medica
	waste	Waste (P) Ltd.
	, in and	2. Vehicles used by MCD for collection of Blue & Gree
		bag.
	(v) Details of incineration ash and	ETP Sludge around 20-25 kg/ per month as informed by th
	ETP sludge generated and disposed	PWD Department.
	during the treatment of wastes in Kg	
	per annum	
	(vi) Name of the Common Bio-	M/s SMS Watergrace Bio Medical Waste (P) Ltd.
	Medical Waste Treatment Facility	The Water grace Bio Wedical Waste (P) Liu.
	Operator through which wastes are	
	disposed of	
	(vii) List of member HCF not handed	NA
6	over bio; medical waste.	**
O	Do you have bio-medical waste	Yes (Conv. of the minutes C
	Management committee? If yes,	Yes (Copy of the minutes of meeting enclosed)
y	attach minutes of the meetings held	
	during the reporting period.	
		The second
	Details trainings conducted on BMW	
	(i) Number of trainings	
	conducted on BMW	
7	Management	30 (Avg.) per Annum
7	(ii) Number of personnel trained	
		516 (Ava) A
	(iii) number of personnel trained at	516 (Avg.) per Annum
	the time of induction	60 (Avg.)
	(iv) number of personnel not	Allen
	undergone any training so far	All covered
	(v) whether standard manual for	Yes
	training is available?	
	(vi) any other information)	. 3 . 1
8	Details of the accident occurred	Nº1
	during the year	Nil
ſ	(i) Number of Accidents occurred	N/A
ŀ	(ii) Number of the persons affected	NA
-		NA .
	(iii) Remedial Action taken (Please	NA

(5)	
$\mathcal{O}$	

$\overline{}$	attach details if any)	,
	(iv) Any Fatality occurred, details.	NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not	Incinerator has been shut down since 13/6/2010
	Details of Continuous online emission	NA Over of them is 600 KLD and
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	There are two functional ETP. One of them is 600 KLD and another is 2100 KLD. 12 (Twelve) LWP (Liquid Waste Processor Unit) installed in Path Lab, Microbiology Lab, Emergency OT, Minor OT, Biochemistry Lab, OT-1 and OT-2 Dialysis OT for pre-treatment of liquid waste. Further, a few LWP units will be installed in different areas of Hospital.
11.	Is the disinfection method or sterilization meeting the log 4 standards?	Yes
	How many times you have not met the	
12.	Any other relevant information	NA

Certified that the above report is for the period from 01.01.2024 to 31.12.2024.

New Delhi

Medical Director Integral Director
Lok Nayak Hospital
Medical Director
Medical Director
LOK NAYAK HOSPITAL
LOK NAYAK HOSPITAL 40/1

## Minutes of Meeting

A Meeting was held on 18/01/2024 at 11/30 AM in the office of the DMS (PWD), LNH. The following members were invited in the meeting:

01.	Dr. Rayindra Kumar	DMS (PWD)	Chairperson	
	Dr. Shagufta Vij	(MOI/c, BMWM & Sanitation)	Member Secretary	
	Dr. Parwindra Lal	HOD (Surgery)	Member	
	Dr. Vikas Manchanda	(Inf. Cont. Officer)	Member	
05.	Dr. Bhanu Mehra	(Assistant Professor)	Member .	
06.	Mr. Ankit Uniyal	Ex. Engineer (Elect.), PWD	Member	
	Mr. R.P. Singh	(Civil), PWD	Member	
	Mrs. Veena Singh	(Nursing Superintendent)	Member	
09.	Mrs. Pinki Vikas	(DNS)	Member	
10.	Mrs. Minimol Joy	(Sr. Nsg. Officer, HIC)	Member	
11.	Mr. S.K. Kaushik	(Sanitary Officer)	Member	
12.	Mr. Rajesh Saini	Co-ordinator (BMWM & HIC)	Member	
13.	Mr. Ghanshyam Mahawar	(Nsg. Officer BMWM)	Member	
14.	Mrs. Shashi Bala	(Nsg. Officer BMWM)	Member	
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The following points were discussed in the meeting:-

- 01. Minutes of last BMWM committee meeting were discussed & approved.
- 02. A remainder may be sent to DMS OPD apprising that BMWM & HICC need a classroom for training purpose. Moreover, copy of letter may also be enclosed which is sent earlier regarding the same.
- 03. As per DPCC guidelines. Seven <u>LWP Units</u> have been installed in various Department for pre treatment of <u>liquid waste</u>. Also as decided in meeting that further, need of <u>LWP Chamber has to be assessed</u> by the <u>BMWM Deptt.</u> and procurement & installation of the same may be done to comply with the <u>BMWM Rule-2016</u> & 2018 as earlier as possible.
- 04. The Committee is apprised with sharp disposal destroyer system for disposing of Metallic Sharp.
- 05. Training programme for management of Bio- medical waste should be regularly given to health care workers

Meeting ends with the vote of thanks.

Dr. Ravindra Kumar

(Chairperson)

Dr. Shagufta Vij

MOI/c (BMWM & Sanitation)

Mr. R.P. Singh

Ex. Engineer (Civil), PWD

Mrs. Pinki Vikas

(DNS)

Mrs. Minimol Joy

Sr. Nsg. Officer (BMWM & HICC)

Mr. Glfanshyain Mahawar Nursing Officer (BMWM) Dr. Vikas Manchanda (Inf. Cont. Officer)

Mr. Amit Uniyal Ex. Engineer (Elect.), PWD

(on leave)

Mrs. Veena Singh Nursing Superintendent

> Mr. S.K. Kaushik (Sanitary Officer)

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Mr. A Rajesh Saini

Co-ordinator (BMWM & HICC)

Mrs. Shashidsala Nursing Officer (BMWM)