



DELHI POLLUTION CONTROL COMMITTEE
 (Government of N.C.T. of Delhi)
 4th Floor, I.S.B.T. Building, Kashmere Gate, Delhi - 110006
 Website : <http://www.dpcc.delhigovt.nic.in>



BIO MEDICAL WASTE(MANAGEMENT & HANDLING) RULES, 1998
WASTE MANAGEMENT CELL

File No. : DPCC/(11)(5)(151)/E-219/BMW-08

Annual Return No. DPCC/BMW/ANNUALREPORT/2017/1155
Enquiry Counter I.D. No.

FORM IV

ANNUAL REPORT
(To be submitted to the prescribed authority)

* Required Field

Date: 09-05-2017

To,

The Delhi Pollution Control Committee,
 ISBT, 4th Floor, Delhi-110006
 (Name of the state Govt./UT Administration)
 Address.

1.

Particulars of the Occupier

i Name of the authorised person (occupier or operator of facility)

First Name * ADARSH

Middle Name

Last Name * KUMAR

ii Name of HCF or CBMWTF * Jag Pravesh Chandra Hospital

iii Address for correspondence * Jag Pravesh Chandra Hospital Shastri Park Delhi

District * NORTH EAST

City * Delhi

	Pin Code *	110053
iv	Address of Facility	Jag Pravesh Chandra Hospital, Shastri Park
	District *	EAST
	City *	Delhi
	Pin Code *	110053
v	Telephone No.	22184453
	Fax No.	
	Telex No.	
vi	Email Id *	msjpch2010@gmail.com
	Mobile No *	7290076839
	Pan No (of Income Tax Dept) of the HCU *	
vii	URL Of Website	
	Applicant UID No. (Adhaar No.)	
	Copy of Applicant UID (Adhaar Card)	
viii	GPS coordinates of HCF or CBMWTF	
	Latitude	
	Longitude	
ix	Ownership of HCF or CBMWTF	Any Other
x	Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	
	Authorization Status	Pending
	Authorisation No.	
	Valid Up to	
xi	Status of Consents under Water Act and Air Act	
	Authorization Status	Pending
	Valid Up to	

2. Type of Health care Facility :

(i)	Bedded Hospital	No Of Beds
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(ii) Non-bedded hospital
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)

(iii) License Number

(iii) License Expiry Date

3. Details of CBMWTF

i Number healthcare facilities covered by CBMWTF

ii No of beds covered by CBMWTF

iii Installed treatment and disposal capacity of CBMWTF:

iv Quantity of biomedical waste treated or disposed by CBMWTF

4.

Quantity of waste generated or disposed in Kg per annum (on monthly average basis)

Category Name	Quantity (Kg/annum)
Yellow	8030 Kg/annum
Red	12775 Kg/annum
White (Translucent)	95 Kg/annum
Blue	266 Kg/annum
General Solid waste	29200 Kg/annum

5. Details of the Storage, treatment, transportation, processing and Disposal Facility

i Details of the on-site storage facility

Size : 40 Sq Mt

Capacity :

Provision of on-site storage

Any other provision

ii Disposal Facilities

Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum

		Incinerators			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps encapsulation or concrete pit			
		Deep burial pits			
		Chemical disinfection			
		Any other treatment equipment			
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 and transportation of biomedical waste				
v	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
		Incineration Ash			
		ETP Sludge			
vi	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS Water Grace BMW Pvt. Ltd.			
vi	List of member HCF not handed over bio-medical waste.				

6. Do you have bio-medical waste management committee? If yes, attach minutes No

of the meetings held during the reporting period

7. Details trainings conducted on BMW

i	Number of trainings conducted on BMW Management.	6
ii	Number of personnel trained	272
iii	Number of personnel trained at the time of induction	45
iv	Number of personnel not undergone any training so far	
v	Whether standard manual for training is available?	No
vi	Any other information	

8. Details of the accident occurred during the year

i	Number of Accidents occurred	10
ii	Number of the persons affected	0
iii	Remedial Action taken (Please attach details if any)	Counselling done, ART not required
iv	Any Fatality occurred	
	Fatality Details if any	

9. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?

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?

Yes

11. Is the disinfection method of sterilization meeting the log 4 standards? How many times you have not met the standards in a year?

12. Any other relevant information

8. Certified that the above report is for the period from 01-01-2016 To 31-12-2016

Date	09-05-2017	Name of Head Of Institution	Dr Adarsh Kumar
Place	Delhi	Designation of Head Of Institution	Medical Superintendent