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DEPARTMENT OF MICROBIOLOGY  
GOVIND BALLABH PANT INSTITUTE OF PGMER  
1, JAWAHAR LAL NEHRU MARG, NEW DELHI 110002

No. BMW/GIPMER /2017/-4723

Dated: 12/04/18

To,  
The Chairman,  
Delhi Pollution Control Committee  
ISBT Building, Kashmere Gate, Delhi.

Sub: Annual report of B.M.W. Management.

Sir/Madam,

Please find enclosed herewith the Annual Report of Bio-Medical Waste Management of Govind Ballabh Pant Institute of Post Graduate Medical Education and Research, New Delhi, w.e.f. 01.01.2017 to 31.12.2017.

Thanking You

Yours sincerely,

Dr. H.S. Meena

(Nodal Officer BMW)

Dr. HUKAM SINGH

Nodal Officer (BMW)

G.B. Pant Hospital, N. Delhi-2

| Sl. No.                     | Particulars                                                                                                                         |                  |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------|------------------|----------------------------------------|--|--|--|--|
| 1.                          | Particulars of the Occupier                                                                                                         | :                | GIPMER                                                                                                                                                                                                                                                          |                             |             |                  |                                        |  |  |  |  |
|                             | (i) Name of the authorized person (occupier or operator of facility)                                                                | :                | M.S.                                                                                                                                                                                                                                                            |                             |             |                  |                                        |  |  |  |  |
|                             | (ii) Name of HCF or CBMWTF                                                                                                          | :                | SMS water grace BMW Pvt. Ltd. company                                                                                                                                                                                                                           |                             |             |                  |                                        |  |  |  |  |
|                             | (iii) Address for Correspondence                                                                                                    | :                | M.S.                                                                                                                                                                                                                                                            |                             |             |                  |                                        |  |  |  |  |
|                             | (iv) Address of Facility                                                                                                            | :                | SMS                                                                                                                                                                                                                                                             |                             |             |                  |                                        |  |  |  |  |
|                             | (v) Tel. No, Fax. No                                                                                                                | :                | 07123234242                                                                                                                                                                                                                                                     |                             |             |                  |                                        |  |  |  |  |
|                             | (vi) E-mail ID                                                                                                                      | :                | msgbpant@nic.in                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|                             | (vii) URL of Website                                                                                                                | :                |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|                             | (viii) GPS coordinates of HCF or CBMWTF                                                                                             | :                |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|                             | (ix) Ownership of HCF or CBMWTF                                                                                                     | :                | (State Government or Private or Semi Govt. or any other): Private                                                                                                                                                                                               |                             |             |                  |                                        |  |  |  |  |
|                             | (x) Status of Authorization under the Bio-Medical-Waste (Management and Handling) rules                                             | :                | Authorization No. <del>valid up to</del> 2018/03934                                                                                                                                                                                                             |                             |             |                  |                                        |  |  |  |  |
|                             | (xi) Status of Consents under Water Act and Air Act                                                                                 | :                | Valid up to: 26/10/2022                                                                                                                                                                                                                                         |                             |             |                  |                                        |  |  |  |  |
| 2.                          | Type of Health Care Facility                                                                                                        | :                | Teaching                                                                                                                                                                                                                                                        |                             |             |                  |                                        |  |  |  |  |
|                             | (i) Bedded Hospital                                                                                                                 | :                | No. of Beds: 735                                                                                                                                                                                                                                                |                             |             |                  |                                        |  |  |  |  |
|                             | (ii) Non-bedded hospital<br>(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | :                |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|                             | (iii) License number and its date of expiry                                                                                         | :                |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
| 3.                          | Details of CBMWTF                                                                                                                   | :                | SMS                                                                                                                                                                                                                                                             |                             |             |                  |                                        |  |  |  |  |
|                             | (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                                                                                                                                                                                                                                                    |                             |             |                  |                                        |  |  |  |  |
| 4.                          | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                                                  | :                | Yellow Category : 64877<br>Red Category : 99674<br>White Category : 4052.5<br>Blue Category : 3600<br>General Solid waste:                                                                                                                                      |                             |             |                  |                                        |  |  |  |  |
| 5.                          | Details of the Storage, treatment, transportation, processing and Disposal Facility                                                 |                  |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |
|                             | (i) Details of the on-site storage facility                                                                                         | :                | Size : Appropriate<br>Capacity : Appropriate<br>Provision of on-site storage : (cold storage or any other provision)                                                                                                                                            |                             |             |                  |                                        |  |  |  |  |
|                             | (ii) Disposal facilities                                                                                                            |                  | <table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of units</th> <th>Capa city kg/day</th> <th>Quantity treated or disposed in kg per</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Type of treatment Equipment | No of units | Capa city kg/day | Quantity treated or disposed in kg per |  |  |  |  |
| Type of treatment Equipment | No of units                                                                                                                         | Capa city kg/day | Quantity treated or disposed in kg per                                                                                                                                                                                                                          |                             |             |                  |                                        |  |  |  |  |
|                             |                                                                                                                                     |                  |                                                                                                                                                                                                                                                                 |                             |             |                  |                                        |  |  |  |  |

  
**DR. HIMANSHU MEENA**  
 Nodal Officer (BMW)  
 G.B Pant Hospital, N. Delhi-2

|    |                                                                                                                             |                                                                                                                                                                                                                                                                                                     |
|----|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                             | Incinerators<br>Plasma Pyrolysis<br><br>Autoclaves<br><br>Microwave<br><br>Hydroclave<br><br>Shredder<br><br>Needle tip cutter or : 200<br>Destroyer<br><br>Sharps encapsulation<br>or concrete pit<br><br>Deep burial pits:<br><br>Chemical disinfection:<br><br>Any other treatment<br>Equipment: |
|    | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                           | Red Category (like plastic, glass etc.)<br><br>N.A                                                                                                                                                                                                                                                  |
|    | (iv) No of vehicles used for collection and transportation of biomedical waste                                              | Two                                                                                                                                                                                                                                                                                                 |
|    | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum        | Quantity where disposed<br>Generated<br>Incineration :<br>Ash : N/A<br>ETP Sludge : 50Kg. Yellow                                                                                                                                                                                                    |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                  | SMS water grace BMW Pvt. Ltd. Company                                                                                                                                                                                                                                                               |
|    | (vii) List of member HCF not handed over bio-medical waste.                                                                 |                                                                                                                                                                                                                                                                                                     |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | Yes<br><br>Copy Attached                                                                                                                                                                                                                                                                            |
| 7. | Details trainings conducted on BMW                                                                                          |                                                                                                                                                                                                                                                                                                     |
|    | (i) Number of trainings conducted on BMW Management.                                                                        | 67+ on site                                                                                                                                                                                                                                                                                         |
|    | (ii) Number of personnel trained                                                                                            | 669                                                                                                                                                                                                                                                                                                 |

Dr. HUKAM SINGH MEENA  
Nodal Officer BMW  
GB Pant Hospital, N. Delhi-2

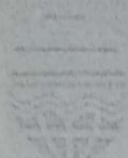
|     |                                                                                                                                   |                                                               |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
|     | (iii) Number of personnel trained at the time of induction                                                                        | All                                                           |
|     | (iv) Number of personnel not undergone any training so far                                                                        | Nil                                                           |
|     | (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                                                                                                  |                                                               |
|     | (ii) Number of the persons affected                                                                                               |                                                               |
|     | (iii) Remedial Action taken (Please attach details if any)                                                                        |                                                               |
|     | (iv) Any Fatality occurred, details.                                                                                              |                                                               |
| 9.  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?     | Not applicant                                                 |
|     | 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?                   | ETP                                                           |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Not applicant                                                 |
| 12. | Any other relevant information                                                                                                    | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from 01-01-2017 to 31-12-2017

  
**KAM SINGH MEENA**  
 Nodal Officer (BMW)  
 G.B. Pant Hospital, N. Delhi-2

Name and Signature of the Head of the Institution

Date: 07/01/18  
 Place: New Delhi



# DELHI POLLUTION CONTROL COMMITTEE

(Government of N.C.T. of Delhi)

3rd Floor, L.S.I.T. Building, Kashmere Gate, Delhi - 110006

Website: <http://www.dpcc.delhigovt.nic.in>



Date: 06-03-2018

Result No.:

DPCC/Comm/W/30205

07/07/2018

## ANALYSIS REPORT OF WATER EFFLUENT

1. Name & Address of Ind./Unit : M/s G.B. PANT HOSPITAL  
Jawahar Lal Nehru Marg.,  
Delhi-110002
2. Sampling Location : Outlet of ETP
3. Date of sampling : 27-02-2018
4. Sample collected by : DPCC Lab
5. Control Measure (if any) : ETP
6. Nature of sample : Grab
7. Nature of Industry : Health Care Establishments having bed strength above 50 beds and connected or not connected to Sewer and with boiler

Parameters analyzed and results:

| S.No. | Parameters                                                                         | OUTLET OF ETP | Prescribed Standard |
|-------|------------------------------------------------------------------------------------|---------------|---------------------|
| 1     | pH                                                                                 | 7.5           | 6.5-9               |
| 2     | Total Suspended Solids (TSS)                                                       | 56            | 100                 |
| 3     | Oil and Grease                                                                     | 1.6           | 10                  |
| 4     | Bio-chemical oxygen demand (3days at 27°C)                                         | 26            | 30                  |
| 5     | COD                                                                                | 72            | 250                 |
| 6     | 5LD - biocy test (percent survival of fish after 96 hours in 100 percent effluent) | 90            | 90-100              |

All parameters are in mg/l except pH.

Signature of Analyst

(SR. SCIENTIFIC ASSISTANT)

Signature of Analyst

( SR. SCIENTIFIC ASSISTANT )

Signature of Analyst

Signature of Analyst

Signature of Analyst

Signature of Analyst

Signature of Analyst

Signature of Analyst

Junior Engineer (E)  
HMED Central, PMD  
G.I.P.M.E.R.  
New Delhi-110002

10/11/2017

**BIO MEDICAL WASTE MANAGEMENT**  
**Govind Ballabh Institute of Post Medical Education & Research**  
**New Delhi-110002**

No.Biochem/GIPMER/2017/

Dated: 11/11/2017

**Minutes of Meeting**

The Bio-Medical Waste Management meeting was held on 1.11.2017 in the chamber of the Nodal Officer Dr HS Meena and the other members of the meeting were Dr Bhawna Mahajan, (link Officer), Nursing officers- Shubhra Thomas Joseph, Asha Samuel, Radha Chaudhary, Kamlesh Meena, Biak and Neeta.

The minutes of the meeting were as under:-

1. Need for Heavy duty gloves and boots was discussed and demand for the same was decided to be raised.
2. Instructions were given to cover the red and yellow doors with net.
3. Health records of all the staff members of BMW were discussed and all were instructed to complete the same.
4. Demand was raised for the procurement of posters related to BMW
5. Parking of cars of Hospital staff in the vicinity of BMW premises was discussed. Mr Iqbal was instructed to look into the matter so as to avoid staff parking.
6. Instructions were given to the members to manage implantation of Herbal garden in BMW premises
7. Instructions for new signage boards for way to BMW office were given.
8. Mr Naresh was instructed to paint old trolleys.