

**From -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)]

Sr. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Vimal Dubey (Unit Head)
	(ii) Name of HCF or CBMWTF	:	Vivekanand Medical Institute,
	(iii) Address for Correspondence	:	Mohal Holta, Near HP Agriculture
	(iv) Address of Facility	:	University, Palampur (H.P.)
	(v) Tel. No. Fax. No.	:	01894236012, 9816788800
	(vi) E-mail ID	:	palampur.vmi@gmail.com
	(vii) URL of Website	:	www.vmi-palampur.com
	(viii) GPS coordinates of HCF of CBMWTF	:	-
	(ix) Ownership of HCF of CBMWTF	:	(State Government of Private or Semi Govt. or any other) Trust Hospital
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. .... under Renewal Valid up to.....
	(xi) Status of Consents under Water Act and Air Act.	:	Valid up to: 31 March 2021
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds 57 Bedded
	(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.	:	-
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No. of beds covered by CBMWTF	:	57
	(iii) Installed treatment and disposal capacity of CBMWTF	:	Treatment facility is out sourced. Kg per day

	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	Treatment facility is _____ Kg/day outsource			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 4135.72 Red Category: 3332.54 White: 186.672 Blue Category: 1651.12 General Solid waste 80550 Liquid			
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size : 12 x 12			Capacity: -
		:	Provision of on-site storage : (cold storage or any other provision)			Normal storage
	(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.) Sent to Suraksha Bio Sanitizer Gagal Bangta (CHIP)			
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	-			
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	:	Quantity Generated (Kg per annum)	Where disposed		
		:	Incineration Ash	/		
		:	ETP Sludge	/		

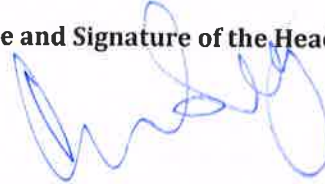
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Suraksha Bio Sanitizer Gogul, Mangra
	(vii) List of member HCF not handed over bio-medical waste.	:	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes - MOM attached.
7.	Detail trainings conducted on BMW	:	
	(i) Number of training conducted on BMW Management.	:	10 monthly
	(ii) Number of personnel trained	:	120
	(iii) Number of personnel trained at the time of induction	:	120
	(iv) Number of personnel not undergone any training so far.	:	None
	(v) Whether standard manual for training is available?	:	Yes
	(vi) Any other information)	:	-
8.	Details of the accident occurred during the year	:	
	(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?	:	-
	Details of Continuous online emission monitoring systems installed	:	NO

10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	:	—
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	None
12.	Any other relevant information	:	(Air Pollution Control Device attached with the incinerator.)

**Certified that the above report is for the period from January 2017 to December 2017**

**Date:** 27 Jan 2021  
**Place:** Palampur

**Name and Signature of the Head of the Institution**



**Dated: 15<sup>th</sup> April 2020**

## **VMI BMW Committee meeting**

### **Minutes of meeting of Bio Medical Waste.**

**To:** Concerned HODs.

**From:** BMW Committee.

**CC:** Admin Head VMI.

**Re:** Regarding Biomedical waste.

### **Background**

VMI has setup biomedical waste committee to solve certain issue regarding BMW members of committee area.

- Unit Head: Dr. Vimal Dubey
- Admin Head & Hosp. Operations: Dr. Munish Bhardwaj
- Nodal officer: Mrs. Neelam Guleria
- ICN: Mrs. Ravita.

### **Specific Objectives:**

The meeting has been conducted to:

1. Discus training schedule of staff regarding BMW.
2. Handling and disposal of BMW.
3. Handling of lab, radiology chemical waste before disposal.
4. Laundry waste consumption and disposal.
5. Visiting schedule to supervise BMW storage Area.
6. Vaccination of staff.

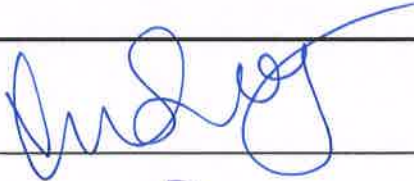

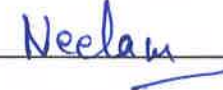
**In the meeting following a rich interaction between the sitting participants:**

1. Training of every staff to avoid or minimize the errors in handling BMW.
2. Insertion of bucket in lab so that the used chemical waster should be collected in it then treated by hypo chloride and then dispose off.
3. Visiting schedule for BMW storage area with housekeeping supervisor is made.

**Action Taken:**

1. Regular trainings of staff to be done (At least 10 times or Monthly basis) as to avoid errors in handling BMW.
  2. Insertion of bucket in lab so that the used chemical waster should be collected in it, after P<sub>H</sub> verification then treated by hypo chloride and then dispose off.
  3. Visiting schedule on daily basis for BMW storage area with housekeeping supervisor is made.
  4. Multiple checks at 2 -3 stages of BMW bags before handing over to BMW collector.
- Nodal officer will circulate the minutes of this meeting & ensure the compliance.
  - The meeting ended with a vote of thanks by Unit Head – Dr. Vimal Dubey.

**Participants:**

1. Unit Head ( Dr. Vimal Dubey) \_\_\_\_\_  

2. Admin Head & Hosp. Operations ( Dr. Munish Bhardwaj) \_\_\_\_\_  

3. Nodal officer (Mrs. Neelam Guleria) \_\_\_\_\_  

4. ICN ( Mrs. Ravita) \_\_\_\_\_  
