## Dy. No 371 Dat 28 14 Form - IV (See rule 13) ANNUAL REPORT

[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)]

| 1. | Particulars   |             |   |  |
|----|---|-------------|---|--|
| 0. |   |             |   |  |
| •  | Particulars of the Occupier   | - :         |   |  |
|    | (i)Name of the authorised person (occupier o<br>operator of facility)   | r:          | Dr. Kirti Singh   |  |
|    | (ii) Name of HCF or CBMWTF  |             | Guru Nanak Eye Center   |  |
|    | (iii) Address for Correspondence  |             | : Maharaj Ranjet Singh Marg Delhi-02  |  |
|    | (iv) Address of Facility  |             | Maharaj Ranjet Singh Marg Delhi-02  |  |
|    | (v)Tel. No, Fax. No   |             | CONTRACTOR OF THE PROPERTY OF |  |
|    | (vi) E-mail ID  |             | - gnecdir@gmail.com   |  |
|    | (vii) URL of Website  | -           | . giccon (a)ginani.com  |  |
|    | (viii) GPS coordinates of HCF or CBMWTF   |             | -   |  |
|    | (ix) Ownership of HCF or CBMWTF   |             | : (State Government)  |  |
|    | Waste (Management and Handling) Rules Applied for renewal   |             | Authorisation No.: Applied for renewalvalid up to   |  |
|    |   |             | Valid up to:  |  |
| 2. | Type of Health Care Facility  |             | Hospital  |  |
|    | (i) Bedded Hospital   |             |   |  |
|    | (ii) Non-bedded hospital  | H:          |   |  |
|    | (Clinic or Blood Bank or Clinical Laboratory orResearch Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry |             | N/A<br>N/A  |  |
| -  | Details of CBMWTF   | - :         |   |  |
|    | (i) Number healthcare facilities covered b  | 110         |   |  |
|    | (ii) No of beds covered by CBMWTF   |             | N/A   |  |
|    | (iii) Installed treatment and disposal capacity of CBMWTF:  |             | Kg/day N/A  |  |
|    | (iv) Quantity of biomedical waste treated or disposedby CBMWTF  |             | Kg/day N/A  |  |
|    | Quantity of waste generated or disposed in Kg<br>perannum (on monthly average basis)  |             | Yellow Category: 2250.93kg/year<br>Red Category: 6539.99kg/year<br>White: 361.57 kg/year<br>Blue Category: 876.61kg/yeaar<br>General Solid waste:   |  |
|    | Details of the Storage, treatment, transportation, processing and Disposal Facility:-  No. on site treatment, all waste has been send to CBMWTF     |             |   |  |
| -  | (i) Details of the on-site storage :  | Size: - Ade | Adequate  |  |
|    | facility Capacity   |             | ty : Adequate   |  |
|    |   |             | ion of on-site storage : Yes  |  |

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| disposal facilities   | Type of treatment No Cap Quantity   |  |  |
|---|---|--|--|
|   | equipment of acity treatedor units Kg/ disposed day in kg   |  |  |
|   | Incinerators:- N/A Plasma Pyrolysis:- N/A Autoclaves:- One 180 Ltr.  Microwave:- One 60 140 Ltr.  Microwave:- N/A Shredder:- N/A Shredder:- N/A Needle tip cutter or:- One in each departement destroyer Sharps encapsulation or concrete pit:- N/A Deep burial pits: N/A Chemical disinfection: N/A Any other treatment equipment: N/A  N/A (all waste send to CBMWTF) for treatment and despose  One vehicle used by CBMWTF S.M.S. water grace, BMW, Pvt. Ltd.  |  |  |
|   |   |  |  |
| (iv) No of vehicles used for collection<br>and transportation of biomedical<br>waste  |   |  |  |
| (v) Details of incineration ash and<br>ETP sludge generated and disposed<br>during the treatment of wastes in<br>Kg per annum |   |  |  |
| (vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of                  | M/S SMS water grace, Bio medical waste (P) Ltd.   |  |  |
| (vii) List of member HCF not handedover bio-medical waste.  | N/A   |  |  |
| Do you have bio-medical waste Management committee? If yes, attachminutes of the meetings held during the reporting period.   | Yes (copy of the minutes of meeting enclosed)   |  |  |
|   | sold to authorized recyclers after treatment in kg per annum.  (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  (vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of  (vii) List of member HCF not handedover bio-medical waste.  Do you have bio-medical waste Management committee? If yes, attachminutes of the meetings held |  |  |

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| ,  | Details trainings conducted on BMW  (i) Number of trainings conductedon BMW Management  (ii) number of personnel trained         | 30 training session (Avg.) per annual 80 personnel trained (Avg.) per annual   |  |  |
|----|--|--|--|--|
|    | (iii) number of personnel trained at the time of induction   | Induction training programme is under process  |  |  |
|    | (iv) number of personnel not<br>undergone any training so far  | All covered  |  |  |
|    | (v) whether standard manual for training is available?   | Yes  |  |  |
|    | (vi) any other information)  | N/A  |  |  |
| 8  | Details of the accident occurred during the year   | Nil  |  |  |
|    | (i) Number of Accidents occurred   | Nil  |  |  |
|    | (ii) Number of the persons affected  | N/A  |  |  |
|    | (iii) Remedial Action taken (Please attach details if any)   | N/A  |  |  |
|    | (iv) Any Fatality occurred, details.   | N/A  |  |  |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not metthe standards?     | Facility does not have incinerator. All west send to CBMWTF  |  |  |
|    | Details of Continuous online emission monitoring systems installed   |  |  |  |
| 0  | Liquid waste generated and treatment methods in place. How many timesyou have not met the standards in a year?                   | There are one functional E.T.P. installed with 500 KLD. One autoclave machine in path lab for treatment of lab waste |  |  |
| 1  | Is the disinfection method or sterilization meeting the log 4 standards? How many times you havenot met the standards in a year? | Yes<br>'r  |  |  |
| 2  | Any other relevant information :   | (Air Pollution Control Devices attached with the Incinerator) N/A  |  |  |

No officer.

| 01/01/2022to31/12/2022 |
|------------------------|
|                        |

tified that the above report is for the period from

Name and Signature of the Head of the MER, DHA
Institution

MD, DNB, Professor & Director
Director Professor & Director
Guru Nanak Eye Centre
Guru Nanak Eye Centre
Govt. of NCT of Delhi
Meharaja Ranjit Singh Meru
New Delhi- 110002

Date: Place: OFFICE TEL. NO. 23236931 FAX NO. 91-011-23230033 EPBX: 23234622/23230448

GURU NANAK EYE CENTRE GOVT. OF N.C.T. OF DELHI MAHARAJA RANJIT SINGH MARG, NEW

DELHI-02

No.F. PS/DIR/GNEC/2022/ 16892-95

Dated: 5/9/2022

## Meeting

A Bio – Medical Waste Management Committee meeting consisting of following officers/ officials will be held on 07.09.2022 at 02:00 Pm in conference Room Ward-4 for the implementation of Bio- Medical waste management in hospital:-

| 1  | Dr. Neha Rathie, Asstt. Professor                     | Convener |
|----|---|----------|
| 2  | Dr. Nalini Jayaswal, Spl Gr.I Pathology               | Member   |
| 3  | Mrs. Chanchal Rani Pisalla, DNS                       | Member   |
| 4  | Office Superintendent (Establishment)                 | Member   |
| 5  | Mrs. Anju Singh, ANS                                  | Member   |
| 6  | Mrs. Kalpana Bhati, Senior Nursing Officer            | Member   |
| 7  | Mr. Ramesh Kumar, Nursing Officer                     | Member   |
| 8  | Mr. Anil Kumar, N/O                                   | Member   |
| 9  | Mr. Brijmohan And Mr. Suresh Kumar, Sanitary<br>Guide | Member   |
| 10 | Mr. Gulshan, Sanitary Inspector                       | Member   |

It is mandatory for above mentioned to attend the meeting.

DR. KIRTI SINGH)
DIRECTOR

No.F. PS/DIR/GNEC/2022

Copy for information & necessary action:

- 1. All concerned officers.
- 2. PA to Director
- Sister incharge ward-4.

Dated:

(DR. KIRTI SINGH) DIRECTOR

## GOVT. OF NCT OF DELHI MAHARAJA RANJIT SINGH MARG, NEW DELHI -02

## MINUTES OF MEETING

The Nodal Officer Bio medical waste management concerned on meeting of committee for Bio waste management on 07/09/2022 at 2:00 pm under the chairmanship of Nodal officer biowaste management Dr. Neha Rathie in conference room of Wd -4 to discuss the issue regarding bio medical waste management action plan in our hospital.

The following issue were deliberated and decision taken in meeting.

| S.No. | Issue   | Discussion   | Decision  |
|-------|---|--|---|
| 1     | It is mandatory to up load bio waste DATA in hospital web site. | Web site has been developed<br>for hospital and DATA<br>uploading is in process                                | Reminder to be send for implementation DATA up loading process                                      |
| 2.    | Lack of bio- waste segregation posters                          | For awareness among health care workers and staff poster should be displayed at wards and point of generation. | Segregation poster will be procured and put up for awareness of bio- waste segregation              |
| 3.    | Immunization & medical check-up of waste handlers               | According to bio- waste rule 2016 it is mandatory to immunization their waste handlers against hepatitis B &   | It is in process with Lok<br>Nayak Hospital in a<br>supportive manner and<br>reminder to be send to |
|       |   | tetanus  | carry out as soon as possible   |
| 4.    | Poor condition of bio waste storage site                        | Storage rooms are need to plastered and white washed as the walls are cracked plasters                         | Instructed to JE civil to maintain the infra structure at bio waste site                            |
| 5.    | Use of trolley washing area                                     | The door of trolley washing area is not functional and shortage of water supply at this point                  | JE Civil has been instructed to resolve this issue.   |
| 6.    | Mercury spiel management  | Facility is not using any mercury instrument   | Nothing to be done  |

Copy to all members of meeting to ensure the work discussed.

Signature Members of Meeting:-

Dr. Neha Rathie (MOi/c Bio- waste)