

Form-IV(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 healthcare facilities(HCF) of common Biomedical waste treatment facility (CBWTF).

|        |                                                                                              |                                                                                                                                       |
|--------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Sr. no | Particular                                                                                   |                                                                                                                                       |
| 1      | Particular of the occupier:                                                                  | Chief Medical Superintendent                                                                                                          |
|        | (i) Name of the authorized person (occupier or operator of facility)                         |                                                                                                                                       |
|        | (ii) Name of HCF or CBMWTF                                                                   | Northern Railway Divisional Hospital                                                                                                  |
|        | (iii) Address for correspondence                                                             | S.P. Mukherjee Marg Delhi-110006                                                                                                      |
|        | (iv) Address of Facility                                                                     | N. Rly Div. Hospital, S.P.M. Marg, Delhi-110006                                                                                       |
|        | (v) Tel.No, Fax No                                                                           | 011-23968712                                                                                                                          |
|        | (vi) E Mail ID                                                                               | Cmsdli36@gmail.com                                                                                                                    |
|        | (vii) URL of Website                                                                         | <a href="https://www.dpcc.delhigovt.nic.in/biomedicalwaste#gsc.tab=0">https://www.dpcc.delhigovt.nic.in/biomedicalwaste#gsc.tab=0</a> |
|        | (viii) GPS Coordinates of HCF or CBMWTF                                                      | 28.667° N latitude and 77.233° E longitude.                                                                                           |
|        | (ix) Ownership of HCF or CBMWTF                                                              | Central Government Hospital                                                                                                           |
|        | (x) Status of Authorization under the Bio Medical Waste (Management and Handling) Rules      | Authorization no- DPCC(ii)(5)(01)/2019/BMW/NST/Auth/781044                                                                            |
|        | (xi) Status of Consent under water Act and Air Act                                           | NA                                                                                                                                    |
| 2      | Type of Health Care Facility:                                                                |                                                                                                                                       |
|        | (i) Bedded Hospital                                                                          | 50 Bedded Hospital                                                                                                                    |
|        | (ii) Non Bedded Hospital (Clinic or research Institute or Veterinary Hospital or any other): | NA                                                                                                                                    |
|        | (iii) License number and its date of expiry                                                  | Govt. Hospital                                                                                                                        |
| 3      | Details of CBMWTF                                                                            | 01                                                                                                                                    |
|        | (i) Number health care facilities covered by CBWTF                                           |                                                                                                                                       |
|        | (ii) No of beds covered by CBWTF                                                             | 50                                                                                                                                    |
|        | (iii) Installed treatment and disposed capacity of CBWTF                                     | 3kg per day (handed over to SMS Wter Grace Pvt. Ltd.)                                                                                 |
|        | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                              | 3kg per day (handed over to SMS Wter Grace Pvt. Ltd.)                                                                                 |
| 4      | Quantity of waste generated or disposed in KG per annum (on monthly average basis)           | Yellow-193.54<br>Red-608.18<br>Blue-242.33<br>White-37.91                                                                             |
| 5      | Details of the storage, treatment,                                                           |                                                                                                                                       |

|   |                                                                                                                           |                                         |
|---|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|   | transportation, processing and disposal facility                                                                          |                                         |
|   | (i) Details of the onsite storage facility                                                                                | Common Collection Centre                |
|   | (ii) Disposal Facilities                                                                                                  | Through CBMWTF                          |
|   | (iii) Quantity of recyclable wastes sold to authorized recycles after treatment in KG per annum                           | Nil                                     |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste                                            | Vehicle used by Authorized agency       |
|   | (v) Details of incineration ash and ETP sledge generated and disposed during the treatment of wastes in KG per annum      | SMS Water Grace Pvt. Ltd. done by CBWTF |
|   | (vi) Name of the common Bio Medical waste treatment facility operator through which wastes are disposed of:               | SMS Water Grace Pvt. Ltd.               |
|   | (vii) List of member HCF not handed over bio medical waste.                                                               | Nil                                     |
| 6 | Do you have biomedical waste management committee? If yes, attach minutes of the meeting held during the reporting period | yes                                     |
| 7 | Details training conducted on BMW                                                                                         | 01                                      |
|   | (i). Number of training conducted on BMW Management                                                                       |                                         |
|   | (ii) Number of Personnel trained                                                                                          | ....                                    |
|   | (iii) Number of personnel trained at the time of induction                                                                | ....                                    |
|   | (iv) Number of personnel not undergone any training so far                                                                |                                         |
|   | (v) Whether standard manual for training is available                                                                     | SOP                                     |
|   | (vi) Any other information                                                                                                | Nil                                     |
| 8 | Details of the accident occurred during the year                                                                          | Nil                                     |
|   | (i) Number of Accidents Occurred                                                                                          | Nil                                     |
|   | (ii) Number of the persons affected                                                                                       | Nil                                     |
|   | (iii) Remedial Action taken(Please attach details if any)                                                                 | Nil                                     |
|   | (iv) Any fatality occurred, details                                                                                       | Nil                                     |

|    |                                                                                                                                                                                                  |                                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
|    | Are you meeting the standard of air Pollution from the incinerator? How many times in last year could not met the standard?<br>Details of continuous online emission monitoring system installed | It is being done by CBWTF i.e. SMS Water grace Pvt. Ltd.                                                                           |
| 10 | Liquid waste generated and treatment methods in place.<br>How many times you have not met the standards in a year?                                                                               | System is connected to STP(DJB), ETP is already installed and arrangements are under process for making it functional.<br><br>None |
| 11 | Is the disinfection method of sterilization meeting the log 4 standards?<br>How many times you have not met the standards in a year?                                                             | Yes<br>Nil                                                                                                                         |
| 12 | Any other relevant information                                                                                                                                                                   | Nil                                                                                                                                |

Certified that the above report is for the period from January 2024 to December 2024.

Date :

Place:

Name and Signature of the Head of the institution

मुख्य चिकित्सा अधीक्षक  
उत्तर रेलवे, दिल्ली मण्डल

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