

No-NEIGR/DoS/10/2018

o/c
Dated Mawdiangdiang the 22 March, 2018

To,

The Medical Superintendent,
NEIGRIHMS,
Shillong-18.

Sub: - Bio-Medical Waste Renewal of Authorization & Annual report.....reg.

Sir,


Authorization granted to NEIGRIHMS through the letter No vide MPCB/BMW-4/2015 - 2016/63 dated 21 May, 2015 for the Generation, Collection, Storage, Treatment, Disposal and/or handling of **Bio-Medical Waste** is valid till 31st March, 2018.

Therefore, it is required to apply for the renewal of the Authorization. Like earlier times we may opt for Three/ Five years Authorization terms at the same time, instead of doing it yearly basis.

And also as per rule every year we need to submit Annual report (for the preceding year) in prescribed Form – IV.

In compliance with the above, all relevant information in Form-II for Renewal of Authorization & Form-IV for the Annual Report for the year ending December 2017, in respect of NEIGRIHMS are enclosed herewith for your kind perusal.

Yours truly,


(Debal Kumar Das)
Sanitation Officer,
NEIGRIHMS.

Encl:

- i) Form II and Form IV.
- ii) Form IV
- iii) Copy of last Authorization letter
- iv) Copy of last year's Annual Report.
- v) copy of Bio-Medical Waste management Com. meeting minutes - 04 nos.

24/3/18

FORM-II
(see rule 10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION

(To be submitted by occupier of health care facility or common bio-medical treatment facility)

The Prescribed Authority

Name of State or UT Administration : *Meghalaya State Pollution Control Board*
Address : *'ARDEN' LUMPYNGAD, SHILLONG- 793014*

1. Particulars of Applicant:

- (i) Name of the Applicant : *PROF (DR) DEVINDER MOHAN THAPPA,*
(In block letters & in full) *DIRECTOR NEIGRIHMS*
- (ii) Name of health care facility (HFC) or common bio-medical waste facility (CBWTF) :
North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
- (iii) Address for correspondence : *MAWDIANGDIANG, SHILLONG, IS*
- (iv) Tele No., Fax No. : *0364 25 38013, 0364- 25 38003*
- (v) Email : *dm thappa @ gmail . com*
- (vi) Website Address : *www. neigrhms . gov . in*

2. Activity for which authorization is sought :

Activity	Please tick
Generation, segregation	<input checked="" type="checkbox"/>
Collection	<input checked="" type="checkbox"/>
Storage	<input checked="" type="checkbox"/>
Packaging	<input type="checkbox"/>
Reception	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Treatment or processing or conversion	<input checked="" type="checkbox"/>
Recycling	<input type="checkbox"/>

Disposal or destruction use

✓

Offering for sale, transfer

✓

Any other form of handling

X

Application for fresh or renewal of authorization (please tick whatever is applicable) :

(i) Applied for CTO/CTE Yes/No : Yes

(ii) In case of renewal previous authorization number and date:

NO: MPCB/BMW - 4/2015 - 2016/63. Dated Shillong, the 21st May, 2015

(iii) Status of consents:

(a) Under the Water (Prevention and Control of pollution) Act, 1974

(b) Under the Air (Prevention and Control of Pollution) Act,1981:

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility(CBWTF) :

NEIGRIHMS , Shillong , Mawdiangdiang , 18

(ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

- (i) Number of beds of HCF : 554
- (ii) Number of patients treated per month by HCF :
OPD - 34,526 Major(OT) - 330
IPD - 3,674 Minor(OT) - 158
- (iii) Number of healthcare facilities covered by CBMWTF : N/A
- (iv) No of beds covered by CBMWTF : N/A
- (v) Installed treatment and disposal capacity of CBMWTF : N/A Kg per day
- (vi) Quantity of bio-medical waste treatment or disposal by CBMWTF : N/A Kg per day
- (vii) Area or distance covered by CBMWTF : N/A

(Pl. attach a map with GPS locations of CBMWTF and area of coverage)

(viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:	9.5 kg Aprox	Incinerator/Deep Burial
	(b) Animal Anatomical Waste:	300grams Aprox	Incinerator/Deep Burial
	(c) Soiled Waste:	68.26 kg Aprox	Incinerator/Deep Burial
	(d) Expires or Discarded Medicines:	—	—
	(e) Chemical Solid Waste:	—	—
	(f) Chemical Liquid Waste:	791 Litre Aprox	Treated in NEIGRIHMS STP
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	—	—
	(h) Microbiology, Biotechnology and other clinical laboratory waste:	1.68 kg Aprox	Incineration/Deep Burial
Red	Contaminated Waste (Recyclable)	131.9 kg Aprox	Microwave, chemical Disinfection
White (translucent)	Waste sharps including Metals:	10-15 kg Aprox	Disposed in NEIGRIHMS waste sharps Pits
Blue	Glassware	—	—
	Metallic Body Implants	—	—

6. Brief description of arrangements for handling of biomedical waste (attach details):

- (i) Mode of transportation (if any) of bio-medical waste: N/A
- (ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

	No of units	Capacity of each unit
Incinerators:	02 nos	30x2=60 kg per cycle
Plasma Pyrolysis:	NO	—
Autoclaves: (2 nos)	① 01	① 220 Litre
	② 02	② 20 Litre
Microwave:	01	15kg

Hydroclave:	—	—
Shredder:	01 nos.	50kg
Needle tip cutter or destroyer	57 nos.	—
Sharps encapsulation or concrete pit:	01 no.	—
Deep burial pits:	01 no.	—
Chemical disinfection:	115 places	—
Any other treatment equipment:	—	—

7. Contingency plan of common bio-medical waste treatment facility (CBMWTF)(attach documents) :
8. Details of directions or notices or legal actions if any during the period of earlier authorization :
9. Declaration

I do hereby declare that the statements made and information given above to the best of my knowledge and belief that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescriber authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Date : _____ Signature of the Applicant _____

Place : _____ Designation of the Applicant _____

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	PROF (DR) DEVINDER MCHAN THAPPA, DIRECTOR
	(ii) Name of HCF or CBMWTF	:	NEIGRIHMS
	(iii) Address for Correspondence	:	P/O MAWDIANGDIANG, SHILLONG, IR
	(iv) Address of Facility	:	P/O MAWDIANGDIANG, SHILLONG, IR
	(v) Tel. No, Fax. No	:	03642538013, 0364-2538003
	(vi) E-mail ID	:	dm.thappa@gmail.com
	(vii) URL of Website	:	www.neigrhms.gov.in
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Govt of India
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: MPCB/BMW-4/2015-2016/63.valid up to 31. March, 18
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: -
2.	Type of Health Care Facility	:	Tertiary care Institute
	(i) Bedded Hospital	:	No. of Beds:..... 554
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
	(iii) License number and its date of expiry	:	N/A
3.	Details of CBMWTF	:	N/A
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day N/A
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 32,381kg Red Category : Nil White: 3707.8 kg Blue Category : 48157 kg General Solid waste: 43,445 bags
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 12 X 12 ft Capacity : Adequate Provision of on-site storage : (cold storage or any other provision) Normal Protected Storage

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum						
		Incinerators	02	30kg/H	-						
		Plasma Pyrolysis	-	-	-						
		Autoclaves	02	220L 20L	48000kg 2800kg						
		Microwave	01	15kg	18677kg						
		Hydroclave	-	-	-						
		Shredder	01	50kg	48157						
		Needle tip cutter or destroyer	57nos	-	All used Needle						
		Sharps encapsulation or concrete pit	01	-	3707 kg						
		Deep burial pits:	05	-	32381kg						
		Chemical disinfection:	115	-	29,480 kg						
		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.) 20,777 kg									
(iv) No of vehicles used for collection and transportation of biomedical waste	:	01									
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>Under repair during the reporting period</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>Need to quantify</td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash	Under repair during the reporting period		ETP Sludge	Need to quantify	
	Quantity generated	Where disposed									
Incineration Ash	Under repair during the reporting period										
ETP Sludge	Need to quantify										
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	N/A									
(vii) List of member HCF not handed over bio-medical waste.		N/A									
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes. attached along (04) nos of minutes									
7 Details trainings conducted on BMW											
(i) Number of trainings conducted on BMW Management.		45 nos									
(ii) number of personnel trained		1616 Personnel									
(iii) number of personnel trained at the time of induction		NIL									
(iv) number of personnel not undergone any training so far		571 Personnel									
(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	04 nos. of Needle Stick Injury
	(ii) Number of the persons affected	04 nos.
	(iii) Remedial Action taken (Please attach details if any)	Organised sensitization for all to prevent recurrence
	(iv) Any Fatality occurred, details.	'NO'
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Incinerator was under repair during the reporting period
	Details of Continuous online emission monitoring systems installed	Presently not installed
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NEIGRIHMS has one functioning sewage treatment plant where all the generated liquid waste is treated
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Testing of log 4 standard shall commence soon
12	Any other relevant information	(Air Pollution Control Device: attached with the Incinerator) Yes

Certified that the above report is for the period from

1-1-2017 to 31-12-2017

Date:
Place

3/4/2018
Shillong

Name and Signature of the Head of the Institution

3/4/2018
Director,
North Eastern India Gandhi Regional Institute
of
Health and Medical Sciences,
Shillong - 793018