Annexure E.7

FORM IV: ANNUAL REPORT

S. NO.	Particulars		
1.	**Particulars of Occupier**		
	I.	Name of Authorized Person (Occupier or Operator)	PROF. (DR.) MAHESH VERMA DIRECTOR-PRINCIPAL
	II.	Name of HCF or CBMWTF :	Maulana Azad Institute of Dental Sciences (MAIDS)
	III.	Address for Correspondence :	MAIDS, MAMC Complex, Bsz Marg, N. Delhi 110002
	IV.	Address of Facility	same as above
	V.	Tel. No, Fax. No :	011-23233925 , 011-23217081
	VI.	E-mail ID :	dpmaids@gmail.com
	VII.	URL of Website	www.maids.ac.in
	VIII.	GPS coordinates of HCF or CBMWTF	Details of Authorised Facility Provider has not been recieved yet from DHS | DPCC
	IX.	Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other) Autonomous (under Govt. of NCT Delhi)
	X.	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number DPCC | BMW | AUTH | New No. | 2016 | 02309 Valid Up to : 17-03-2019
	XI.	Status of Consents under Water Act and Air Act	Valid Up to : March, 2019
2.	**Type of Health Care Facility**		
	I.	Bedded Hospital:	No. of Beds: 8+2 (Post operative)
	II.	Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA
	III.	License number and its date of Expiry	S-52390
3.	**Details of CBMWTF**		
	I.	Number healthcare facilities covered by CBMWTF	NA
	II.	No of beds covered by CBMWTF :	NA
	III.	Installed treatment and disposal capacity of CBMWTF	NA .....kg/day
	IV.	Quantity of biomedical waste treated or disposed by CBMWTF	NA .....kg/day
4.	**Quantity of waste generated or**	**Category**	**Quantity(kg/anumn)**

	disposed in Kg per annum (on monthly average basis) (July 2017 to June 2018)	**Yellow**	1669 Kgs
		Red	3088 Kgs
		Blue	1495 Kgs
		White	
		General Solid Waste	—

5.	**Details of the Storage, treatment, transportation, processing and Disposal Facility**				
	I. Details of On Site Storage	Size: NA			
		Capacity: NA			
		Provision for Onsite Storage (Cold Storage or any other provisions): NA			
	II. Details of Onsite Disposal Facility	**Type of Treatment Equipment**	**No. of Units**	**Capacity kg/day**	**Quantity Treated or Disposed kg/anumn**
		Incinerators	NA	NA	NA
		Plasma Pyrolysis	NA	NA	NA
		Autoclaves	NA	NA	NA
		Microwave	NA	NA	NA
		Hydroclave	NA	NA	NA
		Shredder	NA	NA	NA
		Needle tip cutter or destroyer	NA	NA	NA
		Sharps encapsulation or concrete pit	NA	NA	NA
		Deep Burial Pits	NA	NA	NA
		Chemical Disinfection	NA	NA	NA
		Any other equipment used for treatment	NA	NA	NA
	III. Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	**Red Category (like plastic, glass etc.)** NA			

	IV. No of vehicles used for collection and transportation of biomedical waste	NA		
	V. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed
		Incineration	NA	NA
		Ash	NA	NA
		ETP Sludge	NA	NA
	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS Water Grace		
	VII. List of member HCF not handed over bio-medical waste	NA		
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes		
7.	**Details of Training conducted on BMW**			
	I. Number of trainings conducted on II. BMW Management	10-15		
	III. number of personnel trained	All		
	IV. number of personnel trained at the time of induction	All		
	V. number of personnel not undergone any training so far	None		
	VI. Whether standard manual for training is available?	Yes		
	VII. Any other Information	NA		
8.	**Details of Accident Occurred**			
	I. Number of Accidents occurred	4 (Needle stick injuries)		
	II. Number of the persons affected	4		
	III. Remedial Action taken (Please attach details if any)	Yes (1. TT Injection) (2. Screening for Hep B, C, HIV - found negative)		
	IV. Any fatality occurred, details	NO		
9.	**Are you meeting the standards of air Pollution from the incinerator? How many times in last year**	NA (Since no incinerators in MAIDS)		

	could not meet the standards?	
	Details of Continuous online emission monitoring systems installed	NA
10.	**Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**	ETP of GB Pant is shared for liquid waste
11.	**Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**	NA
12.	**Any other relevant information**	(Air Pollution Control Devices attached with the Incinerator) NA

Khushboo Singh
(Dr. Khushboo Singh)
Member, BMWM, MAIDS.

Monica Kellas
(Dr. Monica Kellas)
Asst. MOIC, BMWM.
MAIDS.

Certified that above report is for the period from

JULY, 2017 TO JUNE, 2018

Name and Signature of Head of Institution

Date: 30-06-2018

Place New Delhi

MAULANA AZAD INSTITUTE OF DENTAL SECIENCES

(An autonomous body under Govt. of NCT Delhi)

B.S.Z. MARG .NEW DELHI -110002

DATE	RED BAGS (KG)	YELLOW BAGS (KG)	SHARP BOXES (KG)
JUL-2017	286	149	132
AUG-2017	276	141	141
SEP-2017	275	141	130
OCT-2017	221	107	108
NOV2017	258	139	119
DEC-2017	239	139	119
JAN 2018	275	142	130
FEB-2018	243	126	119
MAR-2018	254	140	130
APR-2018	235	143	114
MAY-2018	275	156	129
JUN-2018	251	146	124
G. TOTAL	3088(kgs)	1669 (kgs)	1495(kgs)

Prepared by Mr. Tekchand
Sanitation Supervisor
MAIDS, New Delhi