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The Member Secretary
Delhi Pollution Control Committee
Govt. of NCT of Delhi
4th Floor, ISBT Building, Kashmere Gate
Delhi - 110001

5th January, 2019

06/2/19

(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Sub: Annual Report from 1st January to 31st December, 2018

Sir,

Attached herewith please find the annual report of Sitaram Bhartia Institute of Science and Research.

Thanking you,

Sincerely yours,

S. Bhargava

Dr. Sneh Bhargava

Medical Director

MD, FAMS, DMRD. (Eng.) FRCR. (London)
FICR, FNAsc DSc (Hon Causa)

Medical Director

Sitaram Bhartia Institute of
Science & Research
B-16, Qutab Inst. Area
New Delhi - 110016

ANNUAL REPORT

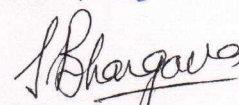
(to be submitted to the prescribed authority on or before 31 January every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)

Sl. No.	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Sneh Bhargava
	(ii) Name of HCF or CBMTW		Sitaram Bhartia Institute of Science & Res
	(iii) Address for correspondence		Sitaram Bhartia Institute of Science & Research
	(iv) Address of facility		B-16 Qutab Institutional Area, New Delhi-16
	(v) Tel. No. Fax No.		011-4211111,9810038789
	(vi) E-mail ID		Tara.datt@sitarambhartia.org
	(vii) URL of Website		www.sitarambhartia.org
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or DBMWTF		private
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		DPCC/BMW/AUTH/NEW No/2018/03937 Valid up to 03-10-2019
	(xi) Status of Consent under Water Act and Air Act.		Approved valid upto 12-02-2019
2.	Type of Health Care Facility		
	(i) Bedded Hospital		70
	(ii) Non-bedded hospital		
	(Clinical 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 of healthcare facilities covered by CBWMWF		
	(ii) No of beds covered by CBMWTF		
	(iii) Installed treatment and disposal capacity of CBMWTF		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow category: 6588 kg/ annum Red Category: 6200 kg/annum White:403kg/annum Blue Category:2117 kg/annum General Solid Waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : Outsourced Capacity: Provision of on-site storage : (cold storage or any other provision)

	Disposal facilities	Type of treatment equipment 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	No. of Units	Capacity KG/day	Quantity treated or disposed in kg per annum
	(iii) Quantity of recyclable wastes 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.	Biotic Waste Solutions Pvt. Ltd.			
	(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			
7.	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management (ii) Number of personnel trained. (iii) Number of personnel trained at the time of induction (iv) Number of personnel trained	07 256			

	at the time of induction (v) Whether standard manual for training is available? (vi) Any other information	Yes
8	Details of the accident occurred during the year (i) number of Accidents occurred (ii) number of persons affected (iii) Remedial Action taken (Please attach details if any) (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:	NA
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4 standards, How many times you have not met the standards in a year	
12	Any other relevant information	(Air Pollution Control Devices attached with the incinerator)

Certified that the above report is for the period from 1st January, 2019 to 31st December, 2019.



Dr. Sneh Bhargava
Medical Director

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