



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)

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Dated 19th of October 2016

डॉ. पी. के. नीमा
अस्पताल अधीक्षक
एम्स, रायपुर

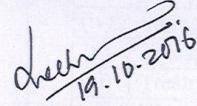
प्रति,

उप निदेशक (प्रबंधन),
एम्स रायपुर, (छ. ग.)

विषय :- जैव चिकित्सा अपशिष्ट (प्रबंधन और हस्तन) नियम 2016 के अंतर्गत प्राधिकार नवीनीकरण के संबंध में।

संदर्भ :- आपका पत्र क्रमांक 1662/क्षेका/वैज्ञा/छ.प.सं.मं./2016 रायपुर दिनांक 20.09.2016 ।

उपरोक्त संदर्भानुसार आपके द्वारा चाही गयी जानकारी संलग्न प्रपत्र में पुर्ण कर आपकी ओर आवश्यक कार्यवाही हेतु प्रेषित की जा रही है।


19.10.2016

अस्पताल अधीक्षक
एम्स, रायपुर (छ.ग.)

संलग्न :-

- 1 प्राधिकार नवीनीकरण हेतु फार्म-1 (Anexxure I)
- 2 इन्वेन्ट्री एवं फार्म-2. (Anexxure II)
- 3 प्राधिकार नवीनीकरण शुल्क निर्धारण की जानकारी (Anexxure III)
- 4 छ.प.सं.मं. द्वारा जारी प्राधिकार की छायाप्रति (Anexxure IV)
- 5 मेसर्स ई-टेक प्रोजेक्ट प्राइवेट लि. भिलाई के साथ अनुबंध एवं इनवाईस/ रसीद की छायाप्रति (Anexxure V)
- 6 ठोस एवं जीव चिकित्सा अपशिष्टों का श्रेणीवार संग्रहण की जानकारी फोटोग्राफ सहित (Anexxure VI)
- 7 लेबल/डिस्टले पोस्टर (Anexxure VII)

(I) Source of water : _____
supply : _____

14. Waste water : _____
management facility : _____
(Storage, treatment : _____
etc.)

15. Detail of waste

(i) Type of waste : Liquid/Solid
generated : _____

(ii) Waste category : _____

(iii) Waste class and quantity : _____

(1) Human Anatomical : (Human tissue, organs, body parts).
Waste : Qty. _____

(2) Animal Waste : (Animal tissue, organs, body parts, carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals/colleges discharge from hospital, animal house)
: Qty. _____

(3) Microbiology & : [Waste from laboratory cultures. Stocks or Specimens of
Biotechnology : Microorganisms live or attenuated vaccines, human and animal cell culture used in research and infections agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures.
: Qty. _____

(4) Waste Sharps : [Needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts, These includes both used and unused sharps].
: Qty. _____

(5) Discarded : [Waste comprising of outdated contaminated and discarded
Medicines and medicines].
Cytotoxic Drugs : Qty. _____

(6) Solid Waste : [Items contaminated with blood and body fluids including cotton, dressings, soled plaster casts lines, bleedings, other material contaminated with blood].
: Qty. YELLOW (COLOUR CODED) 583 Kg Approx

(7) Solid Waste : [Waste operated form disposable items other than the waste sharps such as tubings catheters, intravenous sets etc].
: Qty. COLOUR CODING RED 892 Kg Approx

(8) Liquid Waste : [Waste generated from laboratory and washing, cleaning, house keeping and disingecting activities
: Qty. _____

- (9) Incineration ash : [As from incineration of any bio-medical wastes]
: Qty. _____
- (10) Chemical Waste : [Chemical used in production of bio-logicals, chemicals used in
disinfections, as insecticides, etc.]
: Qty. _____
16. Composition of waste : _____
17. Waste management : Y/N
Practice available : Collection ☒
(if yes, tick the : Segregation ☒
appropriate) : Storage ☒
: Transportation ☒
: Treatment
: Disposal
18. Details of waste : All the Biomedical waste are segregated in
management : wards collected in Biomedical waste room and is
: daily transported by E-Tek projects Pvt. Ltd.
19. Waste effluent : Conforming/Not conforming the prescribed standard.
(Please enclose analysis report as per schedule)
20. Air effluent from : Please enclose analysis report giving result of CO₂, CO, NO_x,
stack/incinerator/gener HCL, Volatile organics in ash and particulate matter.
ators
21. Accident History, if : _____
any
22. Any other : _____
information's

DECLARATION

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

I do also hereby undertake to provide any further information sought by the prescribed authority in relation B.M.W. rules.

Date :

Signature of Authorized

Name :

Place :

Designation :

Registration No. :