



BLK-MAX

Super Speciality Hospital

June 17, 2025

BLK/MS/2025/JUN/19

To,
Delhi Pollution Control Committee
Dept. of Environment (Govt. of NCT of Delhi),
4th & 5th Floor, ISBT Building
Kashmere Gate
Delhi-110 006.

Dear Sir,

Sub: Submission of Annual Bio-Medical Waste Report (Form-IV)

Please find enclosed the annual report (Form IV) for the period January 2024 to December 2024 of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely BLK MAX OPD Clinic, Ground floor, (Dispensary Area) Community Facility Building, DLF Capital Greens, 15, Shivaji Marg, New Delhi – 110015. Part of Dr. B.L. Kapur Memorial Hospital.

Kindly acknowledge.

Thanking you,

Yours sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)

Dr. Atish Sinha
Medical Superintendent

Dr. Atish Sinha
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi-110 005

Encls:

- | | |
|------------|---|
| Annexure-1 | Form IV for annual report of Bio Medical Waste |
| Annexure-2 | Form 1 for Accident report |
| Annexure-3 | Copy of waste generated or disposed in kg. per annum (on Monthly average basis) |
| Annexure-4 | Copy of Minutes of meeting |

At 19/06/25
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006



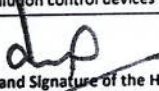
Form IV

(See rule-13)

ANNUAL REPORT

(To be submitted to the prescribed authority on or before 30th June every year for the period from January 2024 to December 2024 of the preceding year, by the Occupier of Health Care Facility (HCF) or Common Bio-Medical Waste Treatment Facility (CBMTF)

S.No	Particulars	:																																																					
1	Particulars of the Occupier	:																																																					
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Atish Sinha																																																				
	(ii) Name of the HCF or CBMTF	:	Dr.B.L.Kapur Memorial Hospital (CAPITAL GREENS AT 15 SHIVAJI MARG NEW DELHI-15																																																				
	(iii) Address For Correspondence	:	Pusa Road, New Delhi-110005																																																				
	(iv) Address of Facility	:	same as above																																																				
	(v) Tel.No, Fax.No	:	PH:- 011-3065 3961, F- +91-011-2575 2885																																																				
	(vi) E-Mail ID	:	info@blkhospital.com																																																				
	(vii) URL OF Website	:	http://www.blkhospital.com/about-us/Compliances																																																				
	(viii) GPS Coordinates of HCF OR CBMTF	:	(State Government or private or semi Govt. or any other) society																																																				
	(ix) Ownership of the Health Care Facility	:	(State Government or private or semi Govt. or any other) society																																																				
	(x) Status of Authorization under the the Bio-Medical Waste (Management and Handling) Rules	:	Refer point no 3. This authorization to HCF, being a non-bedded hospital, is issued until the status of HCF is changed or the authorisation is cancelled/ suspended for non-compliance of Bio-Medical Waste Management Rules, 2016																																																				
	(xi) Status Of Consents Under Water Act and Air Act	:	DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/22335643v Application No: 9109132																																																				
2	Type of Health Care Facility	:																																																					
	(i) Bedded Hospital	:	Number of beds: N/A (Details and document submitted to DfS)																																																				
	(ii) Non Beded Hospital(Clinic/Blood bank or laboratory or Veterinary Hospital or any Other)	:	Not Applicable																																																				
	(iii) License Number and its Date of Expiry	:	Applied Form																																																				
3	Details of CBMTF	:																																																					
	(i) Number healthcare facilities coveredby CBMTF	:	6182																																																				
	(ii) No. of beds covered by CBMTF	:	32891																																																				
	(iii) Installed Treatment and disposable capacity of CBMTF	:	28 ton per day																																																				
	(iv) Quantity of biomedical waste treated or disposed by CBMTF	:	14.45 ton / day																																																				
4	Quantity of waste generated or disposed in Kg per annum (on Monthly average basis)	:	<table border="1"> <thead> <tr> <th>Category</th><th>BMW /Month</th><th>Covid waste/Month</th></tr> </thead> <tbody> <tr> <td>Yellow Category</td><td>0.0</td><td>0.0</td></tr> <tr> <td>Red Category</td><td>0.00</td><td>0.00</td></tr> <tr> <td>White Category</td><td>0.00</td><td>0.00</td></tr> <tr> <td>Blue Category</td><td>0.00</td><td>0.00</td></tr> <tr> <td>Yellow Cytotoxic Waste</td><td>0.00</td><td>0.0</td></tr> <tr> <td>General Solid Waste</td><td></td><td></td></tr> </tbody> </table>	Category	BMW /Month	Covid waste/Month	Yellow Category	0.0	0.0	Red Category	0.00	0.00	White Category	0.00	0.00	Blue Category	0.00	0.00	Yellow Cytotoxic Waste	0.00	0.0	General Solid Waste																																	
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5	Details of storage, treatment, transportation, processing and Disposal Facility	:																																																					
	(i) Details of the on-site storage facility	:	Size: 40.05 Square metre Capacity: 116 Cubic metre Provision of on-site storage : Dedicated Bio medical waste collection room N/A																																																				
	(ii) Disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipments</th><th>No. of Units</th><th>Capacity kg/ day</th><th>Quantity Treated or Disposed in Kg Per Annum</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Plasma</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Pyrolysis</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td>N/A</td><td>N/A</td><td>N/A</td></tr> <tr> <td>Microwave</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Shredder</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Needle tip cutter or Destroyer</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Sharp encapsulation or Concrete Pit</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Deep burial pits:</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td>N/A</td><td></td><td></td></tr> <tr> <td>Any other treatment</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Type of treatment Equipments	No. of Units	Capacity kg/ day	Quantity Treated or Disposed in Kg Per Annum	Incinerators	N/A			Plasma	N/A			Pyrolysis	N/A			Autoclaves	N/A	N/A	N/A	Microwave	N/A			Hydroclave	N/A			Shredder	N/A			Needle tip cutter or Destroyer	N/A			Sharp encapsulation or Concrete Pit	N/A			Deep burial pits:	N/A			Chemical disinfection:	N/A			Any other treatment	N/A		
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	(iii) Quantity of recyclable wastes sold to authorized recycler after treatment in Kg per annum	:	Red Category (like plastic,glass etc.) Not Applicable (Disposed to BMW)																																																				

	(iv) No. of vehicles used for collection and transportation of Biomedical waste	:	05(CLOSE BODY VEHICLE AUTHORIZED FOR COLLECTION FROM BLK)	
		:	Quantity generated	where Disposed
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	:	Incineration	N/A
		:	Ash	N/A
		:	STP Sludge	N/A
		:	in BMW as per the guidelines 2016.	
	(vi) Name of the Common Bio-medical Waste	:	M/s SD Bio Medical Waste Management, Vill. Baland Rohtak	
	(vii) List of member HCF not handed over bio medical	:	Not Applicable	
6	Do you have BMW Management committee? If yes attach minutes of the meeting held during the	:	YES included in HICC	
7	Details training conducted on BMW	:	SEGREGATION, DISPOSAL & TRANSPORTATION	
	(i) Number of Trainings conducted on bio medical waste management	:		
	(ii) Numbers of personnel trained	:		
	(iii) Numbers of Personnel trained at the time of induction	:		
	(iv) Numbers of personnel not undergone any training so far	:	NIL	
	(v) Whether standard manual for training is available?	:	YES	
	(vi) Any other information	:	Not Applicable	
8	Details of accidents occurred during the year	:	Discarding sharps	
	(i) Numbers of accident occurred	:		
	(ii) Numbers of the person affected	:	None	
	(iii) Remedial action taken(Pls. attached details if any)	:	Injection T.T after injury and Injection Hep.B & ART started as per the standard protocol.	
	(iv) Any Fatality occurred details	:	Nothing Occurred	
9	Are you meeting the standards of air pollution from the incinerator? How Many times in last Year could not the standards?	:	Not Applicable	
	Details of continous online emission monitoring systems installed	:	Not Applicable	
10	Liquid wate generated and treatment methods in place. How many times you have not met the standards in a year?	:	YES (meeting the standards)	
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not the standards in a year?	:	YES (meeting the standards)	
12	Any other relevant information	:	(Air pollution control devices attached with the incinerator)	Not Applicable
Certified that the above report is the period from January 2024 to December 2024 <div style="display: flex; justify-content: space-between; align-items: center;"> <div> Date 17.06.2024 Place New Delhi </div> <div style="text-align: center;">  Name and Signature of the Head of the Institution Dr. Atish Sinha Medical Superintendent </div> </div>				

**DLF CLINIC ANNUAL REPORT FOR GENERAL WASTE OF YEAR 2024
(JANUARY 2024 TO DECEMBER 2024)**

(JANUARY 2024 TO DECEMBER 2024)				
Sl.no	No. of Days	Month	General waste Kg.	General waste Kg./day
1	31	January	0	0.00
2	29	Febuary	0	0.00
3	31	March	0	0.00
4	30	April	0	0.00
5	31	May	0	0.00
6	30	June	0	0.00
7	31	July	0	0.00
8	31	August	0.0	0.00
9	30	September	0	0.00
10	31	October	0	0.00
11	30	November	0	0.00
12	31	December	0	0.00
TOTAL	366		0.0	
Average/month			0.00	

FORM I
[(See rules 4(o), 5(i) and 15(2))]
ACCIDENT REPORTING

1	Date and time of accident	N/A
2	Type of Accident	N/A
3	Sequence of events leading to accident	N/A
4	Has the Authority been Informed immediately	N/A
5	The type of waste involved in accident	N/A
6	Assessment of the effects of the accidents on human and health and the environment	N/A
7	Emergency measures taken	N/A
8	Steps taken to alleviate the effects accidents	N/A
9	Steps taken to prevent the recurrence of such an accident	N/A
10	Does your facility has an Emergency Control policy ? If yes, give details	N/A

Signature :

Name : Mr. Jitender Kumar Sharma

Designation : Head- Hospital Operations

Date:

Place New Delhi

Month	No of Days	Yellow Waste		Yellow Waste (Covid)		Blue Puncture Proof Container		Blue puncture proof (Covid)		Red Waste		Red Waste (Covid)		White puncture Proof Container		White Puncture Proof Container (Covid)		Yellow Cytotoxic Waste		Yellow Cytotoxic Waste (Covid)	
		No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight
January	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
February	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
April	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
May	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
June	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
July	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
August	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
September	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
October	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
November	30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
December	31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	366	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Average		0	0.00	0	0	0	0.00	0	0	0	0.00	0	0	0	0.00	0	0.00	0	0	0.00	0.00
Average/Day			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Waste Limit as approved by DRCC- QUANTITY OF BIO-MEDICAL WASTE HANDLED, TREATED AND DISPOSED/ DAY= 2 KG/ DAY		2KG/ DAY		2KG/ DAY		2KG/ DAY		2 KG/ DAY		2 KG/ DAY		2 KG/ DAY		2KG/ DAY		2 KG/ DAY		2 KG/ DAY		2 KG/ DAY	

Please note :-

Applied Form

A meeting of the Bio-Medical Waste Management Committee was held on 28th October, 2024 at 3:30 pm under the chairmanship of the undersigned for the half year ending. The following members were present:

S.No.	Attended by	Representatives	Attendance
1	Dr. Atish Sinha	Chairman	Attended
2	Mr. Jitender Sharma	Secretary	Attended
3	Dr. Tarun Thukral	Members	Not Attended
4	Ms. Rosamma Jose	Members	Not Attended
5	Dr. Rajan Madan	Members	Attended
6	Dr. Tripti Sharan	Members	Not Attended
7	Dr. Gurbachan Singh	Members	Attended
8	Ms. Lalita Rani	Members	Attended
9	Ms. Geeta Rawat	Members	Attended
10	Ms. Shifali Hans	Members	Attended
11	Mr. Joseph PT	Members	Attended
12	Ms. Anumol Joseph	Invited Member	Attended

Agenda of the Meeting :

Bio-Medical Waste Management Review Committee Half yearly meeting

Sl. No.	MOM of todays meeting	Discussion	Responsibility	Timeline	Status
1	Training of all staff and helpers	Training of all staff and helpers involved in handling Bio-Medical Waste has been carried out in a phased manner during the period under review. A record of details of personnel trained is being maintained.	HK & ICN	Ongoing process	Under monitoring
2	Training of new joiners	Training of new joiners to the Hospital was reviewed. Those whose training was due were identified and their names included in the training schedule.	HK Department	as and when	Under monitoring
3	Yearly health check up	Yearly health check up of all personnel handling Bio-Medical Waste was carried out and up to date records are maintained.	HK Department	Done	Closed

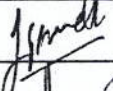
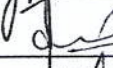
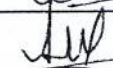
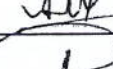

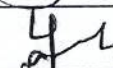


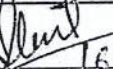
4	Audit	The audit(s) carried out to check the efficiency of Bio-Medical waste collection, transport, storage and disposal procedures in the Hospital were ratified and detailed procedure for the next audit was drawn up. The audit report of BMW disposal in was presented. (1) Apr-24 Compliance to Segregation was 92.5% ,Disposal was 92% ,storage was 95% and Transportation was 97%. (2) May-24 Compliance to Segregation was 95.3% ,storage was 95.4% and Transportation was 98% . (3) June-24 Compliance to Segregation was 95%,storage was 97% and Transportation was 98% . (4) July-24 . Compliance to Segregation was 96% ,storage was 98% and Transportation was 98.5% . (5) Aug-24 Compliance to Segregation was 97% ,storage was 98% and Transportation was 99% . (6) Sep-24 Compliance to Segregation was 98% ,storage was 98% and Transportation was 99% .	HK & ICN	Ongoing process	NA
5	Suggest/ views remedial measures	Members were requested to bring out any practical difficulties encountered in the training and allocation of manpower and disposal procedures of bio-medical waste and to take/suggest remedial measures.	NA	NA	NA
6	Use of PPE	It was reiterated that all personnel involved in handling Bio-Medical Waste should be instructed to exercise due care (strict use of PPE) in the discharge of their duties so that the chances of occurrence of any accident/spill is minimized.	HK Department	Ongoing process	Under monitoring
7	NSI Prevention	There is substantial decline in the NSI incidents in the last quarter (Jan-Mar 24). Awareness & educational training sessions are continuously provided to zero the NSI cases. .	HK & ICN	Ongoing process	Under monitoring
8	Updates on regulation	It was discussed on updates on any changes in bio medical waste management regulations.	HK & ICN	NA	NA
		On 28th October, 2024 It was decided that the BMW Autoclave BI register which was earlier signed by Microbiology Dept . shall now onwards be signed by MS/Add.MS (Medical Admin)	HK & Medical Admin	Ongoing process	Closed
9	Change of surface disinfectant	The organisation has discussed that Sodium hypochlorite is corrosive and causes rust in some of the beds and other furnitures.. The organisation has decided to use hydrogen peroxide solution as an alternative for Sodium hypochlorite. Hydrogen peroxide is a high level disinfectant and already used for fogging purposes.	HK & ICN	Done (April-24)	Closed
10	Compliances	All monthly & quarterly bio medical waste compliance of the existing quarters were closed on time.	Hk Department	30th October, 2024	Closed
12	Hand washing Practices	The importance of frequent hand-washing and observance of universal precautions was highlighted & discussed.	HK & ICN	Ongoing process	Under monitoring

All functionaries were requested to perform duties with utmost care and for Bio-Medical waste
There being no further points, the meeting was declared closed.

Attendance Sheet

Topic **BMW COMMITTEE MEETING**
 Date **29th October, 2024** 3:30pm
 Department

Subject **HALF YEARLY BMW COMMITTEE MEETING**
 Duration
 Trainer

S.No.	BLK-Max ID	Name	Designation	Department	Signature
1	M032197	Jitendra Kumar Sharma	Head ops	ops	
2	BLK15723	Dr. Atish Singh	Med. Supdr.	Med. Admin	
3	302105	Anmol Joseph	N.I.S	Nursing	
4	B1K1224	Joseph P.T	A.G.M	Phys & S/As	
5	M027203	Geeta Rawat	Sr. Lab Technician	Hematology	
6	BLK3811	Dr. Gurbachan Singh	Med-GR	Emergency	
7	BLK16490	Shifali Hans	Sr. ICN	ICN	
8	BLK1642	Lalita Rani	Head incharge	Quality	
9	BLK1648	Dr. Rajendra Kumar	Senior Director	ICN	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total no. of participants
 Remarks (if any)

Trainer's Signature

A meeting of the Bio-Medical Waste Management Committee was held on 20th April, 2014 at 4.15 pm under the chairmanship of the undersigned for the half year ending. The following members were present:

S.No.	Attended by	Representatives	Attendance
1	Dr. Atish Sinha	Chairman	Attended
2	Mr. Gitesh Mongia	Secretary	Attended
3	Dr. Tarun Thukral	Members	Not Attended
4	Ms. Rosamma Jose	Members	Attended
5	Dr. Rajan Madan	Members	Not Attended
6	Dr. Tripti Sharan	Members	Not Attended
7	Dr. Gurbachan Singh	Members	Attended
8	Ms. Lalita Rani	Members	Attended
9	Ms. Geeta Rawat	Members	Not Attended
10	Ms. Meetu	Members	Not Attended
11	Mr. Jitender Sharma	Members	Attended
12	Mr. Jospeh PT	Members	Not Attended
13	Ms. Sindhu	Members	Attended
14	Dr. Deepak Tanwar	Invited Member	Attended
15	Mr. Ramesh Kumar	Invited Member	Attended

Agenda of the Meeting :

Bio-Medical Waste Management Review Committee Half yearly meeting

Sl. No	MOM of todays meeting	Discussion	Responsibility	Timeline	Status
1	Training of all staff and helpers	Training of all staff and helpers involved in handling Bio-Medical Waste has been carried out in a phased manner during the period under review. A record of details of personnel trained is being maintained.	HK & ICN	Ongoing process	Under monitoring
2	Training of new joiners	Training of new joiners to the Hospital was reviewed. Those whose training was due were identified and their names included in the training schedule.	HK Department	as and when	Under monitoring
3	Yearly health check up	Yearly health check up of all personnel handling Bio-Medical Waste was carried out and up to date records are maintained.	HK Department	Done	Closed










4	Audit	The audit(s) carried out to check the efficiency of Bio-Medical waste collection, transport, storage and disposal procedures in the Hospital were ratified and detailed procedure for the next audit was drawn up. The audit report of BMW disposal in was presented. (1) Compliance to Segregation for the month of oct 23 was 90% , Disposal was 93% , storage was 92% and Transportation was 96% . (2) Compliance to Segregation for the month of nov 23 was 92% , Disposal was 89% , storage was 91% and Transportation was 97% . (3) Compliance to Segregation for the month of Dec 23 was 90% , Disposal was 92% , storage was 92% and Transportation was 96% . (4) Compliance to Segregation for the month of Jan 24 was 91% , Disposal was 90% , storage was 97% and Transportation was 98% . (5) Compliance to Segregation for the month of feb 24 was 91% , Disposal was 90% , storage was 97% and Transportation was 98% . (6) Compliance to Segregation for the month of mar 24 was 92.5% , Disposal was 92% , storage was 95% and Transportation was 97% .	HK & ICN	Ongoing process	NA
5	Suggest/ views remedial measures	Members were requested to bring out any practical difficulties encountered in the training and allocation of manpower and disposal procedures of bio-medical waste and to take/suggest remedial measures	NA	NA	NA
6	Use of PPE	It was reiterated that all personnel involved in handling Bio-Medical Waste should be instructed to exercise due care (strict use of PPE) in the discharge of their duties so that the chances of occurrence of any accident/spill is minimized	HK Department	Ongoing process	Under monitoring
7	NSI Prevention	There is substantial decline in the NSI incidents in the last quarter (Jan-Mar 24). Awareness & educational training sessions are continuously provided to zero the NSI cases.	HK & ICN	Ongoing process	Under monitoring
8	Updates on regulation	It was discussed on updates on any changes in bio medical waste management regulations.	HK & ICN	NA	NA
9	Compliances	All monthly & quarterly bio medical waste compliance of the existing quarters were closed on time.	Hk Department	31st March, 2024	Closed
10	Hand washing Practices	The importance of frequent hand-washing and observance of universal precautions was highlighted & discussed.	HK & ICN	Ongoing process	Under monitoring

All functionaries were requested to perform duties with utmost care and for Bio-Medical waste

There being no further points, the meeting was declared closed.

Attendance Sheet

Topic: **BIO-MEDICAL WASTE MGMT. HALF YEARLY COMMITTEE MEETING**
 Date: **26th April, 2024**
 Department: _____
 Duration: _____
 Trainer: _____

S.No.	BLK-Max ID	Name	Designation	Department	Signature
1	M032109	GITESH MANGIA	GM OPERATIONS	OPERATIONS	
2	M022594	Rasamma TOSE	CNO	NURSING	
3	BLK1137	Sundhar S Pillai	ICU	XRAY HALL	
4	BLK3812	Dr. Gaurabhan Singh	Head ED	Emergency	
5	M032106	Ramendra Kumar	DGM	Engg 2 Maint	
6	BLK1642	Labita 1642	ward incharge	Nursing wing	
7	BLK15423	Dr. Atish Singh	Med. Supdt.	Med. Admin	
8	BLK1244	Dr. Deepak	Admin	Quality	
9	M032192	Tibbet Kumar Sharma	DGM	ops	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total no. of participants

Remarks (if any)

Trainer's Signature