



**DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES,  
VIBHOOTI KHAND, GOMTI NAGAR, LUCKNOW**

Phone No-0522-4918504, 4918507 Fax-0522-4918506, website- www.rmlims.in

Ref Ref: 956/RMLIMS/BMWM Cell-/ 2021-22

Date: 26/6/2021

To,

The Regional Officer,  
UP Pollution Board,  
PICUP Bhawan, 4<sup>th</sup> Floor,  
Lucknow.

**Subject:- SUBMISSION OF ANNUAL REPORT IN FORM IV FOR THE CALENDER YEAR 2020.  
(Ram Manohar Lohia Institute Medical Sciences, Vibhuti Khand Gomti Nagar, Lucknow.)**

Dear Sir / Madam,

Please find herewith the enclosed Annual Report RMLIMS, Vibhuti Khand Gomti Nagar, Lucknow in Form IV for the year 2020 under Biomedical waste (Management & Handling) rules 1998, March 2016 and March 2018.

Kindly acknowledge the same on receipt.

Thanking you.

Yours Sincerely

( Prof. Rajan Bhatnagar )  
Chief Medical Superintendent

Ref: 956/RMLIMS/BMWM Cell-/ 2021-22

Date: 26/6/2021

Copy to:-

Head Office, UP Pollution Board T.C-12 V,  
Vibhuti Khand, Gomti Nagar, Lucknow-226010



29/6/21

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प्रा०सी० 12 वी दिग्विती खण्ड
दिनांक 28/06/21
गोमती नगर लखनऊ

Yours Sincerely,

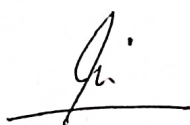
( Prof. Rajan Bhatnagar )  
Chief Medical Superintendent

o/c

**Form - IV**  
(See rule 13)  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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. Soniya Nityanand Director, Dr. RMLIMS
	(ii) Name of HCF or CBMWTF	:	Dr. Ram Manohar Lohia Institute Of Medical Sciences.
	(iii) Address for Correspondence	:	Vibhuti Khand, Gomti Nagar, Lucknow.
	(iv) Address of Facility	:	M/s Synergy Waste Management (P) Ltd.
	(v) Tel. No, Fax. No	:	0522-4918504
	(vi) E-mail ID	:	bmwm.rmlims@gmail.com
	(vii) URL of Website	:	drmlims.ac.in
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Autonomous
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 8975668
	(xi). Status of Consents under Water Act and Air Act	:	Authorization No.: Water:- 9590553 22/09/2020 valid up to 31/12/2021 Air :- 9581296 22/09/2020 valid up to 31/12/2021
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 816 350 (Dr. RMLIMS)+ 466 (Hospital block)
	(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	:	
	(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:	:	N.A



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N.A																																									
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category 62053.96 kg/annum Red Category: 56097.5 kg/annum White: 1031.5 kg/annum Blue Category : 7579.7 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 : Dr. RMLIMS (L- 15.9 inch, W- 12.6 inch) : Hospital Block (L- 20.10 inch W- 12 inch) Capacity: Dr. RMLIMS – 500.0 kg : Hospital Block – 400.0 kg																																									
			Provision of on-site storage : (cold storage or any other provision) Yes																																									
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</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 rowspan="10">Handled by CBMWTF Operator</td> <td></td> <td></td> </tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>			Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	Handled by CBMWTF Operator			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:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) Handled by CBMWTF operator																																									
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Two																																									
	(v) Details of incineration as hand ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>			Quantity generated	Where disposed																																					
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*[Signature]*



	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s Synergy Waste Management (P) Ltd.,
	(vii) List of member HCP not handed Over bio-medical waste.		NII
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes; Attached
7	Details trainings conducted on BMW		Yes
	(I) Number of trainings conducted on BMW Management.		15
	(ii) number of personnel trained		490 (Attendants / Doctor / Nurses)
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
	(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		NII
	(ii) Number of the persons affected		NII
	(iii) Remedial Action taken (Please attach details if any)		N.A
	(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?		N.A
	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?		ETP
11	Is the disinfection method or sterilization meeting the log 4		N.A

	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) N.A

*[Signature]*

Certified that the above report is for the period from: - 01/01/2020 to 31/12/2020

Date:

Place: - Lucknow

*S. Nityanand*  
Name and Signature of the Head of the Institution

Director 24.06.2021  
Dr. Ram Manohar Lohia  
Institute of Medical Sciences  
Gomti Nagar, Lucknow

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