Indira Gandhi Hospital, Shimla Himachal Pradesh dated:- 1912 125 No. HFW/MS/MHS/-To ne Member Secretary H.P. Pollution Control Board, Shimla 171001

Subject: - Submission of Annual BMW Report 2025.

Sir,

I have honour to submit Annual BMW Report for the year 2024. Copy of Annual BMW Report is being enclosed herewith. This is for your kind information and further necessary action please.

Yours faithfully,

Medical Superintendent Indira Sanshi Hospital,

Shimla H.P. dated:-

Endst. No. As above

Copy to the Incharge, IT Section for uploading on IGMC website.

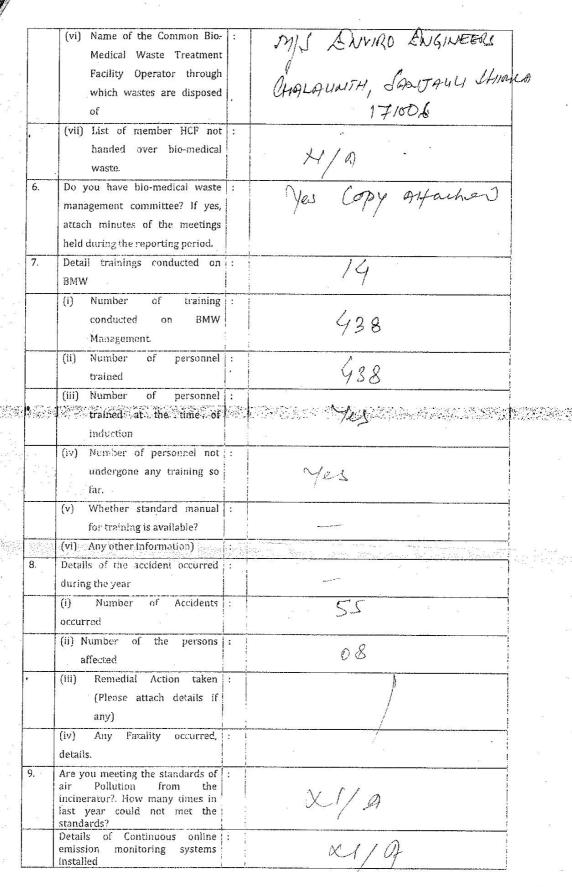
Medical Superintendent · Indira Gandhi Hospital, Shimla H.P.

From –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 to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common biomedical waste treatment facility (CBWTF)]

| [To | to December of the preceding year, by the occupied to December of the preceding year, by the occupied to December at treatment facility (CBWTF)] |
|-----------------|--|
| January | to December of the precenting to December of the precenting (CBWTF)] waste treatment facility (CBWTF)] |
| IIIcarea | - Javes |
| Sr. | Particulars Particulars of the Occupier (i) Name of the authorized: person (occupier or 1/4 m/s pifal Chimle operator of facility) When Name of HCF or CBMWTF: 1/4 m/s Chimle |
| No. | or occupier : A tradital Supoll |
| 1. | Particulars of the Occupier Medical Suportinals |
| | (i) Name of the authorized: 10 mc and Hospital con act |
| | person (occupier or /GMC Crus 17/00/ |
| Ì | operator of facility) 16 and Chiang. |
| 1 | (II) Name of HCF or CBMWTF : 19mc Can wor |
| | for Correspondence |
| | |
| . \ | (iv) Address of racing 11 11 12 12 13 13 14 15 16 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| | (iv) Address of Facility (v) Tel. No. Fax. No. : WWW. Se mas ig musclessing 9 g. mall. Com. |
| j. | 1 (V) 10 Million |
| | - GWebsite |
| . \ | |
| | CRMWTF Covernment of Private of School |
| 1 | (State Government) (State Government) (State Government) |
| | (ix) Ownership other) On the other) |
| | CBMWTF Authorization : Authorization No Company Authorization No |
| | |
| | 111/07 til |
| | Waste (Management |
| 1 | Handing) Rules. Valid up to: |
| | GO Status of Consents under |
| | Water Act and Air Act. |
| | Pacifity |
| | 2. Type of Health Care Facing No. of Beds 830 |
| | (i) Bedden Hospital |
| | (ii) Non-Bedded Hospital |
| | (Clinic or Blood Bank or Clinical |
| 22 | Research History or Research History |
| 11 - 31 | or Veterinary Hospital or any |
| ¥8 | |
| 10 | mber and its date |
| | of expiry. |
| al" in | (iii) License Authors of expiry. 3. Details if CBMWTF (i) Number healthcare facilities : CHALAUNITH!, SAXIJAUU-SHIMLA-1716 covered by CBMWTF |
| e ² | 3. Details if CBMWTF (i) Number healthcare facilities : MS L-NWRO LNGAU - SHIMLA-1716 (ii) Number healthcare facilities : CHALAUNTHI, SANJAUU-SHIMLA-1716 |
| a w | (i) Number healthcare / CHALAUNTH, |
| | covered by CBMWTF |
| × p | (ii) No. of beds covered by : 850 |
| 64 18 | CBMWTF |
| 100 | Giii Installed treatment and Ko per day |
| a | disposal capacity of |
| 19 | CBMWTF |
| er ^a | Page 1 of 4 |

| | (iv) Quantity of biomedical | T: | |
|---------|---------------------------------------|----------|--|
| | waste treated or disposal by | | |
| | CBMWTF | | Kg/day |
| 4. | | | |
| 7 | Quantity of waste generated or | : | Yellow category: 54082-12149-1368-862=52713.2 |
| | disposed in Kg per annum (on | | Red Category: 857/0 50000 |
| | monthly average basis) | | White: \$5768.594149-1127.508=84641. |
| | į | | Blue Category: 21/170 276149 - 85.5542 = 2166 |
| 1 | | | General Solid waste 21470.078149 - 687.044 = 20183 |
| 5. | Details of the Storage, treatment tra | nen | portation, processing and Disposal Facility |
| | (i) Details of the on-site | p | |
| | storage facility | • | Size : MIA |
| | storage facility | İ | Capacity: |
| | | | Provision of on-site storage: (cold storage or any other |
| | | | provision) |
| | (ii) Disposal Facilities | : | Type of treatment No of Capacity Quantity |
| | 10 | | Equipment Units Kg/day treated |
| | | į | or |
| | | Ì | disposed In Kg per |
| | | ļ. - | Incinerators Annum |
| | | L | |
| | | | Plasma Pyrolysis |
| | | - | Autoclaves |
| | | L | |
| | | - | Microwave |
| i i | |) | Hydroclave N I /A |
| | | , | Shredder / / / |
| | | 1 | Needle tip cutter or |
| | | C | destroyer |
| Asserta | | | Sharps encapsulation or |
| | | | encapsulation or concrete pit |
| | | | Deep Burial pits: |
| | | C | Chemical |
| - | | | disinfection: |
| | | | Any other treatment |
| | (iii) Quantity of recyclable wastes : | - | Red Category (like plastic, glass etc.) |
| | sold to authorized recyclers | | |
| | after treatment in kg per | į | MIS LANVRO ENGLIFFERC |
| | annum, | 1 | MIS LAIVRO ENGINEERS |
| | (iv) No of vehicles used for : | | |
| 1 | noll and | | All Valites are Vroychand |
| | f pour au | 1 | |
| | transportation of | ĺ | By MIS ENMRO ENGAGERS |
| _ | biomedical waste. | İ | · / |
| (| v) Details of incineration ash : | Qu | uantity Generated (Kg per Where disposed |
| | and ETP sludge generated | anı | nnum) |
| | and disposal during the | Inc | cineration Ash |
| | treatment of wastes in Kg | | |
| | per annum) | ET | P Sludge |



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. VET EREX EREX EREX EN MENOR A<mark>ssentante quinte regen</mark>te en encentrar la regent de la completa de la la reconstrucción de

| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year. | | All Standard Met |
|-----|---|---|---|
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | • | 911 Spenchows agel |
| 12. | Any other relevant information | : | (Air Pollution Control Device attached with the incinerator.) |

Certified that the above report is for the period from January 2017 to December 2017

Name and Signature the Head of the Institution

Date: Place: