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Dated: 27/April/2023

Ref: SMS-WGPL/DPCC/ND/BMW/2023/ 004

To,  
Sr. Environmental Engineer  
Delhi Pollution Control Committee  
DPCC 4<sup>th</sup> floor ISBT  
Building, Kashmiri Gate  
Delhi-110006

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

**Subject: Annual report for common bio-medical waste treatment for the year 2022**

Respected Sir,

Please find enclosed annual report for the year 2022 of bio-medical waste collection, transported, treated & disposal with FORM-IV duly filled as desired by you for our CBMWTF.

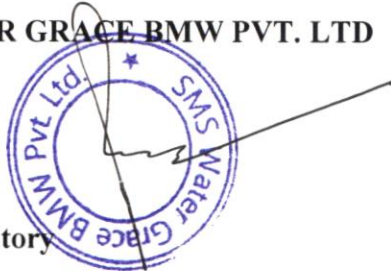
We assure you that we shall comply with all direction and regulation to operate the Bio-Medical Waste Management Rules, Guidelines and as advised by DPCC authorities from time to time.

We shall be grateful to submit future information.

Thanking You

Yours Truly

For: SMS WATER GRACE BMW PVT. LTD



Authorized Signatory

Encloses: Annexure-I  
Annexure-II  
Annual waste collection sheet

**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) of Common Bio-medical Waste Treatment Facility (CBWTF)]

| Sl. No. | Particulars  |   |  |
|---------|--|---|--|
| 1.      | Particulars of the Occupier  | : | <b>SMS WATER GRACE BMW PVT LTD</b>                                   |
| (i)     | Name of the authorized person (occupier or operator of facility)   | : | <b>PRABAL PRATAP SINGH JADON</b>                                     |
| (ii)    | Name of HCF or CBMWTF  | : | <b>SMS WATER GRACE BMW PVT LTD</b>                                   |
| (iii)   | Address fir Correspondence   | : | DELHI JAL BOARD, SEWAGE TREATMENT PLANT, NILOTHI, DELHI-41           |
| (iv)    | Address of Facility  | : | DELHI JAL BOARD, SEWAGE TREATMENT PLANT, NILOTHI, DELHI-41           |
| (v)     | Tel. No. Fax No.   | : | 8744076042   |
| (vi)    | E-mail ID  | : | <a href="mailto:prabal.singh@smsl.co.in">prabal.singh@smsl.co.in</a> |
| (vii)   | URL of Website   | : | <a href="http://www.smsdelhibmw.co.in">www.smsdelhibmw.co.in</a>     |
| (viii)  | GPS Co-ordinates of CBMWTF   | : | 28.65 N & 77.04 E  |
| (ix)    | Ownership of CBMWTF  | : | Private  |
| (x)     | Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules  | : | Valid up to 27/Oct/2024  |
| (xi)    | Status of Consents under Water Act and Air Act   | : | Valid up to 02/May/2024  |
| 2.      | Type of Health Care Facility   | : | CBWTFs   |
| (i)     | Bedded Hospital  | : | CBWTFs   |
| (ii)    | Non-bedded Hospital<br>(Clinic or Blood Bank of Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | CBWTFs   |
| (iii)   | License number and its date of expiry  | : |  |

|       |  |   |  |              |                 |  |
|-------|--|---|--|--------------|-----------------|--|
| 3.    | Details of CBMWTE  | : | <b>SMS WATER GRACE BMW PVT. LTD.</b>   |              |                 |  |
| (i)   | Number healthcare facilities covered by CBMWTE   | : | 6071   |              |                 |  |
| (ii)  | No. of beds covered by CBMWTE  | : | 34878  |              |                 |  |
| (iii) | Installed treatment and disposal capacity of CBMWTE  | : | 28.8 Ton per day   |              |                 |  |
| (iv)  | Quantity of biomedical waste treated or disposed by CBMWTE                                   |   | 15694 Kg per day   |              |                 |  |
| 4.    | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)           | : | Yellow Category: 6420 Kg/Day<br>Red Category: 7129 Kg/Day<br>White Category: 516 Kg/Day<br>Blue Category: 1629 Kg/Day<br>General Solid Waste: N.A. |              |                 |  |
| 5     | Details of the Storage, treatment, transportation, processing and Disposal Facility          |   |  |              |                 |  |
| (i)   | Details of the on-site storage facility  |   | Size: 900sq.ft.<br>Capacity:25 Ton<br>Provision of on-site storage: other provision  |              |                 |  |
|       | Disposal facilities  |   | Type of treatment equipment  | No. of units | Capacity Kg/day | Quantity treated or disposed in Tons per annum |
|       |  |   | Incinerators   | 2            | 500kg/Hour      | 2311 Tons                                      |
|       |  |   | Autoclaves   | 2            | 700kg/Hour      | 2752 Tons                                      |
|       |  |   | Shredder   | 3            | 550Kg/Hour      | 2752 Tons                                      |
|       |  |   | Chemical disinfection:   | 1            | 400Kg/Hour      | 586 Tons                                       |
| (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Tons per annum | : | 2752 TONS  |              |                 |  |
| (iv)  | No. of vehicles used for collection and transportation of biomedical waste                   |   | 33 (Close Body Vehicles as per BMW rules 2016)   |              |                 |  |



|       |   |   |                       |
|-------|---|---|-----------------------|
| (v)   | Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Tons per annum            | Quantity generated  | Where disposed        |
|       |   | Incineration 248.6 Tons                                   | Sanitary Landfill Ash |
|       |   | ETP Sludge 9.74 Tons                                      | Incineration          |
| (vi)  | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                         | SMS WATER GRACE BMW PVT. LTD DELHI-41                     |                       |
| (vii) | List of member HCF not handed over bio-medical waste  | Annexure-I  |                       |
| 6.    | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period   | N.A.  |                       |
| 7.    | Details trainings conducted on BMW  |   |                       |
| (i)   | Number of trainings conducted on BMW Management   | 12  |                       |
| (ii)  | Number of personnel trained   | 500 Approx  |                       |
| (iii) | Number of personnel trained at the time of induction  |   |                       |
| (iv)  | Number of personnel not undergone any training so far   | Nil   |                       |
| (v)   | Whether standard manual for training is available ?   | PPT based and virtual training(on Zoom)                   |                       |
| (vi)  | Any other information   |   |                       |
| 8.    | Details of the accident occurred during the year  | Nil   |                       |
| (i)   | Number of Accidents occurred  | Nil   |                       |
| (ii)  | Number of the persons affected  | Nil   |                       |
| (iii) | Remedial Action taken (Please attach details if any)  | Nil   |                       |
| (iv)  | Any Fatality occurred, details  | Nil   |                       |
| 9.    | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | Yes (Quarterly monitored through third party) Annexure-II |                       |
|       | Details of Continuous online emission monitoring systems  | Installed (Vasthi Engg. Pvt. Ltd.)                        |                       |

|     |   |   |   |
|-----|---|---|---|
|     | installed   |   |   |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   |   | Nil   |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |   | Nil   |
| 12. | Any other relevant information  | : | (Air Pollution Control Devices attached with the Incinerator) |

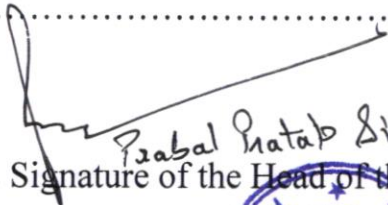
Certified that the above report is for the period from

**JANUARY-2022 to DECEMBER-2022**

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 Name & Signature of the Head of the Institution

Date: 27/04/23  
Place: Delhi-110041



**FORM – I**  
**[ (See rule 4(o), 5(i) and 15 (2)) ]**

**ACCIDENT REPORTING**

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

Date: 27/04/23.....

Place: New Delhi-41

Signature .....

Designation ... A.G.M......