



क्षेत्रीय आयुर्विज्ञान संस्थान, इम्फाल मणिपुर
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL, MANIPUR
(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अंतर्गत एक स्वायत्त संस्थान)
(An Autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India)

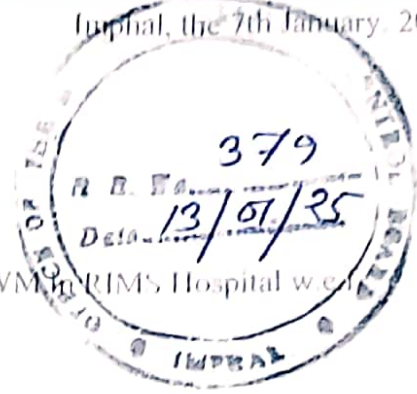
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website www.rims.edu.in

No. 13/GEN/RIMSH-25

Imphal, the 7th January, 2025

To

The Member Secretary,
Manipur Pollution Control Board,
Lamphelpat, Imphal.



Subject: Submission of Annual Report for Biomedical Waste Management in RIMS Hospital with effect from 1st Jan. 2024 to 31st Dec., 2024.

Sir,

I am submitting herewith the Annual report of Biomedical Waste Management in RIMS Hospital with effect from 1st Jan. 2024 to 31st Dec., 2024 submitted by Centre for Research on Environmental Development (CRED) for your kind information.

Yours Sincerely,

(Prof. N. Sanjib Singh)
Medical Superintendent,
RIMS Hospital, Imphal

Enclosed: As stated.

Memo No. 13/GEN/RIMSH-25:

Imphal, the 7th January, 2025

Copy to –

1. The P.S. to Director for kind information of the Director, RIMS, Imphal.
2. Concerned file.

(Prof. N. Sanjib Singh)
Medical Superintendent,
RIMS Hospital, Imphal

13/01/25



ལྷན་འབྲེན་གྱི་འཕེལ་རྒྱུ་ལ་འགོ་བརྩམས་པའི་འཕེལ་རྒྱུ་ལྷན་ཁྲིམས་ལྷན་ཁྲིམས་ལྷན་

CRED

CENTRE FOR RESEARCH ON ENVIRONMENTAL DEVELOPMENT
NAOREMTHONG LAISHRAM LEIRAK, IMPHAL WEST, MANIPUR - 795001
Regd. No. 112/M/SR/2004

Ref. No. CRED/546/RIMS/2025

Date: 04/01/2025

To,

The Medical Superintendent
RIMS Hospital, Imphal

MEDICAL SUPERINTENDENT OFFICE RIMS HOSPITAL, IMPHAL, MANIPUR	
Receipt No.:	20222
Date:	04/01/2025
Time:	

SUBMISSION OF ANNUAL REPORT FOR BMW IN RIMS HOSPITAL W.E.F
1st JANUARY 2024 TO 31st DECEMBER 2024

Sir,

With due respect I, on behalf of Centre for Research on Environmental Development (CRED) hereby submitting the form IV (Annexure – 4) Annual Report of Biomedical waste generation in RIMS Hospital with effect from 1st January 2024 to 31st December 2024, enclosed herewith.

Thanking you.

Yours faithfully

(T. Leikhendra Singh)
Secretary, CRED

Secretary
Centre for Research on
Environmental Development
(CRED)

Kaili



FORM IV: ANNUAL REPORT

2024

S. No.	Particulars	
1.	Particulars of Occupier	
	I. Name of Authorized Person (Occupier or Operator)	PROF. N. SANJIB SINGH
	II. Name of HCF or CBWTF:	RIMS
	III. Address for Correspondence:	RIMS Hospital, Lamphelpat, J/w, Manipal
	IV. Address of Facility	
	V. Tel. No, Fax. No:	
	VI. E-mail ID:	rims@rims.edu.in
	VII. URL of Website	
	VIII. GPS coordinates of HCF or CBWTF	
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other) CENTRAL GOVT.
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorisation Number 258/2021 Valid Up to: 14 th JUNE 2029
	XI. Status of Consents under Water Act and Air Act	Valid Up to: 10 th Day of DEC 2026
2.	Type of Health Care Facility	
	I. Bedded Hospital:	No. of Beds: 1060
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	x
	III. License number and its date of Expiry	x
3.	Details of CBWTF	
	I. Number healthcare facilities covered by CBWTF	Only for RIMS
	II. No of beds covered by CBWTF:	1060
	III. Installed treatment and disposal capacity of CBWTF:	300.....500...Kg/day
	IV. Quantity of biomedical waste treated or disposed by CBWTF:	396.....37.....Kg/day (average)
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	
		Category Quantity(kg/annum)
		Yellow 76651.52 Kg/annum
		Red 48838.14 Kg/annum
		Blue 17881.45 Kg/annum
		White 1305.66 Kg/annum

		General Solid Waste																																																			
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																				
	I. Details of On Site Storage		Size: 45 ft (L) x 39 ft (B) Capacity: 4 to 5 days storage capacity Provision for Onsite Storage (Cold Storage or any other provisions): No cold storage																																																		
	II. Details of Onsite Disposal Facility		<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 kg/annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>1</td> <td>210.00</td> <td>46651.52</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>3</td> <td>133.80</td> <td>48838.14</td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>1</td> <td>133.80</td> <td>48838.14</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>40</td> <td>3.57</td> <td>1305.66</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>2</td> <td>3.57</td> <td>1305.66</td> </tr> <tr> <td>Deep Burial Pits</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Chemical Disinfection</td> <td colspan="3">Discharged in drain after disinfection with 1% hypochlorite solution</td> </tr> <tr> <td>Any other equipment used for treatment</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Type of Treatment Equipment	No. of Units	Capacity kg/day	Quantity Treated or Disposed kg/annum	Incinerators	1	210.00	46651.52	Plasma Pyrolysis				Autoclaves				Microwave	3	133.80	48838.14	Hydroclave				Shredder	1	133.80	48838.14	Needle tip cutter or destroyer	40	3.57	1305.66	Sharps encapsulation or concrete pit	2	3.57	1305.66	Deep Burial Pits	1			Chemical Disinfection	Discharged in drain after disinfection with 1% hypochlorite solution			Any other equipment used for treatment			
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III. Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum		Red Category (like plastic, glass etc.) 13871 kg / annum																																																			
IV. No of vehicles used for collection and transportation of biomedical waste		1 (one) mini -lata vehicle for collection and transportation of biomedical waste																																																			
V. Details of Incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated		Where disposed																																																	
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		Ash		3424.94/annum																																																	
		ETP Sludge		Municipal Dumping site at Ranchi																																																	

	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	RIMS Bio-Medical Waste Treatment Facility
	VII. List of member HCF not handed over bio-medical waste	Does not arise
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes
7.	Details of Training conducted on BMW	
	I. Number of trainings conducted on	2 (Two) training in a year
	II. BMW Management	(June & Dec)
	III. number of personnel trained	150 Nos.
	IV. number of personnel trained at the time of induction	
	V. number of personnel not undergone any training so far	Nil
	VI. Whether standard manual for training is available?	Biomedical Waste Management Rule 2016
	VII. Any other Information	Nil
8.	Details of Accident Occurred	
	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 meet the standards?	Yes
	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?	On process
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes
12.	Any other relevant information	(Air Pollution Control Devices attached with the

	Inclinerator)
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Certified that above report is for the period from

1st January 2024 till December 31st 2024

Name and Signature of Head of Institution

Date:

Place

