

Environmental Information System (ENVIS) Resource Partner Centre



Biomedical Waste Management (BMW) Questionnaire

North Eastern Hill University

Department of Biomedical Engineering

School of Technology

Mawkyntoh, Umshing, Shillong-793022

Established by

The Ministry of Environment and Forests (MoEF),

Government of India



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Biomedical Waste Management (BMW) Questionnaire

Name of the Surveyor:.....

Contact No:.....Email:

Name of the Institution/Organization:

Officer Incharge.....

Address:

.....

District Name:

Name of the village :.....

Name of the Panchayat :.....

Name of the Block/Taluka :.....

Urban Area

Name of the settlement :.....

Ward Number :..... Zone:

Name of the Block/Taluka :.....

1. Has own treatment and disposal mechanism? Yes/No.

If Yes, please specify:.....

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2. Includes hazardous waste in the form of solid and liquid? Yes/No. If Yes, please specify:

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3. Is there any leakage of waste during the collection and transportation from source level to the target (if using offsite disposal). Yes/No.

4. Existence of Trained personnel's to handle the waste disposal? Yes/No.

5. Aware about any training course for Biomedical Waste management? Yes/No.

6. Up to the mark transport and disposal facilities of solid and liquid waste? Yes/No.

7. Whether installed liquid waste treatment facility? Yes/No.

8. Is there a proper record about the quantity of liquid waste generated and their discharging measures? Yes/No.

9. Is liquid waste directly discharged in sewer system? Yes/No.

10. Are there any attempts to minimize the quantity of waste generation in your institution / organization? Yes/No. If Yes, please specify:

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11. Any mechanism to decrease the toxicity of the waste generated? Yes/No. If Yes, please specify:

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12. Any provision by the management to have any innovations, equipments in the future to treat the waste generation at the source level? Yes/No. If Yes, please specify

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13. Facility of accumulation and segregation particularly of solid waste through colored and labeled containers. Yes/No. If Yes, please specify

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.....

14. Awareness and following of the Rules and Regulations regarding bio-medical waste? Yes/No. If No, please specify reason :

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.....

15. Generate both degradable and non-degradable bio-medical waste. Yes/No. If Yes, please specify

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.....

16. How bio-medical waste are collected and stored in your institution? Yes/No. If Yes, please specify

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.....

17. Do you provide treatment procedure to workers related to collecting and handling of waste? Yes/No. If Yes, please specify

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18. Provide personal protective equipments such as gloves, apron, mask etc. to their workers. Yes/No. If Yes, please specify equipments provided :

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19. Use of offsite bio-medical waste treatment and disposal plant? Yes/No. If Yes, please specify

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20. Carry out monthly medical checkup which includes blood count, HIV test, and skin related tests. Yes/No. If Yes, please specify the type of test :

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21. Any prescribed environmental assessment mechanism as well as auditing? Yes/No. If Yes, please specify:

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22. Number of vehicles used for collection of Bio-medical Waste:.....

23. Number of Accidents:

(i) Reported:.....

(ii) Remedial measures taken:.....

24. Whether submit any annual report in accordance to form IV? If Yes, specify the number of annual report submitted.....

25. Whether pre-treatment of lab microbiology & Bio-technology waste being practice by them?

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26. Workshops / Trainings For BMW Management conducted:

Sl.No.	Workshop/Training Title	Conducted By	Venue	Duration	Date

27. Fill the details below

Year	Quantity of Bio-medical Waste generation (in kg/day)					Any Other Waste generated? (eg. general waste) If Yes, waste generated (in kg/day) and in which colored bin/bag/container collected
	Yellow	Red	Blue	White	Total bio-medical waste generated (in kg/day)	

28. Bio-medical waste treatment & disposal

Sl. No.	Healthcare Facility	Installed captive treatment facility			Total bio-medical waste treated & disposed by captive treatment facilities in kg/day
		Type of treatment equipment	Present (Yes/No)	Capacity (kg/day)	
(i)	Bedded	Incinerator			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Sharps encapsulation or concrete pit			
		Deep burial pits			
		Any other treatment equipment			
(ii)	Non-bedded	Incinerator			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Sharps encapsulation or concrete pit			
		Deep burial pits			
		Any other treatment equipment			
Total (in kg/day)					