

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi
Department of Health & Family Welfare

Report for the Month: APRIL

Year: 2017

Hospital/Dispensary NHMC & HOSPITAL

Name of Ward/Generation point DO

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 19 Bags

Total quantity in Kg. 1.95 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 43 Bags

Total quantity in Kg. 19.6 Kg
(Category IV & VII)

Quantity of ^{Sharp} liquid waste (in litres approx.) Nil
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Cardboard box & blue marking
Incinerator Ash in Kg 01 Box - 1 Kg
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SEEMA RAI

Signature Seema

Date 01.05.17

Telephone No. 24334225, 24334228

NB: All government hospitals registered nursing homes and dispensaries are required to send this information in annexure before 7th of each month to:

DHS, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-32.

Alka
(N/sr - Varita Anand)
01/05/17