

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: August Year: 2017

Hospital/Dispensary NHMC + Hospital

Name of Ward/Generation point bo

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 14 Bags

Total quantity in Kg. 2.1 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 36 Bags

Total quantity in Kg. 30 Kg
(Category IV & VII)

Quantity of liquid waste (in litres approx.) 01 Can 4.5 litres
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Card board box 2 blue
Incinerator Ash in Kg masking 01 Box - 3.5 Kg
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. SEEMA RAI

Signature [Signature]

Date 01.09.2017

Telephone No. 24334225, 24334222

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.

[Signature]
(Ma. Vinita)