

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare

Report for the Month: DECEMBER Year: 2016

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. 1.8 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 45 Bags

Total quantity in Kg. 21.8 Kg
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) 1 Box - 0.75 Kg
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Cardboard box with blue marking - 1 Box - 2.25 Kg
Incinerator Ash in Kg _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SEEMA RAI

Signature (Seema)

Date 02.01.2017

Telephone No. 24334225, 24334228

NB: All government hospitals registered nursing homes and dispensaries are required to send this information in annexure ~~a~~ before 7th of each month to:
DHS, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-32.

N/A