

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: FEBRUARY Year: 2017

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 22 Bags

Total quantity in Kg. 5.3 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 48 Bags

Total quantity in Kg. 29.15 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.)

Card board box with blue marking 2 Boxes - 4.5 Kg
Incinerator Ash in Kg _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SEEMA RAI

Signature Seema

Date 01.03.2017

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.

Seema
(w/sa. Vanita Arora)
B.M.W.