

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: JULY Year: 2017

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste \_\_\_\_\_

Numbers of Yellow Bags sent for Incineration 14 Bags

Total quantity in Kg. 2.15 Kg  
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 36 Bags

Total quantity in Kg. 22.95 Kg  
(Category IV & VII)

Quantity of liquid waste (in litres approx.) 02 Cans - 800ml  
(Category VIII & X, waste generated from Lab and working, cleaning,  
Housekeeping and disinfecting activities.)

Card board box with blue marking  
Incinerator Ash in Kg → 02 Boxes 2 Kg - Sharp - 2 Boxes 3.5 Kg  
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SEEMA RAI

Signature Seema

Date 01.08.17

Telephone No. 24 334225, 24 334 228

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

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

Seema  
(Ms. - Varite Khanda)  
01/08/17