

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: OCTOBER Year: 2017

Hospital/Dispensary NHMC and Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 27 Bags

Total quantity in Kg. 1.9 Kg.
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 44 Bags

Total quantity in Kg. 13 Kg 750 gm.
(Category IV & VII)

Quantity of liquid waste (in litres approx.) 1 Can - 4 litres
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Card board box - Blue marking - 3 Boxes - 4 Kg 775 gm.
Incinerator Ash in Kg _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. RAKESH THAKKAR

Signature (Signature)

Date 01.11.17

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.

(Signature)
(initials)
01/11/17