

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare

Report for the Month: April

Year: 2016

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste -

Numbers of Yellow Bags sent for Incineration Nil

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

Number of red bags sent for autoclaving 27 Bags

Total quantity in Kg. 10.65 Kg
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) 1 Box - 2.5 Kg
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg -
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SANJEEV RAI

Signature [Signature]

Date 02/05/16

Telephone No. 24 334 225, 24 334 228

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.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: MAY Year: 2016

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration Nil

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

Number of red bags sent for autoclaving 27 Bags

Total quantity in Kg. 8.5 Kg
(Category IV & VII)

Quantity of ^{sharp} ~~liquid~~ waste (in litres approx.) 1 Box - 2.5 Kg.
(Category VIII & X, waste generated from Lab and working, cleaning, Housekeeping and disinfecting activities.)

Incinerator Ash in Kg. —
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SANJEEV RAI

Signature 

Date 01.06.16

Telephone No. 24334225, 24334228

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

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: JUNE

Year: 2016

Hospital/Dispensary NHMC 8 HOSPITAL

Name of Ward/Generation point DO

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 3 Bags

Total quantity in Kg. 450 gm
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 25 Bags

Total quantity in Kg. 6.3 kg.
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) Two Boxes - 3.5 kg.
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg. _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. Rashmi Chaudhary

Signature 

Date 1-07-16

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.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare

Report for the Month:

July Year: 2016

Hospital/Dispensary N.H.M.C & HOSPITAL

Name of Ward/Generation point DO

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 1 Bag

Total quantity in Kg. 200 gm
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 28 Bags

Total quantity in Kg. 12-8 K-g
(Category IV & VII)

Quantity of liquid waste (in litres approx.) sharp 1 Box - 2.5 K.g.
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg. _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. SANJEEV RAI

Signature [Signature]

Date 1.08.16

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.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare

Report for the Month: August Year: 2016

Hospital/Dispensary NHMC & HOSPITAL

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 9 Bags

Total quantity in Kg. 1.3 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 30 Bags

Total quantity in Kg. 18.75 Kg
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) 2 Boxes - 4.75 Kg
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg. -
(Category IX applicable to incinerator contractor/personnel only)

Sender's name DR. SEEMA RAI

Signature Seema Rai

Date 01.09.2016

Telephone No. 24334225, 24334228

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.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: SEPTEMBER Year: 2016

Hospital/Dispensary NHMC & HOSPITAL

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 18 Bags

Total quantity in Kg. 1.85 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 40 Bags

Total quantity in Kg. 25.3 Kg
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) 2 Boxes - 6.3 Kg
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg. -
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. Seema Rai

Signature *Seema Rai*

Date 03.10.16

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/s Seema Rai
(B.M.W.)

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: OCTOBER Year: 2016

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 13 Bags

Total quantity in Kg. 1.6 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 35 Bags

Total quantity in Kg. 20.9 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.)

Incinerator Ash in Kg. _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. Seema Rai

Signature _____

Date 02.11.16

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.

Handwritten signature and date:
24/11/16

Handwritten signature

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: NOVEMBER Year: 2016

Hospital/Dispensary NHMC & Hospital

Name of Ward/Generation point Do

Dates of Generation of Waste _____

Numbers of Yellow Bags sent for Incineration 59 Bags

Total quantity in Kg. 282.4 Kg
(Category I, II, III, V & VI)

Number of red bags sent for autoclaving 38 Bags

Total quantity in Kg. 17.05 Kg
(Category IV & VII)

Quantity of card board box with blue marking 1 Box - 6.25 Kg
(Category VIII & X, waste generated from Lab and working, cleaning,
Housekeeping and disinfecting activities.)

Incinerator Ash in Kg _____
(Category IX applicable to incinerator contractor/personnel only)

Sender's name Dr. Rakesh Thakkar

Signature [Signature]

Date 02.12.16

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/Sr. [Signature]
01/12/16