

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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

Report for the Month: January 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 Nil

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

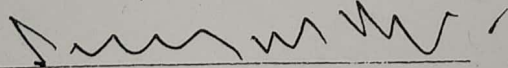
Number of red bags sent for autoclaving 31 Bags

Total quantity in Kg. 12.5 Kg.
(Category IV & VII)

Quantity of ^{Sharp} liquid waste (in litres approx.) 02 Boxes - 01 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 01.02.2016

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: FEBRUARY 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)

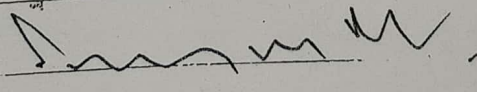
Number of red bags sent for autoclaving 31 Bags

Total quantity in Kg. 13 Kg 650 gms
(Category IV & VII)

Quantity of ^{sharp} ~~liquid~~ waste (in litres approx.) 01 Box - 02 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 01.03.2016

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: **MARCH**

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)

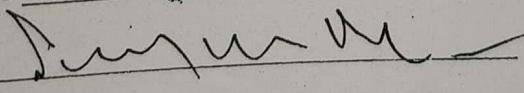
Number of red bags sent for autoclaving **30 Bags**

Total quantity in Kg. **13.25 Kg**
(Category IV & VII)

Quantity of ^{sharp} liquid waste (in litres approx.) **1 Box - 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. SANJEEV RAI**

Signature 

Date **01.04.2016**

Telephone No. **24334225 , 24334228**

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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: 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 ^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: 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 ~~liquid~~ sharp 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 01.06.16

Telephone No. 24334225, 24334228

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

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi
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Report for the Month: JUNE

Year: 2016

Hospital/Dispensary NHMC & 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)

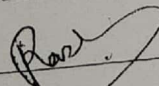
Number of red bags sent for autoclaving 25 Bags

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

Quantity of ^{sharp} liquid waste (in litres approx.) Two Boxes - 3.5 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. 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 before 7th of each month to:
DHS, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-32.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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Report for the Month:

July Year: 2016

Hospital/Dispensary N.H.M.C 8 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

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

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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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
3/9/16

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 ~~a~~ before 7th of each month to:
DHS, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-32.

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

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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. Seemra Ravi

Signature [Signature]

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.

[Signature]
(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 [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 before 7th of each month to:
DHS, F-17, Swasthya Sewa Nideshalaya Bhawan, Karkardooma, Delhi-32.

N/m [Signature]
02/11/16

[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)

card board box with blue marking — 1 Box - 6.25 Kg
Quantity of liquid waste (in litres approx.)
(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

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 [Signature]

Date 02.01.2017

Telephone No. 24334225, 24334228

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

N/A