

RTRMH

FORM-C: Monthly Report to be maintained by Health Care Establishment (HCEs)

(Having Autoclave/Shredder & Facility for disposal of sharp)

Month: **September**

Year: **2025**

1. Name of the Hospital : Rao Tula Ram Memorial Hospital
2. a) Total Nos. of beds : 100 Beds
- b) Average occupancy for the month : **September 66.43 %**

3. Nos. of generation point

- a) Total Nos. of ICUs : Nil
- b) Total Nos. of OTs : 03
- c) Total Nos. of Cath Labs : Nil

4. Number of Yellow bags sent for incineration (along with their weight) to CBWTF:

1527.16 KG (Number of Bags 1133)

5. (i) Number of Red bags autoclaved by self (along with their weight)

860.5 KG (Number of Bags 921)

(ii) Quantity of sharp generated & treated by self/ CBWTFs (in Kgs):

209 sharp containers treated by CBWTF/weight: 227.13 KG

6. Name of CBWTF Operator with whom agreement made: SMS Water Grace Pvt. Ltd.

7. Validity of agreement with CBWTF:

Agreement of CBWTF with DHS

Signature with Date:--

Name & Designation **Dr. Satish Chandra Yadav, Nodal Officer, BMW, RTRMH**

Phone No. 20895186/171

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CHANDERPRABHA
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Dr. Satish Chandra Yadav
DR. SATISH CHANDRA YADAV
Chief Medical Officer
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RTRM Hospital, Jaffarpur,
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SEPTEMBER 2025

MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare


Polyclinic Najafgarh

Report for the month September 2025 BMW Report

Name of Dispensary	Polyclinic Chhawanimal
Name of generation Point	Procedure Room
Injection Room /Dressing Room /Lab/DOTS Center /Any other	
Dates of Lifting of waste by service provider	02/9, 04/9, 06/9, 09/9, 11/9, 13/9, 15/9, 18/9, 20/9, 22/9, 25/9, 27/9, 30/9
Number of yellow bags sent for Incineration	13
Total quantity in KG (Category 1,2,3,4,5&6)	1.480kg
Number of red bags sent for Autoclaving	14
Total quantity in KG (Category 1,2,3,4,5&6)	1.770kg
Quantity of liquid waste (in liter approx) Category 8 &10 waste generated from lab & working cleaning, housekeeping & disinfecting activities)	2 litre.
(Incinerator ASH in KG Category 9, applicable to Incinerator Contractor /personnel only)	
Sender's Name	Dr. Mahesh Kumar Chandra
Signature	
Date	
Telephone Number	7875064051

B:- All government hospital registration nursing homes and dispensaries are required to send this information in annexure a before 7th of each month to:-

HS F- 17 swasth sewa nirdehsaly bhawan karkarduma delhi 32.

 03/10/25
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