

RTRMH

FORM-C: Monthly Report to be maintained by Health Care Establishment (HCEs)
(Having Autoclave/Shredder & Facility for disposal of sharp)

Month: **August**

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 : **August 65 %**

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:

1343.32 KG (Number of Bags 1143)

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

993.7 KG (Number of Bags 907)

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

178 sharp containers treated by CBWTF/weight: 254.65 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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Chandras
4/9/25

Dr. Satish Chandra Yadav
R.T.R.M. Hospital
Govt. of NCT of Delhi
Jaffarpur New Delhi-73



August - 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 : August 2025 BMW Report

1	Name of Dispensary	Polyclinic Chhokar, Najafgarh
2	Name of generation Point Injection Room /Dressing Room /Lab/DOTS Center /Any other	Procedure Room
3	Dates of Lifting of waste by service provider	11/8, 14/8, 18/8, 21/8, 23/8, 26/8, 28/8, 30/8, 16/8, 17/8
4	Number of yellow bags sent for Incineration	13
5	Total quantity in KG (Category 1,2,3,4,5&6)	1.39 kg
6	Number of red bags sent for Autoclaving	13 K
7	Total quantity in KG (Category 1,2,3,4,5&6)	1.85 kg.
8	Quantity of liquid waste (in liter approx) Category 8 & 10 waste generated from lab & working cleaning, housekeeping & disinfecting activities)	2.4 litre
9	(Incinerator ASH in KG Category 9, applicable to incinerator Contractor /personnel only)	1.8 kg.
10	Sender's Name	Dr. Mahesh Kumar CHO
11	Signature	
12	Date	
13	Telephone Number	7835064051

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

DHS F- 17 swasth sewa nirdehalay bhawan karkarduma delhi 32.

Dr. MAHESH KUMAR
CHO - Medical Officer
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