

RTRMH

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

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

Month: **December** Year: **2022** : Date: **05.01.2023**

1. Name of the Hospital : **Rao Tula Ram Memorial Hospital**

2. a) Total Nos. of beds : **100 Beds**

 b) Average occupancy for the month : **December-22 53.32 %**

3. Nos. of generation point

 a) Total Nos. of ICUs : **Nil**

 b) Total Nos. of OTs : **02**

 c) Total Nos. of Cath Labs : **Nil**

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

2528.93 Kg(Number of Bags 1303)

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

781.06 Kg (Number of Bags- 820)

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

160 treated by CBWTF/weight : 160.36 KG


Nil on site (by Sharp Blaster Nil)

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. Rakesh Kumar Prasad, Nodal Officer, BMW, RTRMH Phone No. 25318444/555 Email-msrtrmh@gmail.com**

