

RTRMH

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

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

Month: **July** Year: **2022** Date: **05.08.2022**

1. Name of the Hospital : **Rao Tula Ram Memorial Hospital**
2. a) Total Nos. of beds : **100 Beds**
b) Average occupancy for the month : **July-22 52.14 %**
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:
1407.55. Kg(Number of Bags 1269)
5. (i) Number of Red bags autoclaved by self (along with their weight)
813.42 Kg (Number of Bags- 851)
(ii) Quantity of sharp generated & treated by self/ CBWTFs (in Kgs):
134 treated by CBWTF/weight :137.42 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**

