

RTRMH

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

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

Month: **July**

Year: **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 : **July -23 59.9%**
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:
1447.48 KG (Number of Bags 1243)
5. (i) Number of Red bags autoclaved by self (along with their weight)
880.19 Kg (Number of Bags- 1001)
(ii) Quantity of sharp generated & treated by self/ CBWTFs (in Kgs):
232 sharp treated by CBWTF/weight : 224.9 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

