

RTRMH

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

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

Month: **December**      Year: **2021**      :      Date:      **05.01.2022**

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

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

      b) Average occupancy for the month : **Dec-21      48.48 %**

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:

**1179.08 (Number of Bags 1059)**

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

**804.45 Kg (Number of Bags- 683)**

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

**115.89 treated) treated by CBWTF**

**122.68 Kg on site (by Sharp Blaster 88)**

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**

*BMW Nodal Officer*  
*Dr. Rakesh*  
*5/1/22*

*5/1/22*