

RTRMH

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

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

Month: ~~January~~ **February**

Year: 2026

1. Name of the Hospital : Rao Tula Ram Memorial Hospital
2. a) Total Nos. of beds : 100 Beds
b) Average occupancy for the month : **FEBRUARY : 65.25%**
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:
1256.475 KG (Number of Bags 894)
5. (i) Number of Red bags autoclaved by self (along with their weight)
662.599 KG (Number of Bags 759)
(ii) Quantity of sharp generated & treated by self/ CBWTFs (in Kgs):
152 sharp containers treated by CBWTF/weight: 216.48 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:-- **Ruby** / 5/3/26
Name & Designation **Dr. Ruby Yadav, Nodal Officer, BMW, RTRMH**

Phone No. 20895186/171

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MONTHLY REPORTING FORMAT FOR BIOMEDICAL WASTE

Govt. of National Capital Territory of Delhi

Department of Health & Family Welfare

Polyclinic Najafgarh

February 2026

Report for the month : --- BMW Report

1	Name of Dispensary	POLYCLINIC CHAWLA STAND
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	2/2, 4/2, 6/2, 9/2, 11/2, 13/2, 16/2, 19/2, 20/2, 23/2, 25/2, 27/2
4	Number of yellow bags sent for Incineration	12
5	Total quantity in KG (Category 1,2,3,4,5&6)	1.455 kg
6	Number of red bags sent for Autoclaving	12
7	Total quantity in KG (Category 1,2,3,4,5&6)	1.860 kg
8	Quantity of liquid waste (in liter approx) Category 8 & 10 waste generated from lab & working cleaning, housekeeping & disinfecting activities)	2 litre
9	(Incinerator ASH in KG Category 9, applicable to Incinerator Contractor /personnel only)	—
10	Sender's Name	DR. MAHESH CMO NFSU
11	Signature	
12	Date	
13	Telephone Number	7042066544 / 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:-

DH5 F- 17 swasth sewa nirdeshaly bhawan karkarduma delhi 32.

July 5/3/26

[Signature]

02/3/26