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

(Having Autoclave/Shredder & facility for disposal of sharps)

N	Month Octobes Year 2017 . Dated: 2 11 17
	1. Name of the Hospital Dr. Briton Sahab Ambedkal hospital Sec-6 Rollini Delle
	2. a) Total no. of Beds عرى
1 7	b) Average occupancy for the month > 99",
The state of the state of the state of	3. No. of generation point wards-12 NCU, NICU, ICCU, BId Bauk, Cab, chest clinic, of a) Total no. of Wards & ICUs b) Total no. of O.T.s 03 + 05 Minos or
	c) Total no. of Cath. Labs
	4. Number of yellow bags sent for incineration (alongwith their weight) to CBWTFS Bags 1347, wt 4959 + sludge waste 13kg + Given & Mattress 767 kg (Total Bags - 1347 and wt - 5738 kg) 5. (i) Number of Red bags autoclaved by self (alongwith their weight):
	Bags 859 wt-5570
	(ii) Quantity of sharps generated & treated by self/CBWTFs (in Kgs): No -137 wt Yokq
	(iii) Blue category 697,5 kg
البر	6. Name of CBWTF Operator with whom agreement made Biotic waste Solution Put 13
hai	7. Validity of agreement with CBWTF: As pes DHS quideling.
X	Signature with date
	Name & Designation DR. RENU GOR
	Ph. No. 9968679770