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

- · · · · · · · · · · · · · · · · · · ·					14.
(Having Autocl	ave/Shredder	& facility for dispo	sal of sharps)		
Month Sept. Ye	ar 2017			Dated:	· 1 =
1. Name of the H			mbedienr Ho	sportal Sea 6	Rolini
2. a) Total no. of		500			
b) Average occ	upancy for the	e month 799 ·	1 •		
 No. of general a) Total no. of b) Total no. of 	ion point w Wards & ICUs O.T.s	D-12, ICU, NICU, lab of Medical	iceu Bld Baul Floolinge or OT	r, lab, chest d	liuic, opp,
c) Total no. of	Cath. Labs	MA			
CBWTFs Bage 107 Tollar 2 5. (i) Number of R	age 1071 ed bags autoc	or incineration (alo 19 + Sludge wo 7 wt - 4277 laved by self (alon	28/E 10.8kg-	+ Guens Mal	tr&647
V ·	<u>wt-55</u>				
(ii) Quantity of sh	arps generated	d & treated by self,	CBWTFs (in Kgs)	:	:-40.6 kg
(iii) Blue catego	14- 73 S	5 kg			
6. Name of CBWT	F Operator wit	th whom agreemen	t made Brotic u	saste soluto	nist Ud
7. Validity of agre	ement with CI	BWTF: <u>- Pas</u> <u>J</u>	DHS quideli	nel	
Signature with da Name & Designati Ph. No	on De .		*	•	
	77606				