

To,

The Medical Director
Dr. Baba Saheb Ambedkar Hospital
Sector- 6, Rohini, Delhi -110085

Subject: - Submission of monthly BMW Report (April 2025)

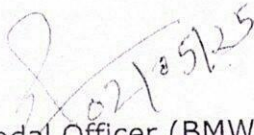
Sir,

This is to duly inform that the monthly BMW Report of (April 2025) needs to be submitted in the duly prescribed format of Director of Health Services as per the Bio-Medical Waste Management rules, 2016.

This is for your information further necessary action please.

Thanking you

Yours Sincerely


Nodal Officer (BMWM)

FORM- C: MONTHLY REPORT TO BE MAINTAINED BY HEALTH CARE ESTABLISHMENTS (HCFs)

MONTH: APRIL 2025

DATED:- _____

1	NAME OF THE HOSPITAL	DR BABA SAHEB AMBEDKAR HOSPITAL, SEC-06, ROHINI, DELHI-85	
2 (a)	TOTAL NO. OF BEDS	500+	
(b)	AVERAGE OCCUPANCY FOR THE MONTH	>100%	
3	NO. OF GENERATION POINT	60	
i.	WARDS	16	
ii.	ICU	04	
iii.	OT	MAJOR -10 MINOR -08	
iv.	LABS	06	
v.	BLOOD BANK	01	
vi.	RADIOLOGY	01	
vii.	DIALYSIS UNIT	01	
viii.	OPD's	13	
* 4 (a)	YELLOW BAGS SENT TO CBMWTFs	NUMBER	WEIGHT (kg)
		967	7339.870
(b)	RED BAGS SENT TO CBMWTFs	1049	7591.870
(c)	WHITE CATEGORY	220	130.270
(d)	BLUE CATEGORY	249	1413.230
5	NAME OF CBWTF OPERATOR WITH WHOM AGREEMENT MADE	BIOTIC WASTE SOLUTION PVT. LTD.	
6	VALIDITY OF AGREEMENT WITH CBWTF	AS PER DPCC WEBSITE	

*Including COVID -19 waste -NIL

8/02/2025
NODAL OFFICER
BIOMEDICAL WASTE MANAGEMENT
PHONE No.:-

Sw
NURSING OFFICER
BIOMEDICAL WASTE MANAGEMENT

HCF NAME : DR BABA SAHEB AMBEDKAR HOSPITAL

HCF Code - 02483

Address SECTOR -6, ROHINI

Period From 01-Apr-2025 To 30-Apr-2025

Sr No	Date	Biomedical Waste											
		Yellow Waste		Red Waste		White Waste		Blue Waste		Cytotoxic Waste		Total	
		Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg
1	01-Apr-2025	20	182.700	23	176.910	2	01.350	5	26.530		0.000	50	387.490
2	02-Apr-2025	40	293.480	42	297.970	20	13.960	15	72.330		0.000	117	677.740
3	03-Apr-2025	36	254.920	38	271.300	7	03.330	10	63.310		0.000	91	592.860
4	04-Apr-2025	33	268.440	35	292.370	14	05.210	7	31.870		0.000	89	597.890
5	05-Apr-2025	40	269.260	39	263.310	6	03.460	18	143.220		0.000	103	679.250
6	06-Apr-2025	35	247.930	35	267.380	2	01.050	6	27.780		0.000	78	544.140
7	07-Apr-2025	16	182.020	23	171.330	3	01.980	5	31.460		0.000	47	386.790
8	08-Apr-2025	34	288.030	32	305.580	6	03.920	10	40.140		0.000	82	637.670
9	09-Apr-2025	32	272.840	32	296.440	7	03.210	11	71.130		0.000	82	643.620
10	10-Apr-2025	35	281.820	35	271.270	6	03.870	3	14.890		0.000	79	571.850
11	11-Apr-2025	30	191.920	36	180.350	5	02.980	9	55.930		0.000	80	431.180
12	12-Apr-2025	40	262.290	48	280.910	10	04.840	8	46.970		0.000	106	595.010
13	13-Apr-2025	40	241.210	40	232.010	16	09.430	12	60.630		0.000	108	543.280
14	14-Apr-2025	35	160.740	36	185.480	3	01.530	2	9.820		0.000	76	357.570
15	15-Apr-2025	18	129.430	26	173.860	5	02.510	9	45.340		0.000	58	351.140
16	16-Apr-2025	55	455.750	34	298.260	4	02.620	10	49.390		0.000	103	806.020
17	17-Apr-2025	36	266.940	44	306.490	5	02.840	9	66.740		0.000	94	643.010
18	18-Apr-2025	32	248.290	42	301.270	11	06.430	11	55.330		0.000	96	611.320
19	19-Apr-2025	21	156.160	24	187.810	2	01.270	3	18.670		0.000	50	363.910
20	20-Apr-2025	29	247.640	35	268.330	4	03.620	11	79.130		0.000	79	598.720
21	21-Apr-2025	15	133.670	25	158.230	4	03.060	6	30.520		0.000	50	325.480
22	22-Apr-2025	18	214.440	34	301.310	16	10.220	8	38.940		0.000	76	564.910
23	23-Apr-2025	21	212.420	32	282.840	6	04.250	8	48.790		0.000	67	548.300
24	24-Apr-2025	26	253.250	27	281.050	6	03.150	7	32.320		0.000	66	569.770
25	25-Apr-2025	44	238.200	45	262.830	9	06.770	9	50.390		0.000	107	558.190
26	26-Apr-2025	33	206.670	43	288.340	10	05.060	7	38.300		0.000	93	538.370
27	27-Apr-2025	55	506.640	41	291.080	14	07.060	14	68.920		0.000	124	873.700
28	28-Apr-2025	22	177.460	19	153.180	3	02.410	3	16.390		0.000	47	349.440
29	29-Apr-2025	35	225.710	43	268.130	3	01.910	1	2.420		0.000	82	498.170
30	30-Apr-2025	41	269.600	41	276.250	11	06.970	12	75.630		0.000	105	628.450
Grand Total		967	7339.870	1049	7591.870	220	130.270	249	1413.230		000.000	2485	16475.240

DR. BABA SAHEB AMBEDKAR HOSPITAL
(G.N.C.T OF DELHI)
Sector-6, Rohini, Delhi-110085
FORM I

ACCIDENT REPORTING FORM

1	Date and time of accident.	NIL
2	Type of accident.	NIL
3	Sequence of events leading to accident.	NIL
4	Has the Authority been informed immediately informed immediately.	NIL
5	The Type of Waste involved in accident.	NIL
6	Assessment of the effects of the accidents on human health and environment.	NIL
7	Emergency measures taken.	NIL
8	Steps taken to alleviate the effects of accidents.	NIL
9	Step taken to prevent the recurrence of such an accident.	NIL
10	Does your facility has an Emergency Control Policy? If yes give details.	

Date: 02/05/25

Signature: [Signature]

Place: Delhi

Designation: Nodal officer