

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

MONTH:- JANUARY YEAR 2023

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)
		703	7827.745
(b)	RED BAGS SENT TO CBMWTFs	731	7233.650
(c)	WHITE CATEGORY	165	105.300
(d)	BLUE CATEGORY	240	1548.140
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

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03/02/23
NODAL OFFICER
BIOMEDICAL WASTE MANAGEMENT
PHONE No.:-

Handwritten signature
NURSING OFFICER
BIOMEDICAL WASTE MANAGEMENT