## FORM -A: Monthly Report to be maintained by Health Care Establishment (HCEs) (HCEs sending their entire Bio-Medical Waste to CBWTFs)

Month MARCH YEAR 2019			ž	Date:-3 4 19
1. Name of the Hospital				OFHUMAN
2. a) Total No. of Beds	*	BEHAVIOUR 297	& ALUED.	SCIENCES)
b) Average occupancy for the month	n 9	671.		
3. No. of generation point	•	35		
a) Total No. of ICUs	. 0	03		
b) Total No. of O.Ts	e *	02		
c) Total No. of Cath. Labs	•	NIL 1		
4. Number of yellow bags sent for incineration (ale 264 Yellow Bags of wt)  5. (i) Number of red bags sent for autoclaving (alo 614 Red Bags of wt)  (ii) Quantity of sharps generated & sent to CB  6. Name of CBWTF Operator with whom agreement with CBWTF:	wT)	vith their weight  160.330 gn  Fs (in Kgs):  made SMS WS	t) to CBWTF:  negal sharp> alass sharp>	180.140gm.