



# BLK-MAX

Super Speciality Hospital

May 1, 2025

BLK/MS/2025/MAY/14

To,  
The Regional Officer,  
Haryana State Pollution Control Board  
SCO-A-6,7,8 Near Vishal Hotel  
Sun City Sector-36  
Rohtak.

Dear Sir,

**Sub: Submission of monthly report of Bio-Medical Waste**

Please find enclosed the monthly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1<sup>st</sup> Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run By Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society )

For Dr. B L Kapur Memorial Hospital  
(a Unit of Lahore Hospital Society)

  
Dr. Atish Sinha  
Medical Superintendent

Dr. Atish Sinha  
Medical Superintendent  
Dr. B. L. Kapur Memorial Hospital  
Pusa Road, New Delhi-110 005

Encls: As Above

RECEIVED  
Asst./Clerk  
Haryana State Pollution Control Board  
ROHTAK  
07/05/25

May 1, 2025

BLK/MS/2025/MAY/13


The Regional Officer,  
Haryana State Pollution Control Board  
SCO-A-6,7,8 Near Vishal Hotel  
Sun City Sector-36  
Rohtak.

Dear Sir,

**Sub: Submission of monthly record of Accident reporting in Form I**

Please find enclosed herewith report of Accident reporting in Form I at Medical Clinic, Rohtak, 1<sup>st</sup> Floor, Landmark Building Medical Mor, Rohtak, Haryana (Run By Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society, New Delhi)

For Dr. B L Kapur Memorial Hospital  
(a Unit of Lahore Hospital Society)



Dr. Atish Sinha  
Medical Superintendent  
Dr. B. L. Kapur Memorial Hospital  
Pusa Road, New Delhi-110 005

Encls: As Above

  
RECEIVED  
Asst./Clerk  
Haryana State Pollution Control Board  
ROHTAK

**Form- A Monthly Report to be Maintained By Health Care Establishments ( HCES )  
(HCES Sending their entire BIO-MEDICAL Waste to CBWTFs )**

**Month - April -25**

**Date - 1/5/2025**

1. Name of the Clinic :- Medical Clinic, Rohtak, 1st Floor Landmark Building Medical Mor, Rohtak Haryana

2. a) Total No. Of Beds: Nil

b) Average Occupancy for the Month : N/A

3. No. of generation Point

a) Total No. of OPD :- Nil

4. Number of Yellow bags sent for incineration (along with their weight ) to CBWTF :

YELLOW WASTE (NON COVID)		YELLOW WASTE (COVID)		TOTAL YELLOW WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0.00	0	0

5. Number of Red bags sent for shredding and autoclaving (along with their weight ) to CBWTF :

RED WASTE (NON COVID)		RED WASTE (COVID)		TOTAL RED WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0	0	0

6. (i) Number of Blue Cardboard box sent for autoclaving ( along with their weight ) to CBWTF:

BLUE WASTE (NON COVID)		BLUE WASTE (COVID)		TOTAL BLUE WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0.00	0	0

(ii) Quantity of White Puncture Proof Container generated and sent to CBWTFs (IN KG)

WHITE WASTE (NON COVID)		WHITE WASTE (COVID)		TOTAL WHITE WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0.00	0	0

7. YELLOW CYTOTOXIC WASTE:-

CYTOTOXIC WASTE (NON COVID)		CYTO TOXIC WASTE (COVID)		TOTAL CYTOTOXIC WASTE (COVID & NON COVID)	
No. of Bags	Weight	No. of Bags	Weight	No. of Bags	Weight
0	0	0	0	0	0

8. Name of CBWTF operator with whom agreement made :-

BIOTIC Waste Solutions Private Limited.

9. Validity of agreement with CBWTF :- 10.06.2024 TO 09.06.2025

Signature with Date:

Name and Designation:-


Mr. Jitender Sharma

Head- Hospital operations




FORM I  
[[See rules 4(o), 5(i) and 15(2)]]  
ACCIDENT REPORTING


1	Date and time of accident	Date :- N/A      Time :- N/A
2	Type of Accident	Needle Stick injury
3	Sequence of events leading to accident	N/A
4	Has the Authority been informed immediately	N/A
5	The type of waste involved in accident	N/A
6	Assessment of the effects of the accidents on human and health and the environment	N/A
7	Emergency measures taken	N/A
8	Steps taken to alleviate the effects accidents	N/A
9	Steps taken to prevent the recurrence of such an accident	N/A
10	Does your facility have an Emergency Control policy ? If yes, give details	N/A

Signature :   
Name Durga Nand Prasad

Designation : Manager

Date : 5/5/2015

Place : New Delhi

Signature :   
Name : Dr. Atish Sinha      Dr. Atish Sinha  
Medical Superintendent  
Dr. B. L. Kapur Memorial Hospital  
Pusa Road, New Delhi-110 005  
Designation : Medical Superintendent