



BLK-MAX

Super Speciality Hospital

July 1, 2025

BLK/MS/2025/JUL/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, 1st 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
✓ *Santhi*
Asst./Clerk *06/07/25*
Haryana State Pollution Control Board
ROHTAK

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

Pusa Road, New Delhi-110 005

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July 1, 2025

BLK/MS/2025/JUL/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, 1st 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

Dr. Atish Sinha
Medical Superintendent

Encls: As Above.



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

Month - June -25

Date - 1/7/2025

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:

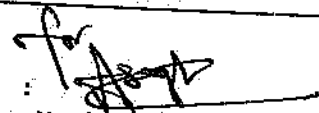
Name and Designation:-

Mr. Jitender Sharma

Head- Hospital operations

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

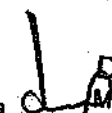
1	Date and time of accident	Date :- N/A Time :- N/A
2	Type of Accident	Needle Stick Injury
3	Sequence of events leading to accident	N/A
4	Has the Authority been informed immediately	N/A
5	The type of waste involved in accident	N/A
6	Assessment of the effects of the accidents on human and health and the 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 : Sr. Manager

Date : 01/01/2025

Place :

Signature : 
Name : Dr. Atish Sinha

Designation : Medical Superintendent

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