

April 1, 2025

BLK/MS/2025/APR/14

To, The Regional Officer, Harayana 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

Encls: As Above

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

Asst./Clerk 8
Haryana State Pollution Control Board
ROHTAK

www.blkmaxhospital.com

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

Month - March -25

Date - 1/4/2025

- 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 operaitons



April 1, 2025

BLK/MS/2025/APR/12

Senior Environment Engineer WMC-1, DPCC Dept. of Environment, 4th & 5th Floor, ISBT Building Kashmere Gate Delhi-110 006.

(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
DEPARTMENT OF NCT OF DELHI
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

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 BLK MAX OPD Clinic, Ground floor, (Dispensary Area) Community Facility Building, DLF Capital Greens, 15, Shivaji Marg, New Delhi – 110015. Part of Dr. B.L. Kapur Memorial Hospital.

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

Dr. Atish Sinha Medical Superintendent

.

Encls: As Above

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







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

	(4) (4)	
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	Assesssment 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 you facility has an Emergency Control policy ? If yes, give details	N/A

: Dr. Atish Sinha

Signature : Duge Madd & Name Durga Nand Prasad

d Signature Name

Designation: Manager

Designation: Medical Superintendent

Date:

Place: New Delvi