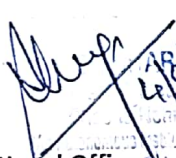


	39 A. If yes particulars	Goggle, mask, cap, gloves, apron.
	Quantum of waste generate	JULY 2026
40	Incinerable - Yellow	641.87 KG
	Autoclave/Microwavable - Red	1700.16 KG
	Sharps - Blue	281.16 KG
	- White	39.75 KG
	Cytotoxic -	1.52 KG
	Total	2668.39 KG

Filled format to be send: Bio Medical Waste Management Cell, DHS, F-17, Karkardooma, New Delhi 110032.


ARUN K. DRESHI
 (Microbiology)
 Chikitsalaya
 Under Govt. of NCT of Delhi
 Delhi-110031
 Signature of MS/ Nodal Officer
 (Bio Medical Waste Management)

18.	Is there any centralized storage site?	Yes
	18 A. Is there any provision of lock and key for BMW storage?	Yes
19.	Whether needle destroyers available?	Yes
20.	Is there any Spill Management Protocol	Yes
21.	Is there any provision for management of Mercury waste , heavy metals	Mercury free since 2010
22.	Whether Records are maintained properly?	Yes
23.	Whether there is daily supervision?	Yes
24.	Is there any provision of separate waste weighing machine?	Yes
25.	Whether there is any injury register?	Yes
26.	Is there any separate budget head for BMWM?	
27.	Whether SOPs/ guidelines available?	Yes
28.	Is there any provision of training/ retraining in BMWM?	Yes
29.	If yes, the number of personal trained (during the month)	Doctors-4 Nurses-35 Nsg orderly-6 H K-1 Total-47
30.	Is there any IEC/ community awareness?	Yes
31.	Whether waste audit carried out?	Yes
32.	Whether monthly reports submitted to DHS?	Yes
33.	Whether annual reports submitted to DPCC?	Yes
34.	Whether regular inspections carried out?	Yes
35.	Whether consent obtained under air and water act?	Yes
36.	Whether acoustic enclosures for generator sets present?	Yes
37.	Whether effluent treatment plant (ETP) installed in the hospital?	Yes
38.	If yes, attach copy of laboratory report authorized by DPCC	OLMS
39.	Whether PPE used by BMWM staff?	Yes

MONTHLY REPORT FOR THE MONTH JULY 2026
CHACHA NEHRU BAL CHIKITALAYA, GEETA COLONY, NEW DELHI 10031
MONTHLY INFORMATION REQUIRED FOR BMW MANAGEMENT

SL No	Particulars	
01.	Name of the hospital	CNBC
02.	No of authorized/ sanctioned beds	221
03.	Name of the Occupier (M.S/ DIRECTOR)	DR. MONICA JUNEJA
04.	Phone No Fax, Email	Phone: No 01121210203 Email: cnbc2003 @yahoo.co.in
05.	Whether authorization from DPCC obtained?	Yes
06.	If yes , No of issue and validity	27/02/2024, valid till 26/2/2029
07.	Whether in house treatment facility available?	No
	7 A. If yes, write	N A
	7 B. If no. how the BMW is treated?	Out sourced to SMS Water Grace
	7 C. Whether Tie up with CBWYF Operator	Yes
08.	Whether Nodal Officer for BMW designates?	Yes
	8A. If Yes	DR. Shariqa Qureshi
09.	Whether BMW committee Formed?	Yes
	9 A. If Yes, give name of the members	List enclosed
	9 B. Date of last meeting	09/06/2026
10.	Whether color coded segregation containers available?	Yes
	10 A. If Yes, what colored?	Red, Yellow, Blue, White
11.	Whether color coded segregation Liners/Bags available	Yes
	11 A. If Yes, what colors?	Red, Yellow
12.	Whether using Biohazard and Cytotoxic Symbols	Yes
13.	Whether packaging and labeling practiced	Yes
14.	Whether puncture proof sharp containers available?	Yes
15.	Is there any provision of internal storage?	Yes
16.	Whether there is any use of wheel barrows/ trolleys?	Yes
17.	Is there any separate provision for washing? Facilities for containers?	Yes
	17 A. If no, where these containers are washed?	NA