

Bio-Medical Waste Report 2024

In accordance with clause 4 (n) and Schedule-I of Bio-Medical Waste Management Rules, 2016

Name of HealthCare Facility: TATA POWER SOLAR - OHC CENTER

U1 - E&P Office, U2 - Manufacturing Plant, U5 - Warehouse

| | UoM | Jan-24 | | | Feb-24 | | | Mar-24 | | | Apr-24 | | | May-24 | | | Jun-24 | | | Jul-24 | | | Aug-24 | | | Sep-24 | | | Oct-24 | | | Nov-24 | | | Dec-24 | | | Total | |
|--|---|--------|----|----|--------|------|----|--------|----|----|--------|----|----|--------|-----|----|--------|-----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|----|----|--------|--|--|-------|--|
| | | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | U1 | U2 | U5 | | | | | |
| YELLOW | (a) Human Anatomical Waste (b) Animal Anatomical Waste (c) Soiled Waste/ Solid Waste (d) Expired or Discarded Medicines (e) Chemical Waste(g) Discarded linen, mattresses, dressing swab contaminated with blood or body fluid, covid rapid kit (h) Microbiology, Biotechnology and other clinical laboratory waste | Grams | 0 | | | 200 | | | 0 | | | 0 | | | 350 | | | 120 | | | 0 | | | | | | | | | | | | | | | | | | |
| RED | Contaminated plastic Waste (Recyclable)/Polythene & Plastic Bags, syringes, Gloves | Grams | 0 | | | 280 | | | 0 | | | 0 | | | 300 | | | 220 | | | 0 | | | | | | | | | | | | | | | | | | |
| WHITE | Waste sharps, needles, surgical blades, including Metals | Grams | 0 | | | | | | 0 | | | 0 | | | 0 | | | | | | 0 | | | | | | | | | | | | | | | | | | |
| BLUE | Ampule, Metallic Body implants | Grams | 0 | | | 800 | | | 0 | | | 0 | | | 180 | | | 40 | | | 0 | | | | | | | | | | | | | | | | | | |
| Total quantity of waste / Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total quantity of waste - TPSSL | | | 0 | | | 1280 | | | 0 | | | 0 | | | 830 | | | 380 | | | 0 | | | | | | | | | | | | | | | | | | |

Please Note to mention ZERO wherever Not Applicable.

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| Prepared By | SACHIN |
| Signature & date | |

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| Checked By: | DR ATHISH KIRAN |
| Signature & date | |

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|---|
| Date & Signature of The Authorised Person |
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