





PRAYAGRAJ POWER GENERATION COMPANY LTD.

BIO MEDICAL WASTE REPORT

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

Name of Health Care Facility - OHC, PPGCL, Bara

| S.No.   | Waste Category |   | UoM  | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23   | Jul-23 | Aug-23  | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Total |       |
|---|----------------|---|--|--------|--------|--------|--------|--------|--|--------|---|--------|--------|--------|--------|-------|-------|
| 1   | Yellow         | e   | Chemical Waste   | Ltr    | 2.5    | 2.3    | 2.4    | 2.0    | 3.3  | 2.2    | 2.4   | 2.9    | 2.6    | 0.00   | 2.49   | 2.36  | 27.5  |
|   |                | f   | Chemical Liquid Waste  | Ltr    | 11.396 | 42.4   | 12.8   | 12.1   | 10.9   | 18.6   | 9.6   | 8.5    | 8.9    | 0.00   | 7.68   | 14.06 | 157.0 |
|   |                | g   | Discarded linen, mattresses, beddings contaminated with blood or body fluid  | Kg     | 0.4    | 3.2    | 1.4    | 1.8    | 3.9  | 2.9    | 1.6   | 2.0    | 0.8    | 5.72   | 2.90   | 3.80  | 30.4  |
| 2   | Red            |   | Contaminated Waste (Recyclable)- (a) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vaccutainers with their needles cut) and gloves | Kg     | 19.4   | 66.4   | 23.9   | 11.5   | 21.9   | 25.6   | 11.4  | 9.0    | 2.3    | 37.14  | 10.80  | 6.20  | 245.4 |
| 3   | White          |   | Waste sharps including Metals  | Kg     | 1      | 4.4    | 0.9    | 1.4    | 1.0  | 2.1    | 0.4   | 0.5    | 0.4    | 1.10   | 1.40   | 1.00  | 15.5  |
| 4   | Blue           | a   | Glassware  | Kg     | 2.4    | 1.3    | 1.2    | 0.39   | 4.61   | 0      | 2.1   | 0.56   | 0.2    | 1.40   | 0.20   | 0.70  | 15.1  |
| Pradeep Kumar (Please note to mention ZERO wherever Not Applicable) |                |  |  |        |        |        |        |        | Dr Ashok Bharti<br>Date & Signature of the authorized Person |        |  |        |        |        |        |       |       |