REGENCY HEALTH

Regency Hospital Limited

Regency Hospital Limited HICC

Monthly Report of BMW maintained by Health Care Establishments (HCEs)
(HCEs sending their entire Biomedical waste to Central Bio Medical waste treatment facility CBWTF)

Month: Take		Date: .01/07/25
1. Name of the Hospital: Regency	Hospital Limited, Kanpur	
2. (a.)Total No. Of beds:	20.	
(b.) Average occupancy for the		/
3. No. of generation point:		•
(b) Total No. of ICUs: 0.5		
(c) Total No. OFOTs:		
(d) Total no. of Cath Lab:		
4. Number of Yellow bags sent for	or incineration (along with	their weight) to CBWTF:
No. of bags: MAS		
Total weight: 930:6	Kgs ·	
5. Number of Red bags sent for	autoclaving and landfill (along with their weight) to CBWTF:
No. of bags: ,\$7.1.1		
Total weight: 1211	Kgs .	*
6. (i) Number of Blue bags se	ent for autoclaving and re	cycling (along with their weight) to
CBWTF:		· .
No. of bags: 178.		
Total weight:	Kgı	
(ii)Quantity of Sharp genera	ated & sent to CBWTF (In	Kgs.): Kgs 86.2 2~
6. Name of CBWTF operator v	with whom agreement mad	e: MPCC Kanpur
7. Validity of agreement with C	CBWTF:	
Signature with date:	8 365	
Name & Designation:	101082 43	
Phone no.	tal.	

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Month:	Date:Olofic
1. Name of the Hospital: Regency Hospital Limited, Kanpur	
2. (s.)Total No. Of beds:	
(b.) Average occupancy for the month:	
3. No. of generation points (a) Total No.:	
(b) Total No. of ICUs: O 2	
(c) Total No. Of OTE: 03	
(d) Total no. of Cath Lab:	
4. Number of Yellow bags sent for incineration (along with their	weight) to CBWTF:
No. of bags: 1412	
Total weight . D. A. R. S. Kgs .	
5. Number of Red bags sent for autoclaving and landfill (along	with their weight) to CRWTF-
No. of bage: SAR	
Total weight: .\\\.\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
6. (i) Number of Bine bags sent for antoclaving and recyclin	ng (along with their weight) to
CBWTF:	•
No. of baga:	
Total weight: .5.6.5: 7 Kgs	
(ii)Quantity of Sharp generated & sent to CBWTF (In Kgs.)	109,2 K8 Jr(84)
6. Name of CBWTF operator with whom agreement made: MP	CC Kanpur 4
7. Validity of agreement with CBWTF:	
Signature with date: Name & Designation:	
Phone no.	