A. Questioner for hospital waste management

1. Serial Number : 
2. Name of the Unit : 
3. Registration Number : 
4. Address : 
5. Type of unit : Hospital / Nursing Home 
6. Whether the institution is aware about the biomedical waste management rule1998? 
7. Whether segregation is practiced or not? 
8. (a) Are different coloured bags used for collection? Yes/no. 
   (b) If yes what type of colour coded bin /liner/bags are being used for 
      Infectious waste .................
      Infectious plastic .................
      Glass .........................
      Chemical waste .................
      Metal sharps .................
   (c) How often is waste collected from the unit/department 
      Daily .................... or once in ................. days 
   (d) How is the waste collected from the department? 
      Manually ................ by push cart ................. other (specify) ................. 
   (e) While the collection is being done, are the containers open/closed? 
9. Is there facility for incinerator available? 
10. Is there facility for Effluent treatment plant available? 
11. Is there facility for Chemical treatment plant available? 
12. Is there facility for Autoclave available? 
13. Is there facility for Needle cutter /destroyer available? 
14. Is there facility for boiling water sterilizers available? 
15. Is there facility for Gas sterilizers available? 
16. Other treatment facility if any:
B. Questioner for hospital waste:

1. Numbers of Beds

Generation of non-infectious solid waste:
2. Amount of general (non-infectious) waste generated from Office/Ward per day:
3. Amount of biodegradable waste generated from Kitchen/Canteen/Ward per day:

Generation of infectious waste:
4. Amount of sharps generated/day:
5. Amount of infectious plastic generated/day:
6. Amount of pathological waste (include tissue, organs, soaked cotton, plaster, bandage etc.) generated/day:
7. Total amount of liquid effluent /day (liter):