



PAKISTAN ENVIRONMENTAL PROTECTION AGENCY
Hospital Waste Reporting Proforma (HWRP-01)

HWRP-01

Name of Health Facility: _____ Date: _____
 Address: _____ Reporting Month: _____
 Contact Person: _____ Designation/Section: _____
 Contact (Mobile / Phone): _____ E-mail: _____
 Total No. of beds: _____ Incinerator installed (Yes/No): _____ Wastewater Treatment Plant (Yes/No): _____

Days	Infectious Waste (kg)	Non-Infectious Waste (kg)	Waste Incinerated (kg)	Radiological Waste (kg)	Total Waste (kg)	Sharps (kg)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

Note: (1) Hospital Waste Reporting Proforma must be dully typed and should not be hand written.
 (2) Proforma must be dully signed and officially stamped by Medical Superintendent.
 (3) Report should be delivered within the first three days of each month at **Plot:42, Street:06, H-8/2, Islamabad.**

Signature of Medical Superintendent: _____
 Name of Medical Superintendent: _____
 Contact: _____ E-mail: _____

Official Stamp: _____