

**GOVERNMENT OF PAKISTAN
PAKISTAN ENVIRONMENTAL PROTECTION AGENCY
(CLIMATE CHANGE DIVISION)
PLOT NO. 42, ST. NO. 06, H-8/2, ISLAMABAD**

**PROFORMA
HOSPITAL WASTE MANAGEMENT**

Dated: _____

S.#	Particulars	Remarks / Reply
1.	Name of Monitoring Officer	i. Mr. Khalid Mehmood, DD (Lab/NEQS) ii. Mr. Ali Hasan Syed, AD (PC) iii. Mr. Syed Hammad Shabbir, AD (MIS)
2.	Name of Admin Officer / Executive Officer of Hospital	
3.	Designation	
4.	Telephone No.	
5.	e-mail address	
6.	Name of Hospital / Medical Facility	
7.	Location / Address	
8.	Nature of facility (Private / Public)	
9.	Types of facilities available	
10.	Total No. of beds.	
11.	Quantity of infectious waste generated (kg/day)	
12.	Quantity of Non-infectious waste generated (kg/day)	
13.	Basis of quantification of 6 and 7 above.	
14.	Whether hospital waste management already in place	
15.	Mechanism of segregation of infectious and non-infectious waste.	
16.	Mechanism of disposal of infectious and non-infectious waste	

17.	Whether incinerator installed (Yes / No)	
18.	If yes: Specifications of incinerator	
19.	Whether there are any emission control devices attached to the incinerator	
20.	What is the emission monitoring mechanism for incinerator?	
21.	Concentration of CO in incinerator emission ($\mu\text{g}/\text{m}^3$)	
22.	Adequacy of the present system	
23.	Details of future plans for up gradation, if any,	
24.	If No: the what is the existing and future plan for infectious waste disposal?	
25.	Wastewater treatment system, if any, for laboratories, particularly of pathological laboratory before discharging into public sewer.	
26.	Any up gradation plan for wastewater handling and treatment.	

Note: Hospital Waste Reporting Proforma must be dully typed and should not be hand written.

Signature of authorized person _____

Name: _____

Designation: _____

Contact No: _____

Fax No. _____

Email: _____

Cell No :((Optional) _____

Official Stamp: _____