

# Hospital Biomedical Waste EMP Submission Template

## 1. Facility Information

Hospital Name

Address

Contact Person Name

Contact Number

Email

Hospital Registration Number

Number of Beds

## 2. Types & Categories of Biomedical Waste Generated

Type/Category	Quantity Generated per day (kg)	Storage Method	Treatment Method

## 3. Waste Collection and Storage

Waste Segregation Practice (Description)

Storage Area Details

## 4. Transportation and Disposal

On-site Treatment Facility Details

Off-site Disposal (If applicable)

Name of CBMWTF/Agency (If applicable)

## 5. Employee Training & Awareness

Training Program Conducted

Frequency

## 6. Emergency Spill Management Plan

Plan Details

## 7. Record Keeping

Details of records maintained (Registers, Manifests etc.)

## 8. Additional Comments