

Health Care Facility Biomedical Waste(BMW) Monitoring Form

(This format should be filled for each BMW generation station/ward separately)

Name of the District:

Name of the HCF:

Name of the Ward:

Inspection Month:

Date:

Time:

Person filling the format:

Designation:

Department:

Scoring Process: Response to the questions can be either yes, partial or no. Score of yes is to be taken as 2, of partial to be taken as 1, no to be taken as 0. No response is to be given in cells coloured black.

S.No.	Question	Response (code 2 for Yes, 1 for partial & 0 for No)			Score
		Yes	Partial	No	
1	Are color coded bins & bags placed as per BMW management plan				
2	Do BMW bins have the right color bags as per the guidelines (i.e. red bin has red bag etc.)				
3	On opening the BMW bins, did you find only properly segregated waste in it				
4	Are color bags replaced on regular basis				
5	Are BMW bins being filled in a proper way, i.e. no overflowing was observed				
6	Does sweeper follow proper procedure in removing and changing BMW bags				
7	Are the BMW bins and wall behind them clean				
8	Are posters on BMW segregation displayed above BMW bins and hand washing displayed above washbasins				
9	Is disinfectant solution available in the ward				
10	Is the needle cutter in the ward functional				
11	Do Nurses/Lab technicians use the needle cutter on a regular basis				
12	Was staff able to answer the questions related to BMW segregation				
13	Have patients been told to discard general waste in black color bins bags				
14	Does the head of department monitor BMW segregation during rounds				
15	Does staff use the personal protective equipment during duty (like mask, gloves, cap etc.)				
TOTAL SCORE (MAX 30)					

Any Other Comments: