

**REPORTING FORMAT FOR NON-VISIT BY COMMON BIO-MEDICAL WASTE
TREATMENT FACILITY**

- 1. Name of Health Care Facility-**
- 2. Address of Health Care Facility**
- 3. Name & Contact no. of Incharge of Health Care Facility**
- 4. Date of Non-Visit by Common bio-medical waste treatment facility-**

Date:

(Signature)

Name:

Designation:

NOTE: In case of compliant, fill the form and send through Email at epappcb@gmail.com & by fax at 0172-5044974