

Form- II

**Format Of Annual Report To Be Submitted By The Municipal Authority  
Municipal Solid Waste (Management & Handling) Rules, 2000**

[See Rule 4(4)]

- (i) Name of the City/Town.....(ii) Population.....
- (ii) Name of the municipal body..... and  
Address.....  
.....  
.....

Telephone No: .....

Fax No: .....

- (iii) Name of In charge dealing with municipal solid waste..... with  
designation.....

**1. Quantity and Composition Of Solid Wastes**

- i. Total quantity of wastes generated per day  
.....
- ii. Total quantity of wastes collected per day  
.....
- iii. Total quantity of wastes processed for  
.....
- (a) Composting :.....
- (b) Vermiculture :.....
- (c) Pellets :.....
- (d) Others, if any, please specify  
.....

- (iv) Total quantity of waste disposed by land filling \_\_\_\_\_
- (a) No. of landfill sites used :
- (b) Area used :
- (c) Whether Weigh-bridge facilities available : Yes No
- (d) Whether area is fenced : Yes No
- (e) Lighting facility on site : Yes No
- (f) Whether equipment like Bulldozer, Compactors etc, available (Please specify) \_\_\_\_\_
- (g) Total Manpower available on site : \_\_\_\_\_
- (h) Whether covering is done on daily basis : Yes No
- (i) Whether covering material is used and whether it is adequately available : Available Not available
- (j) Provisions for gas venting provided : Yes No
- (k) Provision for leachate collection : Provisions made Provisions not made

## 2. Storage Facilities

- (i) Area covered for collection for wastes : \_\_\_\_\_
- (ii) No. of houses covered : \_\_\_\_\_
- (iii) Whether house-to-house collection is practiced (if yes, whether done by Municipality or through Private Agency or Non-Governmental Organization) : \_\_\_\_\_
- (iv) Bins : 

Specification (Shape & Size)	Existing Number	Proposed for future
(a) RCC Bins (Capacity)		
(b) Trolleys (Capacity)		
(c) Containers (Capacity)		
(d) Dumper Placers		
(e) Others, please specify		
- (v) Whether all bins/collection spots are attended for daily lifting of garbage : Yes No
- (vi) Whether lifting of garbage from dustbins is manual or mechanical i.e. e.g. by using of front-end loaders (please tick mark) please specify : 

Manual/ Mechanical	Loader	Others

**3. Transportation**

		Existing number	Actually	Required/ Proposed
(i)	Truck	:		
(ii)	Truck-Tipper	:		
(iii)	Tractor-Trailer	:		
(iv)	Refuse-collector	:		
(v)	Dumper-placers	:		
(vi)	Animal Cart	:		
(vii)	Tricycle	:		
(viii)	Others(please specify)	:		

**4. Whether any proposal has been made to improve solid wastes management practices**

**5. Are any efforts made to call for private firms etc. to attempt for processing of waste utilizing technologies like:**

	Waste Utilization Technology	Proposal	Steps taken (Quantity to be processed)
(i)	Composting	:	
(ii)	Vermiculture	:	
(iii)	Pelletisation	:	
(iv)	Others, if any,:		
	Please specify		

**6. What provisions are available and how these are implemented to check unhygienic operations of:**

- (i) Dairy related activities :
- (ii) Slaughter houses and unauthorized slaughtering :
- (iii) Malba (Construction debris) lifting :
- (iv) Encroachment in Parks, Footpaths etc. :

**7. How many slums are identified and whether -----  
these are provided with sanitation facilities: -----**

**8. Are municipal magistrates appointed for taking penal action : Yes/ No**

[If yes, how many cases registered & settled during -----  
last 3 years (give year wise details)] -----

**9. Hospital waste management**

- (i) How many Hospitals/Clinics under the control of the Corporation :
- (ii) What methods are followed for disposal of bio- medical wastes? :
- (iii) Do you have any proposal for setting up of common treatment facility for disposal of bio- medical waste? :
- (iv) How many private Nursing Homes, Clinics etc. are operating in the city/town and what steps have been taken to check disposal of their wastes

**Dated:**

**Signature of Municipal Commissioner**