

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 Incharge 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 : 

<u>Specification</u> (Shape & Size)	<u>Existing</u> Number	<u>Proposed</u> <u>for future</u>
(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

---