ANNEXURE-II

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 landfilling ____________________

(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, Compacters 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

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 | Existing | Proposed for future
(Shape & Size) | Number | 
(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 :

(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 :

\[\text{Mechanical}\] 

\[\text{Loader}\] 

\[\text{Others}\]

3. **Transportation**

<table>
<thead>
<tr>
<th>Existing number</th>
<th>Actually Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truck</td>
<td></td>
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<tr>
<td>Truck-Tipper</td>
<td></td>
</tr>
<tr>
<td>Tractor-Trailer</td>
<td></td>
</tr>
<tr>
<td>Refuse-collector</td>
<td></td>
</tr>
<tr>
<td>Dumper-placers</td>
<td></td>
</tr>
<tr>
<td>Animal Cart</td>
<td></td>
</tr>
<tr>
<td>Tricycle</td>
<td></td>
</tr>
<tr>
<td>Others (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Waste Utilization Technology</th>
<th>Proposal</th>
<th>Steps taken (Quantity to be processed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Composting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Vermiculture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Pelletisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Others, if any;</td>
<td>Please specify</td>
<td></td>
</tr>
</tbody>
</table>
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