

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 |
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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