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|  |  |  |  |  |  | **TABLO 1\*** |  |  |  |  |  |  |
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|  |  |  | **………. İLİ SAĞLIK KURULUŞLARI YÖNETMELİK UYGULAMALARI** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **DEĞERLENDİRME** | **Ünite İçi Atık Yönetim Planı** | **Kaynağında Ayrı Toplama** | **Ünite İçi Atık Taşıma Aracı** | **Geçici Depolama** | **Temizlik İşçilerinin Özel Tıbbi Atık Kıyafeti** | **Personel İçin Özel Eğitim** | **Oluşan Tıbbi Atık Miktarı** |
| **Evsel Atıklar** | **Ambalaj Atıkları** | **Tıbbi Atıklar** | **Kesici-Delici Atıklar** | **Tehlikeli Atıklar** | **Geçici Atık Deposu** | **Konteyner** | **kg/gün** | **kg/yıl** |
|
| **OLUMLU (Adet)** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **OLUMLU ( % )** |   |   |   |   |   |   |   |   |   |   |   |
| **OLUMSUZ (Adet)** |   |   |   |   |   |   |   |   |   |   |   |
| **OLUMSUZ ( % )** |   |   |   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \* Yukarıdaki tablo denetimi yapılan her sağlık kuruluşu için ayrı ayrı doldurulacak ve sonuçların toplamı bütün sağlık kuruluşlarını kapsayacak şekilde adet ve yüzde olarak özetlenerek verilecektir. Bakanlığa sadece yukarıdaki özet tablo gönderilecektir. |
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|  |  |  |  | **TABLO 2** |  |  |  |  |  |
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|  |  | **…….. İLİ BELEDİYE YÖNETMELİK UYGULAMALARI** |  |  |
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| **BELEDİYE ADI** | **Tıbbi Atık Yönetim Planı** | **Tıbbi Atıkların Taşınması** | **Temizlik İşçilerinin Özel Tıbbi Atık Kıyafeti** | **Personel İçin Özel Eğitim** | **Toplanan tıbbi atık miktarı** | **Tıbbi Atıkların Bertaraf Yöntemi** | **Bertaraf Tesislerinin Lisansı** |
| **Tıbbi Atıkların Taşınması** | **Tıbbi Atık Taşıma Aracı Sayısı (Adet)** | **Tıbbi Atık Taşıma Lisansı** | **kg/gün** | **kg/yıl** |
|   | Var ( ) | Özel ( ) | Özel ( ) | Var ( ) | Var ( ) | Var ( ) |   |   | Düzenli depolama ( ) | Var ( ) |
| Yakma ( ) |
| Yok ( ) | Kamu ( ) | Kamu ( ) | Yok ( ) | Yok ( ) | Yok ( ) | Sterilizasyon ( ) | Yok ( ) |
| Vahşi Depolama ( ) |
|   | Var ( ) | Özel ( ) | Özel ( ) | Var ( ) | Var ( ) | Var ( ) |   |   | Düzenli depolama ( ) | Var ( ) |
| Yakma ( ) |
| Yok ( ) | Kamu ( ) | Kamu ( ) | Yok ( ) | Yok ( ) | Yok ( ) | Sterilizasyon ( ) | Yok ( ) |
| Vahşi Depolama ( ) |
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| Gerektiğinde tabloyu uzatınız |  |  |  |  |  |  |  |  |  |

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|  |  |  |  | **TABLO 3** |  |  |  |  |  |
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|  |  | **……… İLİ TAŞIMA LİSANSINA SAHİP BELEDİYE, FİRMA ve ARAÇLAR** |  |  |
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| **Lisans Verilen Belediyenin/Firmanın** | **Lisans Verilen Aracın** |
| **Adı** | **Adresi** | **Telefon Numarası** | **Faks Numarası** | **Lisans Numarası** | **Lisansın Veriliş ve Bitiş Tarihi** | **Lisanslı Araç Sayısı** | **Araç Plakası** | **Lisans Numarası** | **Lisansın Veriliş ve Bitiş Tarihi** |
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| Gerektiğinde tabloyu uzatınız |  |  |  |  |  |  |  |  |  |

 |

**Belge Geçmişi**

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| **Revizyon No** | **Tarih** | **Notlar**  |
| **00** | **19.09.2014** | **İlk Yayın**  |
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