

Date: 29-06-2021

To, Member Secretary, Pollution Control Committee, DD & DNH, Silvassa-396230

Sub: Submission of Bio medical waste returns for calendar year 2020 in form- IV.

Dear Sir,

Please find the enclosed herewith the bio-medical waste returns for the period January 01, 2020 to December 31, 2020 in Form-IV.

This is for your Information and records.

Kindly acknowledge the receipt for the same.

Thanking You,

For Sterlite Technologies Limited

Authorised Signatory

Encl:

1) Form IV duly filled

## Form – IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

S1.	Particulars				
No.	P ( 1 : (4 O :	27	Sterlite Technologies Ltd,		
1	Particulars of the Occupier	i	Survey No 68/1 Madhuban dam road rakholi Village – 396230 Silvassa		
	(i) Name of the authorized person (occupier or : operator of facility)	:	Mr. Mahesh Deshpande		
	(ii) Name of HCF or CBMWTF		Occupational Health Centre inside plant premises		
	(iii) Address for Correspondence	ŧ.	Sterlite Technologies Ltd, Survey No 68/1 Madhuban dam road rakholi Village 396230 Silvassa		
	(iv) Address of Facility	B	Sterlite Technologies Ltd, Survey No 68/1 Madhuban dam road rakholi Village 396230 Silvassa		
	(v)Tel. No, Fax. No	2)	+91 260-6613800, Fax-+91 2606613801		
	(vi) E-mail ID	:	g.rajeshkumar@stl.tech		
	(vii) URL of Website	Į.	https://www.stl.tech		
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude- 21.157028 Longitude- 72.811723		
	(ix) Ownership of HCF or CBMWTF	:	Sterlite Technologies Ltd, Rakholi		
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	\$	Authorisation No.: PPC/DDD/BMW/18.19/430 Valid- 31/10/21		
	(xi). Status of Consents under Water Act and Air Act		Consent No: PCC/DDD/0-1736/WA/AA/RK/02-03/600 Valid upto: 31/07/2022		
2	Type of Health Care Facility	2	NA		
	(i) Bedded Hospital		No. of Beds: 1 in OHC		
	(ii) Non-bedded hospital  Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	2	NA		
	(iii) License number and its date of expiry		NA		
3	Details of CBMWTF	1	NA		
	(i) Number of health care facilities covered by CBMWTF	3	NA		
6	(ii) No. of Beds covered by CBMWTF	ı ĝ	NA ST		
	(iii) Installed treatment and disposal capacity of CBMWTF;	4	NA		
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	\$	NA ,		
4	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 0.268Kg		
	Annum (on monthly average basis)		Red Category: 0.273Kg		
			White: NIL		

			Blue Category: NIL		
			General Solid Waste: NIL		
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility				
	(i) Details of the on-site storage		4 Buckets with color coding as per the rules		

	facility		Capacity: 5 KG						
	0.00			Provision of on-site storage: (Cold storage or					
				any other prov					
	(ii)	Disposal facilities	,	NA Type of treatment equipment	No of Units	Capacit Kg/day	Quantity Treatedor disposed in kg per annum		
				Incinerators	-	+	4		
			Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps Encapsulation or concrete pit Deep burial pits Chemical						
				disinfection: Any other treatment equipment:	-	-	-		
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	•	NA					
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	*	One Vehicle for sent by EN- cler Surat					
	(v)	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of		NA Incineration	Quant Gener	,	Where disposed		
	wastes in Kg per annum		Ash ETP Sludge		-				
T.	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	- 1/5	En-Cler Bio me OPP SMC Hot l					
	(vii)	List of member HCF not handed over bio-medical waste.		NA					
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			NO		at.	2		

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	5
	(ii) Number of personnel trained	4
	(iii) Number of personnel trained at the time of induction	0
	(iv) Number of personnel not undergone any training so far	0
	(v) Whether standard manual for training is available?	The training is imparted to all Nursing by the company doctor in periodical basis
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NO Accidents
	(ii) Number of persons affected	No One Affected
	(iii) Remedial Action taken (Please attach details if any)	Not applicable
	(iv) Any Fatality occurred, details	No Fatality
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from 01/01/2020 to 31/01/2020

Name and Signature of the Head of the Institution

Date:29 /06/2021

Place: Silvassa

Mahesh Deshpande