

**HINDUSTAN ZINC LIMITED
RAJPURA DARIBA MINES**

HZL/RD/Hospital/2019/ 458/ 9294

21-3-19

Registered A/D

Regional Officer,
Rajasthan State. Pollution Control Board,
18, Azad Nagar, Pannadhay Circle,
Near Telephone Exchange,
BHILWARA(RAJ.)
PIN - 311001

Sub: - Annual Report under the Bio Medical Waste (M & H) Rules, 2016 in Form
1v and Form 1.

Reference: - Your Letter no. F(BMW)/Rajsamand(Railmagra)/17(1)/2017-
2018/347- 348/ dated 26.04.2017

Sir,

Please find enclosed herewith Annual Report under the Bio Medical

(M&H) Rules 2016 in Form 1V and Form 1

Thanking you

Yours Faithfully

(Dr. Sandeep Soren)
Chief Medical Officer

- Cc: 1. Member Secretary,
Rajasthan State Pollution Control Board,
4th Institutional Area, Jhalana Doongari, JAIPUR(RAJ) PIN - 302004
2. AGM (Env.)
3. Office Copy

21/3/19
DR. SANDEEP SOREN
M.B.B.S.
Dy. CMO, R.E. Complex
HINDUSTAN ZINC LIMITED
Jaipur Dariba-313211 (Raj.)

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)]

| S.No. | Particulars | |
|-------|--|---|
| | Particulars of the Occupier | |
| | (i) Name of the authorised person (occupier or operator of facility) | Ram Murari Unit Head, HZL, R.D. Mine P.O. – Dariba Rajasamand (Rajasthan) |
| | (ii) Name of HCF or CBMWTF | Rajpura Dariba Mines P.O. – Dariba , HZL |
| | (iii) Address for Correspondence | Rajpura Dariba Mines P.O. – Dariba , HZL PIN - 313211 |
| | (iv) Address of Facility | Rajpura Dariba Mines P.O. – Dariba , HZL |
| | (v) Tel. No, Fax. No | Tel. (02952) 265151 Fax – (02952) 265143 |
| | (vi) E-mail ID | ram.murari@vedanta.co.in |
| | (vii) URL of Website | Not Applicable |
| | (viii) GPS coordinates of HCF or CBMWTF | 24055'41"N - 24057'51"N 74007'03"E - 74008'48"E |
| | (ix) Ownership of HCF or CBMWTF | Rajpura Dariba Mine, HZL |
| | x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | F(BMW)/Rajsamand(Railmagra)/17(1)/2017-2018/347- 348/ 26.04.2017 |
| | (xi). Status of Consents under Water Act and Air Act | Under Water Act, Vide letter No.F(BMW)/Rajsamand(Railmagra)/17(1)/2017-2018/345- 346/ 26.04.2017 |
| 2 | Type of Health Care Facility | Hospital |
| | (i) Bedded Hospital | 16 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | Not Applicable |

| | | | | | | |
|---|---|---|--|-------------|------------------|--|
| | (iii) License number and its date of expiry | | (BMW)/Rajsamand(Railmagra)/17(1)/2017-2018/347- 348/ 26.04.2017 Expire on 30.04.2022 | | | |
| 3 | Details of CBMWTF | | Not Applicable | | | |
| | (i) Number healthcare facilities covered by CBMWTF | | | | | |
| | (ii) No of beds covered by CBMWTF | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF | | | | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | | | | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Category | Kg/Yr | Average Kg/month | |
| | | | Yellow | 193.49 | 16.124 | |
| | | | Red | 265.802 | 22.150 | |
| | | | Blue | 58.15 | 4.845 | |
| | | | White | 6.18 | 0.515 | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size:--20 Kg / DAY Capacity : Provision of on-site storage : (cold storage or any other provision) Other | | | |
| | (ii) Disposal Facility | | Type of treatment EQUIPMENT | NO OF UNITS | CAPACITY Kg/DAY | QUANTITY TREATED OR DISPOSED IN Kg/ANNUM |
| | | | INCINERATOR | N/A | N/A | N/A |
| | | | PLASMA PYROLYSIS | N/A | N/A | N/A |
| | | | AUTOCLAV | N/A | N/A | N/A |
| | | | MICROWAVE | N/A | N/A | N/A |
| | | | HYDROCLAVE | N/A | N/A | N/A |
| | | | SHREDDER | N/A | N/A | N/A |
| | | | NEEDLE TIP CUTTER/DESTROYER | 2 | 16 gm/Day | |
| | | | SHARPS | N/A | N/A | N/A |
| | | | ENCAPSULATION OR CONCRETE PIT | N/A | N/A | N/A |
| | | | DEEP BURIAL PIT | N/A | N/A | N/A |
| | | | CHEMICALS | N/A | N/A | N/A |
| | | | DISINFECTION | | N/A | N/A |
| | | | ANY OTHER TREATMENT EQUIPMENT | N/A | N/A | N/A |

| | | | |
|---|---|--|---|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum | | Not Applicable |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Not Applicable |
| | (vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of | | En – Vision, Enviro Engineers Pvt. Ltd, Plot No. 5008, Village Umarda, Udaipur (Rajasthan) |
| | vii) List of member HCF not handed over bio-medical waste. | | Not Applicable |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | |
| 7 | (i) Details trainings conducted on BMW Management | | |
| | (ii) number of personnel trained | | |
| | (iii) number of personnel trained at the time of induction | | |
| | (iv) number of personnel not undergone any training so far | | |
| | (v) whether standard manual for training is available? | | |
| | (vi) any other information) | | |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | | Nil |
| | (ii) Number of the persons affected | | Nil |
| | (iii) Remedial Action taken (Please attach details if any | | Nil |
| | (iv) Any Fatality occurred, details. | | Nil |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times | | Not Applicable |

| | | | |
|----|---|--|----------------------------|
| | in last year could not met the standards? | | |
| | Details of Continuous online emission monitoring systems installed | | Not Applicable |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Standard Regularly met out |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | Standard Regularly met out |
| 12 | Any other relevant information | | Nil |

Certified that the above reports is for the period from January 2018 to December 2018.

Name & Signature of the Head of The Institution

Date: 21.03.2019

Place : Dariba

DR. J. K. SINGH
 21/3/19
 Reg. No. 5213 (W.B.B.M.C.)
 Dy. CMO, R.D. Complex
 HINDUSTANI ZINC LIMITED
 Rajpura Dariba-313211 (Raj.)

FORM-I

(See Rule 4(o), 5(i) and 15(2))

ACCIDENT REPORTING

| | | | |
|-----|---|---|-----|
| 1. | Date and time of accident | : | NIL |
| 2. | Type of Accident | : | NIL |
| 3. | Sequence of events leading to accident | : | NA |
| 4. | Has the Authority been informed immediately | : | NA |
| 5. | The type of waste involved in accident | : | NA |
| 6. | Assessment of the effects of the accident on human health and the environment | : | NA |
| 7. | Emergency measures taken | : | NA |
| 8. | Steps taken to alleviate the effects of accident | : | NA |
| 9. | Steps taken to prevent the recurrences of such an accident | : | NA |
| 10. | Does your facility have an Emergency Control policy? If yes give details | : | NA |

Date: 21/3/2019

Place: DARIBA

Signature [Signature]
Designation DR. SANDEEP SOREK
Reg. No. 52133 (W.B.S.)
By: CMO, R.D. Complex
HINDUSTAN ZINC LIMITED
Rajpura Dariba-32211 (Raj.)