



HZL/CLZS/Env/70/2019-20/ 17175

16.06.2019

The Member Secretary, Rajasthan State Pollution Control Board, 4, Institutional Area, Jhalana Dungri, Jaipur

Sub: Annual return under the Bio Medical Waste Rules 1998(Rules no 10)

Ref. F(BMW)CHITTORGARH/8(1)/2010-11/2020-2021.

Dear sir.

Pl.find enclosed herewith the annual return(Jan 2018 to Dec 2018) under the Bio Medical Waste(M & H) Rules 1998 for the Zinc Central Hospital, Zinc Nagar Chittorgarh

Thanking You,

Yours faithfully, For **Hindustan Zinc Limited**

(Tarun Meghwal) Sr.Manager - ENV 16 6 19

The Regional Officer
Rajasthan State Pollution Control Board
Near FCI godown, Chanderiya
CHITTORGARH

Olc

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)]

0.	Particulars					
	Particulars of the Occupier :					
•	(i) Name of the authorised person : (occupier or operator of facility)	I	PANKAJ SHARMA			
	(ii) Name of HCF or CBMWTF	:	CENTRAL HOSPITAL,ZINC NAGAR			
	(iii) Address for Correspondence	:	M/s Central Hospital, Zinc Nagar, Hidustan Zinc Ltd., Chittorgarh			
	(iv) Address of Facility		21.150.055041			
	(v)Tel. No, Fax. No	:	01472-267531,01472-255941			
	(vi) E-mail ID	:	Pankajkumar.sharma@vedanta.co.i			
	(viii) LIRI of Website		www.hzlindia.com			
	(viii) GPS coordinates of HCF or CBMWTF					
	(ix) Ownership of HCF or CBMWTF	:	Private (State Government or Private or			
	(x). Status of Authorisation under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.:-BMW/2015-2016/Chittorgarh/BMW/75from 01/04/2016valid up to 31/03/2021			
	(xi). Status of Consents under Water Act and Air	:	Valid up to:-			
2.	Type of Health Care Facility	1:	CD 1- 20			
	(i) Bedded Hospital	:	No. of Beds: 20			
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory	:	-			
	Passarch Institute or Veterinary Hospital O	<u>- </u>				
	(iii) License number and its date of expiry	-	-			
2	Details of CBMWTF	:				
3.	(i) Number healthcare facilities covered	:				
	(ii) No of beds covered by CBMWTF	:				
	(iii) Installed treatment and disposal capacit	y :	Kg per day			
	of (iv) Quantity of biomedical waste treated or		Kg/day			
	disposed Quantity of waste generated or disposed in Kg		Yellow Category: 179.51kg			
4.			Red Category: 189.578 kg			
	per		White 16.384kg			
	annum		Blue Category: 22.512 kg			
			General Solid waste: 186.674 kg			
	2 :1 -64h Storage treatment transportation.	pro	cessing and Disposal Facility			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility (i) Details of the on-site : Size :					
	(1) Details of the on-site	acity	/ :			

fac	acility		Provision of on-site storage : (cold storage of any other provision)			
			Type of treatment	No	Cap	Quantity
dis	posal facilities	1	equipment	of treat	acit edo unit	
				r s	Kg/ day	disposed in kg
						per annu m
			Incinerators			
			Plasma			
			Pyrolysis			
			Autoclaves			
			Microwave			
			Hydroclave			
			Shredder			
			Needle tip cutter o	r		
			destroyer			
			Sharps			
			encapsulation or			
			- concrete pit			
			Deep burial pits: Chemical			
			Red Category (like p	alastic. 9	plass etc.)
	(iii) Quantity of recyclable :		Red Category (Tike)	J. 400. 1. 7		
	wastes					
	sold to authorized recyclers					
	(iv) No of vehicles used for collection					
	and transportation of					
	(v) Details of incineration ash			Quantity		Where
	and		g	enerate	d	disposed
	ETP sludge generated and		Incineration			
	disposed during the treatment of		Ash			
	wastes in Kg per annum		ETP Sludge			
		:	Enviro Envision			
	Bio-					
	Medical Waste Treatment Facility					
	Operator through which wastes are					
	(vii) List of member HCF not handed			1 , 1		v basis N
6	Do you have bio-medical waste		Yes, Meeting con in soft is there.	aucted	quarter	ly Dasis . Iv
	management committee? If yes,					
	attach minutes of the meetings	1.				
	held during the reporting period	-				
7	Details trainings conducted on	1	Ouarterly			
	(i) Number of trainings conducted	1	Quarterry			

Certified that the above report is for the period fr	om 01 January 2018 to 31 December 2018
	Exam
	Name and Signature of the Head of the Institution
Date: 14/06/19 Place CHITTORGIARIT.	De-Comà foin. S. Medical Officer. CCZS., Chi Hargarh