

HZL/CLZS/2023-24/70/

24311

30.06.2023

The Member Secretary,  
Rajasthan State Pollution Control Board,  
4, Institutional Area, Jhalana Doongri,  
Jaipur Rajasthan 302004.

**Sub: - Annual report (Form-IV) under the biomedical waste rules, 2016**

**Ref: -**

- BMW/2020-2021/Chittorgarh/BMW/26
- BMW/2020-2021/Chittorgarh/BMW/15

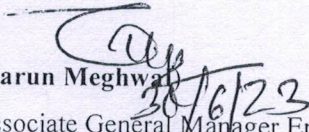
Dear Sir,

Please find enclosed herewith annual report (Form-IV) under the biomedical waste rules, 2016 for the Central Hospital Zinc Nagar, Chittorgarh and Occupational Health Center, Chanderiya, for the period January 2022 to December 2022.

Thanking you,

Yours faithfully,

For Hindustan Zinc Limited

  
(Tarun Meghwal)  
Associate General Manager Environment  
Chanderiya Lead Zinc Smelter

CC:

- Regional Officer 24312  
Rajasthan State Pollution Control Board  
Near FCI Godown, Chanderiya  
Chittorgarh Rajasthan.
- Office Copy

**Hindustan Zinc Limited**

**Registered Office**

Yashad Bhawan, Udaipur-313 004, Rajasthan, INDIA.

T. +91 294-6604000-02 | www.hzindia.com

CIN: L27204RJ1966PLC001208

**Chanderiya Lead Zinc Smelter**

P.O. Putholi, Chittorgarh-312021,  
Rajasthan, INDIA.





**Annexure 4**  
**FORM IV: ANNUAL REPORT**

S. No.	Particulars											
1.	<b>Particulars of Occupier</b>											
	I. Name of Authorized Person ( Occupier or Operator)	Mr..Deepak Sopori,LH,CLZS										
	II. Name of HCF or CBWTF :	Plant Dispensary,HZL LTD., Putholi										
	III. Address for Correspondence :	Plant Dispensary,HZL LTD., Putholi										
	IV. Address of Facility	Plant Dispensary,HZL LTD., Putholi										
	V. Tel. No, Fax. No :	01472-4431/33										
	VI. E-mail ID :	Clzs.hospital@vedanta.co.in										
	VII. URL of Website	www.hzlindia.com										
	VIII. GPS coordinates of HCF or CBWTF	24.96038N,74.65276E										
	IX. Ownership of HCF or CBWTF	CLZS,HZL LTD.PUTHOLI										
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	<b>Authorization Number</b> BMW/2020-2021/Chittorgarh/BMW/15 <b>Valid Up to :31/07/2025</b>										
	XI. Status of Consents under Water Act and Air Act	F(BMW)/Chittorgarh(Chittorgarh)/6673(1)/2020-2021/397-398 & Valid up to 31/07/2025										
2.	<b>Type of Health Care Facility</b>											
	I. Bedded Hospital:	No. of Beds:5										
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other )	NA										
	III. License number and its date of Expiry	F(BMW)/Chittorgarh(Chittorgarh)/6673(1)/2020-2021/399-400 & Valid up to 31/07/2025										
3.	<b>Details of CBWTF</b>	NA										
	I. Number healthcare facilities covered by CBWTF											
	II. No of beds covered by CBWTF :											
	III. Installed treatment and disposal capacity of CBWTF	.....kg/day										
	IV. Quantity of biomedical waste treated or disposed by CBWTF	.....kg/day										
4.	<b>Quantity of waste generated or disposed in Kg per annum (on monthly average basis)</b>	<table border="1"> <thead> <tr> <th>Category</th><th>Quantity(kg/anumn)</th></tr> </thead> <tbody> <tr> <td>Yellow</td><td>07.360</td></tr> <tr> <td>Red</td><td>15.150</td></tr> <tr> <td>Blue</td><td>05.992</td></tr> <tr> <td>White</td><td>04.590</td></tr> </tbody> </table>	Category	Quantity(kg/anumn)	Yellow	07.360	Red	15.150	Blue	05.992	White	04.590
Category	Quantity(kg/anumn)											
Yellow	07.360											
Red	15.150											
Blue	05.992											
White	04.590											



		<b>General Solid Waste</b>	05.10		
<b>5.</b>	<b>Details of the Storage, treatment, transportation, processing and Disposal Facility</b>				
	I. Details of On Site Storage	Size:20 Kg/Day			
		Capacity:120 Kg			
		Provision for Onsite Storage (Cold Storage or any other provisions):Dedicated Storage			
	II. Details of Onsite Disposal Facility	<b>Type of Treatment Equipment</b>	<b>No. of Units</b>	<b>Capacity kg/day</b>	<b>Quantity Treated or Disposed kg/anumn</b>
		Incinerators	NA	NA	NA
		Plasma Pyrolysis	NA	NA	NA
		Autoclaves	1	5 Kg/Day	07.360 Kg
		Microwave	NA	NA	NA
		Hydroclave	NA	NA	NA
		Shredder	NA	NA	NA
		Needle tip cutter or destroyer	1	1Kg/day	04.590
		Sharps encapsulation or concrete pit	NA	NA	NA
		Deep Burial Pits	NA	NA	NA
		Chemical Disinfection	NA	NA	NA
		Any other equipment used for treatment	NA	NA	NA
		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	NA			
	V. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
		Incineration			
		Ash			
ETP Sludge					



	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	NA
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7.	<b>Details of Training conducted on BMW</b>	
	I. Number of trainings conducted on BMW Management	4
	III. number of personnel trained	7
	IV. number of personnel trained at the time of induction	3
	V. number of personnel not undergone any training so far	0
	VI. Whether standard manual for training is available?	YES
	VII. Any other Information	
8.	<b>Details of Accident Occurred</b>	
	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	
9.	<b>Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?</b>	NA
	Details of Continuous online emission monitoring systems installed	NA
10.	<b>Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b>	Regularly, Monitoring carried out
11.	<b>Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b>	Standards met
12.	<b>Any other relevant information</b>	Nil



	Incinerator)
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Certified that above report is for the period from

JAN 22 TO DEC 22

.....  
.....  
.....

*[Handwritten Signature]* *MDP*

Name and Signature of Head of Institution

Date: 30.06.23

Place CCZS





FORM -I

[ ( See rule 4 (O) , 5(i) 15 (2) ]

ACCIDENT REPORTING

- 1 date and time of accident :N/A
- 2 Type of accident : N/A
- 3 Sequence of event leading to accident :N/A
- 4 Has the authority been informed immediately :N/A
- 5 The type of waste involved in accident :N/A
- 6 Assessment of the effect accident on human health and the environment :N/A
- 7 Emergency measures taken : N/A
- 8 Step taken to alleviate the effect of accident :N/A
- 9 Step taken to prevent the recurrence of such an accident :N/A
- 10 Dose you facility has an Emergency control policy ? If yes & displayed give details : yes . emergency control policy is there

Date : Signature

M.P  
30.06.23



Place : Plant Dispensary, CLZS, Putholi

Designation senior Medical officer



**Annexure 4**  
**FORM IV: ANNUAL REPORT**

S. No.	Particulars							
<b>1.</b>	<b>Particulars of Occupier</b>							
I.	Name of Authorized Person (Occupier or Operator)	Mr..Deepak Sopori,LH,CLZS						
II.	Name of HCF or CBWTF :	Central Hospital,Zinc Nagar						
III.	Address for Correspondence :	Central Hospital,Zinc Nagar,HZL, Chittorgarh						
IV.	Address of Facility	Central Hospital,Zinc Nagar,HZL, Chittorgarh						
V.	Tel. No, Fax. No :	01472-7531/7533						
VI.	E-mail ID :	Clzs.hospital@vedanta.co.in						
VII.	URL of Website	www.hzlindia.com						
VIII.	GPS coordinates of HCF or CBWTF	24.90543N,74.6035E						
IX.	Ownership of HCF or CBWTF	Central Hospital,Zinc Nagar,HZL, Chittorgarh						
X.	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	<b>Authorization Number</b> BMW/2020-2021/Chittorgarh/7311 <b>Valid Up to :31/12/2025</b>						
XI.	Status of Consents under Water Act and Air Act	F(BMW)/Chittorgarh(Chittorgarh)/8(1)/2020-2021/869-870 & Valid up to 31/12/2025						
<b>2.</b>	<b>Type of Health Care Facility</b>							
I.	Bedded Hospital:	No. of Beds:15						
II.	Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other )	NA						
III.	License number and its date of Expiry	F(BMW)/Chittorgarh(Chittorgarh)/6673(1)/2020-2021/869-870 & Valid up to 31/12/2025						
<b>3.</b>	<b>Details of CBWTF</b>	NA						
I.	Number healthcare facilities covered by CBWTF							
II.	No of beds covered by CBWTF :							
III.	Installed treatment and disposal capacity of CBWTF	.....kg/day						
IV.	Quantity of biomedical waste treated or disposed by CBWTF	.....kg/day						
<b>4.</b>	<b>Quantity of waste generated or disposed in Kg per annum (on monthly average basis)</b>	<table border="1"> <thead> <tr> <th>Category</th><th>Quantity(kg/annum)</th></tr> </thead> <tbody> <tr> <td>Yellow</td><td>130.110</td></tr> <tr> <td>Red</td><td>120.970</td></tr> </tbody> </table>	Category	Quantity(kg/annum)	Yellow	130.110	Red	120.970
Category	Quantity(kg/annum)							
Yellow	130.110							
Red	120.970							



	<b>Blue</b>	<b>18.300</b>
	<b>White</b>	<b>12.390</b>



		<b>General Solid Waste</b>	<b>05.10</b>		
<b>5.</b>	<b>Details of the Storage, treatment, transportation, processing and Disposal Facility</b>				
	I. Details of On Site Storage	Size:40 Kg/Day			
		Capacity:160 Kg			
		Provision for Onsite Storage (Cold Storage or any other provisions):Dedicated Storage			
	II. Details of Onsite Disposal Facility	<b>Type of Treatment Equipment</b>	<b>No. of Units</b>	<b>Capacity kg/day</b>	<b>Quantity Treated or Disposed kg/anumn</b>
		Incinerators	NA	NA	NA
		Plasma Pyrolysis	NA	NA	NA
		Autoclaves	1	5 Kg/Day	130.110
		Microwave	NA	NA	NA
		Hydroclave	NA	NA	NA
		Shredder	NA	NA	NA
		Needle tip cutter or destroyer	1	1Kg/day	12.390
		Sharps encapsulation or concrete pit	NA	NA	NA
		Deep Burial Pits	NA	NA	NA
		Chemical Disinfection	NA	NA	NA
		Any other equipment used for treatment	NA	NA	NA
		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	NA			
	V. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity generated	Where disposed
		Incineration			
		Ash			
ETP Sludge					



	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	NA
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7.	<b>Details of Training conducted on BMW</b>	
	I. Number of trainings conducted on	4
	II. BMW Management	
	III. number of personnel trained	7
	IV. number of personnel trained at the time of induction	3
	V. number of personnel not undergone any training so far	0
	VI. Whether standard manual for training is available?	YES
	VII. Any other Information	
8.	<b>Details of Accident Occurred</b>	
	I. Number of Accidents occurred	NIL
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	III. Remedial Action taken (Please attach details if any)	NIL
	IV. Any fatality occurred, details	
9.	<b>Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?</b>	NA
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11.	<b>Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b>	Standards met
12.	<b>Any other relevant information</b>	Nil



	Incinerator)
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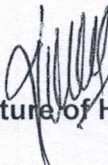
Certified that above report is for the period from

JAN 22 TO DEC 22

Date: 30.06.23

Place CL2S

Name and Signature of Head of Institution

 Dr. P





## FORM -I

[ ( See rule 4 (O) , 5(i) 15 (2) ) ]

### ACCIDENT REPORTING

- 1 date and time of accident :N/A
- 2 Type of accident : N/A
- 3 Sequence of event leading to accident :N/A
- 4 Has the authority been informed immediately :N/A
- 5 The type of waste involved in accident :N/A
- 6 Assessment of the effect accident on human health and the environment :N/A
- 7 Emergency measures taken : N/A
- 8 Step taken to alleviate the effect of accident :N/A
- 9 Step taken to prevent the recurrence of such an accident :N/A
- 10 Dose you facility has an Emergency control policy ? If yes & displayed give details : yes . emergency control policy is there

Date : Signature

M-17  
30.06.23



Place : CLZS, CENTRAL HOSPITAL CHITTORGARH

Designation senior Medical officer