

Ref: HZL /KYD/ENV/BMW/2024-25/ 47

Date: 24th June 2024

To,

The Regional Officer
Rajasthan State Pollution Control Board,
SPL-II, RIICO Industrial area , Phase-V
Kishangarh, Dist :Ajmer

Subject: Submission of Bio- Medical Waste Annual report for the period of Jan-23 to Dec-23.

Ref: 1. Authorization No. F(BMW)/Ajmer(Ajmer)/2939(1)/2017-2018/2526-2527.dtd 23/08/2017.

Dear Sir,

Please find enclosed herewith the Bio-Medical waste return in Form –IV. It will be our pleasure to furnish any other information, which your good office may require.

Thanking you



Dr Maneesh K. Bhada)
Medical Officer (Kayad Mine)

Medical Officer
Hindustan Zinc Ltd.
Kayad Mines, Ajmer

CC to : Member Secretary
Raj. Pollution Control Board
4, Institutional Area,
Jhalana Doongri JAIPUR

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(CBMWTF)]

S. No.	Particulars	:							
1.	Particulars of the Occupier	:	Medical Officer, Hindustan Zinc Kayad Mine						
	(i) Name of the authorised person (occupier or operator of facility)	:	Medical Officer, Hindustan Zinc Kayad Mine						
	(ii) Name of HCF (Health care facility) CBMWTF	:	First Aid Center, Kayad Mine						
	(iii) Address for Correspondence	:	Kayad Lead-Zinc Mine, P.O. Kayad Village, Dist. Ajmer 305023.						
	(iv) Address of Facility	:	Kayad Lead-Zinc Mine, P.O. Kayad Village, Dist. Ajmer 305023.						
	(v) Tel. No, Fax. No	:	01446626-131						
	(vi) E-mail ID	:	Maneesh.bhada@vedanta.co.in Prakash.sharma2@vedanta.co.in						
	vii) URL of Website	:	www.hzlindia.com						
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitudes 26°31'41.47"N-26°31'37.04"N Longitudes 74°41'30.73"E- 74°41'30.45"E						
	(ix) Ownership of HCF or CBMWTF	:	www.hzlindia.com						
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No. F(BMW)/Ajmer(Ajmer)/2939(1)/2017-2018/2526-2527.dtd 23/08/2017						
	(xi). Status of Consents under Water Act and Air Act	:	NA						
2.	Type of Health Care Facility	:	First Aid Center						
	(i) Bedded Hospital	:	NA						
	(ii) Non-bedded hospital (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	:	NA						
3.	Details of CBMWTF	:	SALES PROMOTER, AJMER						
	(i) Number healthcare facilities covered by CBMWTF	:	NA						
	(ii) No of beds covered by CBMWTF	:	NA						
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg /day NA						
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day- NA						
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>: 5.0 Kg</td> </tr> <tr> <td>Red Category</td> <td>: 3.5 Kg</td> </tr> <tr> <td>White Category</td> <td>: 0.5 Kg</td> </tr> </table>	Yellow Category	: 5.0 Kg	Red Category	: 3.5 Kg	White Category	: 0.5 Kg
Yellow Category	: 5.0 Kg								
Red Category	: 3.5 Kg								
White Category	: 0.5 Kg								

		Blue Category : 1.0 Kg																																																
		General Solid waste: NA																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility	: Size																																																
		Capacity																																																
		Provision of on-site storage : (cold storage or any other provision)																																																
		<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Unit</th> <th>Capacity Kg/day</th> <th>Quantity Treated or Disposed in Kg/ annum</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>..</td> </tr> <tr> <td>Incinerators</td> <td colspan="3">:- NIL</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td colspan="3">:-NIL</td> </tr> <tr> <td>Autoclaves</td> <td colspan="3">:-NIL</td> </tr> <tr> <td>Microwave</td> <td colspan="3">:- NIL</td> </tr> <tr> <td>Hydroclave</td> <td colspan="3">:-NIL</td> </tr> <tr> <td>Shredder</td> <td colspan="3">:- NIL</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td colspan="3">:- 01 Nos</td> </tr> <tr> <td>Sharps encapsulation or concrete pit or concrete pit</td> <td colspan="3">:- NA</td> </tr> <tr> <td>Chemical disinfection:</td> <td colspan="3">Sodium Hypochlorite</td> </tr> <tr> <td>Any other treatment equipment:</td> <td colspan="3"></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Unit	Capacity Kg/day	Quantity Treated or Disposed in Kg/ annum	Incinerators	:- NIL			Plasma Pyrolysis	:-NIL			Autoclaves	:-NIL			Microwave	:- NIL			Hydroclave	:-NIL			Shredder	:- NIL			Needle tip cutter or destroyer	:- 01 Nos			Sharps encapsulation or concrete pit or concrete pit	:- NA			Chemical disinfection:	Sodium Hypochlorite			Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: NA Red Category (like plastic, glass etc.)																																																
	(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	: Not Applicable Quantity Generated :- NA Where disposed Incineration Ash:- NA ETP Sludge :- NA																																																
	vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: Sales Promoters																																																

	(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	:	Not Applicable
7.	Details trainings conducted on BMW	:	No. of Trainings- 04 were conducted (one in every quarter to workers, engaged in BMW disposing)
	(i) Number of trainings conducted on BMW Management.	:	Every Quarter 4 Nos.
	(ii) number of personnel trained	:	8 Numbers
	(iii) number of personnel trained at the time of induction	:	
	(iv) number of personnel not undergone any training so far	:	NA
	(v) whether standard manual for training is available?	:	Yes
		:	NA
	(vi) any other information)	:	
8.	Details of the accident occurred during the year	:	NA
	(i) Number of Accidents occurred	:	NA
	(ii) Number of the persons affected	:	NA
	(iii) Remedial Action taken (Please attach details if any)	:	NA
	(iv) Any Fatality occurred, details.	:	NA
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. 2023 to 31.12.2023

Date: 24th June 2024
Place Kayad Mine



Dr. Maneesh Kumar Bhada
Medical Officer Kayad Mine
Hindustan Zinc Ltd.
Kayad Mines, Ajmer

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 : | NIL |
| 4. Has the Authority of been informed immediately: | NIL |
| 5. The type of waste involved in accident : | NIL |
| 6. Assessment of the effects of the accidents on human health
and the environment : | NIL |
| 7. Emergency measures taken ::: | NIL |
| 8. Steps taken to alleviate the effects of accidents : | NIL |
| 9. Steps taken to prevent the recurrence of such an accident : | NIL (accident) |
| 10. Does your facility have Emergency Control policy? If yes, give details: | Yes Site Emergency plan |

Date : 24th June 2024

Signature : ..

Medical Officer
Hindustan Zinc Ltd.
Kayad Mines, Ajmer

Place : Kayad Mine

Designation: CMO