

Ref: HZL/Kayad/BMW/2025-2026/ 18

Date: 09th May 2025

To,
The Regional Officer
Rajasthan State Pollution Control Board
SPI-II, RIICO Industrial area, Phase-V
Kishangarh, Dist. Ajmer

Subject: Submission of Bio-Medical Annual Report for the period of Jan-24 to Dec-24

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

Ref : RPCB/RO KSG/BMW/-381/2541 dated 11.01.2022

Dear Sir,

Please find enclosed herewith the Bio-Medical Waste Annual return (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)

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

O/K - ENV-

Form-IV (See Rule 19)**Annual Report**

[To be submitted to the prescribed authority on or before 30th June every year for the periods 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	Particular		
	Particulars of the occupier	:	Medical officer, Hindustan Zinc Kayad Mine
	i. Name of the authorized person (occupier or operator officially)	:	Medical officer, Hindustan Zinc Kayad Mine
	ii. Name of HCF (health care factor 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) Rule	:	Authorization No. F(BMW)/Ajmer(Ajmer)/2939(1)/2017-2018/2526-2527 dated 23/08/2017
	xii. 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 date of expiry	:	NA
3.	Details of CBMWTF	:	SALES PROMOTER, AJMER

	i. Number of healthcare facilities cover by CBMWTF	:	NA							
	ii. Nos. of beds covered by CBMWTF	:	NA							
	iii. Installed treatment and disposal capacity of CBMWTF	:	Kg/day NA							
	iv. Quantity of Bio-Medical waste treated disposed of by CBMWTF	:	Kg/day NA							
4.	Quantity of waste generated or disposed of in kg per annum (on monthly average basis)	:	Yellow Category : 6.9 Kg Red Category : 4.4Kg White Category : 3.3 Kg Blue Category : 0.9 Kg General Solid waste: NA							
5.	Details of the storage, treatment, transportation, processes and disposal facility									
	Details on the site-storage facility	:	Size							
			Capacity							
			Provision of on -site storage: (cold storage or any other provision)							
			<table> <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> <tr> <td>-</td><td>-</td><td>-</td><td>-</td></tr> </table>	Type of treatment equipment	No. of unit	Capacity kg/day	Quantity treated or disposed in kg/annum	-	-	-
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							

		Sharp encapsulation or concrete pit or concrete pit: NA Chemical disinfection: Sodium Hypochlorite Any other treatment equipment:
	i. Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	: NA Red Category (like plastic, glass etc.)
	ii. Nos. of vehicles used for collection and transportation of biomedical waste	: NA
	iii. Details on 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
	iv. Name of the common Bio-medical waste Treatment facility operator through which wastes are disposed of	: Sales promoter
	v. List of members HCF not handed over bio-medical waste.	: Not Applicable
6.	Do you Have bio-medical waste management committee? If yes, attach minutes of meeting held during the reporting period	: Not Applicable
7.	Details on training conducted on BMW	: No. of training: 04 conducted (one in every quarter to workers, engaged in BMW disposing)
	i. Number of trainings conducted on BMW management	: Every quarter 04 nos. (Annexure-I)
	ii. Number of persons trained	: NA
	iii. Number of persons trained at the time of Induction	: NA
	iv. Number of persons not undergone training so far	: NA
	v. Whether the standard manual for training available?	: Yes
	vi. Any other information	: NA
8.	Details of the accident occurred during the year	

	i. Number of accidents occurred	:	NA
	ii. Number of 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 incinerators? How many times in last year could not meet the standards in year	:	NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in 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 above report is for the periods from 01.01.2024 to 31.12.2024

Date: 9/5/25

Place Kayad mine



Dr. Maneesh K. Bhada

Medical officer Kayad mine

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 the accident : | NIL |
| 6. Assessment of the effects of the accidents on human health and environment : | NIL |
| 7. Emergency measures taken : | NIL |
| 8. Steps taken to alleviate the effects of accident : | NIL |
| 9. Steps taken to prevent the recurrence of such an accident: | NIL |
| 10. Does your facility has emergency control policy? If yes, give details : | Yes, Site Emergency Plan |

9/5/25

Date: Place

Kayad Mine



Signature:

Medical officer