

DATE-15/01/2024

Ref: HZL/HO/Disp/BMW/20-21/22

To,

The Regional officer  
Rajasthan Pollution Control Board  
F-470, Near UCCI Building  
Madri Industrial Area,  
Udaipur (Raj.)

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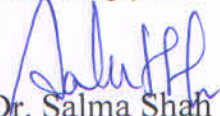
Subject: Submission of Annual report for Bio- Medical Waste.

Ref : Authorization No.F(BMW)/Udaipur (Girwa)/1781 (1)/ 2014-2015/489-490  
Dt. 19.7.17

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. Salma Shah  
Chief Medical Officer  
HZL, HO Dispensary  
Udaipur.

Cc to :

- Member Secretary  
Rajasthan Pollution Control board  
4, Institutional Area,

Jhalana Doongri  
JAIPUR (Raj.)

- Office Copy (Env. Cell)

**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	:	
1.	Particulars of the Occupier	:	Dr. Salma Shah, CMO, HZL Head Office dispensary, Udaipur.
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Salma Shah, CMO, HZL Head Office dispensary, Udaipur
	(ii) Name of HCF (Health care facility) CBMWTF	:	Head Office Dispensary
	(iii) Address for Correspondence	:	HZL, HO dispensary, Moti Magri Scheme, Udaipur
	(iv) Address of Facility	:	Hindustan Zinc limited, Udaipur
	(v) Tel. No, Fax. No	:	0294-2427695 / 2427020
	(vi) E-mail ID	:	Salma.shah@vedanta.co.in
	(vii) URL of Website	:	www.hzlindia.com
	(viii) GPS coordinates of HCF or CBMWTF	:	NA
	(ix) Ownership of HCF or CBMWTF	:	Hindustan Zinc Ltd.
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorization No.: BMW/Udaipur(Girwa)/1781(1)/2014-2015/ 489-490 dt. 10.7.17.
	(xi). Status of Consents under Water Act and Air Act	:	BMW/Udaipur(Girwa)/1781(1)/2014-2015/ 489-490 dt. 10.7.17.

2.	Type of Health Care Facility	:	Dispensary
	(i) Bedded Hospital	:	No. of Beds : 2
	(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	:	NA
	(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)	:	Yellow Category (6) 20.675 Kg
		:	Blue Category (4) 3.992 Kg
		:	Red Category (7) 4.295 Kg
		:	Water Category (8) 17515 ltrs (Approx. per day)
		:	No. of trips by M/s En-vision Enviro Engineers Udaipur 164 visits
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility – M/s En-vision Enviro Engineers		

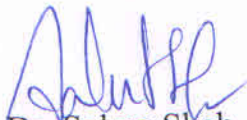


(i) Details of the on-site storage facility	:	Size - NA																																																
		Capacity																																																
		Provision of on-site storage : (cold storage or any other provision) - NA																																																
		<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Unit</th> <th>Capacity Kg/day</th> <th>Quantity Treated or Disposed i Kg/ annum</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Incinerators :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Plasma Pyrolysis :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Autoclaves :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Microwave :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Hydroclave:-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Shredder :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer :-</td> <td></td> <td>1Nos</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit or concrete pit :-</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Chemical disinfection: Sodium Hypochlorite</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Unit	Capacity Kg/day	Quantity Treated or Disposed i Kg/ annum	.....	.....	.....	.....	Incinerators :-		NA		Plasma Pyrolysis :-		NA		Autoclaves :-		NA		Microwave :-		NA		Hydroclave:-		NA		Shredder :-		NA		Needle tip cutter or destroyer :-		1Nos		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																																																
(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	:	Not Applicable																																																
		Quantity Generated :- NA																																																

	treatment of wastes in Kg per annum	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	: En-vision Enviro Engineers,
	(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	: 4 Trainings were conducted(one in every quarter to workers, engaged in BMW disposing)
	(i) Number of trainings conducted on BMW Management.	: Every Quarter
	(ii) number of personnel trained	: 4
	(iii) number of personnel trained at the time of induction	: 4
	(iv) number of personnel not undergone any training so far	: NA
	(v) whether standard manual for training is available?	: Yes
	(vi) any other information)	: NA
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 January 23 to December 23.

  
Dr. Salma Shah  
CMO, HO

Disp.

Date: 15/01/2024