# 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)]

i.No.	Particulars		
1	Particulars of the Occupier		-
	(i) Name of the authorised person	:	Dr.V.K.Sivakumar, Medical Officer
	(occupier or operator of facility) (ii) Name of HCF or CBMWTF		Ashok Leyland Ltd.
		•	ASHOR Leyland Ltd.
	(iii) Address for Correspondence		Technical Centre, Vellivayalchavadi, Chennai 600 103
	(iv) Address of Facility		M/s RAMKY Energy & Environment Ltd., No - 52/2, Chenna Krishnapuram Extention, Meyor Nagar, Salem - 636007.
	(v)Tel. No, Fax. No	:	Tel: +91 0427 - 4041139
	(vi) E-mail ID	:	drtr.aih1@ashokleyland.com
	(vii) URL of Website	_	www.ashokleyland.com
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No. : Nil Valid up to:
	(xi). Status of Consents under Water Act and Air Act	:	1) Renewal of consent order No. 1908120896398 dated 14.05.2019 granted - valid till 31.03.2020. 2) Renewal of consent order no. 1908220896398 dated 14.052019 granted - valid till 31.03.2020
2	Type of Health Care Facility	:	Occupational Health Centre
	(i) Bedded Hospital	:	No. of Beds: 3
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	•	First Aid Center
	(iii) License number and its date of expiry	:	N/A
3	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	·	N/A
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	N/A
4	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 6 kg./annum (0.5 kg/month)
	annum (on monthly average basis)		Red Category : 1.2 kg./annum (0.10 kg/month)
			White : NA ( no waste sharps generated)
			Blue Category : Glass ampules 0.05 Kg. per annum
			IDIAC CALCEOLY, Glass allibules of the per allifulli

(i) Details of the on-site storage facility	1	Size : Generated waste is stored & sent out within 48 hrs  Capacity : Generated waste is stored & sent out within 48 hrs					
		Provision of on-site sto provision): Nil	rage : (c	cold storage	or any other		
(ii) Disposal facilities	:	Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated of disposed in kg per annum		
		Incinerators	N/A	N/A	N/A		
		Plasma Pyrolysis	N/A	N/A	N/A		
		Autoclaves	N/A	N/A	N/A		
		Microwave Hydroclave	N/A	N/A	N/A		
			N/A	N/A	N/A		
		Shredder	N/A	N/A	N/A		
		Needle tip cutter or destroyer	_1	0.001	0.2		
		Sharps encapsulation or concrete pit	N/A	N/A	N/A		
		Deep burial pits:	N/A	N/A	N/A		
		Chemical disinfection:	N/A	N/A	N/A		
		Any other treatment equipment:	N/A	N/A	N/A		
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.): Nil					
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Nil (One by authorised third party for collection and disp					
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of	1			uantity nerated	Where Disposed		
wastes in Kg per annum		Incineration	A 4 1	N/A	N/A		
		Ash	N/A		N/A		
		ETP Sludge		N/A	N/A		
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	N/A					
(vii) List of member HCF not handed over bio-medical waste.	:	N/A					
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	•	No					

7	Details trainings conducted on BMW	:	
	(i) Number of trainings conducted on BMW Management.	:	NIL
	(ii) number of personnel trained	:	5 persons
	(iii) number of personnel trained at the time of induction	·	5 persons
	(iv) number of personnel not undergone any training so far		Nil
**	(v) whether standard manual for training is available?	:	Yes ( operating control procedure from OHC manual available
	(vi) any other information?	:	
8	Details of the accident occurred during the year	:	
	(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.	:	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	N/A - No drug / fluid administration is done at the first aid center. Limited Injections are given by disposable needles.
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) Nil

Certified that the above report is for the period from 1st Jar 1st January 2018 to 31st December 2018

Date: 28th June 2019

Place: VVC, Technical centre

Name and Signature of the Head of the Instituti

Dr. V.K. Sivakumar





28.06.2019

To

District Environmental Engineer Tamil Nadu Pollution Control Board Plot No. CP 5B, Sipcot Oragadam, Sriperumbudur Taluk Kanchipuram - 602105

Sir,

Sub: - Submission of Form 4 Bio-Medical Waste Management Rules, 2016 enacted under Environmental (Protection) Act, 1986 – Reg.

We here with submitting our Annual return in Form 4 as per Bio-Medical Waste Management Rules,2016 enacted under Environmental (Protection) Act, 1986 for the period of Jan 2018 to December 2018 for your kind perusal.

Thanking you,

Yours faithfully,

For Ashok Leyland Limited - Foundry Division

J.Srikanth CHENNAI ROS Manager

Encl: Form-4



### Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

SI.	Particulars		
No.			
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Ramasamy K
	(ii) Name of HCF or CBMWTF	:	Occupational Health Centre, Ashok Leyland Limited – Foundry Division
	(iii) Address for Correspondence	•	Ashok Leyland Limited – Foundry Division Plot No K2, SIPCOT Industrial Es Arneri Village, Sriperumbudur - 602105 Phone No. +91-44-33254500
	(iv) Address of Facility		M/s G.J MULTICLAVE(INDIA) L' S.F.No. 245&247, Thenmelpakkam Village, Chengalp: Taluk, Kanchipuram District.
	(v)Tel. No, Fax. No	:	044-24451683
	(vi) E-mail ID	:	chennaictf@hotmail.com
	(vii) URL of Website		www.gjmulticlave.com
	(viii) GPS coordinates of HCF or CBMWTF		12.8457°N; 79.9437°E
	(ix) Ownership of HCF or CBMWTF	:	PRIVATE
*:	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation:18BAZ12207216 Valid up to: 31/03/2021. Application No: 26169458
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: -NA-
2.	Type of Health Care Facility	:	Occupational Health centre
	(i) Bedded Hospital	:	-NA-
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		OTHER: Occupational Health Centre (HCF) is a First Aid centre established as per Factories Act. NO IN-PATIENT FACILITY
		:	Number of Beds: 1
	(iii) License number and its date of expiry		-NA-

				I	
3.	Details of CBMWTF		:	-NA-	
	(i) Number healthcare facilities of CBMWTF	overed	by :	-NA-	
Γ	(ii) No of beds covered by CBMWTF	*	· :	-NA-	
	(iii) Installed treatment and disposal capacity CBMWTF:	of	·	Kg per da	ay –NA-
	(iv) Quantity of biomedical waste treated or disp by CBMWTF	posed	:	Kg/day	-NA-
4.	Quantity of waste generated or disposed in Kg p	er	:	Yellow Category	: 18.63
	annum (on monthly average basis)			Red Category	: 15.82
				White:	0.03
				Blue Category:	4.85
5	Details of the Storage treatment transportation			General Solid wast	e: -NIL-
	Details of the Storage, treatment, transportation,  (i) Details of the on-site storage		Sing and D		
	facility			-NA-	
			Capacity:	-NA-	. *
			Provision of	on-site storage	: (cold storage or
	(ii) Details of the treatment or		any other	provision) -NA-	
	(11) Details of the treatment or disposal facilities	:	-NA-		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Categ	ory (like plastic, gla	ass etc.)
	kg per amum.			-NA-	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:		-NA-	
	(v) Details of incineration ash and			Quantity	Where
	ETP sludge generated and disposed			generated	disposed
	during the treatment of wastes in Kg		Incinerati	on	
	per annum		Ash		
	(vi) Name of the Common Bio-		ETP Slud	ge	
		:			
	Medical Waste Treatment Facility Operator through which wastes are		ר וווא וי	ICLAVE	
	disposed of		13 MICLI	ICLAVE	
	(vii) List of member HCF not handed			-NA-	
	over bio-medical waste.			-11/17-	
6	Do you have bio-medical waste				
	management committee? If yes, attach			-NA-	
	minutes of the meetings held during				
	the reporting period				
	Details trainings conducted on BMW				
	(i) Number of trainings conducted on				
	BMW Management.				

	(ii) number of personnel trained		4
	(iii) number of personnel trained at		
	the time of induction		4
	(iv) number of personnel not	1	-NIL-
	undergone any training so far		
	(v) whether standard manual for	*	YES
	Training is available?	ļ	
	(vi) any other information)		-NIL-
8	Details of the accident occurred		
	during the year		-NIL-
	(i) Number of Accidents occurred		-NIL-
l	(ii) Number of the persons affected		-NIL-
	(iii) Remedial Action taken (Please		
1	attach details if any)		-NIL-
	(iv) Any Fatality occurred, details.		-NIL-
9.	Are you meeting the standards of air		
	Pollution from the incinerator? How		
	many times in last year could not met		-NA-
	the standards?		
	Details of Continuous online emission		
L	monitoring systems installed	1	-NA-
10	Liquid waste generated and treatment		
	methods in place. How many times		-NA-
	you have not met the standards in a		
	year?	<u> </u>	
1	Is the disinfection method or		-NA-
	sterilizatioN meeting thE log 4	)	
	standards? How many times you have		
<u> </u>	not met the standards in a year?		
1,	A other male continuous in formaction		(Air Pollution Control Devices attached with
12	Any other relevant information	:	Incinerator) -NA-
			inchiciator) -NA-
		<u> </u>	

Certified that the above report is for the period from	n 1st January 2018 to 31st December 2018
	IMITED
	There k. Rames the CHENNAI
	Name and Signature of the Head of the Institution

Date: 28/06/2019 Place Sinfermhuden.



Aapki Jeet. Hamari Jeet.

17th July 2019

To The District Environmental Engineer, Tamil Nadu pollution control Board, 77A, South Avenue Road, Ambatture Industrial Estate, Chennai - 600 058.

Respected Sir,

Sub: Bio-Medical Waste Management Rules, 2016 Annual Report -Form 4 – Reg.

We herewith submit our Bio-Medical Waste disposal Annual Report -Form 4 for the period of April 2018 to March 2019.

This is for your kind perusal.

Thanking you,

Yours truly,

For Ashok Leyland Ltd-Foundry Division

Plant Head

Encl: 1. Form IV

# Form – IV (Rule 13) ANNUAL REPORT

Sl.			
٧o.	Particulars		
١.	Particulars of the Occupier	:	Ashok Leyland Ltd-Foundry Division Ennore, Chennai- 600 057.
	(i) Name of the authorised person (occupier or operator of facility)		P.Venkatesan Plant Head Ashok Leyland Ltd-Foundry Division Ennore, Chennai— 600 057. Ph:044-25752103.
	(ii) Name of HCF or CBMWTF	:	Occupational Health Centre, Ashok Leyland Ltd-Foundry Division Ennore, Chennai— 600 057. Ph:044-25752103
ļ	(iii) Address for Correspondence	:	Ashok Leyland Ltd-Foundry Division Ennore, Chennai– 600 057. Ph:044-25752103
Ì	(iv) Address of Facility		M/s TamilNadu Waste Management Lt Diamond Dune, 323, Poonamalle High road, Chennai- 600 029
Ī	(v)Tel. No, Fax. No	:	040-23015000
	(vi) E-mail ID	:	ramky@na2.vsnl.net.in
	(vii) URL of Website		http://ramky.com/
	(viii) GPS coordinates of HCF or CBMWTF		Latitude 13.213130 N Decimal Degrees Longitude 80.320833 E Decimal Degrees
	(ix) Ownership of HCF or CBMWTF	:	NA
	x). Status of Authorisation under the Bio-Medical Waste Management and Handling) Rules	:	NIL
•	(xi). Status of Consents under Water Act and Act	ir :	Valid up to: 31.03.2015( Renewal of consent order is in progress in TNPCB ocmms)

Bedded Hospital  Non-bedded hospital nic or Blood Bank or Clinical Laboratory or earch Institute or Veterinary Hospital or any o  License number and its date of expiry ails of CBMWTF  (i) Number healthcare facilities of MWTF  No of beds covered by CBMWTF  Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispoced in Kg per notice of the per section	covered	: : : by : :	Occupational Health centre  -NA-  OTHER: Occupational Health Centre (HCF) is a First Aid centre established as per Factories Act.  NO IN-PATIENT FACILITY Number of Beds: 1  -NA-  -NA-  -NA-  Kg per day –NA-
Non-bedded hospital nic or Blood Bank or Clinical Laboratory or earch Institute or Veterinary Hospital or any o  License number and its date of expiry ails of CBMWTF  (i) Number healthcare facilities of MWTF  No of beds covered by CBMWTF  Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispo	covered	: by : :	OTHER: Occupational Health Centre (HCF) is a First Aid centre established as per Factories Act. NO IN-PATIENT FACILITY Number of Beds: 1 -NANA-
nic or Blood Bank or Clinical Laboratory or earch Institute or Veterinary Hospital or any of the Earth Institute or Veterinary Hospital or any of the Earth Institute or Veterinary Hospital or any of the Earth Institute of Earth Institute of University of the Earth Institute	covered	; by :	Centre (HCF) is a First Aid centre established as per Factories Act.  NO IN-PATIENT FACILITY  Number of Beds: 1  -NA-  -NA-
(i) Number healthcare facilities of MWTF  No of beds covered by CBMWTF  Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispocation of CBMWTF	f	by :	-NA-
(i) Number healthcare facilities of MWTF  No of beds covered by CBMWTF  Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispocation of the company of the com	f	by :	-NA-
MWTF  No of beds covered by CBMWTF  Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispocessment	f	:	
Installed treatment and disposal capacity of MWTF:  Quantity of biomedical waste treated or dispo	sed	;	Kg per day –NA-
MWTF:  Quantity of biomedical waste treated or dispo CBMWTF	sed		Kg per day –NA-
CBMWTF		;	
ntity of waste generated or disposed in Kg per			Kg/day -NA-
· · · · · · · · · · · · · · · · · · ·	•	:	Yellow Category : 10.87 kg
um			Red Category : 0
			White: 0
			Blue Category: 0
			General Solid waste: -NIL
ails of the Storage, treatment, transportation, p	rocessin	g and Dis	posal Facility
Details of the on-site storage	:	Size :	-NA-
lity		Capacity	/:-NA-
		Provisio of any othe	n on-site storage : (cold storage or er provision) -NA-
Thu 11 - C - 41	:	-NA-	
osal facilities			
	Details of the treatment or osal facilities		Provision of any other and the desired provision of the desired provisi

(iv) No of vehicles used for collection and transportation of biomedical waste	:	-NA-
(v) Details of incineration ash and ETP sludge generated and disposed		Quantity Where generated disposed
during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
(vi) Name of the Common Bio-  Medical Waste Treatment Facility Operator through which wastes are disposed of	÷	M/s.TamilNadu waste Mangement Ltd. Diamond Dune, 323, Poonamalle High road, Chennai- 600 029
(vii) List of member HCF not handed over bio-medical waste.		-NA-
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		-NA-
Details trainings conducted on BMW		
(i) Number of trainings conducted on BMW Management.		
(ii) number of personnel trained		
(iii) number of personnel trained at the time of induction		
(iv) number of personnel not undergone any training so far		-NIL-
(v) whether standard manual for Training is available?		YES
(vi) any other information)		-NIL-
Details of the accident occurred during the year		-NIL-
(i) Number of Accidents occurred		-NIL-
(ii) Number of the persons affected		-NIL-

	attach details if any)	-NIL-
	(iv) Any Fatality occurred, details.	-NIL-
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-
1	Is the disinfection method or sterilization meeting thE log 4 standards? How many times you have not met the standards in a year?	-NA-
2	Any other relevant information	:
		-NA-

Certified that the above report is for the period from 1st April 2018 to 31st March 2019

Date: Ennore

Place: 17.07.2019

ENNORE CHENNAI 600 057.

P.Venkatesan Plant Head

### From –IV (See rule 13) Annual Report

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

Particulars   Particulars of the Occupier   Comparator of the authorized person (occupier or operator of facility)   Comparator of facility   Comparator   Comparator of facility   Comparator of	lwar -
(i) Name of the authorized person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (i) Address of Facility  (ii) Tel. No. Fax. No.  (ii) URL of Website  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility  (i) Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (ii) No. of beds covered by CBMWTF  (iii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of  (iv) Ranagement and Honding CBMWTF  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act.  (iv) Status of Consents under Water Act and Air Act	llwar -
operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (i) Address of Facility  (ii) Tel. No. Fax. No.  (ii) URL of Website  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility  (ii) Non-Bedded Hospital  (iii) Non-Bedded Hospital  (iii) Non-Bedded Hospital  (iii) Non-Bedded Hospital  (iv) Non beds covered by CBMWTF  (ivi) Non of beds covered by CBMWTF  (ivii) Installed treatment and disposal capacity of	llwar -
(ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (i) Address of Facility  (ii) Tel. No. Fax. No.  (ii) URL of Website  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility  (i) Bedded Hospital  (ii) Non-Bedded Hospital  (iii) Non-Bedded Hospital  (iii) Non-Bedded Hospital  (iii) Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) Number healthcare facilities covered by CBMWTF  (iv) Non- of beds covered by CBMWTF  (iv) Number healthcare facilities capacity of CBMWTF  (iv) Non- of beds covered by CBMWTF  (iv) Number healthcare facilities capacity of CBMWTF	llwar -
(iii) Address for Correspondence  (i) Address of Facility  (ii) Tel. No. Fax. No.  (iii) Tel. No. Fax. No.  (iv) E-mail ID  (i) URL of Website  (ii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility  (i) Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) Non-Bedds covered by CBMWTF  (iv) Number healthcare facilities covered by CBMWTF  (iv) No. of beds covered by CBMWTF  (iv) Status of Consents under Water Act and Air Act.  (ii) Reduced Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry.	lwar -
(ii) Tel. No. Fax. No.  (iii) Tel. No. Fax. No.  (iv) E-mail ID  (i) URL of Website  (ii) GPS coordinates of HCF of CBMWTF  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility  (i) Bedded Hospital  (ii) Non-Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (ii) License number and its date of expiry.  3. Details if CBMWTF  (ii) Number healthcare facilities covered by CBMWTF  (iii) No. of beds covered by CBMWTF  (iii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	
(II) Tel. No. Fax. No.  (V) E-mail ID  (i) URL of Website  (ii) GPS coordinates of HCF of CBMWTF  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  (v) Status of Consents under Water Act and Air Act.  7 Type of Health Care Facility  (i) Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry.  3 Details if CBMWTF  (i) Number healthcare facilities covered by CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	
(ii) URL of Website : www.ashokleyland.com  (iii) GPS coordinates of HCF of CBMWTF  (iii) Ownership of HCF of CBMWTF  (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act. : Valid up to: 31 January 2023  2. Type of Health Care Facility : No. of Beds : Nil  (ii) Bedded Hospital : No. of Beds : Nil  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry. : N/A  3. Details if CBMWTF  (i) Number healthcare facilities covered by CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of N/A	
(iii) GPS coordinates of HCF of CBMWTF (iii) Ownership of HCF of CBMWTF (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules. (v) Status of Consents under Water Act and Air Act. : Valid up to: 31 January 2023  2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry.  3. Details if CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No. of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	
(iii) Ownership of HCF of CBMWTF (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules. (v) Status of Consents under Water Act and Air Act.  Type of Health Care Facility (i) Bedded Hospital (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry.  Details if CBMWTF (i) Number healthcare facilities covered by CBMWTF (iii) No. of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	
(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules. (v) Status of Consents under Water Act and Air Act.  2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry.  3. Details if CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No. of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	
Waste (Management and Handing) Rules.  (v) Status of Consents under Water Act and Air Act.  Type of Health Care Facility  (i) Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry.  Details if CBMWTF  (i) Number healthcare facilities covered by CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	
2. Type of Health Care Facility  (i) Bedded Hospital  (ii) Non-Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry.  3. Details if CBMWTF  (i) Number healthcare facilities covered by CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	·
(i) Bedded Hospital : No. of Beds : Nil  (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry. : N/A  3. Details if CBMWTF : N/A  (i) Number healthcare facilities covered by CBMWTF : N/A  (ii) No. of beds covered by CBMWTF : N/A  (iii) Installed treatment and disposal capacity of N/A Kg per day	
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry.  3. Details if CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No. of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of	****
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry. : N/A  3. Details if CBMWTF : N/A  (i) Number healthcare facilities covered by CBMWTF : N/A  (ii) No. of beds covered by CBMWTF : N/A  (iii) Installed treatment and disposal capacity of N/A Kg per day	
Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry. : N/A  3. Details if CBMWTF : N/A  (i) Number healthcare facilities covered by CBMWTF : N/A  (ii) No. of beds covered by CBMWTF : N/A  (iii) Installed treatment and disposal capacity of N/A Kg per day	
(iii) License number and its date of expiry. : N/A  3. Details if CBMWTF : : N/A  (i) Number healthcare facilities covered by CBMWTF : N/A  (ii) No. of beds covered by CBMWTF : N/A	
3. Details if CBMWTF : (i) Number healthcare facilities covered by CBMWTF : N/A : N/A (iii) Installed treatment and disposal capacity of : N/A : Kg per day.	
(i) Number healthcare facilities covered by CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	
CBMWTF  (ii) No. of beds covered by CBMWTF  (iii) Installed treatment and disposal capacity of	
(iii) Installed treatment and disposal capacity of	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CDIVIVIT	
(iv) Quantity of biomedical waste treated or disposal : N/A Kg/day	
Yellow category: 0.430 Kg	
Quantity of waste generated or disposed in Kg per  4. Quantity of waste generated or disposed in Kg per  White: (No Waste sharps generated)	
annum (on monthly average basis)    Write: (No Waste Sharps generated)   Blue Category: (No Glass Items Used)	
General Solid waste :(NIL)	
5. Details of the Storage , treatment, transportation, processing and Disposal Facility	
Size : NIL	
(i) Details of the on-site storage facility	
Provision of on-site storage: (cold storage	or any
other provision)	
Type of treatment No of Capacity Equipment Units Kg/day	Quantity treated or
Equipment Offits Rg/day	disposed
	In Kg per
	Annum
Incinerators NIL NIL	NIL
Plasma Pyrolysis NIL NIL	NIL
Autoclaves NIL NIL	NIL
/ Microwave NIL NIL //ii\ Disposal Facilities Hydroclave NIL NIL	NIL NIL
(ii) Disposal Facilities   Hydroclave NIL	NIL NIL
Needle tin cutter or	
destroyer NIL NIL	NIL
Sharps encapsulation NIII NIII	J
or concrete pit	NIL
Deep burial pits NIL NIL Chemical disinfection NIL NIL	
Any other treatment	NIL
equipment NIL NIL	

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.): - N/A
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	N/A
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Where generated disposed Incineration NIL NIL Ash NIL NIL ETP Sludge NIL NIL
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Hoswin Incinerator
	(vii) List of members HCF not handed over bio- medical waste.	:	N/A
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	N/A
7.	Detail trainings conducted on BMW  (i) Number of training conducted on BMW  Management.	;	N/A
	(ii) Number of personnel trained	1:	N/A
	(iii) Number of personnel trained at the time of induction	:	N/A
	(iv) Number of personnel not undergone any training so far.	:'	N/A
	(v) Whether standard manual for training is available?	:	Yes (Operation Control Procedure available)
	(vi) Any other information)	:	N/A
8.	Details of the accident occurred during the year		
	(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.	:	NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed		N/A
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	:	N/A
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	N/A
12.	Any other relevant information	:	(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from 1st Apr 2018 to 31st Mar 2019

Name and Signature of the Head of the Institution

Date: 28.06.2019 Place: Alwar



June 25,2019.

REF: PE - C / 309 / 001 / 19 - 20.

The District Environmental Engineer, Tamil Nadu Pollution Control Board, Plot No.149 - A, First Floor, SIPCOT - I, Dharga, Hosur - 635126.

Dear sir,

Sub - Annual Report of Bio - Medical Waste for the year of 2018.

We are pleased to enclose the Annual report of Bio - Medical waste in form No - IV for the year of 2018.

Trust the details furnished are in order.

Thanking you,

Yours faithfully for ASHOK LEYLAND UNIT - I

G.Ravindiran.

Asst.General Manager - Plant Engg.



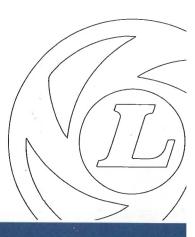
#### **ASHOK LEYLAND LIMITED**

175, Sipcot Industrial Complex, Hosur - 635 126. India.

t: +91 4344 276631 f: +91 4344 276067 e: reachus@ashokleyland.com

Regd. Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032. India.

t: +91 44 2220 6000 f: +91 44 2220 6001 CIN: L34101TN1948PLC000105 www.ashokleyland.com





# 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)]

SI.No.	Particulars		
1	Particulars of the Occupier		-
	(i) Name of the authorised person	:	Dr. Rajeshwar T - Chief Medical Officer
	(occupier or operator of facility)		
	(ii) Name of HCF or CBMWTF	:	Ashok Leyland Ltd., Unit - I
	(iii) Address for Correspondence	:	Ashok Leyland Ltd., Unit - I,
			No 175, SIPCOT Industrial Complex, SIPCOT,
í			Phase - I, Zuzuwadi, Hosur-635126.
			Tel: +91 04344 - 276067 ; Fax: +91 04344 - 276480
	(iv) Address of Facility	:	M/s RAMKY Energy & Environment Ltd.,
			No - 52/2, Chenna Krishnapuram Extention,
			Meyor Nagar, Salem - 636007.
	(v)Tel. No, Fax. No	:	Tel: +91 0427 - 4041139
	(vi) E-mail ID	:	drtr.alh1@ashokleyland.com
	(vii) URL of Website	:	www.ashokleyland.com
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	Private
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	:	Authorisation No - 18BAZ8246603 Dt 23.02.2018.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Valid up to: 31.03.2022.
	(xi) Status of Consents under Water Act and Air Act	:	Consent No - 170820195953 & 170819195953 Dt 22.07.2017.
			Valid up to: 31 st March 2022.
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: Nil
	(ii) Non-bedded hospital	:	First Aid Center
	(Clinic or Blood Bank or Clinical Laboratory or Research		
	Institute or Veterinary Hospital or any other)		
			21/2
3	(iii) License number and its date of expiry	•	N/A
5	Details of CBMWTF	•	
	(i) Number healthcare facilities covered by CBMWTF	<u>:</u>	N/A
j	(ii) No of beds covered by CBMWTF	:	N/A
į	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A
	(iv) Quantity of biomedical waste treated or disposed	_	
	by CBMWTF	•	N/A
4	Quantity of waste generated or disposed in Kg per	:	Red Category : 5.75 kg/annum (0.4792 kg/month)
	annum (on monthly average basis)		Yellow Category: 16.05 kg/annum (1.3375 kg/month)
ļ			White: NA ( no waste sharps generated)
	-		White: NA ( no waste sharps generated)  Blue Category: NA ( no glass items used)

	i) Details of the on-site storage acility	:	Size : Generated waste is stored & sent out within 48 hrs				
	aciiity		Capacity : Generated w	aste is s	tored & ser	nt out within 48 hrs	
			Provision of on-site sto provision): Nil	rage : (c	old storage	or any other	
(	ii) Disposal facilities	:	Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per annum	
			Incinerators	N/A	N/A	N/A	
			Plasma Pyrolysis	N/A	N/A	N/A	
			Autoclaves	N/A	N/A	N/A	
			Microwave	N/A	N/A	N/A	
			Hydroclave	N/A	N/A	N/A	
			Shredder	N/A	N/A	N/A	
			Needle tip cutter or destroyer	1	0.003	0.90	
			Sharps encapsulation or concrete pit	N/A	N/A	N/A	
			Deep burial pits:	N/A	N/A	N/A	
			Chemical disinfection:	N/A	N/A	N/A	
			Any other treatment equipment:	N/A	N/A	N/A	
	iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	;	Red Category (like plastic, glass etc.): Nil				
Ι,	iv) No of vehicles used for collection and cransportation of biomedical waste	:	Nil (One by authorised	third pa	rty for colle	ection and disposal)	
8	v) Details of incineration ash and ETP sludge generated and disposed during the treatment of	:			uantity nerated	Where Disposed	
١	wastes in Kg per annum		Incineration	N/A		N/A	
l			Ash	N/A		N/A	
L			ETP Sludge		N/A	N/A	
	(vi) Name of the Common Bio-Medical Waste Freatment Facility Operator through which wastes are disposed of	:	:    N/A				
- 1	vii) List of member HCF not handed over bio-medical waste.	: N/A					
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	No				

7	Details trainings conducted on BMW	:	
	(i) Number of trainings conducted on BMW Management.	:	One training per month
	(ii) number of personnel trained	:	5 persons
	(iii) number of personnel trained at the time of induction	:	5 persons
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	:	Yes ( operating control procedure from OHC manual available)
	(vi) any other information?	:	
8	Details of the accident occurred during the year	:	
	(i) Number of Accidents occurred	:	Nil
	(ii) Number of the persons affected	1	Nil
	(iii) Remedial Action taken (Please attach details if any)	:"	Nil
	(iv) Any Fatality occurred, details.	;	Nil *
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	N/A - No drug / fluid administration is done at the first aid center. Limited Injections are given by disposable needles.
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) Nil

Certified that the above report is for the period from 1st January 2018 to 31st December 2018.

Date: 25.06.2019 Place: Hosur Name and Signature of the Head of the Institution

Dr. Rajeshwar T - Chief Medical Officer



PE 920/067/19 7<sup>th</sup> June 2019

The District Environmental Engineer Tamil Nadu Pollution Control Board, Plot No. 149-A, 1<sup>st</sup> Floor, Dharga, SIPCOT Industrial Complex, Hosur - 635126

Dear Sir,

Sub: Submission of Form-4 for filing annual returns of Bio-Medical Waste for the Period Jan'18 to Dec'18.

Please find enclosed herewith Form-4 duly filled for filing annual returns of Bio-Medical Waste for the period January 2018 to December 2018. This is for your information and records.

Kindly acknowledge receipt.

Thanking You,

Yours truly,

For Ashok Leyland Ltd , Unit-2

N.Salram

Assistant General Manager - Plant Engineering

Encl:

1) Duly filled Form-IV

ASHOK LEYLAND LIMITED

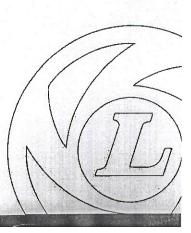
77, Sipcot Electronics Complex, Phase II, Kumudepalli, Hosur - 635 109, India. t::+91.4344.269200 f::+91.4344.260048

e: reachus@ashokleyland.com

Regd. Office: No.1, Sardar Patel Road, Guindy,

Chennal - 600 032, India. t: +91.44.2220 6000 f: +91.44.2220 6001 CIN: L34101TN1948PLC000105

www.ashokleyland.com



क्षिण हे क पूर्व विपाली पात

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# 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 (HCP) or common bio-medical waste treatment facility (CBWTF)]

SI.No.	Particulars	N. Committee		
1	Particulars of the Occupier	Sec.		
	(i) Name of the authorised person (occupier or operator of facility)	State of the same	Dr. S.M.Godwin Erastus - Chief Medical Officer	
	(ii) Name of HCF or CBMWTF	270	Ashok-Leyland Ltd., Unit-II	
	(iii) Address for Correspondence	i i	Ashok Leyland Ltd., Unit-II, 77, SIPCOT Electronincs Complex, SIPCOT, Phase-II, Kumudepalli, Hosur-635109	
	(iv) Address of Facility		Ashok Leyland Ltd., Unit-II, 77,SIPCOT Electronincs Complex,SIPCOT, Phase-II, Kumudepalli, Hosur-635109	
	(v)Tel. No, Fax. No	: Tel: +91 04344 - 269200 ; Fax: +91 04344 - 260048		
	(vi) E-mail ID		Godwinerastus.SM@ashokleyland.com	
	(vii) URL of Website		www.ashokleyland.com	
	(viii) GPS coordinates of HCF or CBMWTF		September 1 and the septem	
	(ix) Ownership of HCF or CBMWTF		Private	
	(x). Status of Authorisation under the Bio-Medical Waster (Management and Handling): Rules	vi.	Authorisation No.: Nil Valid up to:	
	(xi). Status of Consents under Water Act and Air Act	4.5	Valid up to: 31 st March 2020	
2	Type of Health Care Facility		The Shared Study of their addition the categories of the state of the	
	(i) Bedded Hospital		No, of Beds: Nil	
145	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	4	First Aid Center 1998 1998 1998 1998 1998 1998 1998 199	
i in the last of t	(iii) License number and its date of explry		N/A 1 to preduce and preduced in a base to the oracle	
3	Details of CBMWTF AVA		waster or truth to get a calear	
- Page	(i) Number healthcare facilities covered by CBMWTF	To the second second	N/A	
	(ii) No of beds covered by CBMWTF		N/A	
	(iii) Installed treatment and disposal capacity of CBMWTF:		Treatment Facility Downstor Windry Country by Star Star (Star Star )	
	(iv) Quantity of blomedical waste treated or disposed by CBMWTF		N/A	
4.	Quantity of waste generated or disposed in Kg per	1	Yellow Category: 18.480 kg/annum (1.540 kg/month)	
	annum (on monthly average basis)		Red Category: 3.980 kg/annum (0.33 kg/month)	
· ·			White: NA: (no waste sharps generated)	
		- Miles	Blue Category': NA (no glass items used)	
			General Solid waste : Nil	

7	Details trainings conducted on BMW	:	
	(i) Number of trainings conducted on BMW Management.	:	One training every quarter
8	(ii) number of personnel trained	:	5 persons
	(iii) number of personnel trained at the time of induction	:	5 persons
	(iv) number of personnel not undergone any training so far	:	Nil
	(v) whether standard manual for training is available?	;	Yes ( operating control procedure from OHC manual available)
	(vi) any other information?	:	<u> </u>
8	Details of the accident occurred during the year	:	
	(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.	:	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	N/A
	Details of Continuous online emission monitoring systems installed	:	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	A \$ 35 S.	N/A
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	N/A - No drug / fluid administration is done at the first aid center. Limited Injections are given by disposable needles.
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) Nil

Certified that the above report is for the period from 1st January 2018 to 31st December 2018.

Date:07.06.2019 Place: Hosur

Name and Signature of the Head of the Institution Dr. S.M.Godwin Erastys Chief Medical Officer

Dr. S.M.GODWIN ERASTUS M.D., PGCH.,

Reg. No: 75840 AGM - MEDICAL SERVCIES ASHOK LEYLAND LTD.- 2 HOSUR

### 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)!

SI. No.   Particulars	ear, by the occupier of health care facility (HCF) or cor	ımon	ear for the period from bio-medical waste tres	) January Stmont fo	to Decembe	r of the prece
1 Particulars	of the Occupier :			atment la	cinty (CBWT)	-)]
					(Company)	<u> </u>
(i) Name o	the authorised person (occupier or operator of facility		Mr. Rakesh Mital	<u> </u>	·	
(ii) Name o	HCF or CBMWTF	)	•			
(iii) Addres	for Correspondence		: Ashok Leyland Lin	nited		,
(iv) Addres	of Facility		: Plot No-1, Sctor-1	2,IIE,PAN	INAGAR LIFE	realth and
(v)Tel. No,			: Plot No-1, Sctor-1	2.HE.PANT	MAGAR HILL	ardkiidila
(vi) E-mail I			: 59	44-25926	5, 99278 55	araknand ccc
(vii) URL of			: kalyan.dey@ashol	devland c	37270 JJ	000
	ordinates of HCF or CBMWTF		: www.ashokleyland	l.com	2111 2011	
(ix) Owners	in of HCF or CRIMANTS (C)				***************************************	**************************************
Semi Govt.	r any other)		: Public Limited Com	ากลทุง		
(x). Status o	Authorisation under the Bio-Medical Waste			. 10 41.77		
(Manageme	nt and Handling) Rules		: Authorisation No.:			
(vi) Status	te and tranding) Rules		Valid Upto			
2 Type of Heal	Consents under Water Act and Air Act		Valid up to:			
2 Type of Hear	h Care Facility :		valid up to:		31.0	3.2019
(i) Bedded H	ospital		: No. of Beds:			
1,000					Not A	pplicable
(II) Non-bedo	ed hospital (Clinic or Blood Bank or Clinical Laboratory	or .	a acabanona Health	າ Centre (	First Aid Dis	pensory) Unc
	ridie Of Vetermany Hospital or any ast a s	٠, ا	the Factory Act			
I(iii) ciceuse N	Imber and its date of expiry					
<ul> <li>Inegalls of CBI</li> </ul>	/IWTF			Not Ap	olicable	
(I) Number he	althcare facilities covered by CBMWTF			Not Ap		
(iii) iyo or beds	Covered by CRMM/TE			Not App	olicable	
(iii) Installed t	eatment and disposal capacity of CBMWTF		<del></del>	Not App		<del></del>
		<del>   </del>		Not App	licable	
(iv) Quantity o	biomedical waste treated or disposed by CBMWTF			Not App	licable	·
- Amarietty Of My	ste generated or disposed in Kg por appropriate		<u> </u>			
monthly avera	ge basis)	<u> </u>	Yellow Category:	T	9.6	kg
		<u> </u>	Red Category :		12.:	
		<u>_</u>	White:		N	
			Blue Category :		6.8	
	Details of the Standard		General Solid waste:		N	
(i) Details of the	Details of the Storage, treatment, transport	tatio	n, processing and Dis	posal Fa	rility	<u> </u>
(i) Details of the	on-site storage facility	T	Size:		·————	
	ν.		Capacity:		Not App	
	•				Not App	
			Provision of on-site		Not App	licable
(1)	<u> </u>		storage : (cold storage	or		
(II) Details of the	treatment or disposal facilities	<del>                                     </del>	any other provision)			
			Type of treatment	No of	Capacity	Quantity
	•		equipment	units	Kg/Day	treated or
1						disposed i
		ļ.				Kg per
		-	ncinerators	N/A	N/A	N/A
1			lasma Pyrolysis	N/A	N/A	N/A
	}	<u> </u>	utoclaves	N/A	N/A	N/A
			1icrowave	N/A	N/A	N/A
1			ydroclave	N/A	N/A	N/A
1		<u> </u>	redder	N/A	N/A	
		N	eedle tip cutter	<del>  '``</del> -	1,1/1	N/A
1		OI	destroyerSharps	N/A	N/A	1
1	·	Er	capsulation or	17/4	N/A	N/A
	1		ncrete pit	N/A	N/A	 
			eep burial pits	N/A	N/A	N/A
				DV/A .	HV/A	N/A
1	j	Ch	emical disinfection	N/A	N/A	N/A

1.		1				
~			Any other treatment			
	iii) Quantity of recycloble wester cold to suth a inchesion to	-	equipment	N/A	N/A	N/A
	iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic	c, glass e	etc.) N/A	
	(iv) No of vehicles used for collectionand transportation of	+	NI.			
	biomedicalwaste	;	No	ot Applic	able	
	v) Details of incineration ash and ETP sludge generated and disposed				Quantity	Where
	during the treatment of wastes in Kg	١,			generated	The state of the s
	per annum		Incineration Ash		N/A	Disposed
			ETP SLUDGE		N/A	N/A
	(vi) Name of the Common Bio-Medical Waste Treatment Facility	1:	M/s Global Environment	al Soluti	on.Vill-Lamba	N/A Khera P.O.
	Operator through which wastes are disposed of	1	Khnpur, Gadarpur	Road.Ru	ıdrapur (U.S.N	Jagarl
	I to the second		Uttarakhand -2631	52	(0.5.1	mob
			M		57800031	
	(vii) List of member HCF not handed over bio-medical waste.	:		t Applica		
6		1 :		N/A	abic	
	Do you have bio-medical waste management committee? If yes,			14/75		
	attach minutes of the meetings held during the reporting period					
7	Details trainings conducted on BMW			N/A		
	(i) Number of trainings conducted onBMW Management.	:		N/A		
	(ii) number of personnel trained			N/A		
	(iii) number of personnel trained at the time of induction	:		N/A		
	iv) number of personnel notundergone any training so far	1:		N/A		
	v) whether standard manual for training is available?	1:	ii	N/A		
	(vi) any other information)			N/A		
8	Details of the accident occurred during the year	$+\dot{-}$		N/A		
	(i) Number of Accidents occurred	;		N/A		
	(ii) Number of the persons affected	i		N/A		
	(iii) Remedial Action taken (Please attach details if any)			N/A		
	(iv) Any Fatality occurred, details.			N/A		
9						
	Are you meeting the standards of air Pollution from the incinerator?			N/A		
	Howmany times in last year could not met the standards?					
		:		NI /A		
	Details of Continuous online emission monitoring systems installed			N/A		
10	Liquid waste generated and treatment methods in place. How many	:		N1 / A		
	times you have not met the standards in ayear?			N/A		
11	Is the disinfection method or sterilization meeting the log 4	:		N1 / 0		
	standards? How many times you have			N/A		
	not met the standards in a year?					
12	Any other relevant information	<u> </u>	Air Pollution Control Devi	coc atta	المالية المالية	
	3		ncinerator) N.A.	es attac	lied with the	
			Tierrerator) IV.A.			

Certified that the above report is for the period from----1<sup>st</sup> January'2018 to 31<sup>st</sup> Dec'2018

Date: 16.05.2019 Place: Pantnagar

( Kalyan Dey) General Manager June 18, 2019

To,

The District Environmental Engineer, TNPC Board, Tiruvallur District, 77, South Avenue Road, Ambattur Industrial Estate, Chennai – 600058

Dear Sir,

We are Enclosing herewith the Form IV – Annual Report of Bio – Medical Waste for the period January 2018 to December 2019.

Kindly Acknowledge receipt

**Thanking You** 

Yours truly,

Dr.T.Jerold Ruban Cross Chief Medical Officer



#### Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

§1.	Particulars		
No.			
1.	Particulars of the Occupier	1	M/s Ashok Leyland Ltd
	(i) Name of the authorised person (occupier or operator of facility)	1	Chief Medical Officer
	(ii) Name of HCF or CBMWTF	:	Occupational Health Center
	(iii) Address for Correspondence	:	Ashok Leyland Ltd, Ennore, Chennai,600057
	(iv) Address of Facility		Ashok Leyland Ltd, Ennore, Chennai 600057
	(v)Tel. No, Fax. No	:	044-25759555/500
	(vi) E-mail ID	:	Vadivelu.P@ashokleyland.com
	(vii) URL of Website		N/A
	(viii) GPS coordinates of HCF or CBMWTF		N/A
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 18BAC7093243valid up to One.Time
	(xi). Status of Consents under Water Act and Air Act	1	Valid up to: March 2019 Applied for Renewal
2	Type of Health Care Facility	:	Applied for Notional
	(i) Bedded Hospital	1	No. of Beds:N/A
	(ii) Non-bedded hospital	:	Occupational Health Center
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		Applied for Clinical Establishment
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	1	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_N/A_ Kg per day

	(iv) Quantity of biomedical waste treate by CBMWTF	d or d	isposed	:	_N/A_K	g/day		
1.	Quantity of waste generated or dispose annum (on monthly average basis)	ed in	Kg per	i	Yellow C Red Cate White: Blue Cat General	egory :	20Kg 11 Kg	14 kg/Annun /Annum g/Annum
5	Details of the Storage, treatment, transpo	ortatio	n, proces	ssing a	323			
		:	Size	:	75CMx3			
	facility		Capaci	ty:	25 Litres	3		
			Provisi any oth		on-site s	torage	: (col	d storage or
	(ii) Details of the treatment or	:	-		atment	No	Cap	Quantity
	disposal facilities		equi	pment		of	acit	treatedo
						unit	У	r
						S	Kg/	disposed
							day	in kg
								per
				70				annum
				nerator				
			Plasma Pyrolysis Autoclaves					
				rowave				
			2000	roclav				
				edder	0			
			100000000		cutter or			
				royer			-	
			Shar	1 66				
			enca	psulat	ion or		9	
			cone	crete p	it			
					al pits:			
		Ĭ.	0.00000000	mical			_	
				nfectio				
					treatment			
			100	ipment			- 4 \	
	(iii) Quantity of recyclable wastes	:	Red C	ategor	y (like pla	snc, glas	ss etc.)	
	sold to authorized recyclers after				N/A			
	treatment in kg per annum.  (iv) No of vehicles used for collection	:	-					
	and transportation of biomedical	•			N/A			
	(v) Details of incineration ash and				Qua	ntity	W	here
	ETP sludge generated and disposed					rated		sposed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	N/A
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	•	RAMKY	
	(vii) List of member HCF not handed over bio-medical waste.		Nil	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Nil	
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		06	
	(ii) number of personnel trained		50	
	(iii) number of personnel trained at the time of induction		20	
	(iv) number of personnel not undergone any training so far		Nil	
	(v) whether standard manual for training is available?		Yes	
	(vi) any other information)		Nil	
8	Details of the accident occurred during the year		N/A	
	(i) Number of Accidents occurred			
	(ii) Number of the persons affected			
	(iii) Remedial Action taken (Please attach details if any)			
	(iv) Any Fatality occurred, details.			
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A	
	Details of Continuous online emission monitoring systems installed			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		N/A	
11	Is the disinfection method or sterilization meeting the log 4			

. 4..

	standards? How many times you have not met the standards in a year?		N/A
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)
			N/A

Certified that the above report is for the period	from
.January.2018.to.December.2018	
	2 thereof
de la companya de la	Name and Signature of the Head of the Institutio
MON LON	
Date: 18 6 18	DET JEROLD RUBAN CROSS MD AFIH

Dr. T. JEROLD RUBAN CROSS, M.D., A.F.I.H Reg. No - 79783 Chief Medical Officer Ashok Leyland, Ennere, Chennai-600 057.

# MAHARASHTRA POLLUTION CONTROL BOARD



Tatya Tope Ward, Near City Petrol Pump, Miskin Tank, Mahal Road, Bhandara-441 904

Phone no:07184-258913

website: www.mpcb.gov.in email: srobhandara@mpcb.gov.in

#### **Combined Consent and Bio-Medical Waste Authorization (CCA)**

(under the provisions of Water (P&CP) Act, 1974, Air (P&CP) Act, 1981, Enviornment (P) Act, 1986 and rules made there under including BMW Management Rules, 2016, Ammendment Rules, 2018)



1. Unique Application Number: MPCB-BMW AUTH-0000024999

2. File Outward Number: SRO-BHANDARA/BMW AUTH/1911000067 - 2019

3. Date of Issue: **08-Nov-2019** 4. CCA Validity: **05-Nov-2022** 

(subject to having valid membership of Common BMW Treatment Facility in the jurisdiction authorized by MPCB)

5. **Dr.Manohar Rameshrao Kamble** an Authorized Person (occupier) of the health care facility located at **Occupational Health Centre, Ashok Leyland, Ltd, 1- MIDC**, **Gadegaon, Lakhni, Bhandara-441904** is hereby granted an Combined Consent and Bio Medical Waste Authorization for **Generation, Segregation of** Bio Medical Waste under the provisions of Bio Medical Waste Management Rules, 2016, as ammended time to time.

6. Terms and Conditions of Combined Consent and BMW Authorization (CCA):

The CCA is subject to the condition stated below and to such other condition as may be specified under provisions of Water (P&CP act 1974), Air (P&CP act 1981, Enviornment (P) act) 1986 and Rules made there Under including BMW Management Rules, 2016,

1. You are hereby authorized for Generation and Handling of Bio Medical Waste as stated below in accordance with provisions of **Schedule -I (Part 1 & 2)** of BMWM Rules 2016:

Category of Waste	Type of Bag or Container to be used	Quantity (Kg/Month)
Yellow	Yellow coloured non-chlorinated plastic bags	1
Red	Autoclave safe plastic bags or containers	1
White(Translucent)	Puncture proof, Leak proof, tamper proof containers	1
Blue	Puncture proof, Leak proof boxes or containers with blue colored marking	1

- 2. You shall handover the BMW generated in specified bag/container duly labelled with "Barcode" to **Superb Hygienic Disposal, Nagpur** in compliance of provision of Rule 8 of BMWM Rules 2016.
  - 3. You shall maintain records related to the Generation and Handling of Bio Medical Waste, for a period of **FIVE years**. All records shall be subject to inspection and verification by the prescribed authority.
  - 4. You shall submit an Annual Report to the prescribed authority i.e. the authority granting this CCA every year before 30th June for Jan-Dec of the preceeding year.
  - 5. In case of any change for which CCA is granted, you shall forthwith inform in writing about the change and shall submit a fresh CCA application in Form II for modification of the conditions of CCA. Any unauthorised change in location, personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of this CCA, and shall be deemed to be invalid.
  - 6. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior written permission of the prescribed authority.
  - 7. You shall comply with the provisions of Water (P&CP act 1974), Air (P&CP act 1981, Enviornment (P) act) 1986 and Rules made there under including BMW Management Rules, 2016, as ammended.
  - 8. You shall produce duly signed and sealed copy of CCA for inspection on request of an officer authorised by MPCB.
  - 9. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and to comply with such other terms and conditions stipulated by the prescribed authority.
  - 10. In case of any violation, Authorized Person and/or Health Care Establishment shall be liable for all the damages caused to the environment or the public due to improper handling of Bio Medical Wastes and shall also be liable for action under Section 33A of Water (P&CP) Act, 1974 and Section 31A of Air (P&CP) Act, 1981 and Section 5 and Section 15 of the E(P) Act, as applicable.

Shri. Anand N. Katole Sub-Regional Officer (For and on behalf of Prescribed Authority, MPCB)



### Form - IV

(See rule 13)

ANNUAL REPORT ed to the prescribed authority on or before 30 th lune every very

[To be submitted to the prescribed authority on or before 30 th 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)]

Application Type: Industry		
1) Particulars		
i) First Name Dr.Manohar	ii) Middle Name Rameshrao	iii) Last Name Kamble
<b>iv) Designation</b> Medical Officer	v) Aadhaar No 680263638736	vi) PAN No AXHPK6333J
vii) Address as per Aadhaar Card Flat No.18,Shri Rang Enclave,Paithan Road,Aurangabad	viii) Tel. No. 9552550678	ix) Fax No.
<b>x) e-mail</b> Manohar.Kamble@ashokleyland.com	xi) URL of website www.ashokleyland.com	
2) Address for Correspondence	l .	1
i) Building Name/Building No./Survey Number Plot No 1	ii) Street / Village NH-06,MIDC Gadegaon	iii) City / Taluka Lakhni
<b>iv) District</b> Bhandara	v) Pin-Code Number 441904	vi) Near by Landmark NH-06
<b>3) Name of Industry</b> Occupational Health Center,Ashokleyland,Bhanda	ra	1
4) Address of Industry		
i) Building Name/Building No./Survey Number Plot No. 1, MIDC Gadegaon	ii) Street / Village NH-06	iii) City / Taluka Lakhni
<b>iv) District</b> Bhandara	v) Pin-Code Number 441904	vi) Near by Landmark NH-06
vii) Latitude coordinate of Industry 21.0821	viii) Longitude coordinate of Industry 79.7861	ix) Ownership of Industry Private
5) Status of Authorisation under the Bio-Med	dical Waste (Management and Ha	andling) Rules
i)Authorization No. MPCB-BMW_AUTH-0000024999	ii)Authorization validity Date 2022-11-05	
6) Status of Consents under Water Act and Air Act Yes	i)Consent Number BO/CAC-Cell/UAN NO.0000030308-17/CAC-1803001 528	ii)Consent validity Date 2022-09-30
	i) No of Beds	

# **9) Registration Expiry Date** 2022-02-28

10) Faculty of Medicine	1					
<b>11) Name of the Comm</b> M/s. M/s. Superb Hygiene			ste Treatment Facil	ity Operator through w	hich wa	astes are disposed of
12) Details of BMW Ger i) Authorized BMW Qua		num (as	per valid CCA)			
Yellow 0.01200         Red 0.01200		0.01200	<b>Blue</b> 0.01200		<b>White</b> 0.01200	
ii) Generation of BMW (	Quantity (k	g/day)				
<b>Yellow</b> 0.01341			0.00107	Blue 0.00036 White 0.0003		<b>White</b> 0.00016
iii) BMW disposed at CE	BMWTSDF(	kg/day)				
Yellow 0.01	<b>Red</b> 0.	00	<b>Blue</b> 0.00	<b>White</b> 0.00	Gei	neral Solid Waste
iv) Quantity of waste g	enerated a	nd dispo	sed in MT/annum (	on monthly average ba	sis)	
Yellow 0.00		Red (	0.00	<b>Blue</b> 0.00		White 0.00
13) Do you have bio-me reporting period No	edical wast	e manag	gement committee?	If yes, attach minutes	of the	meetings held during the
14) Details trainings co i) Number of trainings of 4 ii) Number of personne	conducted		Management.			
iii) Number of personne 8	el trained a	t the tin	ne of induction			
iv) number of personne	l not unde	rgone ar	ny training so far			
<b>v) whether standard m</b> a No	anual for t	raining is	s available?			
vi) any other information		eing follo	wed			
15)Details of the accide	ent occurre	ed during	the year			
(i) Number of Accidents	occurred					
(ii) Number of the pers	ons affecte	ed .				
<b>(iii) Remedial Action ta</b> No	ken (Pleas	e attach	details if any)			
(iv) Any Fatality occurr No	ed, If yes o	letails.				
16) Are you meeting the s	tandards of	air Polluti	on from the incinerat	or? How many times in las	st year c	could not met the standards?
<b>(i) Details of Continuou</b> No	s online er	nission r	nonitoring systems	installed		
17) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? Yes,						
<b>18)</b> Is the disinfection r standards in a year? Yes,	nethod or	sterilizat	ion meeting the lo	g 4 standards? How ma	ny time	es you have not met the

19) Any air pollution control devices attached with the Incinerator No			
Place Ashokleyland Ltd	<b>Designation</b> Medical Officer	<b>Date</b> 2019-11-05	