

April 9, 2021

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 2020 to December 2020.

Kindly Acknowledge receipt

Thanking You

Yours truly,

Dr.T.Jerold Ruban Cros Chief Medical Officer MEDICAL



ASHOK LEYLAND LIMITED

Ennore, Chennai - 600 057, India. T : +91 44 25759444 / 466 F: +91 44 25752273

Registered & Corporate Office: No. 1, Sardar Patel Road, Guindy, Chennai - 600 032, India
T : +91 44 2220 6000 | F : +91.44.2220 6001 | 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)]

Sl.	Particulars		
No.			
1.	Particulars of the Occupier	: _	M/s Ashok Leyland Ltd
	(i) Name of the authorised person (occupier or operator of facility)	:	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.: 18BAC7.093243valid up to Qne.Time
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: March 2021 Applied for Renewal
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:N/A
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or	:	Occupational Health Center
	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	:	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	ed or d	isposed		N/A K	(g/day		
4.	Quantity of waste generated or dispos annum (on monthly average basis)	ed in	Kg per	:	Red Cat White: Blue Ca	Category : tegory : Solid wa	20 Kg	08 kg/Annum g/Annum g/Annum
5	Details of the Storage, treatment, transp	ortatio	n, proces	sing a	nd Dispo	sal Facil	ity	
	(i) Details of the on-site storage	:	Size	:	75CMx3	30CM		
	facility		Capacit	y:	25 Litre	S		
			Provision any oth		on-site s	storage	: (col	d storage or
	(ii) Details of the treatment or disposal facilities		Incin Plasi Auto Micr Hydi Shre Need destr Shar enca conc Deep Cher disin	nerator ma Pyroclaver roclaver dder dle tip royer ps psulat rete p o buria mical	eatment rs rolysis s e cutter or ion or it al pits: n: treatment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	•	Red Ca	itegor	y (like pla N/A	stic, glas	ss etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:			N/A			
	(v) Details of incineration ash and ETP sludge generated and disposed					erated		here sposed

	during the treatment of wastes in Kg per annum	Incineration Ash N/A ETP Sludge
	(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.	04
	(ii) number of personnel trained	48
	(iii) number of personnel trained at the time of induction	07
	(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	to I and treatment	N/A
1		

	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

Certifie	ed that the above report is for the period from
	January 2020 to December 2020

Name and Signature of the Head of the Institution

Date: 09 APRIL 202 |
Place CHENNEY

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



June 29,2021.

REF: PE - C / 309 / 001 / 21 - 22.

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 2020.

We are pleased to enclose the Annual report of Bio - Medical waste in form No - IV for the year of 2020.

Trust the details furnished are in order.

Thanking you,

Yours faithfully for ASHOK LEYLAND UNIT - I

C.L.Subramanya.

CAsst Gen Manager - Plant Engg.

ASHOK LEYLAND LIMITED

Sie ma seguing of 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

தர் முக்கு முல் பொறி*யாளர்*

2 9 JUN 2021

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)]

Sl.No.	Particulars		
1	Particulars of the Occupier		-
	(i) Name of the authorised person	:	Dr. Godwin Erastus SM - 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, 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	:	Godwinerastus.SM@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 (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	:	Red Category: 8.07 kg/annum (0.6725 kg/month)
	annum (on monthly average basis)		Yellow Category: 10.05 kg/annum (0.8375 kg/month)
			White: 2.11 kg/annum (0.1758 kg/month)
			Blue Category: 2.78 kg/annum (0.2317 kg/month)

ı	(i) Details of the on-site storage	:	Size : Generated waste is stored & sent out within 48 hr.							
	facility		Capacity : Generated w	aste is s	tored & se	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 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	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 plas	tic, glass	s etc.): Nil					
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Nil (One by authorised	third pa	arty for coll	ection and disposal)				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of	:		Quantity Generated		Where Dispose				
	wastes in Kg per annum		Incineration		N/A	N/A				
	10 NO		Ash	ļ	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.	:	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	:	Nil
	(iii) Remedial Action taken (Please attach details if any)	:	Nil
	(iv) Any Fatality occurred, details.	11	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 2020 to 31st December 2020.

Date: 29.06.2021 Place: Hosur Name and Signature of the Head of the Institution
Dr. Godwin Erastus SM - Chief Medical Officer



Aapki Jeet. Hamari Jeet.

Date: 22.06.2020

To,

The Rajasthan State Pollution Control Board, D-Block, Ambedkar nagar, Alwar, Rajasthan

Subject: Annual Report of Bio Medical Waste for the year 2020-21.

Dear Sir,

Enclosed Annual Report of Bio Medical Waste for the year 2020-21. This is for your information and records.

Thanking you,

For Ashok Leyland Ltd.

Factory Manager

From –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	11101	bio-medical waste treating	ent raciity	/ (CBWIF)]	
1.	Particulars of the Occupier					
	(i) Name of the authorized person (occupier or operator of facility)	·	Mr. A Venkat Kiran Kur	mar	ii.	
	(ii) Name of HCF or CBMWTF	1:	Ashok Leyland Ltd., Al	war		
	(iii) Address for Correspondence	1	SPL-298, MIA (Matasy 301030, Rajasthan.		rial Area), A	lwar -
	(i) Address of Facility		SPL-298, MIA (Matasy 301030, Rajasthan.	a Indust	rial Area), A	lwar -
	(ii) Tel. No. Fax. No.	:	Tel.: +91 144 - 288131			
	(V) E-mail ID	:	Mukesh.Kumar@ashol	kleyland	.com	
	(i) URL of Website	:	www.ashokleyland.cor			
	(ii) GPS coordinates of HCF of CBMWTF		-			
	(iii) Ownership of HCF of CBMWTF		Private			
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No. : NIL Valid up to :-	š		
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: January 20	23		
2.	Type of Health Care Facility	:			*	
	(i) Bedded Hospital	1 :	No. of Beds : Nil			
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	First Aid Centre			
	(iii) License number and its date of expiry.	1:	N/A		5 to - 2	
3.	Details if CBMWTF					
	(i) Number healthcare facilities covered by CBMWTF	:	N/A		<u>р</u>	
	(ii) No. of beds covered by CBMWTF	1:	N/A			
	(iii) Installed treatment and disposal capacity of CBMWTF		N/A Kg per day			
-	(iv) Quantity of biomedical waste treated or disposal by CBMWTF		N/A Kg/day			7
			Yellow category: 0.325			
	Quantity of waste generated or disposed in Kg per		Red Category: 0.330 K			
4.	annum (on monthly average basis)	1	White: (No Waste sharp	os genei	rated)	
4	aman (on monthly average basis)		Blue Category: (No Gla	ss Items	s Used)	
			General Solid waste :(N	IIL)		
5.	Details of the Storage, treatment, transportation, proce	ssin	g and Disposal Facility			
			Size : NIL			
	(i) Dataile of the one site at one of solite		Capacity: NIL			
	(i) Details of the on-site storage facility	1 2	Provision of on-site stor	rage: (co	old storage	or any
			other provision)	u.go. (00	ora otorago t	, arry
			Type of treatment	No of	Capacity	Quantity
			Equipment	Units	Kg/day	treated or disposed In Kg per Annum
			Incinerators	NIL	NIL	NIL
			Plasma Pyrolysis	NIL	NIL	NIL
			Autoclaves	NIL	NIL	NIL
			Microwave	NIL	NIL	NIL
	(ii) Disposal Facilities		Hydroclave	NIL	NIL	NIL
	(ii) Dioposai i adiities		Shredder	NIL	NIL	NIL
			Needle tip cutter or			20000000
			destroyer Sharps encapsulation	NIL	NIL	NIL
			or concrete pit Deep burial pits	NIL NIL	NIL NIL	NIL NIL
			Chemical disinfection		NIL	1100000000000
			Any other treatment equipment	NIL NIL	NIL NIL	NIL NIL
	CON CONTRACTOR LAND AND AND AND AND AND AND AND AND AND		Red Category (like plas	tio alas	a oto \ NI/A	
	(iii) Quantity of recyclable wastes sold to authorized		Tred Galegory (like plas	uc, glas	5 CIU. J IN/F	\

	recyclers after treatment in kg per annum.		
	(iv) No of vehicles used for collection and	1.	N/A
	transportation of biomedical waste.	1:	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	:	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
3.	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 2020 to 31st Mar 2021

Date: 22.06.2020 Place: Alwar

Name and Signature of the Head of the Institution

AV Kiran Kumar



Ref: CMD/20/SPCB/17 Date: Feb,22nd 2021

The Regional Officer,

Uttarakhand Environment Protection and Pollution Control Board, 1st Floor, Chamunda Complex, Ramnagar Road, KASHIPUR (U.S.Nagar)-244713

Subject: Annual return of Biomedical waste for the Year of 2020

Dear Sir.

Please find enclosed herewith the Annual return of Biomedical waste for the Year of 2020 duly filled in form-IV for the year 2020

Kindly acknowledge the receipt.

Thanking You

Yours faithfully

For Ashok Leyland Ltd.

(Dushyant Kumar Singh)

Dy. General Manager

Encl: Annual return duly filled in Form-IV

CC: Member Secretary

Uttarakhand Environment Protection and Pollution Control Board Gaura Devi Bhawan,46B IT Park, Sahastradhara, DEHRADUN (Uttarakhand),248091

2. District Magistrate, U.S. Nagar, Uttarakhand

3. Chief Medical Officer, U.S. Nagar, Uttorakhand

ASHOK LEYLAND LIMITED

Plot No.1, Sector - 12, IIE, Pantnagar, Uttarakhand - 263153 t:+91.05944-259199

Registered Office: No.1, Sardar Patel Road, Guindy, Chennai 600 032, India.
 t: +91.44.2220 6000 f: +91.44.2220 6001, e: reachus@ashokleyland.com,
 CIN: L34101TN1948PLC000105, www.ashokleyland.com

[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.			realed waste treatment is	acincy (c		1		
1	Particulars of the Occupier :			1				
			Mr. Dushyant Kumar Si	ngh				
	(i) Name of the authorised person (occupier or operator of facility)	:						
	(ii) Name of HCF or CBMWTF	:	Ashok Leyland Limited			That I do		
	(iii) Address for Correspondence	:	Plot No-1, Sctor-12, IIE, P	ANTNA	GAR, Uttarak	hand		
	(iv) Address of Facility	: Ashok Leyland Limited : Plot No-1, Sctor-12, IIE, PANTNAGAR, Uttarakhand : Plot No-1, Sctor-12, IIE, PANTNAGAR, Uttarakhand : 9760027522 : dushyant.ks@ashokleyland.com : www.ashokleyland.com : www.ashokleyland.com : Public Limited Company						
	(v)Tel. No, Fax. No	:						
	(vi) E-mail ID	:	dushyant.ks@ashokleyla	and.com	1			
	(vii) URL of Website	:						
	(viii) GPS coordinates of HCF or CBMWTF	:						
	(ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or any other)	:	Public Limited Company					
	(x). Status of Authorisation under the Bio-Medical Waste		Authorisation No :	LIFP	PCR/ROK/RN	/\/\-271/19/95		
	(Management and Handling) Rules			OLI				
	(xi). Status of Consents under Water Act and Air Act	:						
2	Type of Health Care Facility :		rana ap co.		31.03	.2021		
	(i) Bedded Hospital		No of Reds:		Not Apr	licable		
				tre (Fir				
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)			ici e (Til	st Alu Dispe	isory) onder		
	(iii) License number and its date of expiry		N	lot Appl	icable			
3	Details of CBMWTF	1						
	(i) Number healthcare facilities covered by CBMWTF	:						
	(ii) No of beds covered by CBMWTF	:						
	(iii) Installed treatment and disposal capacity of CBMWTF	:						
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF							
4	Quantity of waste generated or disposed in Kg per annum (on		Yellow Category: 21 97 kg					
	monthly average basis)		Red Category :					
			Blue Category :	1	5.33	kg		
				1 3				
5	Details of the Storage, treatment, transport	atio	on, processing and Dispo	osal Fac				
	(i) Details of the on-site storage facility					licable		
			storage : (cold storage or		чос Арр	licable		
	(ii) Details of the treatment or disposal facilities		Type of treatment	No of	Capacity	Quantity		
			equipment	units		treated or disposed in		
			Incinerators	NI/A	NI/A	Kg per		
				_				
		-						
			Needle tip cutter	IN/A	IN/A	IV/A		
			ordestroyerSharps	NI/A	NI/A	NI/A		
			Encapsulation or	N/A	N/A	N/A		
			concrete pit	N/A	N/A	N/A		
1943			Deep burial pits	N/A	N/A	N/A		
			5 1 1 1 5 5	13/7	14/17	IN/ PA		

	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 collectionand transportation of biomedicalwaste		Not A	Applicable			
	v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg	:		Quantity generated	Where Disposed		
	per annum		Incineration 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		M/s Global Environmental Khnpur, Gadarpur Road,Rud 263152), Uttarakhar		
	(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			N/A			
7	Details trainings conducted on BMW			N/A			
	(i) Number of trainings conducted onBMW Management.	1	N/A				
	(ii) number of personnel trained	:		N/A			
	(iii) number of personnel trained at the time of induction	1		N/A			
	iv) number of personnel notundergone any training so far	2		N/A			
	v) whether standard manual for training is available?	:		N/A			
	(vi) any other information)	:					
8	Details of the accident occurred during the year			N/A			
	(i) Number of Accidents occurred	:		N/A			
	(ii) Number of the persons affected	10		N/A			
	(iii) Remedial Action taken (Please attach details if any)	1		N/A			
	(iv) Any Fatality occurred, details.	1		N/A			
9	Are you meeting the standards of air Pollution from the incinerator? Howmany times in last year could not met the standards?	:		N/A			
	Details of Continuous online emission monitoring systems installed	2		N/A			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in ayear?	0		N/A			
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have	1		N/A			
11	not met the standards in a year?						
12		:	(Air Pollution Control Device	es attached with the	he Incinerato		

Certified that the above report is for the period from----1St January 2020 to 31st Dec'2020

Date: 22.02.2020 Place: Pantnagar (Dushyant Kumar Singh)
Dy. General Manager



Ref. CMD/20/SPCB/17 Date: Feb.22nd 2021

The Regional Officer,

Uttarakhand Environment Protection and Pollution Control Board, 1st Floor, Chamunda Complex, Ramnagar Road, KASHIPUR (U.S.Nagar)-244713

Subject: Annual return of Biomedical waste for the Year of 2020

Dear Sir.

Please find enclosed herewith the Annual return of Biomedical waste for the Year of 2020 duly filled in form-IV for the year 2020

Kindly acknowledge the receipt.

Thanking You

Yours faithfully

For Ashok Leyland Ltd.

(Dushyant Kumar Singh)

Dy. General Manager

Encl: Annual return duly filled in Form-IV

CC: Member Secretary

Uttarakhand Environment Protection and Pollution Control Board Gaura Devi Bhawan, 46B IT Park, Sahastradhara, DEHRADUN (Uttarakhand). 248001

2. District Magistrate, U.S. Nagar, Uttarakhand

3. Chief Medical Officer, U-S. Nagar, Uttorakhand

ASHOK LEYLAND LIMITED

Plot No.1, Sector - 12, IIE, Pantnagar, Uttarakhand - 263153 t:+91.05944-259199

Registered Office No.1, Sardar Patel Road, Guindy, Chennai 600 032, India. t: +91.44.2220 6000 f: +91.44.2220 6001, e: reachus@ashokleyland.com, CIN: 134101TN1948PLC000105, www.ashokleylan



Ref. CMD/20 SPCB/17 Date: Feb.22nd 2021

The Regional Officer.

Uttarakhand Environment Protection and Pollution Control Board. 1º Floor, Chamunda Complex, Ramnagar Road. KASHIPUR (U.S.Nagar)-244713

Subject: Annual return of Biomedical waste for the Year of 2020

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Yours faithfully

For Ashok Leyland Ltd.

(Dushyant Kumar Singh)

Dy. General Manager

Encl: Annual return duly filled in Form-IV

25/2/2/2)

CC: Member Secretary

Unarakhand Environment Protection and Pollution Contro! Board

7 Sahastradhara, DEHRADUN (Uttarakhand),248001

Thief Medical Officer, U.S. Nagar, Uttarakhand
Thief Medical Officer, U.S. Nagar, Uttarakhand

ASHOK LEYLAND LIMITED

Piet No.1, Sector - 12, He, Pantinagar, Uttarakhand 762153

Progisterad Office No. 1, Sardyr Patel Road, Guindy: Chemical SOP 032 fushols: 191.44 2720 6600 Ft +91 44 2220 6001, a reactive Pathylogical Automation of

2 Anier



Ref: CMD/20 SPCB/17 Date: Feb. 22nd 2021

The Regional Officer,

Uttarakhand Environment Protection and Pollution Control Board, 1st Floer, Chamunda Complex, Ramnagar Road. KASHIPUR (U.S.Nagar)-244713

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Yours faithfully

For Ashok Leyland Ltd.

(Dushyant Kumar Singh)

Dy. General Manager

Encl: Annual return duly filled in Form-IV

CC: Member Secretary

Uttarakhand Environment Protection and Pollution Contro! Board Gaura Devi Bhawan, 46B IT Park, Sahastradhara, DEHRADUN (Uttarakhand), 248001

A Bistrict Magistrate, U.S. Nagar, Ultarakhand Medical officer, U-S- Nagar, Uttorakhand

ASHOK LEYLAND LIMITED

Registered Office, No.1, Sargar Patel Rhad, Guindy, Chermai 600 032, India. t +91.44,2220 6000 ft +91.44.3220 6001, et reachus@ashakiayland.com CIN: 134101TN194891CD00305, www.ashnik.wland.com



Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2020 **Application Type: Industry** Calender Year Submit To 2020 SRO-Bhandara 1) Particulars i) First Name ii) Middle Name iii) Last Name Dr Manohar Rameshrao Kamble iv) Designation v) Aadhaar No vi) PAN No Chief Medical Officer 680263638736 AXHPK6333I ix) Fax No. vii) Address as per Aadhaar Card viii) Tel. No. Flat No. 18, Shri Rang Enclave, Paithan 9552550678 07184274430 Road, Aurangabad x) e-mail xi) URL of website Manohar.Kamble@ashokleyland.com www.ashokleyland.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person Ashok Leyland Ltd Manohar.Kamble@ashokleyland.com Dr. Manohar Kamble iv) Contact No. 9552550678 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number National Highway No-6, Gadegaon Village Lakhani Ashok Leyland, Ltd., Plot No 1, MIDC Gadegaon iv) District v) Pin-Code Number vi) Near by Landmark Bhandara 441904 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 21.0821 79.7861 Private 4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules i)Authorization No. ii) Authorization validity Date MPCB-BMW_AUTH-0000024999 2022-11-05 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date BO/CAC-Cell/UAN 2022-09-30 NO.0000030308-17/CAC-180300152 8 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 2001072742 2022-02-28 8) Registration Expiry Date 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. M/s. Superb Hygiene Disposals, Nagpur 11) Details of BMW i) Authorized BMW Quantity MT/month (as per valid CCA) **Blue** 0.00100 White 0.00100 **Yellow** 0.00100 **Red** 0.00100

) Bio Medical Waste Generate	d (Kg/day)				
Yellow 0.02000	Red 0.02000	Blue 0.00250	0	White 0.00124	
i) Quantity of Biomedical was	te given to CBMWTDF (kg/da	y)			
Yellow 0.0200 Red	0.0200 Blue 0.0025	White 0.0012	General S	neral Solid Waste 0.2500	
2) Details trainings conducte Number of trainings conduct					
) Number of personnel traine 4	d				
i) Number of personnel traine	ed at the time of induction				
v) number of personnel not ur	ndergone any training so far				
) whether standard manual for es	or training is available?				
i) any other information perational control procedure for	BMW handling being followed				
3) Details of the accident occ Number of Accidents occurre					
) Number of the persons affe	cted				
ii) Remedial Action taken (Ple	ase attach details if any)				
v) Any Fatality occurred, If ye	s details.				
4) Liquid waste generated an es	d treatment methods in plac	e. How many times yo	u have not m	et the standards in a year?	
.5) Is the disinfection method year? es	or sterilization meeting the	log 4 standards? How	many times y	ou have not met the standard	
Place	Designation		Date		



PE 920/051/2021 18th June 2021

The District Environmental Engineer Tamil Nadu Pollution Control Board, Plot No. 149-A, 1st 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'20 to Dec'20.

Please find enclosed herewith Form-4 duly filled for filing annual returns of Bio-Medical Waste for the period January 2020 to December 2020. This is for your information and records.

Kindly acknowledge receipt.

Thank You,

Yours truly, For Ashok Leyland Ltd, Unit-2

S. Venkatraman Divisional Manager - Plant Engineering

Encl:

1) Duly filled Form-IV

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, Chennai - 600 032. India. t: +91 44 2220 6000 f: +91 44 2220 6001

> CIN: L34101TN1948PLC000105 www.ashokleyland.com



1 0 JUN 2021

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)]

l.No.	Particulars	117	SHOPING TO A PROPERTY OF THE
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. S.M.Godwin Erastus - Chief Medical Officer
	(ii) Name of HCF or CBMWTF	:	Ashok Leyland Ltd., Unit-II
	(iii) Address for Correspondence		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		
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No. : Applied, awaiting for authorizatio up to:	
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31st March'22
2	Type of Health Care Facility	:	The state that the best and the second of the second second
	(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)		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
100	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	No. of the last	N/A
4	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 24.72 kg/annum (2.06 kg/month)
	annum (on monthly average basis)		Red Category: 1.755 kg/annum (0.14 kg/month)
			White : NA (no waste sharps generated)
		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
	(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	:	NII
	(iii) Remedial Action taken (Please attach details if any)	:	Nil
	(iv) Any Fatality occurred, details.	:	NII "
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 2020 to 31st December 2020.

Date:18.06.2021 Place: Hosur Name and Signature of the Head of the Institution Dr. S.M.Godwin Erastus - Chief Medical Officer

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

AGM - MEDICAL SERVCIES ASHOK LEYLAND LJD.- 2 HOSUR





21.06.2021

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 2020 to December 2020 for your kind perusal.

Thanking you,

Yours faithfully,

For Ashok Leyland Limited - Foundry Division

J.Srikanth

Sriperumbudu Manager - EHS

Encl: Form-4

ASHOK LEYLAND LIMITED (Foundry Division)

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)]

Sl.	Particulars		
No.			
1.	Particulars of the Occupier	;	,
	(i) Name of the authorised person (occupier or operator of facility)		Mr. Jeyabal A
	(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, Chengalpa 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: Nil
	(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		:	-	VA-	
	(iii) Installed treatment and disposal capacity of CBMWTF:		:		Kg per da	ay –NA-
	(iv) Quantity of biomedical waste treated or disp	osed	:	1	Kg/day	-NA-
	by CBMWTF					
4.	Quantity of waste generated or disposed in Kg pe	er	:		Yellow Category	: 14.104
	annum (on monthly average basis)				Red Category	: 17.017
				L	White:	0
				1	Blue Category:	5.675
				- 1	General Solid was	te: -NIL-
5	Details of the Storage, treatment, transportation,				NA-	
	(i) Details of the on-site storage	:	Size :		NA-	
	facility		Capaci :		NA-	
			Provisi			
			of .		on-site storage	: (cold storage or
			any oth	her p	rovision) -NA-	
	(ii) Details of the treatment or	:	3.1.4			
	disposal facilities		-NA		/121 1 / 2	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in	:	Red Ca	ateg	ory (like plastic, g	ass etc.)
	kg per annum.					
	and the summer.			_	NA-	
		_			NIA	
	(iv) No of vehicles used for collection and transportation of biomedical	:			-NA-	
	and transportation of biomedical waste					
	(v) Details of incineration ash and				Quantity	Where
	ETP sludge generated and disposed				generated	disposed
	during the treatment of wastes in Kg		Incine	erati		-
	per annum		Ash			
	p -		ETP S	Slud	ge	
	(vi) Name of the Common Bio-	:				
	Medical Waste Treatment Facility					
	Operator through which wastes are		GJ MU	JLT	ICLAVE	
	disposed of					
	(vii) List of member HCF not handed				-NA-	
	over bio-medical waste.					
6	Do you have bio-medical waste				* * 4	
	management committee? If yes, attach				-NA-	
	minutes of the meetings held during					
	the reporting period					
7	Details trainings conducted on BMW					
	(i) Number of trainings conducted on				12	
	BMW Management		i			1

	(ii) number of personnel trained		9
	(iii) number of personnel trained at		
	the time of induction	100	9
	(iv) number of personnel not		-NIL-
	undergone any training so far		
	(v) whether standard manual for		· YES
	Training is available?		**************************************
	(vi) any other information)		-NIL-
8	Details of the accident occurred		
	during the year		-NIL-
	(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		-NA-
	the standards?		
	Details of Continuous online emission		
	monitoring systems installed		-NA-
10	Liquid waste generated and treatment		
	methods in place. How many times		-NA-
	you have not met the standards in a		
	year?		
11	Is the disinfection method or		-NA-
	sterilization meeting the log 4		
	standards? How many times you have	ĺ	
	not met the standards in a year?		
			(Air Pollution Control Devices attached with
12	Any other relevant information	:	the
			Incinerator) -NA-

Certified that the above report is for the period from 1st.	January 2020 to 31 st December 2020
	Morro M
8	Name and Signature of the Head of the Institution

Date: Sriperumbudur Place: 21.06.2021 DIANE HEAD