



ASHOK LEYLAND

To
The District Environmental Engineer,
TNPC Board, Tiruvallur District,
77, South Avenue Road,
Ambattur Industrial Estate,
Chennai – 600 058.

10.06.2020

Dear Sir,

We are enclosing herewith Form 4 – Annual Returns for Handling of Hazardous Waste for the period April 2019 to March 2020:

1. Category 5.1 - Used / Spent Oil
2. Category 33.1 – Discarded Containers or Barrels.
3. Category 5.2 - Waste / Residue containing oil – Grinding Paste.
4. Category 35.3 – Chemical Sludge from Waste Water.
5. Category 21.1 Wastes and Residues – Paint Muck.
6. Category 5.2 - Waste / Residue containing oil – Oil Soaked Cotton Waste.
7. Category - 3.3 - Sludges & Filters contaminated with Oil.

Kindly acknowledge receipt.

Thanking You.

Yours truly,

T.S. Anantha Rajan,
Head – Plant Engg., UP & IED.

Encl. : Form 4



ASHOK LEYLAND LIMITED

Ennore, Chennai - 600 057, India.

t : +91.44.2575 1001 / 0233 f : +91.44.2575 1798 / 2273

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



HINDUJA GROUP

Form - 4

(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | | |
|---|--|---|-----------------|-----------------------------|------------------------|----------------|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s AshokLeyland Ltd, Ennore, Chennai 600 057 | | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S. Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | | Chemical Form | | |
| | Category 5.1 - Used or Spent Oil. | Solid 210 Litres - Steel / Plastic containers or barrels | | -- | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | | Quantity (in Tonnes / KL) | | |
| | | a. Category 5.1 Used Oil | | 61.00 KL | | |
| 5 | Description of Storage | Stored in 210 Litres Sealed Oil Drums | | | | |
| 6 | Description of Treatment | Used Oil recovered from ETP | | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | |
| | Local Inter-carting in Trucks from ETP's to Scrap Disposal & storage shed | Local transporter | Drums | Truck | Once in a month | |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | Quantity in KL |
| a | Category 5.1 Used Oil | M/s Supreme Petro Products | 210 litres | by Truck | 11.04.2019 | 5.00 |
| | | No.9, Eguvarpalayam Village, | sealed | | 13.05.2019 | 6.00 |
| | | Gummidi pundi taluk, | Oil Drums | | 12.06.2019 | 6.80 |
| | | Thiruvallur District - 601201 | | | 13.07.2019 | 8.00 |
| | | | | | 08.08.2019 | 5.40 |
| | | | | | 11.10.2019 | 7.40 |
| | | | | | 20.11.2019 | 4.40 |
| | | | | | 28.01.2020 | 11.00 |
| | | | | | 25.02.2020 | 7.00 |
| | | | | | Total | 61.00 |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | | Quantity in Tonnes / KL | | |
| | | Manufacturers* | | Nil | | |
| | | Others# | | Nil | | |

* delete whichever is not applicable

enclose list of other agencies.

Date : 10.06.2020

Place : Chennai - 57

Sig. Of the consumer :

J. S. Anantha Rajan

Name : T.S. Anantha Rajan,

Designation : Head - Plant Engg., UP & IED

Form - 4

(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | | |
|--------------|---|--|-----------------|-------------------------------|------------------------|----------------|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s AshokLeyland Ltd, Ennore, Chennai 600 057 | | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | | Chemical Form | | |
| | Category 33.1 Discarded Containers or Barrels contaminated with Hazardous Waste & Chemicals. | Solid 210 Litres - Steel / Plastic containers or barrels | | -- | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | | Quantity (in Nos. / Tonnes) | | |
| | | Category 33.1 - Empty barrels 210 Litres Waste Oil, Grease & Paint Barrels | | 41.90 MT | | |
| 5 | Description of Storage | 210 Litres Oil, Grease & Wax Barrels | | | | |
| 6 | Description of Treatment | Empty Oil Barrels - cleaned & disposed. | | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | |
| | Local Inter-carting in Trucks from ETP's to Scrap Disposal storage shed | Local transporter | Drums | Truck | Once in a month | |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | Quantity in MT |
| a | Category 33.1 Discarded Containers or Barrels contaminated with Hazardous Waste or Chemicals. | Sri Krishna Barrels No.18, Meenambedu Road, Mannur pet, Chennai - 50 | Empty barrels | Truck | 23.04.2019 | 3.57 |
| 28.05.2019 | | | | | 5.84 | |
| 29.06.2019 | | | | | 5.07 | |
| 17.07.2019 | | | | | 1.62 | |
| 28.08.2019 | | | | | 5.59 | |
| 21.11.2019 | | | | | 3.50 | |
| 11.12.2019 | | | | | 2.06 | |
| 20.01.2020 | | | | | 4.20 | |
| 22.02.2020 | | | | | 4.50 | |
| 20.03.2020 | | | | | 2.00 | |
| | Total | | 37.93 | | | |
| b | T.Sathyarajana Chetti No.1/2, Vera Kutti street, Old Washermen pet, Chennai | Empty barrels | Truck | 23.04.2019 | 1.60 | |
| 11.05.2019 | | | | 1.12 | | |
| 13.06.2019 | | | | 1.25 | | |
| Total | | | | 3.96 | | |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | | Quantity in MT | | |
| | | Manufacturers* | | Nil | | |
| | | Others* | | Nil | | |

* delete whichever is not applicable
enclose list of other agencies.

Date : 10.06.2020
Place : Chennai - 57

Sig. Of the consumer :

J. S. Anantha Rajan
Name : T.S.Anantha Rajan,
Designation : Head - Plant Engg., UP & IED

Form - 4

(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | | |
|---|--|---|-----------------------------------|------------------------|------------------------|-----------------|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s Ashok Leyland Ltd, Ennore, Chennai 600 057 | | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg.,UP & IED PH: 044 25759204 | | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | Chemical Form | | | |
| | Category 5.2 Wastes / Residues containing Oil | Semi Solid | Grinding Paste containing oil. | | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | Quantity (in Tonnes / KL) | | | |
| | | a. Category 5.2 Wastes / Residues containing Oil - Grinding Paste. | 94.69 MT | | | |
| 5 | Description of Storage | Stored in 210 Litres Drums under covered shed | | | | |
| 6 | Description of Treatment | Oil Wastes generated through machining activities is stored & disposed. | | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | |
| | Local Inter-carting in Trucks to storage shed | Local transporter | Drums | Truck | Once in a month | |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation | Qty. |
| a | Category 5.2 Wastes / Residues containing Oil (Grinding Paste) | Gujarat Enviro Protection & Infrastructure Limited, Plot NO. S-60, Phase-III, SIPCOT Industrial Estate, Ranipet, Vellore Dist. | 210 litres sealed Oil Drums | Truck | 27.04.2019 | 11.13 MT |
| | | | | | 31.05.2019 | 16.66 MT |
| | | | | | 26.06.2019 | 9.48 MT |
| | | | | | 24.07.2019 | 11.85 MT |
| | | | | | 29.08.2019 | 8.74 MT |
| | | | | | 28.11.2019 | 7.37 MT |
| | | | | | 26.12.2019 | 15.43 MT |
| | | | | | 24.01.2020 | 6.13 MT |
| | | | | | 06.02.2020 | 2.71 MT |
| | | | | | 05.03.2020 | 5.19 MT |
| | | | | | Total | 94.69 MT |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | Quantity in Tonnes / KL | | | |
| | | Manufacturers | Nil | | | |
| | | Others | Nil | | | |

* delete whichever is not applicable
enclose list of other agencies.

Date : 10.06.2020
Place : Chennai - 57.

Sig. Of the consumer :

T.S. Anantha Rajan

Name : T.S.Anantha Rajan,

Designation : Head - Plant Engg.,UP & IED.

Form - 4

(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

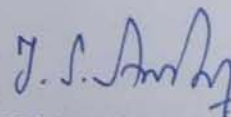
(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | |
|---|--|---|-----------------------------------|------------------------|------------------------|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s Ashok Leyland Ltd, Ennore, Chennai 600 057 | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | Chemical Form | | |
| | 35.3 - Chemical Sludge from Waste Water treatment | Semi Solid | Chemical Sludge | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | Quantity (in Tonnes / KL) | | |
| | | 35.3 - Chemical Sludge from Waste Water treatment | 3.11 MT | | |
| 5 | Description of Storage | Stored in 210 Litres Drums under covered shed | | | |
| 6 | Description of Treatment | Sludge generated from ETP's is stored & disposed. | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Local Inter-carting in Trucks to storage shed | Local transporter | Drums | Truck | |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| a | Category : 35.3 - Chemical Sludge from Waste Water | Gujarat Enviro Protection & Infrastructure Limited, Plot NO. S-60, Phase-III, SIPCOT Industrial Estate, Ranipet, Vellore Dist. | 210 litres sealed Oil Drums | Truck | 18.11.2019 -03.11MT |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Total - 3.11 MT |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | Quantity in Tonnes / KL | | |
| | | Manufacturers | Nil | | |
| | | Others | Nil | | |

* delete whichever is not applicable

enclose list of other agencies.

Sig. Of the consumer :



Date : 10.06.2020

Place : Chennai - 57

Name: T.S.Anantha Rajan,

Designation : Head - Plant Engg., UP & IED

Form - 4

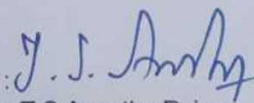
(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | |
|---|--|---|------------------------------------|------------------------|---|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s Ashok Leyland Ltd, Ennore, Chennai 600 057 | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | Chemical Form | | |
| | Category 21.1 Wastes and Residues (Paint Muck). | Solid | Paint Residues | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | Quantity (in Tonnes / KL) | | |
| | | a. Category 21.1 Wastes and Residues (Paint Muck). | 25.86 MT | | |
| 5 | Description of Storage | Stored in 210 Litres Drums under covered shed | | | |
| 6 | Description of Treatment | Paint muck generated from painting process. | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Local Inter-carting in Trucks to storage shed | Local transporter | Drums | Truck | Once in a month |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Category 21.1 Wastes and Residues (Paint Muck). | Gujarat Enviro Protection & Infrastructure Limited, Plot NO. S-60, Phase-III, SIPCOT Industrial Estate, Ranipet, Vellore Dist. | 210 litres sealed Oil Drums | Truck | 04.04.2019 - 02.64MT 18.05.2019 - 03.92MT 26.06.2019 - 03.35MT 17.07.2019 - 01.88MT 29.08.2019 - 02.86MT 20.11.2019 - 02.79MT 26.12.2019 - 02.53MT 24.01.2020 - 01.87MT 04.03.2020 - 04.02MT Total - 25.86 MT |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | Quantity in Tonnes / KL | | |
| | | Manufacturers* | Nil | | |
| | | Others# | Nil | | |

* delete whichever is not applicable
enclose list of other agencies.

Sig. Of the consumer : 
Name : T.S. Anantha Rajan,
Designation : Head - Plant Engg., UP & IED

Date : 10.06.2020
Place : Chennai - 57

Form - 4

(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | |
|---|--|---|---|------------------------|---|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s Ashok Leyland Ltd, Ennore, Chennai 600 057 | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg.,UP & IED PH: 044 25759204 | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | Chemical Form | | |
| | Category 5.2 Wastes / Residues containing Oil | Solid | Oil Soaked Cotton Waste containing Oil. | | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | Quantity (in Tonnes / KL) | | |
| | | a. Category 5.2 Wastes / Residues containing Oil - Oil Soaked Cotton Waste | 84.18 MT | | |
| 5 | Description of Storage | Stored in 210 Litres Drums under covered shed | | | |
| 6 | Description of Treatment | Cotton Waste with Oil & Grease residues generated from cleaning process | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Local Inter-carting in Trucks to storage shed | Local transporter | Drums | Truck | Once in a month |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | a. Category 5.2 Wastes / Residues containing Oil (Oil Soaked Cotton Waste) | Gujarat Enviro Protection & Infrastructure Limited, Plot NO. S-60, Phase-III, SIPCOT Industrial Estate, Ranipet, Vellore Dist. | 210 litres sealed Oil Drums | Stored | 27.04.2019 - 11.68MT 31.05.2019 - 15.99MT 26.06.2019 - 08.29MT 24.07.2019 - 09.02MT 29.08.2019 - 04.87MT 18.09.2019 - 04.59MT 28.11.2019 - 08.58MT 26.12.2019 - 07.79MT 24.01.2020 - 05.57MT 06.02.2020 - 03.31MT 05.03.2020 - 04.49MT Total - 84.18 MT |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | Quantity in Tonnes / KL | | |
| | | Manufacturers* | Nil | | |
| | | Others# | Nil | | |

* delete whichever is not applicable
enclose list of other agencies.

Sig. Of the consumer :

Name : T.S.Anantha Rajan,

Designation : Head - Plant Engg.,UP & IED

Date : 10.06.2020

Place : Chennai - 57

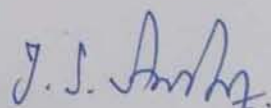
Form - 4
(See Rules 5 (6) and 22 (2))

FORM FOR FILLING ANNUAL RETURNS BY THE OCCUPIER OR OPERATOR OF FACILITY.

(To be submitted by occupier / operator of disposal facility to State Pollution Control Board / Pollution Control Committee by 30th June of every year for the preceeding period April to March).

| | | | | | |
|---|--|---|-----------------------------------|--|---|
| 1 | Name and Address of the Generator / Operator of the facility: | M/s Ashok Leyland Ltd, Ennore, Chennai 600 057 | | | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | | | |
| 3 | Description of Hazardous Waste (in MTA) | Physical Form with Description | | Chemical Form | |
| | Category - 3.3 - Sludges & Filters contaminated with Oil. | Solid | | Sludges & Filters contaminated with Oil. | |
| 4 | Quantity of Hazardous Waste (in MTA) | Type of Hazardous Waste | | Quantity (in Tonnes / KL) | |
| | | Category - 3.3 - Sludges & Filters contaminated with Oil. | | 2.20 MT | |
| 5 | Description of Storage | Stored in 210 Litres Drums under covered shed | | | |
| 6 | Description of Treatment | Filters contaminated through oil is collected after replacement, stored & disposed. | | | |
| 7 | Details of Transportation | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Local Inter-carting in Trucks to storage shed | Local transporter | Drums | Truck | Once in a month |
| 8 | Details of disposal of Hazardous Waste | Name & address of Consignee | Mode of packing | Mode of Transportation | Date of Transportation |
| | Category - 3.3 - Sludges & Filters contaminated with Oil. | Gujarat Enviro Protection & Infrastructure Limited, Plot NO. S-60, Phase-III, SIPCOT Industrial Estate, Ranipet, Vellore Dist. | 210 litres sealed Oil Drums | Truck | 16.04.2019 - 1.03MT 18.11.2019 - 1.04MT 19.03.2020 - 0.13MT |
| | | | | | Total - 02.20 MT |
| 9 | Quantity of useful materials sent back to the manufacturers and others | Name & type of material sent back to | | | Quantity in Tonnes / KL |
| | | Manufacturers* | | | Nil |
| | | Others# | | | Nil |

* delete whichever is not applicable
enclose list of other agencies.

Sig. Of the consumer : 
Name : T.S. Anantha Rajan,
Designation : Head - Plant Engg., UP & IED

Date : 10.06.2020
Place : Chennai - 57.



ASHOK LEYLAND

10.06.2020

To
The District Environmental Engineer,
TNPC Board, Tiruvallur District,
77, South Avenue Road,
Ambattur Industrial Estate,
Chennai – 600 058.

Dear Sir,

We are enclosing herewith Form 3 – Form for filing Annual returns of E-Waste under E-Waste (management & Handling) Rules 2016, for the period from April 2019 to March 2020.

Kindly acknowledge receipt.

Thanking You.

Yours truly,

T.S. Anantha Rajan,
Head – Plant Engg., UP & IED.

Encl.: Form 3



ASHOK LEYLAND LIMITED

Ennore, Chennai - 600 057, India.

t: +91.44.2575 1001 / 0233 f: +91.44.2575 1798 / 2273

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



HINDUJA GROUP

FORM-3

(See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13(1)(xi), 13(2)(v), 13(3)(vii) and 13(4)(v))

FORM FOR FILING ANNUAL RETURNS

(To be submitted by producer or manufacturer or refurbisher or dismantler or recycler by 30th day of June following the financial year to which that return relates)

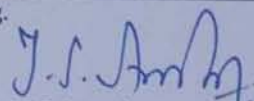
Quantity in Metric Tonnes (MT) and numbers

| | | | | |
|-------|--|---|----------|-----|
| 1 | Name and address of the producer or manufacturer or refurbisher or dismantler or recycler | M/s Ashok Leyland Ltd., Ennore, Chennai - 57. | | |
| 2 | Name of the Authorised person and complete address with telephone and fax numbers and e-mail address. | T.S. Anantha Rajan, Head - Plant Engg., UP & IED M/s Ashok Leyland Ltd., Ennore, Chennai - 57. E Mail. ; AnanthaRajan.TS@ashokleyland.com Ph. 044 25759204 | | |
| 3 | Total quantity of e-waste collected or channelised to recyclers or dismantlers for processing during the year for each category of electrical and electronic equipment listed in the Schedule I (Attach list) by PRODUCERS | | | |
| | Details of the above | TYPE | QUANTITY | No. |
| 3(A)* | BULK CONSUMERS: Quantity of e-waste | | 870 Kg | |
| 3(B)* | REFURBISHERS: Quantity of e-waste: | | | |
| 3(C)* | DISMANTLERS: | | | |
| | i. Quantity of e-waste processed (code wise) | | | |
| | ii. Details of materials or components recovered and sold; | | | |
| | iii. Quantity of e-waste sent to recycler | | | |
| | iv. Residual quantity of e-waste sent to Treatment, storage and Disposal Facility | | | |
| 3(D)* | RECYCLERS : | | | |
| | i. Quantity of e-waste processed (code wise) | | | |
| | ii. Details of materials recovered and sold in the market. | | | |
| | iii. Details of residue sent to Treatment, Storage and Disposal Facility. | | | |
| 4 | Name and full address of the destination with respect to 3(A) - 3(D) above | M/s JADG India E Waste recycles Pvt., Ltd., No.1, Kollur village, Ponneri Taluk - 870 Kg. | | |
| 5 | Type and quantity of materials segregated or recovered from e-waste of different codes as applicable to 3(A) - 3(D) | Type | Quantity | |

Enclose the list of recyclers to whom e-waste have been sent for recycling.

Place Chennai - 57

Date 10.06.2020


T.S. Anantha Rajan,
Head - Plant Engg., UP & IED

- Note:
- (1) * strike off whichever is not applicable
 - (2) Provide any other information as stipulated in the conditions to the authoriser
 - (3) In case filing on behalf of multiple regional offices, Bulk Consumers and Producers need to add extra rows to 1 & 3(A) with respect to each office.



ASHOK LEYLAND

Aapki Jeet. Hamari Jeet.

June 18, 2020

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 2019 to December 2019.

Kindly Acknowledge receipt

Thanking You

Yours truly,


18/6/20
Dr. T. Jerold Ruban Cross
Chief Medical Officer



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



HINDUJA GROUP

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 | : | 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.: 18BAC7093243.....valid up to One Time |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: March 2020 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 Research Institute or Veterinary Hospital or any other) | : | Occupational Health Center |
| | (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 treated or disposed by CBMWTF | : | N/A Kg/day | | | |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category :212 kg/Annum Red Category : 40 Kg/Annum White: 12 Kg/Annum Blue Category : General Solid waste: | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size | : | 75CMx30CM | |
| | | | Capacity | : | 25 Litres | |
| | | | Provision of on-site storage | : | (cold storage or any other provision) | |
| | (ii) Details of the treatment or disposal facilities | : | Type of treatment equipment | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum |
| | | | Incinerators | | | |
| | | | Plasma Pyrolysis | | | |
| | | | Autoclaves | | | |
| | | | Microwave | | | |
| | | | Hydroclave | | | |
| | | | Shredder | | | |
| | | | Needle tip cutter or destroyer | | | - |
| | | | Sharps encapsulation or concrete pit | | | - |
| | | | Deep burial pits: | | | |
| | | | Chemical disinfection: | | | - |
| | | | Any other treatment equipment: | | | |
| | (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 disposed | : | Quantity generated | | Where disposed | |

| | | | |
|----|---|-----------------------------------|-----|
| | 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. | 07 | |
| | (ii) number of personnel trained | 55 | |
| | (iii) number of personnel trained at the time of induction | 16 | |
| | (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 | | |

| | | | |
|----|---|---|--|
| | 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 2019 to December 2019.....

Date:
Place

18/6/20
chennai

Name and Signature of the Head of the Institution

Dr. T. JEROLD RUBAN CROSS, M.D., A.F.I.H

Reg. No - 79783

Chief Medical Officer

Ashok Leyland, Ennore, Chennai-600 057.

10.06.2020

To
The District Environmental Engineer,
TNPC Board, Tiruvallur District,
77, South Avenue Road,
Ambattur Industrial Estate,
Chennai – 600 058.

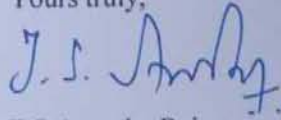
Dear Sir,

We are enclosing herewith Form IX - Returns by Auctioneer of Used Batteries for the period from October 2019 to March 2020.

Kindly acknowledge receipt.

Thanking You.

Yours truly,



T.S. Anantha Rajan,
Head – Plant Engg., UP&IED

Encl.: Form IX



ASHOK LEYLAND LIMITED
Ennore, Chennai - 600 057, India.
t: +91.44.2575 1001 / 0233 f: +91.44.2575 1798 / 2273
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 - IX

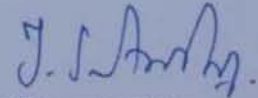
(See Rules 11 (ii))

FORM FOR FILING RETURNS BY THE AUCTIONEER OF USED BATTERIES.

(To be submitted by the auctioneer to State Board by 30th June and 31st December of every year.)

| | | | |
|---|--|--|-----------------|
| 1 | Name and Address of the auctioneer | M/s AshokLeyland Ltd, Ennore, Chennai 600 057 | |
| 2 | Name of the authorized person and full Address with telephone and fax number | T.S.Anantha Rajan, Head - Plant Engg., UP & IED PH: 044 25759204 | |
| 3 | Number of used Batteries and total tonnage (MT) available during the period October 2019 to March 2020. | 6.34 MT | |
| 4 | Sources of the used Battery scrap | Electrical Maintenance, Systems, Central Maintenance, Sales yard, PDI | |
| 5 | Number of used Batteries and total tonnage (of MT) auctioned during the period from October 2019 to March 2020. | 6.34 MT | |
| 6 | Number of used Batteries and total tonnage (of MT) sent to the registered recyclers. Shri Sabari Smelters private Ltd No.84/85,Sidco Induristriel Esstate Vichoor Chennai - 600103 | Date of Transportation | Quantity in MT. |
| | | 12.10.2019 | 0.84 |
| | | 16.12.2019 | 0.74 |
| | | 29.01.2020 | 0.87 |
| | | 22.02.2020 | 1.00 |
| | | 05.03.2020 | 2.89 |
| | | Total | 6.34 |

Sig. of the Consumer :



Name : T.S.Anantha Rajan,
Address : Head - Plant Engg., UP & IED
M/s Ashok Leyland Ltd.,
Ennore, Chennai - 600 057.

Date : 10.06.2020
Place : Chennai - 57.

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 (occupier or operator of facility) | : Dr.V.K.Sivakumar, Medical Officer |
| | (ii) Name of HCF or CBMWTF | : Ashok 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.alh1@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 14.05.2019 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 annum (on monthly average basis) | : Yellow Category : 4 kg./annum (0.35 kg/month) Red Category : 1.5 kg./annum (0.13 kg/month) White : NA (no waste sharps generated) Blue Category : Glass ampules 0.05 Kg. per annum General Solid waste : Nil |

| | | | | | | |
|--|---|------------|---|--------------------|-----------------|--|
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size : Generated waste is stored & sent out within 48 hrs | | | |
| | | | Capacity : Generated waste is stored & sent out within 48 hrs | | | |
| | | | Provision of on-site storage : (cold storage or any other provision): Nil | | | |
| | (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 | 0.001 | 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 disposal) | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | | Quantity Generated | Where Disposed | |
| | | | Incineration | 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 | | | | |
| 6 | 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 Jan 1st January 2019 to 31st December 2019

Date : 26 06 2020

Place: VVC, Technical centre

Name and Signature of the Head of the Institution

Dr. V.K. Sivakumar

**Form - IV**

(See rule 13)

ANNUAL REPORT

[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 | | Submit To SRO-Bhandara |
| i) Unit Name Ashok Leyland Ltd. | ii) Plant Name Ashok Leyland Ltd | |
| 1) Particulars | | |
| i) First Name Dr Manohar | ii) Middle Name Ramesh Rao | iii) Last Name Kamble |
| iv) Designation 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. 07184274430 |
| x) e-mail Manohar.Kamble@ashokleyland.com | xi) URL of website www.ashokleyland.com | |
| 2) Details of the Industry | | |
| i) Name of the Industry Ashok Leyland Ltd | ii) Email Manohar.Kamble@ashokleyland.com | iii) Name of the contact person Dr Manohar Kamble |
| iv) Contact No. 9552550678 | | |
| 3) Address of the Industry | | |
| i) Building Name/Building No./Survey Number Plot No 1, MIDC Gadegaon | ii) Street / Village National Highway No-6,Gadegaon Village | iii) City / Taluka Lakhani |
| iv) District Bhandara | v) Pin-Code Number 441904 | vi) Near by Landmark |
| vii) Latitude coordinate 21.0821 | viii) Longitude coordinate 79.7861 | ix) Ownership Private |
| 4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | |
| i)Authorization No. MPCB-BMW_AUTH-0000024999 | ii)Authorization validity Date 2022-11-05 | |
| 5) Status of Consents under Water Act and Air Act | | |
| i)Consent Number BO/CAC-Cell/UAN NO.0000030308-17/CAC-1803001528 | ii)Consent validity Date 2022-09-30 | |
| 6) Total No of Beds (As per valid Authorization) | | |
| 7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC) | | 2001072742 |
| 8) Registration Expiry Date | | 2022-02-28 |
| 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) | | | | |
| Yellow 0.0010 | Red 0.0010 | Blue 0.0010 | White 0.0010 | |
| ii) Bio Medical Waste Generated (Kg/day) | | | | |
| Yellow 0.0046 | Red 0.0009 | Blue 0.0005 | White 0.0004 | |
| iii) Quantity of Biomedical waste given to CBMWTDF (kg/day) | | | | |
| Yellow 0.0046 | Red 0.0009 | Blue 0.0005 | White 0.0004 | General Solid Waste |
| 12) Details trainings conducted on BMW | | | | |
| i) Number of trainings conducted on BMW Management. | | | | |
| 4 | | | | |
| ii) Number of personnel trained | | | | |
| 12 | | | | |
| iii) Number of personnel trained at the time of induction | | | | |
| 2 | | | | |
| iv) number of personnel not undergone any training so far | | | | |
| v) whether standard manual for training is available? | | | | |
| No | | | | |
| vi) any other information | | | | |
| Operational control procedure for BMW handling being followed | | | | |
| 13) Details of the accident occurred during the year | | | | |
| i) Number of Accidents occurred | | | | |
| ii) Number of the persons affected | | | | |
| iii) Remedial Action taken (Please attach details if any) | | | | |
| No | | | | |
| iv) Any Fatality occurred, If yes details. | | | | |
| No | | | | |
| 14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | | | |
| Yes | | | | |
| 15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | | | |
| Yes | | | | |
| Place Ashok Leyland Ltd , Bhandara | Designation Medical Officer | | Date 2020-06-26 | |



ASHOK LEYLAND

Ref: CMD/20/SPCB/7

Date: June 6, 2020

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 2019

Dear Sir,

Please find enclosed herewith the Annual return of Biomedical waste for the Year of 2019
duly filled in form-IV for the year 2019

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

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



HINDUJA GROUP

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 (occupier or operator of facility) | Mr. Dushyant Kumar Singh | | | |
| | (ii) Name of HCF or CBMWTF | Ashok Leyland Limited | | | |
| | (iii) Address for Correspondence | Plot No-1, Sctor-12,IIE,PANTNAGAR,Uttarakhand | | | |
| | (iv) Address of Facility | Plot No-1, Sctor-12,IIE,PANTNAGAR,Uttarakhand | | | |
| | (v) Tel. No, Fax. No | 9760027522 | | | |
| | (vi) E-mail ID | dushyant.ks@ashokleyland.com | | | |
| | (vii) URL of Website | www.ashokleyland.com | | | |
| | (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 (Management and Handling) Rules | Authorisation No.: | UEPPCB/ROK/BMW-271/19/959 | | |
| | | Valid Upto | ONE TIME | | |
| | (xi). Status of Consents under Water Act and Air Act | Valid up to: | 30.06.2020 | | |
| 2 | Type of Health Care Facility : | | | | |
| | (i) Bedded Hospital | No. of Beds:..... | Not Applicable | | |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | Occupational Health Centre (First Aid Dispensory) Under the Factory Act | | | |
| | (iii) License number and its date of expiry | Not Applicable | | | |
| 3 | Details of CBMWTF | Not Applicable | | | |
| | (i) Number healthcare facilities covered by CBMWTF | Not Applicable | | | |
| | (ii) No of beds covered by CBMWTF | Not Applicable | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF | Not Applicable | | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | Not Applicable | | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | Yellow Category : | 43.61 kg | | |
| | | Red Category : | 32.07 kg | | |
| | | White: | Nil | | |
| | | Blue Category : | 18.26 kg | | |
| | | General Solid waste: | Nil | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | |
| | (i) Details of the on-site storage facility | Size : | Not Applicable | | |
| | | Capacity : | Not Applicable | | |
| | | Provision of on-site storage : (cold storage or any other provision) | Not Applicable | | |
| | (ii) Details of the treatment or disposal facilities | Type of treatment equipment | No of units | Capacity Kg/Day | Quantity treated or disposed in Kg per |
| | | 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 Sharps | N/A | N/A | N/A |
| | | 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.) N/A | | | | | | | | | |
|--|--------------------|--|--|--------------------|----------------|------------------|-----|-----|------------|-----|-----|
| (iv) No of vehicles used for collection and transportation of biomedical waste | : | Not Applicable | | | | | | | | | |
| v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | <table> <tr> <th></th><th>Quantity generated</th><th>Where Disposed</th></tr> <tr> <td>Incineration Ash</td><td>N/A</td><td>N/A</td></tr> <tr> <td>ETP SLUDGE</td><td>N/A</td><td>N/A</td></tr> </table> | | Quantity generated | Where Disposed | Incineration Ash | N/A | N/A | ETP SLUDGE | N/A | N/A |
| | Quantity generated | Where Disposed | | | | | | | | | |
| 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 Solution, Vill-Lamba Khera, P.O.-Khnpur, Gadarpur Road, Rudrapur (U.S. Nagar), Uttarakhand - 263152 mob.-8057700031, 8057800031 | | | | | | | | | |
| (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 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? | : | N/A | | | | | | | | | |
| (vi) any other information | : | N/A | | | | | | | | | |
| 8 Details of the accident occurred during the year | : | N/A | | | | | | | | | |
| (i) Number of Accidents occurred | : | N/A | | | | | | | | | |
| (ii) Number of the persons affected | : | 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? 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 | | | | | | | | | |
| 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----1st January'2019 to 31st Dec'2019

Date: 05.06.2020

Place: Pantnagar

(Dushyant Kumar Singh)
Dy. General Manager

June 26, 2020.

REF: PE - C / 309 / 001 / 20 - 21.

**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 2019.

We are pleased to enclose the Annual report of Bio - Medical waste in form No - IV for the year of 2019.

Trust the details furnished are in order.

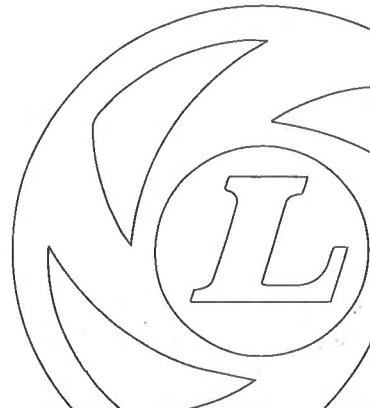
Thanking you,

Yours faithfully
for ASHOK LEYLAND UNIT - I



**V.Venkataramani.
Senior 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)]


| Sl.No. | Particulars | |
|--------|--|---|
| 1 | Particulars of the Occupier | - |
| | (i) Name of the authorised person (occupier or operator of facility) | : Dr. Rajeshwar T - Chief Medical Officer |
| | (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 | : 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 |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : Authorisation No - 18BAZ8246603 Dt 23.02.2018. 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 annum (on monthly average basis) | : Red Category : 6.63 kg/annum (0.5525 kg/month) Yellow Category : 10.58 kg/annum (0.882 kg/month) White : 0.23 kg/annum (0.0188 kg/month) Blue Category : 0.58 kg/annum (0.048 kg/month) General Solid waste : Nil |

| | | | | | | |
|---|---|---|---|--------------------|-----------------|--|
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size : Generated waste is stored & sent out within 48 hrs | | | |
| | | | Capacity : Generated waste is stored & sent out within 48 hrs | | | |
| | | | Provision of on-site storage : (cold storage or any other provision): Nil | | | |
| | (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 | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | Nil (One by authorised third party for collection and disposal) | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | | Quantity Generated | Where Disposed | |
| | | | Incineration | 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 | | | |
| 6 | 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. | : | 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 2019 to 31st December 2019.

Date: 26.06.2020
Place: Hosur



Name and Signature of the Head of the Institution
Dr. Rajeshwar T - Chief Medical Officer



ASHOK LEYLAND

PE 920/050/20

8th June 2020

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'19 to Dec'19.**

Please find enclosed herewith Form-4 duly filled for filing annual returns of Bio-Medical Waste for the period January 2019 to December 2019. This is for your information and records.

Kindly acknowledge receipt.

Thanking You,

Yours truly,

For Ashok Leyland Ltd , Unit-2

S. Venkatraman
Divisional 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,

Chennai - 600 032, India. t : +91.44.2220 6000 f : +91.44.2220 6001

CIN: L34101TN1948PLC000105

www.ashokleyland.com



HINDUJA GROUP

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)]

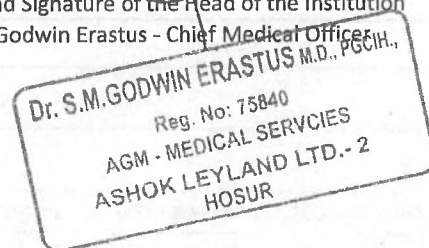
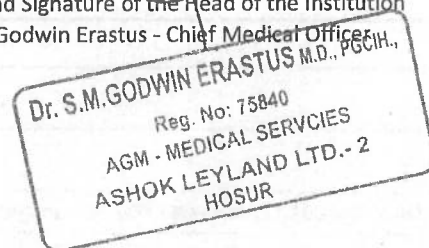
| Sl.No. | Particulars | |
|--------|--|--|
| 1 | Particulars of the Occupier | |
| | (i) Name of the authorised person (occupier or operator of facility) | : Dr. S.M.Godwin Erastus - Chief Medical Officer |
| | (ii) Name of HCF or CBMWTF | : Ashok Leyland Ltd., Unit-II |
| | (iii) Address for Correspondence | : 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. : Nil Valid up to: -- |
| | (xi). Status of Consents under Water Act and Air Act | : Valid up to: 30th June 2020 |
| 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 annum (on monthly average basis) | : Yellow Category : 11,605 kg/annum (1.160 kg/month) Red Category : 2,335 kg/annum (0.23 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 | : | 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 2019 to 31st December 2019.

Date:08.06.2020
Place: Hosur

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





ASHOK LEYLAND

Aapki Jeet. Hamari Jeet.

20th July 2020

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

Respected Sir,

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

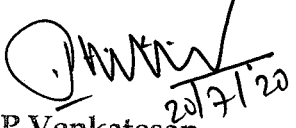
We herewith submit our Bio-Medical Waste disposal Annual Report -Form 4 for the period of April 2019 to March 2020.

This is for your kind perusal.

Thanking you,

Yours truly,

For Ashok Leyland Ltd-Foundry Division


P. Venkatesan
Plant Head

Encl: 1. Form IV

ASHOK LEYLAND LIMITED (Foundry Division)

Ennore Unit | Kathivakkam High Road, Ennore, Chennai - 600 057 | T : +91 44 2575 2103
Sriperumbudur Unit | Plot No. K - 2, SIPCOT Indl. Estate, Arneri Village, Sriperumbudur - 602 105 | T : +91 44 3325 1500

Form – IV
(Rule 13)
ANNUAL REPORT

| Sl. | Particulars | |
|-----|---|---|
| 1. | 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 |
| | (iii) Address for Correspondence | Ashok Leyland Ltd-Foundry Division Ennore, Chennai– 600 057. Ph:044-25752103 |
| | (iv) Address of Facility | M/s TamilNadu Waste Management Ltnt Ltd Diamond Dune, 323, Poonamalle High road, Chennai- 600 029 |
| | (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 Air Act | Valid up to: 31.09.2020 |
| 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- |

| | | | | | | | | | | | | | | | | | | |
|--|--|----|--|---|----------------|------------|--------------|--|------|--------|---|--|-----------------|---|--|----------------------|-------|--|
| 3. | Details of CBMWTF | : | -NA- | | | | | | | | | | | | | | | |
| | (i) Number healthcare facilities covered by CBMWTF | : | -NA- | | | | | | | | | | | | | | | |
| | (ii) No of beds covered by CBMWTF | : | | | | | | | | | | | | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Kg per day -NA- | | | | | | | | | | | | | | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | Kg/day -NA- | | | | | | | | | | | | | | | |
| 4. | Quantity of waste generated or disposed in Kg per annum | : | <table border="1"> <tr> <td>Yellow Category</td><td>: 10.87</td><td>kg</td></tr> <tr> <td>Red Category</td><td>: 0</td><td></td></tr> <tr> <td>White:</td><td>0</td><td></td></tr> <tr> <td>Blue Category :</td><td>0</td><td></td></tr> <tr> <td>General Solid waste:</td><td>-NIL-</td><td></td></tr> </table> | Yellow Category | : 10.87 | kg | Red Category | : 0 | | White: | 0 | | Blue Category : | 0 | | General Solid waste: | -NIL- | |
| Yellow Category | : 10.87 | kg | | | | | | | | | | | | | | | | |
| Red Category | : 0 | | | | | | | | | | | | | | | | | |
| White: | 0 | | | | | | | | | | | | | | | | | |
| Blue Category : | 0 | | | | | | | | | | | | | | | | | |
| General Solid waste: | -NIL- | | | | | | | | | | | | | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | <table border="1"> <tr> <td>Size</td><td>-NA-</td></tr> <tr> <td>Capacity</td><td>: NA</td></tr> <tr> <td>Provision of on-site storage : (cold storage or any other provision)</td><td>-NA-</td></tr> </table> | Size | -NA- | Capacity | : NA | Provision of on-site storage : (cold storage or any other provision) | -NA- | | | | | | | | | |
| Size | -NA- | | | | | | | | | | | | | | | | | |
| Capacity | : NA | | | | | | | | | | | | | | | | | |
| Provision of on-site storage : (cold storage or any other provision) | -NA- | | | | | | | | | | | | | | | | | |
| | (ii) Details of the treatment or disposal facilities | : | -NA- | | | | | | | | | | | | | | | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | <table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td><td>-NA-</td></tr> </table> | Red Category (like plastic, glass etc.) | -NA- | | | | | | | | | | | | | |
| Red Category (like plastic, glass etc.) | -NA- | | | | | | | | | | | | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | -NA- | | | | | | | | | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | : | <table border="1"> <tr> <td>Quantity generated</td><td>Where disposed</td></tr> </table> | Quantity generated | Where disposed | | | | | | | | | | | | | |
| Quantity generated | Where disposed | | | | | | | | | | | | | | | | | |
| | during the treatment of wastes in Kg per annum | : | <table border="1"> <tr> <td>Incineration</td></tr> <tr> <td>Ash</td></tr> <tr> <td>ETP Sludge</td></tr> </table> | Incineration | Ash | ETP Sludge | | | | | | | | | | | | |
| 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- |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | -NA- |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 5 |
| | (ii) number of personnel trained | | 5 |
| | (iii) number of personnel trained at the time of induction | | 5 |
| | (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 | | -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 the standards? | | -NA- |
| | Details of Continuous online emission monitoring systems installed | | -NA- |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | -NA- |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | -NA- |
| 12 | Any other relevant information | : | NA |

Certified that the above report is for the period from 1st April 2019 to 31st March 2020

P.Venkatesan
Plant Head

Date: Ennore
Place: 20.07.2020



ASHOK LEYLAND

Aapki Jeet. Hamari Jeet.

20th July 2020

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

Respected Sir,

Sub: Hazardous waste (Management, Handling & Transboundary Movement) Rules
2016 Annual Return Form 4 - Reg.

We herewith submit our Hazardous waste Annual return in Form 4 for the period of
April 2019 to March 2020.

This is for your kind perusal.

Thanking you,

Yours truly,
For Ashok Leyland Ltd-Foundry Division


P. Venkatesan
Plant Head

Encl: 1. Form 4

FORM - 4
[Rules 6(5), 13(8), 16(6) and 20 (2)]
FORM FOR ANNUAL RETURN

| | | |
|----|--|---|
| 1. | Name and address of the of facility | Ashok Leyland Ltd-Foundry Division, Ennore Unit, Chennai-600 057. |
| 2. | Authorization No. and Date of issue: | 4099 Dated:08.02.2012(Online Authorization renewal is in progress) |
| 3. | Name of the authorized person and full address with telephone and fax number | P.Venkatesan Plant Head, Ashok Leyland Ltd-Foundry Division, Ennore Unit, Chennai-600 057.Ph: 044-2575 2103. |
| 4. | Production during the year (product wise), wherever applicable | Gross production of Ferrous (Grey iron castings) From April 2019 to March 2020 – 25,640 MT |

Part A. To be filled by hazardous waste generators

| | | | |
|---|--|--|-------------------------|
| 1 | Total quantity of waste generated category wise | Category of hazardous waste | Quantity (in MT/KL/Nos) |
| | | 5.1 Used/Waste oil | 10 KL |
| | | 5.2 Wastes/Residues Containing oil | 0.1 MT |
| | | 22.1 Paint sludge (waste & residue) | 65 MT |
| | | 33.1 Discarded containers/barrels/tins | 160 MT |
| | | 35.3 ETP Sludge | 1 MT |
| 2 | Quantity dispatched (ii) To recycler or co-processors or pre-processor | Category of hazardous waste | Quantity (in MT/KL/Nos) |
| | | 5.1 Used/Waste oil | 9.2 KL |
| | | 5.2 Wastes/Residues Containing oil | 0.8 MT |
| | | 22.1 Paint sludge (waste & residue) | 62 MT |
| | | 33.1 Discarded containers/barrels/tins | 159 MT |
| | | 35.3 ETP Sludge | - |
| 3. | Quantity utilized in-house, if any | NA | |
| 4. | Quantity in storage at the end of the year | Category of hazardous waste | Quantity (in MT/KL/Nos) |
| | | 5.1 Used/Waste oil | 0.8 KL |
| | | 5.2 Wastes/Residues Containing oil | 0.1 T |
| | | 22.1 Paint sludge (waste & residue) | 3.0 T |
| | | 33.1 Discarded containers/barrels/tins | 1 T |
| | | 35.3 ETP Sludge | 3.5 MT |
| Part B. To be filled by Treatment, storage and disposal facility operators | | | NA |
| Part C. To be filled by recyclers or co-processors or other users | | | NA |

Place: Ennore

Date: 20/07/2020

Signature :

Designation : Plant Head



ASHOK LEYLAND

Aapki Jeet. Hamari Jeet.

18.06.2020

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 2019 to December 2019 for your kind perusal.

Thanking you,

Yours faithfully,

For Ashok Leyland Limited – Foundry Division


D. Dineshkumar
Manager - EHS

Encl: Form-4



ASHOK LEYLAND LIMITED (Foundry Division)

Ennore Unit | Kathivakkam High Road, Ennore, Chennai - 600 057 | T : +91 44 2575 2103

Sriperumbudur Unit | Plot No. K - 2, SIPCOT Indl. Estate, Arneri Village, Sriperumbudur - 602 105 | T : +91 44 3325 4500

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

CIN : L34101TN1948PLC000105 | www.hindujafoundries.com

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| | | | |
|----|---|---|--|
| 3. | Details of CBMWTF | : | -NA- |
| | (i) Number healthcare facilities covered by CBMWTF | : | -NA- |
| | (ii) No of beds covered by CBMWTF | : | -NA- |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | _____ Kg per day -NA- |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | _____ Kg/day -NA- |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 18.549 Red Category : 16.552 White: 0.1 Blue Category : 5.763 General Solid waste: -NIL- |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | |
| | (i) Details of the on-site storage facility | : | Size : -NA- Capacity : -NA- Provision of on-site storage : (cold storage or any other provision) -NA- |
| | (ii) Details of the treatment or disposal facilities | : | -NA- |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) -NA- |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | -NA- |
| | (v) Details of incineration ash and ETP sludge generated and disposed | | Quantity generated Where 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 | : | GJ MULTICLAVE |
| | (vii) List of member HCF not handed over bio-medical waste. | | -NA- |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | -NA- |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 4 |

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

Certified that the above report is for the period from 1st January 2019 to 31st December 2019

.....
.....
.....
.....


Name and Signature of the Head of the Institution

Date:18.06.2020

Place: Sriperumbudur



ASHOK LEYLAND

Aapki Jeet. Hamari Jeet.

18th June 2020

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

Respected Sir,

Sub: Submission of Batteries Return for the period of October 2019 - March 2020- Reg.

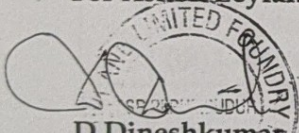
We herewith submit the batteries return in Form VIII during the period of October 2019 - March 2020.

This is for your kind perusal.

Thanking you,

Yours truly,

For Ashok Leyland-Foundry Division,


D. Dineshkumar
Manager-EHS

Encl: Form - VIII



ASHOK LEYLAND LIMITED (Foundry Division)

Ennore Unit | Kathivakkam High Road, Ennore, Chennai - 600 057 | T : +91 44 2575 2103

Sriperumbudur Unit | Plot No. K - 2, SIPCOT Indl. Estate, Arneri Village, Sriperumbudur - 602 105 | T : +91 44 3325 4500

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

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HINDUJA GROUP

FORM VIII
[Rule 10(2) (ii)]

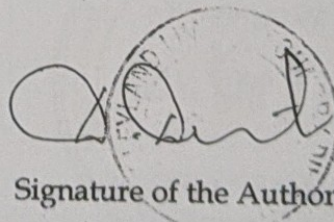
FORM FOR FILING RETURNS FOR CONSUMERS OF BATTERIES
(For the period October 2019 - March 2020)

| | | |
|---|--|---|
| 1 | Name & Address of the bulk consumer | Ashok Leyland Ltd-Foundry Division Sriperumbudur, Chennai- 600 057. |
| 2 | Name of the Authorized person and full address with telephone | The Plant Head Plot no K2, Sipcot Industrial Estate, Arneri Village, Sripermbudur - Kancheepuram District, Tamilnadu-602105 |
| | Number of new batteries of different categories purchased from the Manufacturer/ Importor/ Dealer or any other agency during October '19 - March' 20. | 04 Nos of UPS (2 KVA) procured from Novateur Electrical & Digital Systems, Puduchery |
| 3 | Category : (i) Automotive a) Four wheeler b) Two wheeler (ii) Industrial a) UPS b) Motive Power c) Stand by (iii) Others | NIL NIL NIL 04 nos. NIL NIL |
| 4 | Number of used batteries of categories mentioned is S.N.3 Tonnage of scrap sent to Manufacturer dealer Importer/Registered recycler/ or any other agency* to whom the used batteries scrap was sent. | NIL |

*Enclose list of manufacturer/ dealer/ importer/ registered recyclers/ or any other agency to whom the used batteries scrap was sent.

Date: 18.06.2020

Place: Sriperumbudur



Signature of the Authorized person