

UAIL/HEALTH/2017-18/02

Date: 26.06.2017

TO

The Member Secretary State Pollution Control Board Paribesh Bhawan, A/118 Nilkantha Nagar, Unit-VIII Bhubaneshwar-751001

Subject:

Submission of Annual Return in Form IV under Bio-Medical Waste

Management Rules, 2016.

Dear Sir.

We are herewith furnishing Annual Return in Form IV regarding treatment and disposal of Bio- Medical Waste as per Bio Medical Waste Management Rules 2016.

However, as per special condition no.6, no mercury (50 PPM) has been generated till date and the same will be disposed off as per the Hazardous waste Rules once it is generated.

Thanking you.

Yours faithfully, For Utkal Alumina International Ltd.

Dr. Ravi Chauhan, CMO-Medical

Encl: As above

Copy to: Regional Officer, SPCB, Rayagada for kind information & record.

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

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

SI. No.	Particulars		a time a many dates of the industrial or submitted and the submitted of th
1.	Particulars of the Occupier	:	Dr. Rayi Chauhan,
	(i) Name of the authorised person (occupier or operator of facility)	:	CMO-Medical
	(ii) Name of HCF or CBMWTF	:	M/s. UAIL Health Care Centre
	(iii) Address for Correspondence	:	Utkal Alumina International Limited At: Doraguda, PO: Kucheipadar –765 015 Dist: Rayagada (Odisha)
	(iv) Address of Facility		Utkal Alumina International Limited At: Doraguda, PO: Kucheipadar –765 015 Dist: Rayagada (Odisha)
	(v)Tel. No, Fax. No	:	917752021496
	(vi) E-mail ID	:	ravi.chauhan@adityabirla.com
	(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)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 10295 /SPC /Authorization (Biomedical Waste valid up to 31.03.2018.
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2021
2.	Type of Health Care Facility	1:	
2.	(i) Bedded Hospital	1:	No. of Beds: Two
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or any other	or r)	
	(iii) License number and its date of expiry		
3.	A STANLED		: NA

	(i) Number healthcare facilities c	overed	d by	:		
	(ii) No of beds covered by CBMWTF			:		
	(iii) Installed treatment and disposal capac CBMWTF:	ity of		:		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF					
4.	Quantity of waste generated or dispose annum (on monthly average basis)				Yellow Category : 12.87 gm  Red Category : 8.48 kg  White: 12.54 kg  Blue Category :  General Solid waste:	
5	Provisi			sing and Disposal Facility : 10 lts  sy: 10 lts		
				ion of on-site storage : (cold storage or her provision) Not applicable		

(ii) Details of the treatment or :

disposal facilities	Type of treatment equipment	No of unit s	Cap Quantity acit treatedo y r Kg/ disposed day 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:	4 -	2*2 - 691 gm -

	(iii) Quantity of recyclable wastes sold : to authorized recyclers after treatment		Red Category (li	ke plastic, glass	, etc.)
	in kg per annum.	1			
(iv) No of and tran waste  (v) Details	(iv) No of vehicles used for collection and transportation of biomedical :		Not applicable		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per		Incineration Ash ETP Sludge	Quantity generated	Where disposed
	(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	:	NA		
	(vii) List of member HCF not handed over bio-medical waste.		NA		
)	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				
7	Details trainings conducted on BMW				and the second section of the second section of the second section of the second section secti
	(i) Number of trainings conducted on BMW Management.		4		
	(ii) number of personnel trained		6		
	(iii) number of personnel trained at the time of induction		6		
	(iv) number of personnel not undergone any training so far		nill		
	(v) Whether standard manual for training is available?		yes		
	(vi) any other information)		111		
8	Details of the accident occurred during the year		nill		
	(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.	· · · · · · · · · · · · · · · · · · ·		NA		

	Details of Continuous online emission monitoring systems installed		NA On the standards
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Continuing the standards
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		We does it
12	Any other relevant information	:	

Certified that the above report is for the period from: 01.01.2016 to 31.12.2016

Dr. Ravi Chauhan, CMO-Medical

Name and Signature of the Head of the Institution

Date: 26.06.2017 Place : Doraguda