



Ref. No.Env/BIO-MED/ 50

Date: 19/06/2018

The Regional Officer
Regional Office
U.P. Pollution Control Board
House No. 162, 1 st Floor
Uttar Mohal
ROBERTSGANJ (UP)

Registered

Sub: Submission of Annual Report as per Rule 13 of Bio-Medical Wastes Management Rules, 2016 for Renupower Hospital with 40 beds.

Dear Sir,

Enclosed herewith please find Annual Report in Form-IV together with its Annexure regarding categories and quantities of Bio-Medical Wastes handled during the period January 2017 to December 2017 as per Rule 13 of Bio-Medical Wastes Management Rules, 2016 for Renupower Hospital with 40 beds.

We hope you will kindly find the same in order.

Thanking you and assuring you of our best co-operation at all times.

Yours faithfully,
For HINDALCO INDUSTRIES LIMITED
(Renusagar Power Division)


(Lalit Pal)
Head(Safety& Env.)

Encl: as above

CC: The Member Secretary
U.P. Pollution Control Board
'B' Block, 3rd Floor
T.C. 12V, Vibhuti Khand
Gomti Nagar
LUCKNOW – 226 010

Registered



Hindalco Industries Limited

Renusagar Power Division, P.O. Renusagar 231 218, District: Sonbhadra, Uttar Pradesh, India
T: +91 5446 278592-95, 277161-63 | F: +91 5446 278596 / 277164 | E: hindalco@adityabirla.com | W: www.hindalco.com

Registered Office : Ahura Centre, 1st Floor, B-Wing, Mahakali Caves Road, Andheri (East), Mumbai 400 093, India

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Corporate ID No. : L27020MH1958PLC011238

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)]

<u>SL</u>	<u>Particulars</u>	<u>Remarks</u>
1	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	: Dr Anitha Varghese Thykadavil
	(ii) Name of HCF or CBMWTF	: Renupower Hospital : Hindlaco Industries Limited : (Renusagar Power Division)
	(iii) Address for Correspondence	: Po-Renusagar-231218 : Distt-Sonebhadra (UP)
	(iv) Address of Facility	: Po-Renusagar-231218 : Dist-Sonebhadra (UP)
	(v) Tel. No, Fax. No	: Tele : 05446-277161-63 : Fax No- 05446-277164,278596
	(vi) E-mail ID	: hindalco.rsg@adityabirla.com
	(vii) URL of Website	: www.hindalco.com
	(viii) GPS coordinates of HCF or CBMWTF	: M/s Centre for Pollution Control, Varanasi
	(ix) Ownership of HCF or CBMWTF	: Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No-8605 /Renupower Hospital/BMW/2017 : Valid Upto 31.12.2019
	(xi). Status of Consents under Water Act and Air Act	: Granted upto 31.12.2019
2	Type of Health Care Facility	
	(i) Bedded Hospital	: 40 No's
	Non-bedded hospital	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: NA
	(iii) License number and its date of expiry	: Licence No-HBR/Hosp./0002/04
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	: ONE
	(ii) No of beds covered by CBMWTF	: 40
	(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 : Avg. 30 kg /month : Red Category : Avg. 15 kg /month : White Category : Avg. 12 kg /month : Blue Category : Avg. 10 kg /month : General Solid Waste : Avg. 28 kg /month

5 Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility

: SIZE : N.A
 : Capacity : N.A
 : Provision of on-site storage : (cold storage or any other provision) : N.A

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 Sharps encapsulation or concrete pit destroyer	-	-	-
: Deep burial pits:	-	-	-
: Chemical disinfection:	-	-	-
: Any other treatment equipment	-	-	-

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.

: Contract awarded to M/s Centre for Pollution Control, Varanasi for collection & disposal of BMW

(iv) No of vehicles used for collection and transportation of biomedical waste

: Contract awarded to M/s Centre for Pollution Control, Varanasi for collection & disposal of BMW

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

: N.A

(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of

: Contract awarded to M/s Centre for Pollution Control, Varanasi

(vii) List of member HCF not handed over bio-medical waste.

: N.A

Do you have bio-medical waste management

:

6 committee? If yes, attach minutes of the meetings held during the reporting period

: Attached

7 **Details trainings conducted on BMW**

(i) Number of trainings conducted on BMW Management.

: 2 No's

(ii) number of personnel trained

: 50

(iii) number of personnel trained at the time of induction

: 50

(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** :
- (i) Number of Accidents occurred : NIL
- (ii) Number of the persons affected : NIL
- (iii) Remedial Action taken (Please attach details if any) : N.A
- (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 meet 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? : NIL
- 11 Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? : NIL
- 12 Any other relevant information : N.A

Certified that the above report is for the period from **01.01.2017-31.12.2017**

Dr. Anitha Varghese Thykadavil 30/4/18

Name and Signature of the Head of the Institution

Dr Anitha Varghese Thykadavil

Dated- 28.04.2018

Place : Renusagar



FORM - I
[(See rule 4(o), 5(i) and 15 (2))
ACCIDENT REPORTING
for the Period - JAN to DEC-2017

- | | |
|--|----------------|
| 1. Date and time of accident: | NIL |
| 2. Type of Accident : | NIL |
| 3. Sequence of events leading to accident: | NIL |
| 4. Has the Authority been informed immediately: | Not Applicable |
| 5. The type of waste involved in accident: | NIL |
| 6. Assessment of the effects of the accidents on human health and the environment: | N.A. |
| 7. Emergency measures taken: | N.A. |
| 8. Steps taken to alleviate the effects of accidents : | N.A. |
| 9. Steps taken to prevent the recurrence of such an accident : | N.A. |
| 10. Does you facility has an Emergency Control policy? | N.A. |
|
If yes give details: |
N.A. |

Date : 28.04.2018

Signature

Place: Renusagar

Designation CMO, Renupower Hospital

