

Through: Courier service

CCCPL/KW/ENV/BMW-AR-2020/

Date: 04.02.2021

To,
The Environmental officer,
Karnataka State Pollution Control Board,
Plot No 12/2, Sy.No 19/P, Mansafdar Layout,
MG Road, Santraswadi,
Kalburgi- 585 101.

Respected Sir,

Sub: Submission of Bio Medical Waste Annual Report in Form-IV (see rule -13)-Reg Ref: Authorization No.:220/EO/KLB/BMW/2019-20/1298 Dated 11/12/2019

With reference to the above cited subject matter and vide reference, we are here by submitting the Annual report of Bio Medical waste in Form-IV for the Year 2019 i.e,.01/01/2020 to 31/12/2020 as per Bio Medical waste (Management & Handling) Rules,2016.

Kindly find the enclosed Form-IV for your perusals and acknowledge the receipt.

Thanking you,

Yours faithfully
For Chettinad Cement Corporation Pvt Ltd

Dr.Vidyasagar.G

Dr. Vidyasagar G.

MBBS, AFIH Reg No. APMC/FMR/78915

Medical Officer

Chettinad Cement Corporation Pvt Ltd. Kallur Works, Tq. Chincholi - 585305

O/C (Env Dept) → OHC Copy



Chettinad Cement Corporation Private Limited

Kallur Works, Sangam K Village Garagapalli Post, Chandapur (SO) Chincholi (TK), Kalaburagi (Gulbarga) (DT) Karnataka, Pin - 585305, India T - 08475 - 295607 E - kallur@chettinadcement.com CIN: U93090TN1962PLC004947 **Head Office**4th Floor, Chittinad Towers,
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Form - IV (See rule 13) ANNUAL REPORT

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

| | non bio-medical waste treatment facilit Particulars | ty (| CBW1F)] |
|-----------------|---|------|---|
| S.No | | : | |
| | Particulars of the Occupier (i) Name of the authorised person (occupier or operator of facility) | | Dr.vidyasagar.G |
| | (ii) Name of HCF or CBMWTF | : | Occupational Health Center Chettinad Cement Corporation Pvt Ltd |
| | (iii) Address for Correspondence | | Chettinad Cement Corporation Pvt Ltd Kallur works, Sangem K, Chincholi Tq, Kalaburagi Dt, Karnataka-585305 |
| | (iv) Address of Facility | : | CEE, CHAMP, Kalaburagi |
| 1. | (v)Tel. No, Fax. No | : | 9480827500 |
| | (vi) E-mail ID | • | Vidyasagar.gadidesi@chettinadcement.com |
| | (vii) URL of Website | : | https://www.chettinadcement.com |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 77 ⁰ .26. 54" E, 17 ⁰ .23' .15" N |
| | (ix)Ownership of HCF or CBMWTF | ÷ | Private (State Government or Private or Sem Govt. or any other) |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | Authorisation No.:220/EO/KLB/BMW/2019- 20/1298 Dated 11/12/2019. |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 30/06/2024 |
| | Type of Health Care Facility | : | 0.000.00 |
| | (i) Bedded Hospital | • | No. of Beds.6 |
| J ^{2.} | (ii) 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 | | |
| 3. | Details of CBMWTF | : | |
| | (i) Number healthcare facilities CBMWTF | : | -NA- |
| | (ii) No of beds covered by CBMWTF | | -NA- |
| | (iii)Installed treatment and disposal capacity of CBMWTF: | | -NA- |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | -NA- |
| | included of disposed by Cistri in II | - | 1 |

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| | | : | Yellow Categor | v | : 14.11 | l kg/Year | |
|----|--|----------|--|-----------|-------------|-----------------------------|--|
| | quantity of waste generated or | | Red Category | * | | 2 kg/Year | |
| 4. | disposed in Kg per annum (on | | White | | | 3 kg/Year | |
| | monthly average | | Blue Category | | | 2 Kg / Year | |
| | basis) | | General Solid v | | : Nil | | |
| | D. II. C.I. C | | | | | ility | |
| | Details of the Storage, treatment, trans (i)Details of the on-site storage facility | por : | tation, processing | and Di | sposai i ac | inty | |
| | | | Provision of on-site storage: (cold storage or any other provision) | | | | |
| | (ii) Details of the treatment or | - | Type of | No | Capacity | Quantity | |
| | disposal facilities | | treatment | of | Kg/ day | Treated or | |
| | | | equipment | unit s | uay | Disposed in kg Per annum | |
| | | | Incinerators | - | - | - | |
| | * | | Plasma Pyrolysis | - | - | (4) | |
| | The second secon | | Autoclaves | - | - | - | |
| | | | Microwave | - | - | - | |
| 1 | | | Hydroclave | - | - | - | |
| 5 | | | Shredder | - | (#3) | - | |
| | | | Needle tip cutter or destroyer | - | - | | |
| | | | Sharps | - | - | - | |
| | | | encapsulation or concrete pit | - | - | (#° | |
| | | | Deep burial pits: | - | - | - | |
| 2 | | | Chemical disinfection: | - | - | - | |
| | | | Any other treatment equipment: | - | - | - | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum. | : | equipment | | NA | | |
| j | (iv) No of vehicles used for collection and | : | , | | N A | | |
| 32 | Transportation of biomedical waste (v) Details of incineration ash and ETP sludge generated and disposed | | Quantity | | Where | | |
| | | | Generated . | | disposed | | |
| | during the treatment of wastes in Kg | | The state of the s | | | Nil | |
| | per amum | | Incineration | | Nil | | |
| | | | Ash | | Nil | Nil | |
| | | | ETP Sludge | | Nil | Nil | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | CEE, CHAMP Kalaburagi | | | | |
| | (vii) List of member HCF not | : | - NA- | | | | |
| | handed over bio-medical waste. | | | | | | |

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| | you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period | : | No |
|----|--|---|---|
| | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | : | 1 |
| | (ii) number of personnel trained (iii) number of personnel trained at the time of induction | : | 7 |
| | (iv) number of personnel not undergone any training so far | : | Nil |
| | (v) whether standard manual for Training is available? | : | No |
| | (vi) any other information) | : | |
| | Details of the accident occurred during the year | | Nil |
| | (i) Number of Accidents occurred | : | Nil |
| 8 | (ii) Number of the persons affected (iii) Remedial Action taken (Please | : | Nil -NA- |
| | attach details if any) | - | Nil |
| | (iv) Any Fatality occurred, details. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could | | NA |
| 9. | not met the standards? Details of Continuous online emission | : | NA |
| | monitoring systems installed Liquid waste generated and | | INA |
| 10 | treatment methods in place. How many times you have not met the standards in a year? | | NA |
| 11 | Is the disinfection method or | | There has been no deviation from normal standards of disinfection /sterilization method in the period from 01.01.2020 to 31.12.2020 |
| 12 | | : | NA |

Certified that the above report is for the period from 01.01.2020 to 31.12.2020

Date: 04-02-2020

Place: Kallur, Karnataka state

Authorised Signatory Dr. Vidyasagar G.

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