



Date: 23-06-2023

To, Member Secretary, Pollution Control Committee, DD & DNH, Silvassa-396230

Sub: Submission of Bio medical waste returns for calendar year 2022 in form- IV.

Dear Sir,

Please find the enclosed herewith the bio-medical waste returns for the period January 01, 2022 to December 31, 2022 in Form-IV.

This is for your Information and records.

Kindly acknowledge the receipt for the same.

Thanking You,

For Sterlite Technologies Limited

Authorized Signator

Encl:

1) Form IV duly filled.

प्रदेशका नियंत्रका समिति
POLLUTION CONTROL COMMITTEE
संत्रीय कार्यास्य / Regulocal Office
दमन, दिश, एंग वास्त्रा नगर हमेली
Daman, Diu and Dadra & Nagar Haveli
सिलगसा / Silvassa

www.stl.tech

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)]

Sr.No.	Particulars	1	VIII VIII VIII VIII VIII VIII VIII VII			
1	Particulars Particulars of the Occupier					
•	(i) Name of the authorized person (occupier	·	Mr. Prasad Padhi			
	or : operator of facility)		Wii. Flasau Faum			
	(ii) Name of HCF or CBMWTF		Ambulance Room Inside the plant.			
	(iii) Address for Correspondence		Sterlite Technologies Ltd,			
	(m) riddiess for correspondence		33/1/1 Waghdara road, Dadra, Silvassa-396193			
			(UT of D&NH-and DD)			
	(iv) Address of Facility	:	OV.			
		200	33/1/1 Waghdara road, Dadra, Silvassa-396193			
		1	(UT of D&NH-and DD)			
	(v)Tel. No, Fax. No	:	+91 260-6613800, Fax-+91 2606613801			
	(vi) E-mail ID	:	g.rajeshkumar@stl.tech			
	(vii) URL of Website	:	https://www.stl.tech			
	(viii) GPS coordinates of HCF or CBMWTF	:	20.3108° N, 72.9630° E			
	(ix) Ownership of HCF or CBMWTF	:	Sterlite Technologies Ltd, Dadra			
	(x). Status of Authorization under the Bio-	:	Authorization No.:			
	Medical		PCC/DDD/BMW/152/19-20/586			
	Waste (Management and Handling) Rules		Valid till: 31/07/2022			
	(xi). Status of Consents under Water Act and	:	Consent No:			
	Air Act		PCC/DDD/O-1376/WA/AA/AL/99-00/1177858-			
			Valid till: 31/05/2027			
			PCC/DDD//O-1376/WA/AA/DR/99-00/900464-			
			Valid till: 31/01/2027			
2	Type of Health Care Facility	:	Ambulance room (Industrial)			
	(i) Bedded Hospital	:	01			
	(ii) Non-bedded hospital	:	NA			
	Clinical Laboratory or Research Institute or					
	Veterinary Hospital or any other)					
_	(iii) License number and its date of expiry		NA			
3	Details of CBMWTF	:	NA			
	(i) Number of health care facilities	:	NA			
	covered by CBMWTF		·			
	(ii) No. of Beds covered by CBMWTF	÷	NA			
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NA			
	(iv) Quantity of bio medical waste	:	NA			
	treated or disposed by CBMWTF		5			
4	Quantity of waste generated or disposed in	:	Yellow Category: 3.625 Kg			
	Kg per Annum		Red Category: 0.721 Kg			
			White: 1.009 kg			
			Blue Category: 0.000 kg			
			General Solid Waste: NIL			
5	Details of the Storage, Treatment, Transportat	ion,				
	(i) Details of the on-site storage	3	Size: NA			

Provision of on-site storage : (Cold storage any other provision) NA		facility		1	Capacity: Provision of on-site storage: (Cold storage any other provision)				
Capacity									
Type of treatment equipment No of Units Kg/day 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 in Kg per annum (iv) No. of Vehicles used for collection and transportation of biomedical waste (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of (vii) List of member HCF not handed Over bio-medical waste (vi) Douglass of member HCF not handed Over bio-medical waste (vi) Douglass of member HCF not handed Over bio-medical waste (vii) List of member HCF not handed Over bio-medical waste (vi) Douglass of member HCF not handed Over bio-medical waste (vii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste (viiii) List of member HCF not handed Over bio-medical waste	ļ								
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6 Do you have bio-medical waste Yes		(vii)			NA				
	6	Do you ha			Yes	-			
management committee? If yes, attach minutes of the meetings held during the reporting period		management committee? If yes, attach minutes of the meetings held during the							

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	4
	(ii) Number of personnel trained	9
	(iii) Number of personnel trained at the time of induction	9
	(iv) Number of personnel not undergone any training so far	0
	(v) Whether standard manual for training is available?	YES
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	-
	(ii) Number of persons affected	3 + 8
	(iii) Remedial Action taken (Please attach details if any)	-
	(iv) Any Fatality occurred, details	1
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 01/01/2022 to 31/12/2022.

Date: 28/06/2023

Place: Silvassa

Authorized Signatory

FORM – I [See rule 4(0), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident	;	NIL				
2. Type of Accident	*	NIL				
3. Sequence of events leading to accident	į	NILL				
4. Has the Authority of been informed immediate	ly:	NIL				
5. The type of waste involved in accident	ij.	NTL				
6. Assessment of the effects of the accidents on human health and the environment	î	NIL				
7. Emergency measures taken	*	NILL				
8. Steps taken to alleviate the effects of accidents	:	NTL				
9. Steps taken to prevent the recurrence of such an accident	,i.	NIL				
10. Does you facility has Emergency Control policy If yes, give details	?	ELLER SEUG	y fore	landness	Pan	avallasi
Date : 28 06 2023 Place : 37 Valla		Signa Desig	ture nation	i		