

BIO-MEDICAL WASTE (MANAGEMENT & HANDLING) FORM IV (See rule 13)

LANXESS INDIA PVT.LTD. BIRLAGRAM,NAGDA, Birlagram Mahetwas, Nagda, Nagda - 456331, DIST: Ujjain Mobile No: 7566660765

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.	Particulars of the Occupier	
	(i) Name of the authorized person:	Sanjay Singh
	(ii) Name of HCF or CBWTF:	Lanxess India Pvt.Ltd. Birlagram,Nagda
	(iii) Address for Correspondence :	Birlagram Mahetwas, Nagda, , Nagda-456331, Dist: Ujjain, Tal: Nagda
	(iv) Address of Facility:	Hoswin Incinerator Pvt. ltd 196 A-198 B, Sector-F, Sanwer Road, Indore, Dist: -
	(v) Tel. No, Fax. No:	7566660765
	(vi) E-mail ID :	sanjayk.singh@lanxess.com
	(vii) URL or Website:	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 23.4422, Long: 75.4037
	(ix) Ownership of HCF or CBWTF:	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-308849, Valid Upto: 8/31/2019
	(xi) Status of Consent under Water, Air Act :	Consent No: BW-41726, Valid Upto: 8/31/2019

2	(i) Bedded Hospital	2	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical	OTH-Other	
2	(iii) License number and its date of expiry		
Qua	antity of waste generated or disposed in Kg per	annum(on monthly average basis)	1
4	(i) Yellow Category	7.250	
4	(ii) Red Category	2.64	
4	(iii) White Category	1	
4	(iv) Blue Category	0.000	
4	(v) General Solid Waste	0.001	
Det	ails of the Storage, treatment, transportation, p	rocessing and Disposal Facility	
5	(i) Details of the on-site storage facility	Colour coded cintainers.	
5	(ii) Treatment Facility	NEE-Needle Cutter	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	01	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	NA	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. ltd	
BM	W management committee		
6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	No.	
Det	ails trainings conducted on BMW		
7	(i) Number of trainings conducted on BMW Management	1	



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7	(ii) Number of Personnel trained	3		
7	(iii) Number of personnel trained at the time of induction	0		
7	(iv) Number of personnel not undergone any training so far	0		
7	(v) Whether standard manual for training is available	No.		
7	(vi) Any other information	-		
Details of the accident occurred during the year				
8	(i) Number of Accident occurred	o		
8	(ii) Number of the persons affected	0		
8	(iii) Remedial Action taken (Please attch details if any)	-		
8	(iv) any Fatality Occurred, details	NO		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	No.		
9	Details of Cuntinuous online emission monitoring ststems installed	NA		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year	0		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	No.		
12	Any other relevant information	L_		

Certified that the above report is for the period from

Date:	Name and Sign of The Head of HCF	
Place:		