

JSL/JRD/ENV/2023-24/13

Date: 26.06.2023

To
The Member Secretary,
State Pollution Control Board, Odisha
A/118, Nilakantha Nagar, Unit VIII
Bhubaneswar – 750012

Sub: Annul Return (Form – IV) of Biomedical Waste for CY 2022 under Bio-Medical Waste (Management & Handling) Rules, 2016 and amendment thereof).

Ref: Bio-Medical Waste (Management & Handling) Rules, 2016 and amendment thereof.

Dear Sir,

This has reference to the captioned subject and cited reference.

We enclose herewith the duly filled in Form (Form - IV), for returns of Bio-Medical Waste under Rule 13 of Bio-Medical Waste (Management & Handling) Rules, 2016 & amendment thereof for the period from 1st January' 2022 to 31st December' 2022.

Thanking You,

Yours faithfully,
For **Jindal Stainless Limited**


T. K. Misra
(Head - Environment)

Enc: As Above

CC: The Regional Officer, State Pollution Control Board, Odisha, KNIC, Jajpur Road



**From -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)]

| Sl.No | Particulars | |
|-------|--|--|
| 1. | Particulars of the Occupier | : |
| | (i) Name of the authorized person (occupier or operator of facility) | : Mr. Tarun Khulbe |
| | (ii) Name of HCF or CBMWTF | : Jindal Stainless Limited |
| | (iii) Address for Correspondence | : Jindal Stainless Limited, Kalinga Nagar Industrial Complex, Po- Danagadi, Dist- Jajpur, 755026 |
| | (iv) Address of Facility | : Jindal Stainless Limited, Kalinga Nagar Industrial Complex, Po- Danagadi, Dist- Jajpur, 755026 |
| | (v) Tel. No. Fax. No. | : 06726 - 266260 |
| | (vi) E-mail ID | : Info.jajpur@jindalstainless.com |
| | (vii) URL of Website | : www.jindalstainless.com |
| | (viii) GPS coordinates of HCF of CBMWTF | : Latitude: 20° 56' 58" N Longitude: 86° 02' 17" E |
| | (ix) Ownership of HCF of CBMWTF | : Private |
| | (x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules. | : Authorization No. 1979 Dated 29.06.2017 Valid up to: Till further order |
| | (xi) Status of Consents under Water Act and Air Act. | : Valid up to: 31.03.2025 |
| 2. | Type of Health Care Facility | : Non bedded (First Aid Centre) |
| | (i) Bedded Hospital | : NA |
| | (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : Occupational Health Center |
| | (iii) License number and its date of expiry. | : NA |
| 3. | Details if CBMWTF | : NA |
| | (i) Number healthcare facilities covered by 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 disposal by CBMWTF | : NA |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : Yellow category: 278.925 kg/ annum Red Category: 110.396 kg/ annum White: - Blue Category: 99.100 kg/ annum General Solid waste: 168 kg/ annum (14 kg/month) |

| 5. Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | |
|--|--|---|--|--------------------|-------------------|--|
| 5. | (i) Details of the on-site storage facility | : | NA | | | |
| | | : | NA | | | |
| 5. | (ii) Disposal Facilities | : | NA | | | |
| | | | | | | |
| | | | Type of treatment Equipment | No. of units | Capacity (kg/day) | Quantity treated or disposed in kg/annum |
| | | | Incinerators | - | - | - |
| | | | Plasma Paralysis | - | - | - |
| | | | Autoclaves | 01 | - | - |
| | | | Microwave | - | - | - |
| | | | Hydro claves | - | - | - |
| | | | Shredder | - | - | - |
| | | | Needle tip cutter or destroyer | 02 | - | - |
| | | | Sharps encapsulation or concrete pit | - | - | - |
| | | | Deep Burial pits | - | - | - |
| | | | Chemical disinfection | 01 | - | 122.50 kg/annum |
| | Any other treatment equipment | - | - | - | | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) NIL | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | : | NA | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) | | Incineration Ash | Quantity Generated | Where disposal | |
| | | | ETP Sludge | | | |
| | | | NA | NA | NA | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | M/s Sani Clean Pvt. Ltd, Bhubaneswar | | | |
| | (vii) List of member HCF not handed over bio-medical waste. | : | NA | | | |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | : | NA | | | |

| | | |
|-----|---|---|
| 7. | Detail trainings conducted on BMW | |
| | (i) Number of training conducted on BMW Management. | 13 |
| | (ii) Number of personnel trained | 28 |
| | (iii) Number of personnel trained at the time of induction | 00 |
| | (iv) Number of personnel not undergone any training so far. | 5 |
| | (v) Whether standard manual for training is available? | YES |
| | (vi) Any other information) | NIL |
| 8. | Details of the accident occurred during the year | NIL |
| | (i) Number of Accidents occurred | NIL |
| | (ii) Number of the persons affected | NIL |
| | (iii) Remedial Action taken (Please attach details if any) | NIL |
| | (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 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. | Chemical pretreatment , Always meet the prescribed standard |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Always meet the prescribed standard |
| 12. | Any other relevant information | (Air Pollution Control Device attached with the incinerator.) NA |

Certified that the above report is for the period from: 1st January' 2022 to 31st December' 2022.

Name and Signature of the Head of the Institution

Date: 26.06.2023

Place: Jajpur

Dr. Sanjay Kumar Badar