

To,

Dated: 28.06.2021

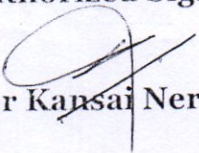
The Regional Officer  
HSPCB Dharuhera  
Haryana

**Subject: Filling return of Disposal Hazardous waste for the period April 2020-  
March 2021.**

Dear Sir,

As per hazardous waste (management and handling) rules 1989, we hereby submit the form -4 for filling the return of disposal of Hazardous Waste, Form 13 for Filling returns of Sale of Used oil/ Bio medical waste/Contaminated Barrel Disposal passbook/Waste Oil and Form 3 for Filling E -Waste annual return for the period April 2020- March 2021.

Thanking You

**Authorized Signatory**  
**For Kansai Nerolac Paints Limited**

**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)]

| Sl. No. | Particulars                                                                              |   |                                                                                                     |
|---------|------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------|
| 1       | Particulars of the Occupier                                                              | : |                                                                                                     |
|         | (i) Name of the authorized person (occupier or : operator of facility)                   | : | Mr. Anuj Jain                                                                                       |
|         | (ii) Name of HCF or CBMWTF                                                               | : | Kansai Nerolac Paints Limited                                                                       |
|         | (iii) Address for Correspondence                                                         | : | Biotic Waste Management Plot No-425 Gurgaon                                                         |
|         | (iv) Address of Facility                                                                 | : | Plot No-36, Sector-7 HSI DC Bawal                                                                   |
|         | (v) Tel. No, Fax. No                                                                     | : | 9992576734                                                                                          |
|         | (vi) E-mail ID                                                                           | : | Gorakhnath Mishra@nerolac.com                                                                       |
|         | (vii) URL of Website                                                                     | : |                                                                                                     |
|         | (viii) GPS coordinates of HCF or CBMWTF                                                  | : |                                                                                                     |
|         | (ix) Ownership of HCF or CBMWTF                                                          | : | (State Government or Private or Semi Govt. or any other)                                            |
|         | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.:<br>HWM/REW/2020/7773647<br>Valid upto: 30/09/2025                                |
|         | (xi). Status of Consents under Water Act and Air Act                                     | : | Valid upto:<br>30/09/2025                                                                           |
| 2       | Type of Health Care Facility                                                             | : | HCF                                                                                                 |
|         | (i) Bedded Hospital                                                                      | : | No. of Beds: 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                                              | : | HWM/REW/2020/7773647                                                                                |
| 3       | Details of CBMWTF                                                                        | : | Biotic Waste Management                                                                             |
|         | (i) Number of health care facilities covered by CBMWTF                                   | : | CBMWTF will provide Detail                                                                          |
|         | (ii) No. of Beds covered by CBMWTF                                                       | : | CBMWTF will provide Detail                                                                          |
|         | (iii) Installed treatment and disposal capacity of CBMWTF;                               | : | Kg / day<br>CBMWTF will provide Detail                                                              |
|         | (iv) Quantity of bio medical waste treated or disposed by CBMWTF                         | : | Kg / day<br>CBMWTF will provide Detail                                                              |
| 4       | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)       | : | Yellow Category: 03<br>Red Category: 0<br>White: 02<br>Blue Category: 04<br>General Solid Waste: 02 |
| 5       | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility      |   |                                                                                                     |
|         | (i) Details of the on-site storage                                                       | : | Size: 150 Sq. ft                                                                                    |

| facility |                                                                                                                             | Capacity:<br>Provision of on-site storage : (Cold storage or any other provision) |                                                                             |                    |                 |                                              |
|----------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|-----------------|----------------------------------------------|
| (ii)     | Disposal facilities                                                                                                         |                                                                                   | Type of treatment equipment                                                 | No of Units        | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
|          |                                                                                                                             |                                                                                   | Incinerators                                                                | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Plasma Pyrolysis                                                            | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Autoclaves                                                                  | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Microwave                                                                   | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Hydroclave                                                                  | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Shredder                                                                    | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Needle tip cutter or destroyer                                              | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Sharps                                                                      | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Encapsulation or concrete pit                                               | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Deep burial pits                                                            | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Chemical disinfection:                                                      | NA                 |                 |                                              |
|          |                                                                                                                             |                                                                                   | Any other treatment equipment:                                              | NA                 |                 |                                              |
| (iii)    | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum                                  | :                                                                                 | Red Category (like plastic, glass, etc.)<br>CBMWTF will provide the details |                    |                 |                                              |
| (iv)     | No. of Vehicles used for collection and transportation of biomedical waste                                                  | :                                                                                 | NA<br>CBMWTF will provide details                                           |                    |                 |                                              |
| (v)      | Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum            |                                                                                   |                                                                             | Quantity Generated | Where disposed  |                                              |
|          |                                                                                                                             |                                                                                   | Incineration                                                                |                    |                 |                                              |
|          |                                                                                                                             |                                                                                   | Ash                                                                         |                    |                 |                                              |
|          |                                                                                                                             |                                                                                   | ETP Sludge                                                                  |                    |                 |                                              |
| (vi)     | Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                       |                                                                                   | Biotic Waste Limited                                                        |                    |                 |                                              |
| (vii)    | List of member HCF not handed over bio-medical waste.                                                                       |                                                                                   | CBMWTF will provide the details                                             |                    |                 |                                              |
| 6        | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |                                                                                   | Yes<br>Mom Attached                                                         |                    |                 |                                              |

|    |                                                                                                                                   |  |                                                               |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|
| 7  | Details trainings conducted on BMW                                                                                                |  |                                                               |
|    | (i) Number of trainings conducted on BMW Management                                                                               |  | Six Monthly                                                   |
|    | (ii) Number of personnel trained                                                                                                  |  | 12                                                            |
|    | (iii) Number of personnel trained at the time of induction                                                                        |  | 08                                                            |
|    | (iv) Number of personnel not undergone any training so far                                                                        |  | No                                                            |
|    | (v) Whether standard manual for training is available?                                                                            |  | NA                                                            |
| 8  | Details of the accident occurred during the year                                                                                  |  |                                                               |
|    | (i) Number of Accidents occurred                                                                                                  |  | 0                                                             |
|    | (ii) Number of persons affected                                                                                                   |  | 0                                                             |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                        |  | NA                                                            |
|    | (iv) Any Fatality occurred, details                                                                                               |  | NA                                                            |
| 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?                   |  | Always compliant with standard                                |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |  | Always compliant with standard                                |
| 12 | Any other relevant information                                                                                                    |  | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

01/01/2021 to 31/12/2021

Kansai Nerolac Paints Limited

Name and Signature of the Head of the Institution

Auth. Signatory

Date: 28/06/2021

Place: Barua Haryana