

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2021 **Application Type: Industry** Calender Year Submit To 2021 SRO-Chiplun 1) Particulars ii) Middle Name i) First Name iii) Last Name **SUNDEEP** SUNDEEP DUTT v) Aadhaar No vi) PAN No iv) Designation WORKS MANAGER vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. Ghaziabad 9011034315 x) e-mail xi) URL of website sundeepdutt@nerolac.com www.nerolac.com 2) Details of the Industry iii) Name of the contact person i) Name of the Industry ii) Email KANSAI NEROLAC PAINTS LIMITED ravindrapatil@nerolac.com **RAVINDRA PATIL** iv) Contact No. 9011085356 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number F-1/2, F-2, F-3, MIDC AREA, LOTE PARSHURAM KHED KANSAI NEROLAC PAINTS LIMITED iv) District v) Pin-Code Number vi) Near by Landmark Ratnagiri 415722 viii) Longitude coordinate vii) Latitude coordinate ix) Ownership 17 722133 73.197691 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii) Authorization validity Date SRO-2024-05-02 CHIPLUN/BMW AUTH/2105000028-2021 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date FORMAT1.0/CAC/UAN 2023-07-31 No.0000092693/CR-2009000400 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) NΔ 8) Registration Expiry Date 2024-05-02 9) Faculty of Medicine occupational therapy 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of Maharashtra Bio-Hygenic Management, Chiplun 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) White 0.25000 Yellow 0.50000 **Red** 1.00000 **Blue** 0.20000

i) Bio Medical Waste Gen	icratea (kg/month)				
Yellow 0.35000	Red	0.97000	Blue 0.04000		White
i) Quantity of Biomedica	Il waste given to CBM	WTDF (kg/Month)			
Yellow 0.3500	Red 0.9700	Blue 0.0400	White General Solid Wa		Solid Waste
2) Details trainings cond Number of trainings co		agement.			
Number of personnel t	rained				
i) Number of personnel	trained at the time of	induction			
number of personnel i	not undergone any tra	aining so far			
) whether standard man es	ual for training is ava	ilable?			
) any other information					
3) Details of the accider Number of Accidents o		e year			
Number of the persons	affected				
) Remedial Action taker	n (Please attach detai	ls if any)			
) Any Fatality occurred,	If yes details.				
1) Liquid waste generat es	ed and treatment me	thods in place. How ma	ny times you have n	ot met the sta	ndards in a year?
5) Is the disinfection me year? es	ethod or sterilization i	meeting the log 4 stand	ards? How many tim	nes you have n	ot met the standards i
7) Whether HCE intende	d to Sale / Handover	liquid BMW for R&D pur	pose		