



## ANNUAL REPORT (2021)

[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 :	Navin Pant
	(ii) Name of HCF or CBWTF :	Kansai Nerolac Paints Ltd
	(iii) Address for Correspondence :	Plot No: C-385, & 386 Aragama Chemical Zone,, Sayakha G.I.D.C.,Dist:Bharuch, BHARUCH-, Dist: Bharuch , Tal: Vagra
	(iv) Address of Facility :	Globe Bio Care (CBWTF-Incinerator) P.no. 144/B,GIDC Sachin, Surat, Dist: GIDC Ankleshwar-394230
	(v) Tel. No, Fax. No :	7600004665
	(vi) E-mail ID :	...
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 21.8035, Long: 72.8937
	(ix) Ownership of HCF or CBWTF :	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-348998, Valid Upto: 12/31/2075
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto: 1/1/1900

### Type of Health Care Facility

2	(i) Bedded Hospital	0	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other	
2	(iii) License number and its date of expiry	BMW-348998 Exp.Dt.20/08/2024	

### Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

4	(i) Yellow Category	0.9	
4	(ii) Red Category	0.26	
4	(iii) White Category	0	
4	(iv) Blue Category	0	
4	(v) General Solid Waste	3	

### Details of the Storage, treatment, transportation, processing and Disposal Facility

5	(i) Details of the on-site storage facility	we have provided the color coded bin with black polythene as per guidelines of bio-medical waste disposal	
5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment) , CUT-Cutting	
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	1	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	0	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Globe Bio Care (CBWTF-Incinerator)	



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**BMW management committee**

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	half yearly meeting conducted regarding bio-medical waste management by committee
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**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	4	
7	(ii) Number of Personnel trained	14	
7	(iii) Number of personnel trained at the time of induction	6	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	NA	

**Details of the accident occurred during the year**

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please atch details if any)	NO	
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.	NA
9	Details of Cuntinuous online emission monitoring sstems 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	NA	

10	Bio-Medical waste generated for Yellow Category & Quantity	0.9	
10	Bio-Medical waste generated for RED Category & Quantity	0.26	
10	Bio-Medical waste generated for White Category & Quantity	0	
10	Bio-Medical waste generated for Blue Category & Quantity	0	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	Globe Bio Care (CBWTF-Incinerator)	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

Navin Pant



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

**397859-KANSAI NEROLAC PAINTS LTD,  
Plot No: C-385, & 386 Aragama Chemical Zone,  
Sayakha G.I.D.C.,Dist:Bharuch,  
BHARUCH - , DIST : Bharuch  
Mobile No: 7600004665**

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