

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2020

|   |  |  |
|---|--|--|
| <b>Application Type:</b> Industry   | <b>Calender Year</b><br>2020   | Submit To<br>SRO-Chiplun                                 |
| <b>1) Particulars</b>   |  |  |
| <b>i) First Name</b><br>UMAKANT   | <b>ii) Middle Name</b><br>MAHAVIR  | <b>iii) Last Name</b><br>RUGE                            |
| <b>iv) Designation</b><br>WORKS MANAGER   | <b>v) Aadhaar No</b><br>XXXXXXXXXXXX                                       | <b>vi) PAN No</b><br>XXXXXXXXXX                          |
| <b>vii) Address as per Aadhaar Card</b><br>XXXXXXXXXX   | <b>viii) Tel. No.</b><br>XXXXXXXXXX  | <b>ix) Fax No.</b><br>NA                                 |
| <b>x) e-mail</b><br>umakantruge@nerolac.com   | <b>xi) URL of website</b><br>www.nerolac.com                               |  |
| <b>2) Details of the Industry</b>   |  |  |
| <b>i) Name of the Industry</b><br>KANSAI NEROLAC PAINTS LIMITED   | <b>ii) Email</b><br>ravindrapatil@nerolac.com                              | <b>iii) Name of the contact person</b><br>RAVINDRA PATIL |
| <b>iv) Contact No.</b><br>9011085356  |  |  |
| <b>3) Address of the Industry</b>   |  |  |
| <b>i) Building Name/Building No./Survey Number</b><br>KANSAI NEROLAC PAINTS LIMITED   | <b>ii) Street / Village</b><br>F -1/2, F-2, F-3, MIDC AREA, LOTE PARSHURAM | <b>iii) City / Taluka</b><br>KHED                        |
| <b>iv) District</b><br>Ratnagiri  | <b>v) Pin-Code Number</b><br>415722  | <b>vi) Near by Landmark</b>                              |
| <b>vii) Latitude coordinate</b><br>17.722133  | <b>viii) Longitude coordinate</b><br>73.197691                             | <b>ix) Ownership</b><br>Private                          |
| <b>4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules</b>   |  |  |
| <b>i)Authorization No.</b><br>SRO-<br>CHIPLUN/BMW_AUTH/2105000028-2021  | <b>ii)Authorization validity Date</b><br>2024-05-02                        |  |
| <b>5) Status of Consents under Water Act and Air Act</b>  |  |  |
| <b>i)Consent Number</b><br>FORMAT1.0/CAC/UAN<br>No.0000092693/CR-2009000400   | <b>ii)Consent validity Date</b><br>2023-07-31                              |  |
| <b>6) Total No of Beds (As per valid Authorization)</b>   |  |  |
| <b>7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>   |  | NA   |
| <b>8) Registration Expiry Date</b>  |  | 2024-05-02   |
| <b>9) Faculty of Medicine</b><br>occupational therapy   |  |  |
| <b>10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b><br>Maharashtra Bio-Hygenic Management, Chiplun |  |  |
| <b>11) Details of BMW</b>   |  |  |
| <b>i) Authorized BMW Quantity MT/month (as per valid CCA)</b>   |  |  |
| <b>Yellow</b> 0.00050   | <b>Red</b> 0.00100   | <b>Blue</b> 0.00020                                      |
|   |  | <b>White</b> 0.00025                                     |

|   |                    |                     |              |  |
|---|--------------------|---------------------|--------------|--|
| <b>ii) Bio Medical Waste Generated (Kg/day)</b> |                    |                     |              |  |
| <b>Yellow</b> 0.01224                           | <b>Red</b> 0.01764 | <b>Blue</b> 0.00142 | <b>White</b> |  |

  

|  |                   |                    |              |                            |
|--|-------------------|--------------------|--------------|----------------------------|
| <b>iii) Quantity of Biomedical waste given to CBMWTFD (kg/day)</b> |                   |                    |              |                            |
| <b>Yellow</b> 0.0122   | <b>Red</b> 0.0176 | <b>Blue</b> 0.0014 | <b>White</b> | <b>General Solid Waste</b> |

  

**12) Details trainings conducted on BMW**

**i) Number of trainings conducted on BMW Management.**  
2

**ii) Number of personnel trained**  
5

**iii) Number of personnel trained at the time of induction**  
5

**iv) number of personnel not undergone any training so far**

**v) whether standard manual for training is available?**  
Yes

**vi) any other information**  
NA

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

**i) Number of Accidents occurred**

**ii) Number of the persons affected**

**iii) Remedial Action taken (Please attach details if any)**  
No

**iv) Any Fatality occurred, If yes details.**  
No

**14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**  
Yes

**15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**  
Yes

|                      |                                     |                           |
|----------------------|-------------------------------------|---------------------------|
| <b>Place</b><br>LOTE | <b>Designation</b><br>WORKS MANAGER | <b>Date</b><br>28-06-2021 |
|----------------------|-------------------------------------|---------------------------|