

HCIL(NGH)-ENV-F-050-1050

The Member Secretary
M.P. Pollution Control Board
Paryavaran Parishar,
E-5, Arera Colony
Bhopal – 462 016 (M.P.)

May, 14, 2019

Sub: Submission of Form – 4 (Annual Return) for First Aid Center, Diamond Cements- Grinding unit, Imlai for year 2018.

Ref.: Authorization No. BMW-309895 dated 30.11.2017

Sir,

With reference to the above, we are submitting herewith Form – 4 (Annual report) for **First Aid Center, Diamond Cements- Grinding unit, Imlai under Biomedical Waste Management Rules, 2016** for the year 2018.

This is for your kind information please.

Thanking you

Your's faithfully

**For Diamond Cements
(Prop. HeidelbergCement India Ltd.)**



Sandeep
**Sanjeev Kumar Gupta
Head Works- Damoh
Sr. Vice President**

Encl: (1) Form 4.

**CC: The Regional Officer
MP Pollution Control Board, Deen Dayal Nagar,
Housing Board Colony, Sagar (MP)**

CC: CMO, Diamond Cements Hospital - Narsingarh.

CC: Office Copy



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

**FIRST AID CENTER DIAMOND CEMENTS-
GRINDING UNIT IMLAI (PROP. HCIL),
Imlai Damoh,
470661 - , DIST : Damoh
Mobile No: 7354882510**

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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Ravindra Kumar Patidar
	(ii) Name of HCF or CBWTF :	First Aid Center Diamond Cements- Grinding unit Imlai (Prop. HCIL)
	(iii) Address for Correspondence :	Imlai, Damoh, 470661-, Dist: Damoh, Tal: Damoh
	(iv) Address of Facility :	Not in any CBWTF -, Dist: --0
	(v) Tel. No, Fax. No :	7354882510
	(vi) E-mail ID :	sandeep.tiwari@heidelbergcement.in
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 23.8657, Long: 79.4294
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-309895, Valid Upto: 12/31/2032
	(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-309895, validity : 31/12/2032	

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

4	(i) Yellow Category	3.494	
4	(ii) Red Category	2.140	
4	(iii) White Category	0.000	
4	(iv) Blue Category	1.196	
4	(v) General Solid Waste	2.0	

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

5	(i) Details of the on-site storage facility	Coloured Bin have been kept for storage of BMW as per BMW Rule-2016.	
5	(ii) Treatment Facility	ADB-Autoclaving/Deep Burial, NEE-Needle Cutter	
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	NA	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	NOT in Any/My CBWTF	

BMW management committee

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	No.	
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ANNUAL REPORT

Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	1	
7	(ii) Number of Personnel trained	1	
7	(iii) Number of personnel trained at the time of induction	0	
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)	NA	
8	(iv) any Fatality Occurred , details	0	

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	No.	
9	Details of Cuntinuous online emission monitoring ststems 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	

Certified that the above report is for the period from

Date: 14/05/2017

Place: Damoh

Name and Sign of The Head of HCF

(Signature)
Chief Medical Officer
HCIL NGH