

HCIL(NGH)-ENV-F-050

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

**HeidelbergCement India Limited**  
CIN: L26942HR1958FLC042301  
Village and P. O. Narsingarh  
District Damoh,  
Madhya Pradesh 470675  
Phone +91-7601-241301, 02 & 05  
Fax +91-7601-241235  
Website: www.mycemco.com

**Date: 27.04.2021****Sub: Submission of Form – 4 (Annual Return) for Diamond Cements Hospital - Narsingarh for year 2020.****Ref:** Authorization No. BMW-310963, dated 03.09.2018, Validity: 30/06/2021

Sir,

With reference to the above, we are submitting herewith Form – 4 (Annual report) for **Diamond Cements Hospital - Narsingarh** under **Biomedical Waste Management Rules, 2016 and amendments** for the year 2020.

This is for your kind information please.

Thanking you

Your's faithfully

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



**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)**

**DIAMOND CEMENT HOSPITAL,  
Diamond Cements (Prop. HeidelbergCement India  
Ltd.) -,  
Narsingarh - 470675, DIST : Damoh  
Mobile No: 9165510936**

**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 :	Sr.Medical Officer
	(ii) Name of HCF or CBWTF :	Diamond Cement Hospital
	(iii) Address for Correspondence :	Diamond Cements (Prop. HeidelbergCement India Ltd.), -, Narsingarh-470675, Dist: Damoh, Tal: Pathariya
	(iv) Address of Facility :	Not in any CBWTF -,-, Dist: --0
	(v) Tel. No, Fax. No :	9165510936
	(vi) E-mail ID :	sandeep.tiwari@heidelbergcement.in
	(vii) URL or Website :	www.mycemco.com
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 23.9886, Long: 79.3977
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-310963, Valid Upto: 6/30/2021
	(xi) Status of Consent under Water, Air Act :	Consent No: BW-57396, Valid Upto: 6/30/2021

**Type of Health Care Facility**

2	(i) Bedded Hospital	4	
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-310963	

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

4	(i) Yellow Category	3.985	
4	(ii) Red Category	9.159	
4	(iii) White Category	0.182	
4	(iv) Blue Category	6.767	
4	(v) General Solid Waste	5.000	

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

5	(i) Details of the on-site storage facility	Coloured Bins for collection of BMW as per BMW Rule 2016 and amendments	
5	(ii) Treatment Facility	ACT-Autoclaving, Chemical Treatment, DDS-Deep Burial, Disinfection, Shredding, INC-Incineration	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0	
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	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.	Not applicable
---	--	-----	----------------



**ANNUAL REPORT**

**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	4	
7	(ii) Number of Personnel trained	12	
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	Nil	

**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)	Nil	
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?	Yes	Not applicable
9	Details of Cuntinuous online emission monitoring ststems installed	Not Applicable	
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 ?	Yes	Not applicable
12	Any other relevant information	Nil	

Certified that the above report is for the period from

Date: 27/04/2021

Place: Narsingarh

Name and Sign of The Head of HCF



DR. AS GUPTA