

HCIL(NGH)-ENV-F-050

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

HEIDELBERGCEMENT
Diamond Cements
Prop: HeidelbergCement India Limited
CIN: L26942HR1988FL042301

Village and P. O. Narsingarh
District Damoh, M.P. 470 675, India
Phone +91-07601-241301, 02 & 05
Fax +91-07601-241235
Website: www.mycemco.com

May 18, 2020

Sub: Submission of Form – 4 (Annual Return) for Diamond Cements Hospital - Narsingarh for year 2019.

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** for the year 2019.

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





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 Validity-30.06.2021 |
| Quantity of waste generated or disposed in Kg per annum(on monthly average basis) | | |
| 4 | (i) Yellow Category | 7.051 |
| 4 | (ii) Red Category | 13.641 |
| 4 | (iii) White Category | 0.336 |
| 4 | (iv) Blue Category | 6.657 |
| 4 | (v) General Solid Waste | 15.0 |

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 its 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. NA |
|---|--|--------|



ANNUAL REPORT

Details trainings conducted on BMW

| | | |
|---|--|-----|
| 7 | (i) Number of trainings conducted on BMW Management | 2 |
| 7 | (ii) Number of Personnel trained | 14 |
| 7 | (iii) Number of personnel trained at the time of induction | 1 |
| 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 attach details if any) | Not applicable |
| 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 systems 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 ? | Yes | It is as per PCB Norms |
| 12 | Any other relevant information | NA | |

Certified that the above report is for the period from

Date: 29/04/2020
Place: Narsingarh

Name and Sign of The Head of HCF


 DR. AJAY SHAKTI KAR GUPTA