



# Maharashtra Pollution Control Board

## महाराष्ट्र प्रदूषण नियंत्रण मंडळ

### Form - IV

(See rule 13)

#### ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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)]

<b>1. Particulars</b>	
<b>(i) Name of the authorised person (occupier or operator of facility):</b>	Vijaya Lakshmi Mani
<b>(ii) Name of the HCF or CBMWTF</b>	Not Applicable
<b>(iii) Address of correspondence:</b>	Plot No. 24,Rajiv Gandhi Infotech Park PH2,Village Mann,Pune-411057 near NA
<b>(iv) Address of facility:</b>	NA,NA,NA,Pune-411057 near NA
<b>(v) Tel. No, FAX. No:</b>	0203982700,
<b>(vi) E-mail ID:</b>	vlmani@infosys.com
<b>(vii) URL Website:</b>	www.infosys.com
<b>(viii) GPS coordinates of HCF or CBMWTF:</b>	Latitude longitude
<b>(ix) Ownership of HCF or CBMWTF:</b>	Private
<b>(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules</b>	MPCB/SROP-II/BMW-AUTH/1702000063 2019-09-30
<b>(xi) Status of Consents under Water Act and Air Act</b>	Format 1.0/BO/CAC-Cell/CR/CAC-10214 2021-02-28
<b>2. Type of Health Care Facility</b>	Non Bedded Hospital
<b>(i) No of Beds</b>	
<b>(ii) License Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>	Not applicable
<b>(iii) License expiry</b>	2019-09-30
<b>3. Details of CBMWTF</b>	
<b>(i) Number healthcare facilities covered by CBMWTF</b>	
<b>(ii) No of beds covered by CBMWTF</b>	
<b>(iii) Installed treatment and disposal capacity of CBMWTF (Kg/Day)</b>	0
<b>(iv) Quantity of biomedical waste treated or disposed by CBMWTF (Kg/Day)</b>	0 Kg/day
<b>(iv) Quantity of biomedical waste treated or disposed by CBMWTF</b>	0 Kg/day



<p><b>(v) Details of incineration ash and ETP Sludge generated and disposed during the treatment of waste in Kg per annum</b></p>	<p style="text-align: right;"><b>Quantity generated Where disposed</b></p> <p>Incineration Ash</p> <p>ETP Sludge</p>
<p><b>(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b></p>	
<p><b>(vii) List of member HCF not handed over bio-medical waste</b></p>	<p>Document</p>
<p><b>6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period</b></p>	<p>Yes</p>
<p><b>7. Details trainings conducted on BMW</b></p>	
<p><b>(i) Number of trainings conducted on BMW Management.</b></p>	<p>2</p>
<p><b>(ii) Number of personnel trained.</b></p>	<p>9</p>
<p><b>(iii) Number of personnel trained at the time of induction.</b></p>	<p>5</p>
<p><b>(iv) number of personnel not undergone any training so far</b></p>	
<p><b>(v) whether standard manual for training is available?</b></p>	<p>Yes</p>
<p><b>8.Details of the accident occurred during the year</b></p>	
<p><b>(i) Number of Accidents occurred</b></p>	
<p><b>(ii) Number of the persons affected</b></p>	
<p><b>(iii) Remedial Action taken (Please attach details if any)</b></p>	<p>No</p>
<p><b>(iv) Any Fatality occurred, If yes details.</b></p>	<p>No</p>
<p><b>9.Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?</b></p>	<p>Yes,</p>
<p><b>(i) Details of Continuous online emission monitoring systems installed</b></p>	<p>No</p>
<p><b>10.Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b></p>	<p>Yes,</p>
<p><b>11.Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b></p>	<p>No</p>
<p><b>12.Any air pollution control devices attached with the Incinerator</b></p>	<p>No</p>