

To The Regional Officer, State Pollution Control Board, 1st lane- Kasturi Nagar, Rayagada-765001

dt.18th Feb 2019

Our Ref No.

: VAL/HSE/ MED/2019/01

Subject: Submission of annual returns in Form IV regarding disposal of Bio Medical Waste Management Rules, 2016 for operating a facility for collection, transportation, reception, storage, treatment and disposal.

Dear Sir,

This has with reference to the above referred letter and on the subject cited above, we are herewith submitting the annual returns in Form IV regarding treatment and disposal of Bio-Medical Waste as per Bio Medical Waste Management Rules, 2016 for operating a facility for collection, transportation, reception, storage, treatment and disposal for the year 2018. However, as per special condition no.6, no mercury (50 PPM) has been generated in OHC & Vedanta Hospital.

Attached here with the annual return in form-IV for OHC & Vedanta Hospital.

Thanking you.

Yours faithfully,

Vedanta Limited, Lanjigarh

(Dr. Akshaya Kumari Sahoo) a Ku. Sahoo

Chief Medical Officer

annigarn, Odisha

· Copy To:

Regd.No.:-15434/04

The Member Secretary, Orissa Pollution Control Board, Paribesh Bhawan, Bhubaneswar.

Vedanta Limited

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CIN: L13209MH1965PLC291394

## From –IV (See rule 13) Annual Report 2018

## OCCUPATIONAL HEALTH CENTRE, LANJIGARH

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common biomedical waste treatment facility (CBWTF)]

| SI.<br>No                              | Particulars  |     |  |
|--|--|-----|--|
| 1.                                     | Particulars of the Occupier  | ;   |  |
|  | (i) Name of the authorized person (occupier or operator of facility) | •   | Chief Medical Officer, Occupational Health Centre, Lanjigarh               |
|  | (ii) Name of HCF or CBMWTF   | :   | Occupational Health Centre , Vedanta Limited, Lanjigarh , Kalahandi-766027 |
|  | (iii) Address for Correspondence                                     | •   | Occupational Health Centre , Vedanta Limited, Lanjigarh , Kalahandi-766027 |
|  | (i) Address of Facility  |     | Occupational Health Centre , Vedanta Limited, Lanjigarh , Kalahandi-766027 |
|  | (ii) Tel. No. Fax. No.   | ÷   | 9937251495   |
|  | (V) E-mail ID  | : d | Akshaya.sahoo@vedanta.co.in  |
|  | (i) URL of Website   | :   | www.vedantaaluminium.com   |
|  | (ii) GPS coordinates of HCF or CBMWTF                                |     |  |
|  | (iii) Ownership of HCF of CBMWTF                                     |     | Private  |
|  | (iv) Status of Authorization under the Bio-Medical Waste (Management | :   | Authorization No.: 1541,dt 26.04.2016                                      |
|  | and Handing) Rules.  |     | Valid up to 31.03.2019   |
| ************************************** | (v) Status of Consents under Water Act and Air Act.                  | :   | Valid up to: NA  |
| 2.                                     | Type of Health Care Facility   | i   |  |
|  | (i) Bedded Hospital  | ;   | No   |
|  | (ii) Non-Bedded Hospital<br>(Clinic or Blood Bank or Clinical        | :   | NA .   |

|    | Laboratory or Research Institute or Veterinary Hospital or any other) |  |                                       |                |                    |   |
|----|---|--|---------------------------------------|----------------|--------------------|---|
|    | (iii) License number and its date of expiry.                          | •  | NA                                    |                |                    |   |
| 3. | Details if CBMWTF   | ;  |                                       |                |                    |   |
|    | (i) Number healthcare facilities covered by CBMWTF                    | •  |                                       |                |                    |   |
|    | (ii) No. of beds covered by CBMWTF                                    | :  |                                       |                |                    |   |
|    | (iii) Installed treatment and disposal capacity of CBMWTF             | :  | Kg per                                | day            |                    |   |
|    | (iv) Quantity of biomedical waste treated or disposal by CBMWTF       | ;  | Kg/day                                | f              |                    |   |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly   | ;  | Yellow category: 0.7                  |                |                    |   |
|    | average basis)  |  | Red Category: 0.633                   | 3 kg           |                    |   |
|    |   |  | White: 0.722 kg                       | VIII.          |                    |   |
|    |   | A reference A format of the fo | Blue Category: 0.38                   | 4 kg           |                    |   |
|    |   |  | General Solid waste                   | : 4.389 k      | G                  |   |
| 5. | Details of the Storage , treatment, transpo                           | ortatio  | n, processing and Dis                 | sposal Fa      | cility             |   |
|    | (i) Details of the on-site storage facility                           | •  | Size ;                                |                |                    |   |
|    |   |  | Capacity:                             |                |                    |   |
|    |   |  | Provision of on-site other provision) | storage        | : (cold sto        | rage or any   |
|    | (ii) Disposal Facilities  | 4  | Type of treatment equipment           | No of<br>Units | Capacity<br>Kg/Day | Quantity<br>treated or<br>disposed in<br>kg per/day |
|    |   |  | Incinerators                          | NA             | NA                 | NA  |
|    |   |  | Plasma Paralysis                      | NA             | NA                 | NA  |
|    |   |  | Autoclaves                            | 01             | 20                 |   |
|    |   | The state of the s | Microwave                             | NA             | NA                 | NA  |
|    |   |  | Hydroclave                            | NA             | NA                 | NA  |
|    |   |  | Shredder                              | NA             | NA                 | NA  |
|    |   |  | Needle tip cutter or destroyer        | Yes            |                    |   |
|    |   |  | Sharps                                | Yes            |                    |   |
|    |   |  | encapsulation                         | 100            |                    | ·   |
|    |   |  | or concrete pit                       |                |                    |   |
|    |   |  | Deep Burial pits                      | Yes            |                    |   |
|    |   |  | Chemical                              | Yes            |                    |   |
|    |   |  | disinfection:                         | NIA -          | NIA                | NIA   |
|    |   |  | Any other treatment                   | NA             | NA                 | NA  |
|    |   |  | equipment                             |                |                    |   |

|          |   | _   |                    |                    |          |
|----------|---|-----|--------------------|--------------------|----------|
| -        | (iii) Quantity of recyclable wastes sold to                     | :   | Red Category (like | re plastic glass o | ato )    |
|          | authorize recyclers after treatment in kg per annum.            |     | NA NA              | to plactic, glace  | <i>)</i> |
|          | (iv) No of vehicles used for collection                         | 1:  | NA                 |                    |          |
|          | and transportation of biomedical                                |     |                    |                    |          |
| //       | waste.  |     |                    |                    |          |
|          | (v) Details of incineration ash and                             |     |                    |                    |          |
|          | ETP sludge generated and  |     |                    | Quantity           | Where    |
|          | disposal during the treatment of                                |     |                    | Generated          | disposal |
|          | wastes in Kg per annum)   |     | Incineration Ash   |                    |          |
|          |   |     |                    | NA                 | NA       |
|          | (ci) A1 (ci)  |     | ETP Sludge         | NA                 | NA       |
|          | (vi) Name of the Common Bio-Medical                             | :   | NA                 |                    |          |
|          | Waste Treatment Facility Operator through which wastes are      |     |                    |                    |          |
| į        | through which wastes are disposed of                            |     | -                  | • •                |          |
| <u> </u> | (vii) List of member HCF not handed                             |     |                    |                    |          |
|          | over bio-medical waste.   | :   | NA                 |                    |          |
| 6.       | Do you have bio-medical waste                                   |     | I NI               |                    |          |
|          | management committee? If yes, attach                            | •   | No                 |                    |          |
|          | minutes of the meetings held during the                         |     |                    |                    |          |
|          | reporting period.   |     |                    |                    |          |
| 7.       | Detail trainings conducted on BMW                               | -   | Yes                |                    |          |
|          | (i) Number of training conducted on                             |     | 01                 |                    |          |
| ļ        | BMW Management.   |     | •                  | •                  |          |
|          | (ii) Number of personnel trained                                |     | 05                 |                    |          |
|          | (iii) Number of personnel trained at the time of induction      |     | 15                 |                    |          |
|          | (iv) Number of personnel not                                    |     | 04                 |                    |          |
|          | underwent any training so far.  (v) Whether standard manual for |     |                    |                    |          |
|          | training is available?  |     | Yes                | -                  |          |
|          | (vi) Any other information)                                     | ··· |                    |                    |          |
| 8.       | Details of the accident occurred during                         |     |                    |                    |          |
| <u> </u> | the year  |     |                    |                    |          |
|          | (i) Number of Accidents occurred                                | **  | Nil                |                    |          |
|          | (ii) Number of the persons affected ·                           |     | Nil                |                    |          |
|          | (iii) Remedial Action taken (Please                             |     | Nil                |                    |          |
|          | attach details if any)  |     | INIE               |                    |          |
|          | (iv) Any Fatality occurred, details.                            |     | Nil                |                    |          |
| 9.       | Are you meeting the standards of air                            |     | NA                 |                    | 10.      |
|          | Pollution from the incinerator? How                             |     | 14/4               |                    |          |
|          | many times in last year could not met                           |     |                    |                    |          |
| ļ        | the standards?  |     |                    |                    |          |
|          | Details of Continuous online emission                           |     |                    |                    |          |
| 10       | monitoring systems installed                                    |     |                    |                    |          |
| 10.      | Liquid waste generated and treatment                            |     | Nil                |                    |          |
|          | methods in place. How many times you                            |     | •                  |                    |          |
| <u></u>  | have not met the standards in a year.                           |     |                    |                    |          |
|          |   | 1   |                    |                    |          |

|   | j   |   |       |           |         |        |          |      |      |
|---|-----|---|-------|-----------|---------|--------|----------|------|------|
| • |     | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Yes   |           |         |        |          |      | 1974 |
|   | 12. | Any other relevant information  | (Aìr  | Pollution | Control | Device | attached | with | the  |
|   |     |   | incir | erator.)  |         |        |          |      |      |

Certified that the above report is for the period from January 2018 to December 2018 of Occupational Health Centre, Lanjigarh, Kalahandi-766027

Dr. AKshaya Kumar Sahov

Name and Signature of the Head of the Institution

Date: 18.02.19
Place: Lanjigash

Dr. Akshaya Ku. Sahoo CMO Veri - Limited Lings - Odisha Regci No .: -15434/04

## Form - IV (See rule 13) ANNUAL REPORT 2018 VEDANTA HOSPITAL, LANJIGARH

[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)]

| Sl.<br>No. | Particulars  |   |   |
|------------|--|---|---|
| 1.         | Particulars of the Occupier  | * |   |
|            | (i) Name of the authorized person (occupier or operator of facility)   | • | Chief Medical Officer, Vedanta Hospital, Lanjigarh              |
|            | (ii) Name of HCF or CBMWTF   | : | Vedanta Hospital, Lanjigarh, Kalahandi - 766027                 |
|            | (iii) Address for Correspondence   | : | Vedanta Hospital, Lanjigarh, Kalahandi - 766027                 |
|            | (iv) Address of Facility   |   | Vedanta Hospital, Lanjigarh, Kalahandi - 766027                 |
|            | (v)Tel. No, Fax. No  | : | Tel: 9937303333   |
|            | (vi) E-mail ID   | : | Vedanta.hospital@vedanta.co.in                                  |
|            | (vii) URL of website   | : | www.vedantaaluminium.com  |
|            | (viii) GPS coordinates of HCF or CBMWTF  | • |   |
|            | (ix) Ownership of HCF or CBMWTF \  | : | Private   |
|            | (x). Status of Authorization under the Bio-Medical Waste(Management and Handling) Rules  | • | Authorization No.: 8637, dt. 25.05.2016 .valid up to 31.03.2019 |
|            | (xi). Status of Consents under<br>Water Act and Air Act  | : | Valid up to: NA   |
| 2          | Type of Health Care Facility   | : |   |
|            | '(i) Bedded Hospital   | : | No. of Beds: 20 bedded  |
| •          | (ii) Non-bedded hospital(Clinic or<br>Blood Bank or Clinical Laboratory<br>or Research Institute or Veterinary<br>Hospital or any other) | : | NA .  |

|   | T   |   | or             | •   |  |  |        |                |
|---|---|---|----------------|---|--|--|--------|----------------|
|   |   |   | concrete pit   | 1   |  |  |        |                |
|   | -   |   | Deep burial    | Yes   |  |  |        |                |
|   |   |   | pits:          | 103   |  |  |        |                |
|   |   |   | Chemical       | Yes   |  |  |        |                |
|   | į   |   | disinfection:  | 163   |  |  |        |                |
|   |   |   | Any other      | NA  | N.A  |  | NA     |                |
|   |   |   | treatment      | 110   | 147  | `                                      | 1373   |                |
|   |   | * | equipment:     |   |  | ,                                      |        |                |
|   | (iii) Quantity of recyclable wastes   | : | Red Categor    | v (like n                                     | lastic                                       | olasse                                 | tc.) ] | V A            |
|   | sold to authorize recyclers after treatment in kg per annum.  | • | Trou ourogor,  | ) (IIICO P                                    | 140110                                       | , 5.4.00                               | , .    | . 12 2         |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste  | : | NA             | <u>, , , , , , , , , , , , , , , , , , , </u> | ······································       |  |        |                |
|   | (v) Details of incineration ash and ETP sludge generated and disposed   |   |                | W-0-2   |  | Quanti<br>generat                      | -      | Where disposed |
|   | during the treatment of wastes in<br>Kg per annum   |   | Incineration A | Ash   |  | NA                                     |        | NA             |
|   |   |   | ETP Sludge     |   |  | NA                                     |        | NA             |
|   | (vi) Name of the Common Bio-<br>Medical Waste Treatment Facility<br>Operator through which wastes are<br>disposed of        | : | NA             |   |  |  |        | .1             |
|   | (vii) List of member HCF not handed over bio-medical waste.   |   | NA             |   | •  |  | ·      |                |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |   | No             |   |  |  |        |                |
| 7 | Details trainings conducted on BMW  |   | Yes            |   |  | -                                      |        |                |
|   | (i) Number of trainings conducted on BMW Management.  |   | -1             |   | •  |  |        |                |
|   | (ii) Number of personnel trained (iii) Number of personnel trained at   |   | 15             |   | ·····  | ······································ | ·      |                |
|   | the time of induction (iv) Number of personnel not  |   | 15             | ***************************************       | erandad <sup>a a</sup> di di di da amalada d |  |        |                |
|   | undergone any training so far   |   | 20             |   |  |  |        |                |
|   | (v) Whether standard manual for training is available?  |   | Yes            |   |  |  |        |                |

.

| 8   | Details of the accident occurred during the year           | Nil    | ······································   |   |
|-----|--|--------|--|---|
|     | (i) Number of Accidents occurred                           | Nil    |  |   |
|     | (ii) Number of the persons affected                        | Nil    |  |   |
|     | (iii)Remedial Action taken (Please attach details if any)  | Nil    |  |   |
|     | (iv) Any Fatality occurred, details.                       | Nil    |  |   |
| 9.  | Are you meeting the standards of                           | NA     |  |   |
|     | air Pollution from the incinerator?                        |        | •  |   |
| *** | How many times in last year could                          |        |  |   |
|     | not met the standards?                                     |        |  |   |
|     | Details of Continuous online                               | NA     | the second second  |   |
|     | emission monitoring systems                                |        | and the stage of the state of  |   |
| 10  | <del></del>  |        |  | • |
| 10  | Liquid waste generated and treatment methods in place. How | NII    | and the second s   | 1.                                      |
|     | many times you have not met the                            | .<br>} |  |   |
|     | standards in an year?                                      |        |  |   |
| 11  | Is the disinfection method or                              | Yes    |  | ······································  |
| İ   | Sterilization meeting the log 4                            | 1 50   |  |   |
|     | standards? How many times you                              |        |  |   |
|     | have not met the standards in a year?                      |        | $\mathcal{F}_{\mathbf{a}} = \mathcal{F}_{\mathbf{a}} = $ |   |
| 12  | Any other relevant information                             |        | llution Control Devices attached w<br>ator) NA   | ith the                                 |

Certified that the above report is for the period from January 2018 to December 2018- of Vedanta Hospital, Lanjigarh , Kalahandi -766027.

Name and Signature of the Head of the Institution

Dr. Akshaya kuman Sahoo.

Dr. Akshaya Ku. Sahoo CMO Vedanta Limited Lanjigarh, Odisha Regd.No.:-15434/04

Date: 18-02.19

Place (anjigan