

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

Dt 27 June 2022

Our Ref No : VAL/HSE/ MED/2022/01

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 2021. However, as per special condition no.6, no mercury 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 Ku. Sahoo CMO Vedanta Imited Lanjigarh, Odisha

(Dr. Akshaya Kumar Sahoo)

Chief Medical Officer

Regd.No.:-15434/04

Copy To: **Vedania Mailed** Secretary, Orissa Pollution Control Board, Paribesh Bhawan, Bhubaneswar. PO: lanjigarh, Dist.: kalahandi, Odisha, India - 766 027

T+91-6677 247312 - 15, Fax +91-6677 247311, Website: www.vedantalimited.com

Registered Office: Vedanta Limited 1st Floor, 'C' wing, Unit 103, Corporate Avenue, Atul Projects, Chakala, Andheri (East), Mumbai 400093, Maharashtra, India.

CIN: L13209MH1965PLC291394

## From –IV (See rule 13) Annual Report 2021

## 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.	Particulars						
No							
1.	Particulars of the Occupier	:					
	(i) Name of the authorized person (occupier or operator of facility)		Chief Medical Officer , Occupational Health Centre ,  Lanjigarh				
į	(1/1) b) City pro Chat Styleton						
	(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 Limite Lanjigarh , Kalahandi-766027				
	(ii) Tel. No. Fax. No.	-	9937251495				
	(V) E-mail ID		drakshaya.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				
THE RESIDENCE OF THE PARTY OF T	(iv) Status of Authorization under the Bio-Medical Waste (Management		Authorization No.924, Date. 30.03.2019				
ANY - SERVICIA DEL ALLA DELL'ARTE	and Handing) Rules.		Valid up to Lifetime (One time uthorization)				
*	(v) Status of Consents under Water Act and Air Act.	T	Valid up to: NA				
2.	Type of Health Care Facility	:					
	(i) Bedded Hospital	:	No				
	(ii) Non-Bedded Hospital	:	NA				

	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)								
	(iii) License number and its date of expiry.	P P	NA						
3.	Details if CBMWTF		NA						
	(i) Number healthcare facilities covered by CBMWTF								
		:							
	(iii) Installed treatment and disposal capacity of CBMWTF	:	Kg per						
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	Kg/day						
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average		Yellow category: 0.508 kg						
	basis)	***************************************	Red Category: 0.449 kg						
			White: 0.361 kg						
			Blue Category: 0.302 kg						
ļ ļ			General Solid waste : 3.071 kg						
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility								
	(i) Details of the on-site storage facility		Size :NA						
			Capacity:NA						
3. De (i) (iii) (iii) (iv) 4. Qu in I bas			Provision of on-site storage : (cold storage or any other provision)						
		1	LOIDEL DROVISION L						
	(ii) Disposal Facilities	,	Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per/day			
	(ii) Disposal Facilities	,	Type of treatment equipment Incinerators	Units NA	Kg/Day NA	treated or disposed in kg per/day NA			
	(ii) Disposal Facilities	,	Type of treatment equipment	Units	Kg/Day	treated or disposed in kg per/day			
	(ii) Disposal Facilities	,	Type of treatment equipment Incinerators	Units NA	Kg/Day NA	treated or disposed in kg per/day NA			
	(ii) Disposal Facilities		Type of treatment equipment Incinerators Plasma Paralysis	Units NA NA	Kg/Day NA NA	treated or disposed in kg per/day NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves	Units  NA NA 01	NA NA NA 40	treated or disposed in kg per/day NA NA 0.053			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder	NA NA NA 01 NA NA NA	NA NA NA 40 NA	treated or disposed in kg per/day NA NA 0.053			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter	NA NA O1 NA NA	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer	NA NA NA NA NA NA NA Yes	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps	NA NA NA 01 NA NA NA	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer	Units  NA NA O1 NA NA NA NA Yes  Yes	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits	NA NA O1 NA NA NA Yes Yes Yes	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits Chemical	Units  NA NA O1 NA NA NA NA Yes  Yes	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits Chemical disinfection:	NA NA NA NA NA NA NA Yes Yes Yes	NA NA NA 40 NA NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA NA			
	(ii) Disposal Facilities		Type of treatment equipment  Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits Chemical	NA NA O1 NA NA NA Yes Yes Yes	NA NA 40 NA NA	treated or disposed in kg per/day NA NA 0.053 NA NA			

			eguipment	İ					
	(SS) Oversible of security (SS)	<u> </u>		-					
- Constant of the Constant of	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	The Company of the Party of the	Red Category (like plastic, glass etc.) NA						
	(iv) No of vehicles used for collection and transportation of biomedical waste.	•	NA						
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in			Quantity Generated	Where disposal				
	Kg per annum)		Incineration Ash	NA	NA				
			ETP Sludge	NA	NA				
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	•	NA						
	(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.	Detail trainings conducted on BMW		Yes						
i	(i) Number of training conducted on BMW Management.		01						
:	(ii) Number of personnel trained		12						
	(iii) Number of personnel trained at the time of induction		0						
	(iv) Number of personnel not underwent any training so far.		0						
	(v) Whether standard manual for training is available?		Yes						
	(vi) Any other information)								
8.	Details of the accident occurred during the year								
	(i) Number of Accidents occurred		Nil						
, 1	(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 air Pollution from the incinerator?. How many times in last year could not met the standards?	TOTAL STATE OF THE	NA						

								w ·	
	Details of Continuous online emission monitoring systems installed	, t	4 × f						
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	100-100 meneralangan	\il						
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	At Ministry	Yes						
12.	Any other relevant information		•	Pollution erator.)	Control	Device	attached	with	the

Certified that the above report is for the period from January 2021 to December 2021 of Occupational Health Centre, Lanjigarh, Kalahandi-766027

> Lanjugarh, Odisna Regd No.:-15434/04 Name and Signature of the Head of the Institution DR AKSHAYA KUMAR SAHOD

ku. Saligo

Date: 27.06.22
Place: Lanjiganh.