

Date-16.06.2025

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

Our Ref No : VAL/HSE/ MED/2025/01

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 2024. However, as per special condition no.6, no mercury has been generated in the Occupational Health Centre.

Attached here with the annual return in form-IV for Occupational Health Centre.

Thank you.

Yours faithfully,

(Dr. Amit Kumar)
Chief Medical Officer
Vedanta Limited Lanjigarh

Chief Medical Officer
Vedanta Limited Lanjigarh

Copy To:

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

VEDANTA LIMITED

PO : Lanjigarh Dist : Kalahandi, Odisha, India - 766 027
T : +91-6677247312-15, Fax : +91-6677247311, 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. T : +91 22 6643 4500 F : +91 22 6643 4530

CIN : L13209MH1965PLC291394

**From -IV
(See rule 13)
Annual Report 2024**

OCCUPATIONAL HEALTH CENTRE, 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. 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.	:	9124570824
	(V) E-mail ID	:	dramit.kumar@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 and Handling) Rules.	:	Authorization No.924, Date. 30.03.2019 Valid up to Lifetime (One time authorization)
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: NA
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No
	(ii) Non-Bedded Hospital (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	:	RENEWABLE ENVIROGIC PVT LTD																																																
	(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																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 28.987 kg Red Category: 24.622 kg White: 3.631 kg Blue Category: 10.505 kg																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity: Provision of on-site storage: (cold storage or any other provision)																																																
	(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th><th>No of Units</th><th>Capacity Kg/Day</th><th>Quantity treated or disposed in kg per/day</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td>NA</td><td>NA</td><td>NA</td></tr> <tr> <td>Plasma Paralysis</td><td>NA</td><td>NA</td><td>NA</td></tr> <tr> <td>Autoclaves</td><td>01</td><td>40</td><td></td></tr> <tr> <td>Microwave</td><td>NA</td><td>NA</td><td>NA</td></tr> <tr> <td>Hydroclave</td><td>NA</td><td>NA</td><td>NA</td></tr> <tr> <td>Shredder</td><td>NA</td><td>NA</td><td>NA</td></tr> <tr> <td>Needle tip cutter or destroyer</td><td>NO</td><td></td><td></td></tr> <tr> <td>Sharps encapsulation or concrete pit</td><td>Yes</td><td></td><td></td></tr> <tr> <td>Deep Burial pits</td><td>Yes</td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td>Yes</td><td></td><td></td></tr> <tr> <td>Any other treatment equipment</td><td>NA</td><td>NA</td><td>NA</td></tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per/day	Incinerators	NA	NA	NA	Plasma Paralysis	NA	NA	NA	Autoclaves	01	40		Microwave	NA	NA	NA	Hydroclave	NA	NA	NA	Shredder	NA	NA	NA	Needle tip cutter or destroyer	NO			Sharps encapsulation or concrete pit	Yes			Deep Burial pits	Yes			Chemical disinfection:	Yes			Any other treatment equipment	NA	NA	NA
Type of treatment equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per/day																																																
Incinerators	NA	NA	NA																																																
Plasma Paralysis	NA	NA	NA																																																
Autoclaves	01	40																																																	
Microwave	NA	NA	NA																																																
Hydroclave	NA	NA	NA																																																
Shredder	NA	NA	NA																																																
Needle tip cutter or destroyer	NO																																																		
Sharps encapsulation or concrete pit	Yes																																																		
Deep Burial pits	Yes																																																		
Chemical disinfection:	Yes																																																		
Any other treatment equipment	NA	NA	NA																																																

	(iii) Quantity of recyclable waste sold to authorize recyclers after treatment in kg per annum.	:	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 Kg per annum)			Quantity Generated	Where disposal
			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 members 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) Number of trainings conducted on BMW Management.		01		
	(ii) Number of personnel trained		21		
	(iii) Number of personnel trained at the time of induction		0		
	(iv) Number of personnel did not undergo 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		
	(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?		NA		
	Details of Continuous online emission monitoring systems installed				

10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	Nil
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes
12.	Any other relevant information	(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from January 2024 to December 2024 of Occupational Health Centre, Lanjigarh, Kalahandi-766027


16/06/25 (DR. AMIT KUMAR)

Date: 16/06/25
Place: LANJIGARH

Name and Signature of the Head of the Institution

Child Medical Officer
Vedanta Limited Lanjigarh