



**ANNUAL REPORT (2022)**

[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 :	MEDICAL OFFICER
	(ii) Name of HCF or CBWTF :	ADITYA BIRLA INSULATORS (OHC)
	(iii) Address for Correspondence :	OPP. LUCKY STUDIO, PO. MAGHASAR, , HALOL-389350, Dist: Panchmahals , Tal: Halol
	(iv) Address of Facility :	Samvedna Bmw Incinerator Plot No. 217/1,Chandrapura Ind.Estate,Halol, Dist: PANCHMAHAL-8
	(v) Tel. No, Fax. No :	7096008880
	(vi) E-mail ID :	girish.patel@adityabirla.com
	(vii) URL or Website :	www.adityabirlainsulator.com
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 22.5072, Long: 73.4718
	(ix) Ownership of HCF or CBWTF :	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-346515, Valid Upto: 12/31/2075
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto: 1/1/1900

**Type of Health Care Facility**

2	(i) Bedded Hospital	0	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other	

**Quantity of waste generated or disposed in Kg per annum(on monthly average basis)**

4	(i) Yellow Category	7.940	
4	(ii) Red Category	2.712	
4	(iii) White Category	0.000	
4	(iv) Blue Category	1.040	

**Details of the Storage, treatment, transportation, processing and Disposal Facility**

5	(i) Details of the on-site storage facility	NA	
5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment) , CUT-Cutting	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	NA	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Samvedna Bmw Incinerator	

**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
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**Details trainings conducted on BMW**

7	(v) Whether standard manual for training is available	No.	
7	(vi) Any other information	NA	

**Details of the accident occurred during the year**

8	(iii) Remedial Action taken (Please atch details if any)	NA	
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8	( iv) any Fatality Occurred , details	NA	
9	<b>Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?</b>	No.	NA
9	Details of Cuntinuous online emission monitoring sstems installed	NA	
11	<b>Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?</b>	No.	NA
12	Any other relevant information	NA	
10	Bio-Medical waste generated for Yellow Category & Quantity	7.940	
10	Bio-Medical waste generated for RED Category & Quantity	2.712	
10	Bio-Medical waste generated for White Category & Quantity	0.000	
10	Bio-Medical waste generated for Blue Category & Quantity	1.040	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	Samvedna Bmw Incinerator	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

MEDICAL OFFICER