

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2020

|  |  |  |                      |
|--|--|--|----------------------|
| <b>Application Type:</b> Industry  | <b>Calender Year</b><br>2020   | Submit To<br>SRO-Navi Mumbai II                          |                      |
| <b>1) Particulars</b>  |  |  |                      |
| <b>i) First Name</b><br>Abhijeet   | <b>ii) Middle Name</b><br>Rangarao   | <b>iii) Last Name</b><br>Patil                           |                      |
| <b>iv) Designation</b><br>Site manager   | <b>v) Aadhaar No</b><br>806443489780   | <b>vi) PAN No</b><br>AVAPP6790P                          |                      |
| <b>vii) Address as per Aadhaar Card</b><br>Plot no.1/1, TTC industrial area, Thane<br>Belapur road, Koparkhairne, Thane, Navi<br>Mumbai 400710               | <b>viii) Tel. No.</b><br>0227789572  | <b>ix) Fax No.</b>                                       |                      |
| <b>x) e-mail</b><br>abhijit.patil@akzonobel.com  | <b>xi) URL of website</b><br><a href="https://akzonobel.co.in/">https://akzonobel.co.in/</a> |  |                      |
| <b>2) Details of the Industry</b>  |  |  |                      |
| <b>i) Name of the Industry</b><br>AkzoNobel India Limited  | <b>ii) Email</b><br>abhijit.patil@akzonobel.com  | <b>iii) Name of the contact person</b><br>Abhijeet Patil |                      |
| <b>iv) Contact No.</b><br>0227789572   |  |  |                      |
| <b>3) Address of the Industry</b>  |  |  |                      |
| <b>i) Building Name/Building No./Survey Number</b><br>TTC industrial area, Plot no. 1/1  | <b>ii) Street / Village</b><br>Thane Belapur Road, Koparkhairane                             | <b>iii) City / Taluka</b><br>Navi Mumbai                 |                      |
| <b>iv) District</b><br>Thane   | <b>v) Pin-Code Number</b><br>400710  | <b>vi) Near by Landmark</b>                              |                      |
| <b>vii) Latitude coordinate</b>  | <b>viii) Longitude coordinate</b>  | <b>ix) Ownership</b><br>Private                          |                      |
| <b>4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules</b>  |  |  |                      |
| <b>i)Authorization No.</b><br>Applied for Authorization on dated 28th<br>Dec 2020  | <b>ii)Authorization validity Date</b><br>2021-03-31  |  |                      |
| <b>5) Status of Consents under Water Act and Air Act</b>   |  |  |                      |
| <b>i)Consent Number</b><br>UAN No. 0000063664/R/13th<br>CAC-1904000989   | <b>ii)Consent validity Date</b><br>2021-12-31  |  |                      |
| <b>6) Total No of Beds (As per valid Authorization)</b>  |  | 1  |                      |
| <b>7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)</b>  |  | MWM- BMW NVM-2195  |                      |
| <b>8) Registration Expiry Date</b>   |  | 2021-03-31   |                      |
| <b>9) Faculty of Medicine</b><br>Medical   |  |  |                      |
| <b>10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of</b><br>M/s.Mumbai Waste Management Ltd., Talaja |  |  |                      |
| <b>11) Details of BMW</b>  |  |  |                      |
| <b>i) Authorized BMW Quantity MT/month (as per valid CCA)</b>  |  |  |                      |
| <b>Yellow</b> 0.02000  | <b>Red</b> 0.00500   | <b>Blue</b>  | <b>White</b> 0.00500 |

**ii) Bio Medical Waste Generated (Kg/day)**

Yellow 0.03850

Red 0.00290

Blue

White

**iii) Quantity of Biomedical waste given to CBMWTFD (kg/day)**

Yellow 0.0385

Red 0.0029

Blue

White

General Solid Waste

**12) Details trainings conducted on BMW****i) Number of trainings conducted on BMW Management.**

2

**ii) Number of personnel trained**

3

**iii) Number of personnel trained at the time of induction**

3

**iv) number of personnel not undergone any training so far****v) whether standard manual for training is available?**

Yes

**vi) any other information**

NA

**13) Details of the accident occurred during the year****i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

**iv) Any Fatality occurred, If yes details.**

No

**14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?**

No

**15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?**

Yes

|                             |                                    |                           |
|-----------------------------|------------------------------------|---------------------------|
| <b>Place</b><br>Navi Mumbai | <b>Designation</b><br>HSES Manager | <b>Date</b><br>31-01-2021 |
|-----------------------------|------------------------------------|---------------------------|