

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

dt. 26th June 2020  
dt. 19th June 2020

Our Ref No : VAL/HSE/ MED/2020/01

**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 2019. 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 Kumar Sahoo)**  
Chief Medical Officer



Copy To: **Dr. Akshaya Ku. Sahoo**  
CMO Vedanta Limited,  
Lanjigarh, Odisha  
The Member Secretary, Orissa Pollution Control Board, Paribesh Bhawan, Bhubaneswar.  
Regd.No.:-15434/04

**From –IV  
(See rule 13)  
Annual Report 2019**

**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 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.	:	9937251495
	(V) E-mail ID	:	Akshaya.sahoo@vedanta.co.in
	(i) URL of Website	:	<a href="http://www.vedantaaluminium.com">www.vedantaaluminium.com</a>
	(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	:																																																	
	(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: 0.523 kg																																																
			Red Category: 0.812 kg																																																
			White: 0.481 kg																																																
			Blue Category: 0.307 kg																																																
			General Solid waste : 3.368 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>20</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>Yes</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	20		Microwave	NA	NA	NA	Hydroclave	NA	NA	NA	Shredder	NA	NA	NA	Needle tip cutter or destroyer	Yes			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																																																
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Chemical disinfection:	Yes																																																		
Any other treatment equipment	NA	NA	NA																																																


	(iii) Quantity of recyclable wastes 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 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) Number of training conducted on BMW Management.		01		
	(ii) Number of personnel trained		20		
	(iii) Number of personnel trained at the time of induction		0		
	(iv) Number of personnel not underwent any training so far.		03		
	(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 2019 to December 2019 of Occupational Health Centre, Lanjigarh, Kalahandi-766027

Date: 19.06.20  
Place: Lanjigarh.

**Name and Signature of the Head of the Institution**

  
 19.06.20  
 Dr. Akshaya K. Sahoo  
 Chief medical officer  
 Dr. Akshaya K. Sahoo  
 CMO V. ... Limited  
 Regd.No.: 15434/04

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT 2019**  
**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. 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.: 4243, date.29.04.2019 .valid up to 31.03.2022
	(xi). Status of Consents under 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 Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA

	(iii) License number and its date of expiry		2/2017 Date of Exp.: 26.12.2023		
3.	Details of CBMWTF	:	NA		
	(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 disposed by CBMWTF	:	_____ Kg/day		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 16.66 kg		
		:	Red Category: 55.12 kg.		
		:	White: 10.72 kg.		
		:	Blue Category: 27.48 kg.		
		:	General Solid waste: 67.30 kg.		
5	(i) Details of the on-site storage facility: NA	:	Size :		
		:	Capacity :		
		:	Provision of on-site storage : (cold storage or any other provision)		
	ii. Details of treatment or disposal facility	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity treated or disposed in kg per
		Incinerators	NA	NA	NA
		Plasma Pyrolysis	NA	NA	NA
		Autoclaves	Yes		
		Microwave	NA	NA	NA
		Hydroclave	NA	NA	NA
		Shredder	NA	NA	NA
Needle tip cutter or destroyer		Yes			
Sharps encapsulation	Yes				

		or concrete pit			
		Deep burial pits:	Yes		
		Chemical disinfection:	Yes		
		Any other treatment equipment:	NA	NA	NA
	(iii) Quantity of recyclable wastes 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 disposed during the treatment of wastes in Kg per annum			Quantity generated	Where disposed
		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	Details trainings conducted on BMW		Yes		
	(i) Number of trainings conducted on BMW Management.		1		
	(ii) Number of personnel trained		15		
	(iii) Number of personnel trained at the time of induction		15		
	(iv) Number of personnel not undergone any training so far		20		
	(v) Whether standard manual for training is available?		Yes		
	(vi) Any other information)		All staff are not operating BMW		



	(iv) Number of personnel not undergone any training so far		20
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		All staff are not operating BMW
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 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		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in an year?		Nil
11	Is 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 Devices attached with the Incinerator) NA

Certified that the above report is for the period from January 2019 to December 2019- of Vedanta Hospital, Lanjigarh , Kalahandi -766027.

Name and Signature of the Head of the Institution

Date: 19.06.20

Place Lanjigarh.

Dr. Anshaya K. Sahoo  
Chief Medical Officer