

HeidelbergCement India Limited

CIN: L26942HR1958FLC042301  
P.O. Ammasandra,  
Taluk Turuvekere,  
District Tumkur,  
Karnataka 572211  
Phone +91-8139-278656  
Fax +91-8139-278375  
www.mycemco.com

To  
Regional Officer  
Karnataka State Pollution Control Board  
# 97, KIADB  
Anthrasanahalli Indl. Area  
Lingapura, Sira Road  
Tumkur - 572106

Date: 21/05/2021

Dear Sir,

**SUB: Annual Report of Bio-Medical Waste Plant Reg.,**

With reference to the above subject, we are submitting herewith the Annual Report of Bio-Medical Waste, From-IV for the period from Jan-2020 to Dec-2020.

Please find the enclosed copy as below:

From-IV  
Kindly acknowledge the receipt.

Thanking you

Yours faithfully,  
For Heidelberg Cement India Ltd

(Mr. Punna Sreenivasa Murthy)  
Factory Manager

**FORM-IV**  
(See rule 13)  
**ANNUAL REPORT**

[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 (HCFO or common bio-medical waste treatment facility (CBWTF)]

| Sl. No   | particulars  |   |
|--|--|---|
| 1  | Particular of the Occupier   | : Heidelberg cement India Ltd   |
|  | i. Name of the authorised person (occupier or operator of facility)  | : Mr. Punna Sreenivasa Murthy<br>(Factory Manager)<br>Heidelberg Cement India Ltd<br>P.O. Ammasandra<br>Turuvekere-Taluk<br>Tumkur-Dist<br>Karnataka-572211 |
|  | ii. Name of the HCF or CBMWTF  | : MYCEMCO HOSPITAL  |
|  | iii. Address for correspondence  | : Mycemco Hospital<br>Heidelberg Cement India Ltd<br>P.O. Ammasandra<br>Turuvekere-Taluk<br>Tumkur-Dist<br>Karnataka-572211                                 |
|  | Iv Address of facility   | : Mycemco Hospital<br>Heidelberg Cement India Ltd<br>P.O. Ammasandra<br>Turuvekere-Taluk<br>Tumkur-Dist<br>Karnataka-572211                                 |
|  | v. Tel. No, Fax No.  | : Tel. No:(08139)278035<br>Fax. No:(08139)278373/75   |
|  | vi. E-mail ID  | : punnasreenivasa.murthy@heidelbergcement.in  |
|  | vii. URL Of website  | : www.mycemco.com   |
|  | viii. GPS coordinates of HCF or CBMWTF   | :   |
|  | ix. Ownership of HCF or CBMWTF   | : (state government or private or semi Govt. or any others)   |
|  | X. Status Of Authorisation Under The Bio-Medical Waste(Management And Handling) Rules                                      | : Authorisation No;685 dated 18.06.2019   |
| xi. Status Of Consents Under Water Act And Air Act | : valid up to;30.06.2021   |   |
| 2  | Type of Health care Facility   | : <del>05</del> Beds;05   |
|  | i. Bedded Hospital   | : yes   |
|  | ii. Non-bedded hospital (Clinic Or Blood Or Clinical Laboratory Or Research Institute Or Veterinary Hospital Or Any Other) | : N/A   |

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|--|--|---|
|  | iii. License number and its date of expiry   | KA-TK1-119201<br>Expiry Date:16 <sup>th</sup> Jan 2024  |
| 3  | Details of CBMWTF  | : N/A   |
|  | i. Number of health care facilities covered by CBMWTF  | N/A   |
|  | ii.No of beds covered by CBMWTF  | N/A   |
|  | iii. Installed treatment and disposal capacity of CBMWTF                                       | N/A_Kg /day   |
|  | iv. Quantity Of Bio- Medical Waste Treated Or Despised By CBMWTF                               | N/A_Kg/day  |
| 4  | Quantity Of Waste Generated Or Disposed In Kg Per Annum( On Monthly Average Basis)             | Yellow category: 08.39 Kg/Anum<br>Red category : 07.64 Kg/Anum<br>White : 00.77 Kg/Anum<br>Blue category : 07.345Kg/Anum<br>General solid waste :Nil  |
| <b>Details Of The Storage ,Treatment, Transportation, Processing And Disposal Facility</b> |  |   |
| 5  | I. Details of the on-site storage facility   | : Size: N/A<br>Capacity :N/A<br>Provision of on-site storage :cold storage or any other provision)  |
|  | Disposal facilities  | : Type of treatment No of Unit S cap acit y Kg/ Day quantity treated r disposed in Kg Per Annum<br><br>Incinerators<br>Plasma pyrolysis<br>Autoclaves<br>Microwave<br>Hydro clave<br>Shredder<br>Needle tip cutter or Destroyer<br>Sharps<br>Encapsulation or Concrete pit<br>Deep burial pits:<br>Chemical<br>Disinfection:<br>Any other treatment equipment:<br><br>N/A |
|  | iii. Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum | : Red category (like plastic, glass etc.)-07.64kg   |

|               | iv. No of vehicles used for collection and transportation of bio medical waste  | :              | 01   |  |                    |                |               |     |     |       |     |     |             |     |     |
|---------------|---|----------------|--|--|--------------------|----------------|---------------|-----|-----|-------|-----|-----|-------------|-----|-----|
|               | v. Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum           | ;              | <table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration-</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Ash -</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>ETP Sludge-</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table> |  | Quantity generated | where disposed | Incineration- | N/A | N/A | Ash - | N/A | N/A | ETP Sludge- | N/A | N/A |
|               | Quantity generated  | where disposed |  |  |                    |                |               |     |     |       |     |     |             |     |     |
| Incineration- | N/A   | N/A            |  |  |                    |                |               |     |     |       |     |     |             |     |     |
| Ash -         | N/A   | N/A            |  |  |                    |                |               |     |     |       |     |     |             |     |     |
| ETP Sludge-   | N/A   | N/A            |  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | vi. Name Of The Common Bio-Medical Waste Treatment Facility Operator Through Which Waste Are Disposed of                      | :              | M/s Medicare Environmental Management Pvt Ltd, 2 <sup>ND</sup> cross, Raghavendra Nagar, Hennur Ring road, Kalyana nagar (Post), Bangalore-560043  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | vii. List of member HCF not handed over bio-medical waste.  | :              | --   |  |                    |                |               |     |     |       |     |     |             |     |     |
| 6             | Do you have bio-medical waste management committee? If yes, attach minute of the meetings held during the reporting period    | :              | --   |  |                    |                |               |     |     |       |     |     |             |     |     |
| 7             | Details trainings conducted on BMW  | :              | --   |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | i. Number of trainings conducted on BMW Management.   | :              | --   |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | ii. Number of personnel trained   | :              | 04   |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | iii. Number of personnel trained at the time of induction   | :              | 04   |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | iv. Number of personnel not undergone any training so far   | :              | --   |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | v. whether standard manual for training is available  | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | vi. Any other information   | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
| 8             | Defiles of the accident occurred during the year  | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | i. Number of accidents occurred   | :              |  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | ii. Number of persons affected  | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | iii. Remedial action taken (please attach details if any)   | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | iv. Any fatality occurred, details.   | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
| 9             | Are you meeting the standards of air pollution from the incinerator? How many times in last year could not met the standards? | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |
|               | Details of continuous online emission monitoring system installed   | :              | -  |  |                    |                |               |     |     |       |     |     |             |     |     |


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|----|--|--|
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standers in a year?                 | -  |
| 11 | Is the disinfection method or sterilization meeting the log4 standards? How many times you have not met the standards in year? | -  |
| 12 | Any other relevant information   | : (Air pollution control devices attached with the incinerator)-NA |

Certified that the above report is for the period from 1<sup>ST</sup>Jan 2020 to 31<sup>ST</sup> Dec 2020.

Date:20.05.2021

Place: Ammasandra

  
**Name and signature of the  
Head of the institution**  
MEDICAL SUPPLIES  
HEIDELBERG CEMENT INDIA LTD.  
AMMASANDRA - 572211, Tumkur Dist.