

o/c

Dt 29-01-2020

To

The Environmental Engineer,
T.S. Pollution Control Board,
Regional Office - Ramagundam,
Special C-3, NTPC - TTS
Near Zilla Parishad High School,
JYOTHINAGAR - 505215,
Dist: -Peddapalli,
Telangana.

Dear Sir,

Sub: submission of Bio Medical Waste Annual Report in Form-IV (see rule-13)-Reg
Ref: Authorisation No.: GDK-38/PCB/RO-RGM/BMWA/2016-597 Dated
04/12/2016

As mentioned in the above cited subject and vide reference, we are here by submitting
Annual report of Bio Medical waste in Form-IV for the Year 2019 (from 01/01/2019 to
31/12/2019) as per Bio Medical waste (Management & Handling) Rules, 2016.

Kindly find the enclosed Form-IV for your perusals and acknowledge the receipt.

Thanking you,

Yours faithfully,

Dr Y C Naidu

Dr Y C Naidu
Head (R&D)

cc:

The Member Secretary,
TSPCB, Plot No A3, Paryavarana Bhawan,
Main Road, Sanath Nagar, Hyderabad - 500018,
Opposite Police Station, Industrial Estate

Neel/Ad
29/01/2020
Office of the
Environmental Engineer
Telangana State Pollution Control Board
Regional Office, Ramagundam,
H. No. Special C-3, NTPC, TTS,
Near Zilla Parishad High School,
JYOTHINAGAR - 505 215,
Dist: Peddapalli (T.S.)

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Cement Division Unit of Kesoram Industries Limited

Unit : Basantnagar, Works : Post, Basantnagar - 505 187.
Dist : Peddapalli, Telangana.

Hyderabad Office : 613 to 616, White House, Block - III, 6th Floor, 6-3-1192/1/1,
Kundanbagh, Begumpet, Hyderabad - 500 016, Telangana.

Registered Office : Birla Building, 8th Floor, 9/1, R.N. Mukherjee Road, Kolkata-700 001,
CIN of KIL - L17119WB1919PLC003429



ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 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)]


S1.No	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	Dr.P Ramu Chief Medical Officer	
	(ii) Name of HCF or CBMWTF	Occupational Health Centre M/s. Kesoram Cement	
	(iii) Address for Correspondence	M/s.Kesoram Cement Basantnagar Pin code 505 187 Dist: Peddapalli Telanagan	
	(iv) Address of Facility	M/s.Kesoram Cement Basantnagar Pin code 505 187 Dist: Peddapalli Telanagan	
	(v) Tel. No, Fax. No	(08728) 228129 Fax No.(08441) 228100	
	(vi) E-mail ID	kc.dispenary@kesoramcement.com	
	(vii) URL of Website	https://www.birlashakticement.com/	
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	Private (State Government or Private or Semi Govt. or any other)	
	(x). Status of Authorisation under the Biol Medical Waste (Management and Handling) Rules	Authorisation No.GDK-38/PCB/RO-RGM/BMWA/2016-597 dated 04/12/2016 valid upto 31 st January 2020	
(xi). Status of Consents under Water Ac and Air Act	Valid up to: 31/12/2021(Plant CFO)		
2.	Type of Health Care Facility		
	(i) Bedded Hospital	No. of Beds...2	
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinica Laboratory or Research Institute or Veterinary Hospital or any other)	-NA-	
3.	(iii) License number and its date of expiry		
	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	-NA-	
	(ii) No of beds covered by CBMWTF	-NA-	
4.	(in) Installed treatment and disposal capacity of CBMWTF:	-NA-	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	-NA-	
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category	83.67 kg / Year
		Red Category	68.99 kg /Year
White		Nil	
Blue Category		57.65 Kg / Year	
General Solid waste		Nil	

Der 'ls of the Storage, treatment, transportation, processing and Disposal Facility

5	(I)Details of the on-site storage facility :	Size: 20 litre each bucket		
		Capacity :Appr 80 litre(4no*20lit)		
		Provision of on-site storage : (cold storage or any other provision)		
	(ii) Details of the treatment or disposal facilities	Type of treatment equipment	No of unit \$	Capacity K8/ Y
		Incinerators		
		Plasma Pyrolysis		-
		Autoclaves	-	-
		0fOw8Vfl		-
		Hydroclave	-	-
		Shredder	-	
		Needle tip cutter or destroyer		
		Sharps encapsulation or concrete pit	-	-
	Deep burial pits:		-	
	Chemical disinfection:	*	*	
	Any other treatment equipment		"	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum.	NA		
	(iv) No of vehicles used tor collection and Transportation of biomedical waste	N A		
	(v) Detads of incineration ash and E'IP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity Generated	Where disposed	
		Incineration	Nil	Nil
		Ash	Nil	Nil
		ETP Sludge	Nil	Nil
	(vi) flame of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s Venkataramana Incinerators, manakondur, Karimnagar		
	(vii) List of member HU- not handed over bio-medical waste,	- NA-		
6	Do you have bio-meical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	No		
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.			
	(ii) number of personnel trained	03		
	(iii) number of personnel trained at the time of induction	03		
(iv) number of personnel not undergone any training so far	02			
		Nil		

	(v) whether standard manual for training is available?	No
	(vi) any other information)	
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)	-NA-
	(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 a year?	NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	There has been no deviation from normal standards of disinfection /sterilization method in the period from 01.01.2019 to 31.12.2019
12	Any other relevant information	NA

Certified that the above report is for the period from **01.01.2019 to 31.12.2019**


 Name and Signature of the Head of the Institution

Date:29-01-2020