



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13)

ANNUAL REPORT

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

Application Type: CBMWTSDF

1) Particulars

i) First Name VIRENDRA	ii) Middle Name RAMESHWAR	iii) Last Name CHAUDHARI
iv) Designation MANAGER	v) Aadhaar No 223995410865	vi) PAN No AGJPC8881A
vii) Address as per Aadhaar Card 37, KAWAR RAM BHAWAN BEHIND THE BHARAT HIGH SCHOOL, HINGANGHAT,	viii) Tel. No. 8888492080	ix) Fax No.
x) e-mail superb.nanded@gmail.com	xi) URL of website www.superbgroup.in	

2) Address for Correspondence

i) Building Name/Building No./Survey Number 17, AKASH PLAZA ANAND NAGAR,	ii) Street / Village BHAGY NAGAR ROAD, NANDED, DIST- NANDED-431605	iii) City / Taluka NANDED
iv) District Nanded	v) Pin-Code Number 431605	vi) Near by Landmark 431605

3) Name of CBMWTSDF
SUPERB HYGIENIC DISPOSALS (INDIA) PVT LTD

4) Address of CBMWTSDF

i) Building Name/Building No./Survey Number GUT NO-179-HYDRABAD ROAD	ii) Street / Village HYDRABAD ROAD TUPPA	iii) City / Taluka NANDED
iv) District Nanded	v) Pin-Code Number 431605	vi) Near by Landmark NEAR WEARHOUSE GODOWN
vii) Latitude coordinate of CBMWTSDF 19.090071	viii) Longitude coordinate of CBMWTSDF 77.360345	ix) Ownership of CBMWTSDF Private

5) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules

i) Authorization No. FORMAT 1.0/BO/PSO/HOD	ii) Authorization validity Date 2017-01-31	
6) Status of Consents under Water Act and Air Act Yes	i) Consent Number FORMAT 1.0/BO/PSO/HOD	ii) Consent validity Date 2017-01-31

7) Details of CBMWTF

i) Number healthcare facilities covered by CBMWTF 715		ii) No of beds covered by CBMWTF 4932		
iii) Authorized BMW Quantity MT/annum (as per valid CCA)				
Yellow 331.20	Red 41.40	Blue 20.00	White 21.40	
iv) Installed treatment and disposal capacity of CBMWTF (Kg/day)				
Yellow 2400.00000	Red 1000.00000	Blue 100.00000	White 200.00000	
v) Quantity of biomedical waste treated or disposed by CBMWTF (Kg/day)				
Yellow 377.00000	Red 11.00000	Blue 4.00000	White 4.00000	
vi) Quantity of waste generated and disposed in MT/annum (on monthly average basis)				
Yellow 136.00	Red 4.00	Blue 1.00	White 2.00	General Solid Waste 1.43
8) Details of the Storage, treatment, transportation, processing and Disposal Facility				
i) On-Site facility storage size (sqf) 3000.00		ii) On-Site facility storage capacity (kg/day) 4000.00		iii) Provision of on-site storage Any other type of storage
9) Details of equipment used for treatment and disposal facilities				

Treatment equipment	No of units	Capacity Kg/day	Quantity treated and disposed in kg/annum
Incinerators	1.00	2400.00	136000
Plasma Pyrolysis			
Autoclaves	1.00	1000.00	4000
Microwave			
Hydroclave			
Shredder	1.00	1000.00	4000
Needle tip cutter or destroyer	3.00	100.00	160
Sharps encapsulation or concrete pit	2.00	100.00	380
Deep burial pits			
Chemical disinfection:			
Any other treatment equipment:			

10) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:

Red (kg/annum)	Blue (kg/annum)	
3930.00		

11) No of vehicles used for collection and transportation of biomedical waste

12) Details of incineration ash and ETP Sludge generated and disposed during the treatment of waste in Kg per annum

	Quantity generated	Where Disposed
i) Incineration Ash	13600.00	CHWTSDF
ii) ETP Sludge	120.00	CHWTSDF

14) Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period

No

15) Details trainings conducted on BMW

i) Number of trainings conducted on BMW Management.

3

ii) Number of personnel trained

23

iii) Number of personnel trained at the time of induction

iv) number of personnel not undergone any training so far

v) whether standard manual for training is available?

Yes

vi) any other information

NA

16)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.

Yes

17) Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?

(i) Details of Continuous online emission monitoring systems installed

Yes

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

Yes,

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

Yes,

20) Any air pollution control devices attached with the Incinerator Yes

Place
NANDED

Designation
MANAGER

Date
2019-06-26