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 ii) Middle Name iii) Last Name SUBHASH VIVEK CHOUDHARY vi) PAN No iv) Designation v) Aadhaar No DIRECTOR 914257993234 AEUPC5419B vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. VIVEK SUBHASH CHOUDHARY, NEAR GAJANAN 9822693957 MANDIR PLOT NO 98, WADGAON CHANDRAPUR,442401 xi) URL of website x) e-mail SUPERB.CHANDRAPUR@GMAIL.COM WWW.SUPERBGROUP.IN 2) Address for Correspondence i) Building Name/Building No./Survey ii) Street / Village iii) City / Taluka Number **BEHIND CDCC BANK** CHANDRAPUR SHREE LAXMI CHAMBERS , 2ND FLOOR 203/204 iv) District v) Pin-Code Number vi) Near by Landmark Chandrapur 442401 CDCC BANK 3) Name of CBMWTSDF SUPERB HYGIENIC DISPOSALS (INDIA) PVT LTD 4) Address of CBMWTSDF ii) Street / Village i) Building Name/Building No./Survey iii) City / Taluka Number CHANDRAPUR CHANDRAPUR PLOT NO B-16/7, MIDC CHANDRAPUR iv) District v) Pin-Code Number vi) Near by Landmark Chandrapur 442406 NEAR BHARAT GAS GODOWN vii) Latitude coordinate of CBMWTSDF viii) Longitude coordinate of ix) Ownership of CBMWTSDF 19.97288053224092 CBMWTSDF Private 79.23491522669792 5) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules i)Authorization No. ii)Authorization validity Date 2020-03-31 O/BO/PSO/EIC-100-01 6) Status of Consents under Water Act and ii)Consent validity Date i)Consent Number O/BO/PSO/EIC-100-01 Air Act 2020-03-31 Yes 7) Details of CBMWTF i) Number healthcare facilities covered by ii) No of beds covered by CBMWTF **CBMWTF**

5188

976

| iii) Authorized BMW Quan | tity MT/ar | num (as | per valid CCA |) | | | | | | |
|----------------------------------------------------------------------------------------|-------------|---------------------|------------------------------------------------------|-------------------|------------------|-------------------------------------------|-------------------|----------------------------------|--|--|
| | | Red | Red 1.73 | | Blue 3.65 | | | White 3.65 | | |
| iv) Installed treatment and disposal capacity of CBMWTF (Kg/day) | | | | | | | | | | |
| Yellow 2400.00000 Red 1 | | Red 10 | .000.00000 | | Blue 1000.0000 | | 00 White 50.00000 | | | |
| v) Quantity of biomedical | waste tre | ated or d | isposed by CB | MWT | F (Kg/day) | | | | | |
| Yellow 510.00000 | | Red 58.00000 | | | Blue 1.00000 | | | White 1.00000 | | |
| vi) Quantity of waste generated and disposed in MT/annum (on monthly average basis) | | | | | | | | | | |
| Yellow 196.00 Red 1.73 | | Blue 3.65 | | White 3.65 | | General Solid Waste | | | | |
| 8) Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | |
| i) On-Site facility storage size (sqf) 1000.00 | | | ii) On-Site facility capacity (kg/day) 4000.00 | | | | | of on-site storage of storage | | |
| 9) Details of equipment us | sed for tre | eatment a | and disposal f | aciliti | es | | | | | |
| Treatment equipment | | | No of units | Сара | acity Kg/day | Quantity treated and disposed in kg/annum | | | | |
| Incinerators | | | 1.00 | 2400.00 196000 | |) | | | | |
| Plasma Pyrolysis | | | | | | | | | | |
| Autoclaves | | | 1.00 | 1000.00 20 | | 2095 | | | | |
| Microwave | | | | | | | | | | |
| Hydroclave | | | | | | | | | | |
| Shredder | | | 1.00 | 10 | 00.00 | 1174 | | | | |
| Needle tip cutter or destroyer | | | 3.00 | 60 | .00 | 365 | | | | |
| Sharps encapsulation or concrete pit | | | 2.00 | 50 | .00 | 365 | | | | |
| Deep burial pits | | | | | | | | | | |
| Chemical disinfection: | | | 1.00 | 10 | 00.00 | .00 1825 | | | | |
| Any other treatment equipment: | | | | | | | | | | |
| 10) Quantity of recyclable | wastes s | old to au | thorized recyc | lers a | fter treatmen | t in kg pe | r ann | um: | | |

| Red (kg/annum) 1117.00 | Blue (kg/annum |) | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|------------------------------------|---------------------------|--|--|--|--|--|
| 11) No of vehicles used for collection and transportation of biomedical waste 5 | | | | | | | | | |
| 12) Details of incineration ash and ETPSludge generated and disposed during the treatment of waste in Kg per annum | | | | | | | | | |
| | Quantity generated | | Where Disposed | | | | | | |
| i) Incineration Ash | 3340.00 | | MAHARSHTRA ENVIRO BUTIBORI LIMITED | | | | | | |
| ii) ETP Sludge | 500.00 | | MAHARSHTRA ENVIRO BUTIBORI LIMITED | | | | | | |
| 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. 300 | | | | | | | | | |
| ii) Number of personnel trained 1500 | | | | | | | | | |
| 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? No | | | | | | | | | |
| vi) any other information | | | | | | | | | |
| 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. No | | | | | | | | | |
| 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? No | | | | | | | | | |
| 19) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? No | | | | | | | | | |
| 20) Any air pollution control devices attached with the Incinerator Yes | | | | | | | | | |
| Place CHNADRAPUR | | Designation DIRECTOR | | Date 2019-08-08 | | | | | |