



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 RABI	ii) Middle Name SHANKAR	iii) Last Name SINGH
iv) Designation MANGER	v) Aadhaar No 390607570054	vi) PAN No BFKPS2353Q
vii) Address as per Aadhaar Card NAGPUR	viii) Tel. No. 9922447678	ix) Fax No.
x) e-mail info@superbgroup.in	xi) URL of website superbgroup.in	

2) Address for Correspondence

i) Building Name/Building No./Survey Number C.J.FOREVER PLOT NO .50 A	ii) Street / Village C.B. ROAD	iii) City / Taluka NAGPUR
iv) District Nagpur	v) Pin-Code Number 440010	vi) Near by Landmark BAJAJ NAGAR

3) Name of CBMWTSDF
SUPERB HYGIENIC DISPOSAL

4) Address of CBMWTSDF

i) Building Name/Building No./Survey Number KH.NO. 133	ii) Street / Village BHANDEWADI	iii) City / Taluka NAGPUR
iv) District Nagpur	v) Pin-Code Number 440010	vi) Near by Landmark BAJAJ NAGAR
vii) Latitude coordinate of CBMWTSDF 21.132914	viii) Longitude coordinate of CBMWTSDF 79.162891	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/EIC/CC-7553 DT, 04/06/2016	ii) Authorization validity Date 2017-06-04	
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6) Status of Consents under Water Act and Air Act Yes	i) Consent Number ORMAT 1.0/BO/PSO/EIC/CC-7553 DT, 04/06/2016	ii) Consent validity Date 2017-06-04
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7) Details of CBMWTF

i) Number healthcare facilities covered by CBMWTF 2598		ii) No of beds covered by CBMWTF 10418		
iii) Authorized BMW Quantity MT/annum (as per valid CCA)				
Yellow 5.00	Red 1.00	Blue 1.00	White 41.00	
iv) Installed treatment and disposal capacity of CBMWTF (Kg/day)				
Yellow 5000.00000	Red 1000.00000	Blue 1000.00000	White 1000.00000	
v) Quantity of biomedical waste treated or disposed by CBMWTF (Kg/day)				
Yellow 2597.00000	Red 440.00000	Blue 109.00000	White 41.00000	
vi) Quantity of waste generated and disposed in MT/annum (on monthly average basis)				
Yellow 948.16	Red 160.66	Blue 40.00	White 15.00	General Solid Waste 182.50
8) Details of the Storage, treatment, transportation, processing and Disposal Facility				
i) On-Site facility storage size (sqf) 4200.00		ii) On-Site facility storage capacity (kg/day) 12000.00		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	5000.00	948155
Plasma Pyrolysis			
Autoclaves	1.00	200.00	215660
Microwave			
Hydroclave			
Shredder	1.00	1000.00	215660
Needle tip cutter or destroyer			
Sharps encapsulation or concrete pit	2.00	100.00	
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)	
160660.00	4000.00	

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

16

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	15960.00	CHWTSDF BUTIBORI
ii) ETP Sludge	2920.00	CHWTSDF BUTIBORI

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.

20

ii) Number of personnel trained

300

iii) Number of personnel trained at the time of induction

15

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.

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?

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

NAGPUR

Designation

MANAGER

Date

2019-06-25