

KSPCB/BMW/ANNUAL-RETURNS/2020/07

21st June 2021

The Environmental Officer (Bengaluru - Yelahanka)
(Byatarayanapura) 1st Floor, Nisarga Bhavan
7th D Main, Thimmaiah Road, Shivanagar
Bengaluru – 560010

Dear Sir/Madam,

Subject: Submission of Form 4 Annual returns regarding disposal of Biomedical waste

Ref: No. KSPCB/YELAHANKA (BYT)/EO/DEO/2019-20/760 dtd. 13.11.2019

We are here with submitting the FORM 4 Annual returns for disposal of Biomedical waste from our office at Bharatiya Milestone Buildcon Pvt. Ltd at Sy. No. 32/1(P), 32/2(P), 32/3, 32/4, 35, 37, 38, 39, 40, 41, 42/1, 42/2, 42/3, 44, 45, 46, 47, 48, 49 & 50 of Chockkanahalli Village, Yelahanka Hobli, North Taluk, Bengaluru.

Kindly accept and acknowledge the receipt of the same.

Yours sincerely,

For INFOSYS LIMITED



VIKRANT KUDIGI

REGIONAL HEAD – FACILITIES



Enclosure:

1. Copy of Form 4 Annual report
2. Copy of Biomedical Waste Authorization
3. Training Sheets
4. Copy of Vendor Agreement
5. Copy Vendor Authorization

Form - IV
(See rule 13)
ANNUAL REPORT

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

Sl.No.	Particulars	
1.	Particulars of the Occupier	: M/s Infosys Limited
	(i) Name of the authorized person (occupier or operator of facility)	: Mr. Vikrant Kudigi Regional Head-Facilities
	(ii) Name of HCF or CBMWTF	: Infosys Health Care (First aid Centre only)
	(iii) Address for Correspondence	: M/s Infosys Limited, Electronic City, Hosur Road, Bengaluru -560100
	(iv) Address of Facility	: M/s Infosys Health Care, Bharatiya Milestone Buildcon Pvt. Ltd., Sy. No. 32/1(P), 32/2(P), 32/3, 32/4, 35, 37, 38, 39, 40, 41, 42/1, 42/2, 42/3, 44, 45, 46, 47, 48, 49 & 50 of Chockkanahalli Village, Yelahanka Hobli, North Taluk, Bengaluru. (First aid Centre only)
	(v) Tel. No, Fax. No	: Ph. : 080 28520261, Fax No: 080- 28520339
	(vi) E-mail ID	: infosys@infosys.com
	(vii) URL of Website	: www.infosys.com
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude: Latitude – 13.084027 and Longitude: 77.640010
	(ix) Ownership of HCF or CBMWTF	: State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No: KSPCB/YELAHANKA(BYT)/EO/DEO/2019-20/760 Dtd: 13.11.2019 – One-time approved license
(xi). Status of Consents under Water Act and Air Act	: Valid up to: 30.06.2021	
2.	Type of Health Care Facility	: Consultation Centre (Basic first aid only)
	(i) Bedded Hospital	: No. of Beds : 01
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: -NA-
	(iii) License number and its date of expiry	: Reg No: BLU028334AACD Valid up to: 29.09.2024
3.	Details of CBMWTF	: -NA-
	(i) Number healthcare facilities covered by CBMWTF	: -NA-
	(ii) No of beds covered by CBMWTF	: -NA-
	(iii) Installed treatment and disposal capacity of CBMWTF:	: -NA-

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	-NA-								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 2.180 Kgs/A Red Category : 1.850 Kgs/A White Category : 4.000 Kgs/A Blue Category : 0.550 Kgs/A Sanitary Waste : 38.950 Kgs/A								
5	Details of the Storage, treatment, transportation, processing and Disposal Facility										
	(i) Details of the on-site storage facility	:	Size: 60Sq.ft Capacity: 12ltrs of bins Provision of on-site storage: Designated area is made available for storage of Bio-medical waste.								
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated/disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:</td> <td></td> <td></td> <td style="text-align: center;">-NA-</td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity treated/disposed in kg per annum	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:			-NA-
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Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:			-NA-								
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) -NA-								
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 Vehicle								
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	<table border="0"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash ETP Sludge</td> <td></td> <td>NA – The waste is sent to authorized KSPCB recycler</td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash ETP Sludge		NA – The waste is sent to authorized KSPCB recycler		
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	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: M/s Medicare Environmental Management Pvt. Ltd., No.39, KIADB Industrial Area, Dobaspet, Nelmangala taluk, Bengaluru.
	(vii) List of member HCF not handed over bio-medical waste.	-NA-
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	-NA-
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	01
	(ii) Number of personnel trained	13
	(iii) Number of personnel trained at the time of induction	NIL
	(iv) Number of personnel not undergone any training so far	NIL
	(v) Whether standard manual for training is available?	-NA-
	(vi) any other information)	
8	Details of the accidents occurred during the year	NIL
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	-NA-
	(iv) Any Fatality occurred, details.	-NA-
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?	-NA-
12.	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator) - NA

Certified that the above report is for the period from **1st January 2020 to 31st December 2020**

Date: **18-Jun-2021**

Name: **Vikrant Kudigi**, Regional Head - Facilities

Place: **Bengaluru**

Signature of the Head



FORM - I
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: **Nil**
2. Type of Accident: **Nil**
3. Sequence of events leading to accident: **Nil**
4. Has the Authority been informed immediately: **NA**
5. The type of waste involved in accident: **Nil**
6. Assessment of the effects of the accidents on human health and the environment: **Nil**
7. Emergency measures taken: **Nil**
8. Steps taken to alleviate the effects of accidents: **Nil**
9. Steps taken to prevent the recurrence of such an accident: **Nil**
10. Does your facility has an Emergency Control policy? If yes give details: **Yes – Emergency**

Response Plan is available

Date: **18.06.2021**

Place: **Bengaluru**

Signature:



Designation: **Regional Head – Facilities**