

KSPCB/BMW/ANNUAL-RETURNS/2020/03

18<sup>th</sup> June 2021

The Environmental Officer (Bengaluru South)  
Karnataka State Pollution Control Board  
Bengaluru South- (Region 1)  
Bengaluru – 560001

Dear Sir/Madam,

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

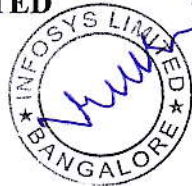
**Ref: No. KSPCB/BOM/DEO/2019-20/848 dtd. 29.07.2019**

We are here with submitting the FORM 4 Annual returns for disposal of Biomedical waste from our IIPM building at Sy. No. 41(P), 40(P), Konappana Agrahara Village, Begur Hobli, Bengaluru South Taluk, Electronics City Phase-2, Bengaluru District - 560100.

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 30<sup>th</sup> 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)]

SI.No.	Particulars	
1.	Particulars of the Occupier	: <b>M/s Infosys Limited</b>
	(i) Name of the authorized person (occupier or operator of facility)	: <b>Mr. Vikrant Kudigi</b> Regional Head-Facilities
	(ii) Name of HCF or CBMWTF	: <b>Infosys Health Care (First aid Centre only)</b>
	(iii) Address for Correspondence	: <b>Infosys Limited,</b> <b>Electronic City, Hosur Road,</b> <b>Bengaluru - 560100</b>
	(iv) Address of Facility	: <b>IIPM – Sy.No.40(P), 41(P)</b> <b>Electronic City Phase 2,</b> <b>Konappana Agrahara, Hosur Road,</b> <b>Bengaluru - 560100</b>
	(v) Tel. No, Fax. No	: Ph. : 080 28520261, Fax No: 080- 21520339
	(vi) E-mail ID	: <u>infosys@infosys.com</u>
	(vii) URL of Website	: <b>www.infosys.com</b>
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude: <b>13.0836</b> and Longitude: <b>77.6426</b>
	(ix) Ownership of HCF or CBMWTF	: State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No: <b>KSPCB/BOM/DEO/2019-20/84</b> <b>Dtd. 29.07.2019 – One-time approved license</b>
(xi). Status of Consents under Water Act and Air Act	: <b>Valid up to: 30-06-2022</b>	
2.	Type of Health Care Facility	: Consultation Centre (Basic first aid only)
	(i) Bedded Hospital	: No. of Beds : <b>01</b>
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: <b>-NA-</b>
	(iii) License number and its date of expiry	: Reg No: <b>BLU02531AACD</b> <b>Valid up to: 27.06.2024</b>
3.	Details of CBMWTF	: <b>-NA-</b>
	(i) Number healthcare facilities covered by CBMWTF	: <b>-NA-</b>
	(ii) No of beds covered by CBMWTF	: <b>-NA-</b>
	(iii) Installed treatment and disposal capacity of CBMWTF:	: <b>-NA-</b>

	(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 : 02.323 Kgs/A								
			Red Category : 04.310 Kgs/A								
			White Category : 03.098 Kgs/A								
			Blue Category : 00.702 Kgs/A								
			Sanitary Waste : 59.696 Kgs/A								
5	Details of the Storage, treatment, transportation, processing and Disposal Facility										
	(i) Details of the on-site storage facility	:	Size: 66 Sq.ft Capacity: 40 ltrs of bins  Provision of on-site storage: Designated area at <del>main</del> campus is made available for storage of Bio-medical waste.								
	(ii) Details of the treatment or disposal facilities	:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of treatment equipment</th> <th style="text-align: left;">No of Units</th> <th style="text-align: left;">Capacity Kg/day</th> <th style="text-align: left;">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; vertical-align: middle;">} -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-
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-								
	(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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;">Quantity generated</th> <th style="text-align: center;">Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash ETP Sludge</td> <td style="text-align: center;">}</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		
	Quantity generated	Where disposed									
Incineration Ash ETP Sludge	}	NA - The waste is sent to authorized KSPCB recycler									

	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: M/s Maridi Bio Industries Pvt. Ltd No-1/37 & 1/38, Gabbadikaval Village 35 <sup>th</sup> Mile Stone, Kanakapura Road Bengaluru-561112
	(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.	0
	(ii) Number of personnel trained	0
	(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 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020

Date: 18-Jun-2021

Name: Vikrant Kudigi, Regional Head - Facilities

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**

