

KSPCB/BMW/ANNUAL-RETURNS/2020/06

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/2019-20/845 dtd. 29.07.2019

We are here with submitting the FORM 4 Annual returns for disposal of Biomedical waste from our Salarpura location at Plot No.36(P), 41(P) & 42(P) of Electronic City, Hosur Road, Bengaluru-560100.

Kindly accept and acknowledge the receipt of the same.

Yours sincerely,

For INFOSYS BPM LIMITED


BHAWESH KUMAR

AVP - 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 BPM Limited
	(i) Name of the authorized person (occupier or operator of facility)	Mr. Bhawesh Kumar AVP-Regional Head-Facilities
	(ii) Name of HCF or CBMWTF	Infosys Health Care (First aid Centre only)
	(iii) Address for Correspondence	Infosys BPM Limited, Electronic City, Hosur Road, Bengaluru - 560100
	(iv) Address of Facility	Salarpuria Infozone - Sy. No.39P,41P, 42P Electronic City, Bengaluru - 560100
	(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: 12. 8516 and Longitude: 77. 6583
	(ix) Ownership of HCF or CBMWTF	State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No: KSPCB/BOM/DEO/2019-20/845 Dtd. 29.07.2019 – One-time approved license
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 30-06-2022
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: BLU02530AACD Valid up to: 27.06.2024
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-

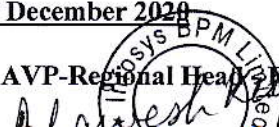
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	-NA-								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 01.400 Kgs/A Red Category : 01.880 Kgs/A White Category : 02.050 Kgs/A Blue Category : 00.000 Kgs/A Sanitary Waste : 127.955 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 main campus 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>-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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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 th 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.		02
	(ii) Number of personnel trained		41
	(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: **Bhawesh Kumar, AVP-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: **AVP - Regional Head – Facilities**