

Date: 27th June 2023

To,
Member Secretary
Chandigarh Pollution Control Committee
Paryavaran Bhawan
Madhya Marg, Sector 19 B
Chandigarh 160019

Sub: Annual Report for Biomedical Waste in Form IV

Dear Sir,

In reference to subject, we hereby submit the annual report for the Biomedical waste generated in the calendar year **2022 (January 2022 to December 2022)** under **Biomedical Waste Management Rules 2016**.

Attached Form IV with all details.

Thanking you,

For Infosys Limited

Puneet Randhawa

Sr. Regional Head- Facilities



INFOSYS LIMITED

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Rajiv Gandhi Technology Park
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Corporate Office:

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Bengaluru 560 100, India
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askus@infosys.com
www.infosys.com

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	
	(i) Name of the authorized person (occupier or operator of facility)	Mr. Puneet Singh Randhawa (Regional Head-Facilities)
	(ii) Name of HCF or CBMWTF	Infosys Limited
	(iii) Address for Correspondence	Infosys Limited, Plot No-1, Rajeev Gandhi Chandigarh Technology park, Kishangarh, Chandigarh-160101
	(iv) Address of Facility	Infosys Limited, Plot No-1, Rajeev Gandhi Chandigarh Technology park, Kishangarh, Chandigarh-160101
	(v) Tel. No, Fax. No	Tel: 0172-5038500 Fax: 0172-5046860
	(vi) E-mail ID	Puneet_randhawa@infosys.com
	(vii) URL of Website	-----
	(viii) GPS coordinates of HCF or CBMWTF	-----
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other): Not Applicable
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No.: CPCC/BMW/102/2017/49/501 dated 24/05/2017
	(xi). Status of Consents under Water Act and Air Act	Valid up to: CPCC/RLIT/0522/2020/193/3939 dated 21/01/2020 valid up to 31.07.2027
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: NIL
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	First Aid Center
	(iii) License number and its date of expiry	Not Applicable
3.	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	Not Applicable
	(ii) No of beds covered by CBMWTF	Not Applicable
	(iii) Installed treatment and disposal capacity of CBMWTF:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 57.20 Kg per annum Red Category : 0.60 Kg per annum White: NIL Blue Category : NIL General Solid waste: NIL
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	



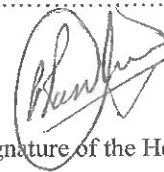
	(i) Details of the on-site storage facility	Size: Not Applicable Capacity : Not Applicable Provision of on-site storage : (cold storage or any other provision) Separate enclosed storage area for Biomedical waste with lock and key system inside the Scrap yard																																																				
	disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of units</th> <th>Capacity Kg/day treated or disposed in kg per annum</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td colspan="4">Incinerators Not Applicable</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection: -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of units	Capacity Kg/day treated or disposed in kg per annum	Quantity	Incinerators Not Applicable				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:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) Not Applicable																																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste	Special vehicle authorized to Alliance Envirocare by CPCC being used by vendor to collect the waste																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>Not Applicable</td> </tr> </tbody> </table>	Quantity generated	Where disposed	Incineration Ash		ETP Sludge	Not Applicable																																														
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s Alliance Envirocare Pvt Ltd																																																				
	(vii) List of member HCF not handed over Bio-medical waste.																																																					
6.	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period Details trainings conducted on BMW	Not applicable																																																				
7.	(i) Number of trainings conducted on BMW Management.	Training is given to Ladies handling sanitary waste in the buildings regarding the usage of Gloves, mask and other PPE's while handling Sanitary waste. Training for the Biomedical waste generated in Medical center given to the Nurses who is in charge of the First Aid center.																																																				



	(ii) number of personnel trained	--
	(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?	--
	(vi) any other information)	--
8.	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	--
	(ii) Number of the persons affected	--
	(iii) Remedial Action taken (Please attach details if any)	--
	(iv) Any Fatality occurred, details.	--
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not Applicable
	Details of Continuous online emission monitoring systems installed	Not Applicable
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Not Applicable
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Not Applicable
12.	Any other relevant information	--

Certified that the above report is for the period from **January 2022 to December 2022**

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Name and Signature of the Head of the Institution

Date: 26th June 2023

Place: Chandigarh