

May 11th, 2021

HSPCB/FORM-IV/2020-21/03

The Environmental Officer (Haryana)
Haryana State Pollution Control Board.
3rd Floor, HSIDC Complex,
IMT Manesar, Gurugram

Dear Sir/Madam

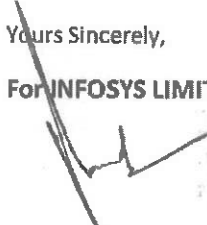
Subject: Submission of Form-4 for biomedical waste for the period 01-Jan-2020 to 31-Dec-2020

With reference to above subject, we herewith submit the Statement Form –IV for Infosys Limited Gurugram.
Enclosed the copies of the same for your reference.

Form –IV for Infosys Limited Gurugram

Yours Sincerely,

For **INFOSYS LIMITED**


Lt Col Murali Nandyal
Regional Manager - Facilities
DATE: May 11th, 2021




24/05/21
Haryana State Pollution Control Board
Gurgaon Region (South)
HSIDC Complex, 3rd Floor,
IMT Manesar, Gurgaon

INFOSYS LIMITED
Tower-B, Uniworld Towers
Village-Tikri, Sec-48
Gurugram
Haryana 122 018, India
T 91 124 447 9527
F 91 124 400 4356

Corporate Office:
CIN: L85110KA19B1PLC013115
44, Infosys Avenue
Electronics City, Hosur Road
Bengaluru 560 100, India
T 91 80 2852 0261
F 91 80 2852 0362
askus@infosys.com
www.infosys.com

Form – IV
(See rule 13)

[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)]

Si. No	Particulars	
1.	Particulars of the Occupier	:
-	(i) Name of the authorized person (Occupier of operator of facility)	: Infosys Limited, represented by Lt Col Murali Nandyal (Regional Manager Facilities)
	(ii) Name of HCF of CBMWTF	: Disposing to CBMWTF M/s.Biotic waste limited (Vulcan)
	(iii) Address for Correspondence	: Infosys Limited Tower-B, Uniworld Tower, Sec-48 village tikri, Gurgaon-122018
	(iv) Address of Facility	: Infosys Limited Tower-B, Uniworld Tower, Sec-48 village tikri, Gurgaon-122018
	(v) Tel. No, Fax. No	: 0124-4479527
	(vi) E-Mail ID	: Murali_nandyal@infosys.com
	(vii) URL of Website	: www.infosys.com
	(viii) GPS coordinates of HCF of CBMWTF	: NA
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other) - NA
	(x) Status of Authorization under the Bio – Medical Waste (Management and Handling) Rules	: Authorization No.: Lr. No. BMW18GUSO5185039
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: 30.09.2022
2	Type of Health Care Facility	:
	(i) Bedded Hospital	: NA
	(ii) Non – bedded hospital	: First Aid Center having tie up Max health care
	(Clinic of Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	
	(iii) License number and its date of expiry	: NA
3	Details of CBMWTF	: NA
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No of beds covered by CBMWTF	:
	(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 : 3.73 Kgs Red Category : 2.24 Kgs White: 0 kg Blue Category: 0.00 kgs																																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																																			
	(i) Details of the on - site storage facility	:	Size : 150 Sq. ft Capacity: NA Provision of on – site storage : (cold storage of any other provision) - NA-																																																																	
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Equipment</th> <th>Type of treatment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg annum</th> </tr> </thead> <tbody> <tr> <td>-NA-</td> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Needle tip cutter or Destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Encapsulation or Concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Chemical Disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Any other treatment Equipment</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Equipment	Type of treatment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg annum	-NA-	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			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg annum.	:	Red Category (like plastic, glass etc.)																																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Vendor will collect the bio medical waste																																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Generated</th> <th>Where disposed</th> <th>Quantity</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>- NA-</td> </tr> </tbody> </table>	Generated	Where disposed	Quantity			- NA-																																																											
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	(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of.	:	M/s.Biotic waste limited (Vulcan)																																																																	



	(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s.Biotic waste limited (Vulcan)
	(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 meeting held during the reporting period	Safety Committee will discuss every quarter/month
7	Details trainings conducted in BMW	YES
	(i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained	Concerned Personnel undergone for training
	(iii) number of personnel trained at the time of induction	As on when required
	(iv) number of personnel not undergone any training so far	NA
	(v) Whether standard manual for training is available?	YES
	(vi) any other information	
8	Details of the accident occurred during the year.	NIL
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(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 of sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	: NA-

Certified that the above report is for the period from January 2020 to December 2020.

Date : 11th May'2021
Place : Gurugram

Signature :
Designation: Regional Manager

