

Date: - 30 June 2022

HSPCB/FORM-IV/2021-22/03

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

Dear Sir/Madam

**Subject: Submission of Form-4 for biomedical waste for the period 01-Jan-2021 to 31-Dec-2021**

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

  
  
Puneet Randhawa  
Senior Regional Head - Facilities

Date: 30 June 2022

  
Haryana State Pollution Control Board  
Gurgaon Region (South)  
HSIIDC 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: L85110KA1981PLC013115  
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

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**Form – IV**  
**(See rule 13)**

[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	:
-	(i) Name of the authorized person (Occupier of operator of facility)	: Infosys Limited, represented by Puneet Randhawa (Senior Regional Head- 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	: Puneet_randhawa@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 of disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 4.53 Kgs Red Category: 4.149 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>Type pf treatment Equipment</th> <th>No of Units</th> <th>Cap acit Kg/day</th> <th>Quantity treatedor disposed In Kg annum</th> </tr> </thead> <tbody> <tr> <td>-NA-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Incinerators</td> <td></td> <td></td> <td></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>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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 pf treatment Equipment	No of Units	Cap acit Kg/day	Quantity treatedor 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></th> <th>Quantity Generated</th> <th>Where disposed</th> <th>- NA-</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>- NA-</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	- NA-	Incineration Ash	- NA-			ETP Sludge																																															
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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 2021 to December 2021.

Date : 30 June 2022  
Place: Gurugram

Signature : .....  
Designation: Senior Regional Head- Facilities

