

21 June 2024

To,
Environmental Engineer
Punjab Pollution Control Board
Plot No.-55, Phase-II
Opposite Bassi Theater, SAS Nagar, Punjab



Subject: Submission of Form-4 for filing Bio-Medical Waste Returns

Dear Sir/Madam

With reference to above subject, we herewith submit the Annual Bio-Medical Waste Returns Form- 4 for FY 2023 (January 2023- December 2023) for Infosys Limited, Quark City under Bio-Medical Waste Management Rules, 2016.

Enclosed:

1. Form- 4 for Bio-Medical Waste Return

Thanking You,

For Infosys Limited

Puneel Randhawa

Senior Regional Head - Facilities

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 | 1 | |
| | (i) Name of the authorised person (occupier oroperator of facility) | : | Puneet Randhawa Senior Regional Head- Facilities |
| | (ii) Name of HCF or CBMWTF | : | M/s Infosys Limited |
| | (iii) Address for Correspondence | | M/s Infosys Limited Level-9, Landmark Plaza, (F3 tower), Plot A-40, Industrial Focal Point, Phase-VIII-B, Mohali-160059 |
| | (iv) Address of Facility | | M/s Infosys Limited Plot no.1, Rajiv Gandhi Chandigarh Technology Park, Kishangarh, Chandigarh |
| | (v)Tel. No, Fax. No | : | Tel: 0172-5038500 |
| j | (vi) E-mail ID | :- | Puneet_randhawa@infosys.com |
| | (vii) URL of Website | | 7 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | (viii) GPS coordinates of HCF or CBMWTF | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other): NA |
| | (x). Status of Authorisation under the Bio- Medical Waste (Management and Handling) Rules | : | Authorization No.: BMW/Renewal/SAS/2023/21797393 dated 28/04/2023 |
| | (xi). Status of Consents under Water Act and Air Act | : | Not Applicable as office is on lease |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: NIL |
| - | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory orResearch 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 | | 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 dispos | ed in | Kg : Yellow Category: 3.625 Kgs/annum | | | | |
|----|---|--------------------------------------|--|--|--|--|--|
| | perannum (on monthly average basis) | Red Category: 0.665 Kgs/annum | | | | | |
| | peramium (on monam, average case) | White: NIL | | | | | |
| | * | Blue Category : NIL | | | | | |
| | - x | General Solid waste: 5.060 Kgs/annum | | | | | |
| | La | (Sanitary Pads) | | | | | |
| 5 | Details of the Storage, treatment, transp | ortatio | | | | | |
| | (i) Details of the on-site storage | : | Size : NIL | | | | |
| | facility | | Capacity: NIL | | | | |
| | | | Provision of on-site storage : (cold storage or | | | | |
| | | | any other provision) Separate enclosed storage area for biomedical waste with lock and key | | | | |
| | | | inside the Scrap yard | | | | |
| | disposal facilities | : | Type of treatment No Cap Quantity | | | | |
| | | | equipment of acit treatedo | | | | |
| | | | unit y r | | | | |
| | | | s Kg/ disposed | | | | |
| | | | day in kg | | | | |
| | | | per | | | | |
| | | | annum | | | | |
| | | | Incinerators Not Applicable | | | | |
| | | | Plasma PyrolysisAutoclaves | | | | |
| | 9 | | Microwave Hydroclave | | | | |
| | | | Shredder | | | | |
| | | | Needle tip cutter or | | | | |
| | | | destroyer | | | | |
| | | | Sharps | | | | |
| | | | encapsulation or - | | | | |
| | | | concrete pit | | | | |
| | | | Deep burial pits: | | | | |
| | | | Chemical | | | | |
| | | | disinfection: | | | | |
| | (iii) Quantity of recyclable wastes | | Any other treatmentequipment: Red Category (like plastic, glass etc.) | | | | |
| | sold to authorized recyclers after treatment in kg per annum. | | Not Applicable | | | | |
| | (iv) No of vehicles used for collection | : | Special vehicle allowed to Alliance Envirocare | | | | |
| | and transportation of biomedical waste | | by CPCC being used by vendor to collect the waste | | | | |
| | (v) Details of incineration ash and | : | Quantity Where | | | | |
| | ETP sludge generated and disposed | | generated disposed | | | | |
| | during the treatment of wastes in Kg | | Incineration | | | | |
| | per annum | | Ash | | | | |
| - | F | | ETP Sludge Not Applicable | | | | |
| | (vi) Name of the Common Bio- | : | M/s Rainbow Environments Pvt. Ltd. | | | | |
| | Medical Waste Treatment Facility | | the state of the s | | | | |
| | Operator through which wastes are | | | | | | |
| | disposed of | | | | | | |

| 4. | Quantity of waste generated or dispo | Kg : | Yellow Cat | egory: 3. | 625 Kg | gs/annum | | |
|-----|---|--------|--|--|------------|----------|------------|--|
| | perannum (on monthly average basis) | 7 | Red Catego | | Kgs/a | nnum | | |
| | | | | White: NI | L | | | |
| | | | | Blue Catego | ory: NIL | | | |
| | | | | General Solid waste: 5.060 Kgs/annum (Sanitary Pads) | | | | |
| 5 | Details of the Storage, treatment, transp | ortati | on, proc | essing and Disp | osal Facil | ity | | |
| | (i) Details of the on-site storage | : | Size : NIL | | | | | |
| | facility | | Capacity: NIL | | | | | |
| | | | Provision of on-site storage : (cold storage | | | | | |
| | | | any o | ther provision) for biomedica the Scrap yar | Separate | enclo | sed storag | |
| | disposal facilities | : | Typ | e of treatment | No | Cap | Quantity | |
| | | | equ | ipment | of | acit | treatedo | |
| | | | | | unit | У | r | |
| | | | | | S | Kg/ | disposed | |
| ļ | | | | | 7 | day | in kg | |
| | | | | | | | per | |
| | | | | | | | annum | |
| | | | Incinerators Not Applicable | | | | | |
| | | | Plasma PyrolysisAutoclaves Microwave Hydroclave Shredder Needle tip cutter or | | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| | | | | royer | | | | |
| | | | Sha | • | | | | |
| | | | | apsulation or | | - | | |
| | | | | concrete pit Deep burial pits: | | | | |
| | | | | p ourtai pits. mical | | | | |
| | | | i | nfection: | | - | | |
| | | | | ther treatmented | quipment: | | | |
| | (iii) Quantity of recyclable wastes | | | Red Category (like plastic, glass etc.) | |) | | |
| | sold to authorized recyclers after | | Not Applicable | | | | | |
| | treatment in kg per annum. (iv) No of vehicles used for collection | : | Special vehicle allowed to Alliance Envirocard | | | | | |
| | and transportation of biomedical | | _ | | | | | |
| - 1 | waste | | by CPCC being used by vendor to collect the waste | | | | | |
| - | (v) Details of incineration ash and | : | waste | One | ntity | Wh | ere | |
| - 1 | ETP sludge generated and disposed | | | | erated | | osed | |
| - 1 | during the treatment of wastes in Kg | | Incine | eration | | | | |
| | per annum | | Ash | | | | | |
| | | | | Sludge Not Ap | plicable | | | |
| | (vi) Name of the Common Bio- | : | M/s Rainbow Environments Pvt. Ltd. | | | d. | | |
| | Medical Waste Treatment Facility | | THE AMERICAN PROPERTY OF THE PARTY OF THE PA | | | | | |
| - 1 | Operator through which wastes are | | | | | | | |
| | disposed of | | | | | | | |

| | rii) List of member HCF not handed ver bio-medical waste. | W: | |
|------------|---|-----|---|
| m m | o you have bio-medical waste anagement committee? If yes, attach inutes of the meetings held during e reporting period | : | Not Applicable |
| 7 D | etails trainings conducted on BMW | : | |
| (i) B | Number of trainings conducted on MW Management. | i | Training is given to ladies handling the sanitary waste in the buildings, regarding the usage of gloves, mask and other necessary PPEs while handling the sanitary waste. Training for the bio-medical waste generated is medical center given to the Nurses who is in charge of the First Aid Center. |
| (ii |) number of personnel trained | : | |
| | i) number of personnel trained at e time of induction | : | |
| (iv un | number of personnel not dergone any training so far | : . | |
| , ~ . |) whether standard manual for ining is available? | : | |
| (v. | i) any other information) | : | |
| | etails of the accident occurred ring the year | : | NIL |
| (i) | Number of Accidents occurred | : | |
| (ii | Number of the persons affected | : | |
| | i) Remedial Action taken (Please ach details if any) | : | |
| (iv |) Any Fatality occurred, details. | : | |
| Po | re you meeting the standards of air llution from the incinerator? How any times in last year could not met e standards? | ; | Not Applicable |
| | etails of Continuous online emission onitoring systems installed | : | Not Applicable |
| me | quid waste generated and treatment ethods in place. How many times u have not met the standards in a ar? | ; | Not Applicable |
| 11. Is ste | the disinfection method or rilization meeting the log 4 ndards? How many times you have | : | Not Applicable |
| | t met the standards in a year? | | |
| | y other relevant information | : | |
| | = | | |

Certified that the above report is for the period from January 2023 to December 2023

Name and Signature of the Head of the Institution

Date: 21 June 2024 Place: Mohali