

IL/TVM/FAC/SEZ/009/2025

04 June 2025



To,  
The Environmental Engineer,  
Kerala State Pollution Control Board,  
Pattom,  
Trivandrum – 695004.

Dear Sir,


**Subject: - Submission of Form IV and Form I of Bio-Medical Waste Management Rules, 2016.**

We herewith submit the Annual Report in Form IV and Form I as prescribed in Bio-Medical Waste Management Rules, 2016 for Infosys Limited, Trivandrum for the period January 2024 to December 2024.

Request acknowledge receipt.



Authorized Signatory  
Infosys Limited, Thiruvananthapuram.



Kerala State Pollution Control Board  
Pamoodu Junction, Pattom Palace P.O.  
Trivandrum - 695 004

Received  
  


**INFOSYS LIMITED**  
SEZ Unit  
Plot No. 1, Technopark Campus II  
Attipra Village  
Thiruvananthapuram 695 583, India  
T 91 471 398 2222  
F 91 471 241 6177

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

Form – IV  
(See rule 13)  
ANNUAL REPORT

[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)]

Sl.No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Ms. DEVI PADMANABHAN NAIR
	(ii) Name of HCF	:	Infosys Limited - First Aid Centre
	(iii) Address for Correspondence	:	INFOSYS LIMITED, SEZ Unit, Technopark Campus II, Attipra Village, Thiruvananthapuram, 695583
	(iv) Address of Facility		As mentioned above
	(v) Tel. No, Fax. No	:	Tele : 0471 3982222
	(vi) E-mail ID	:	Devi_nair01@infosys.com
	(vii) URL of Website		Infosys.com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	Infosys Limited
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Consent No: KSPCB/TV/ICO/10068136/2024 valid up to <u>31.08.2029</u>
	(xi). Status of Consents under Water Act and Air Act		Valid up to: <u>31.08.2029</u>
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 5
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	First Aid Centre
	(iii) License number and its date of expiry		-NA-
3.	Details of CBMWTF	:	-NA-
	(i) Number of 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-
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		-NA-
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 62.18 kg/month
			Red Category: 1.41 kg/month
			White: 0.07 kg/month
			Blue Category: 0.08 kg/month
			General Solid waste: NA

5.	Details of the Storage, treatment, transportation, processing, and Disposal Facility			
	(i) Details of the on-site storage facility	:	Size: W: 1122mm, D: 708mm, H: 883mm	
			Capacity: 310 Ltr, Net Weight: 55kg	
			Provision of on-site storage: (cold storage or any other provision) Cooler Facility	
disposal facilities		Type of treatment Equipment	No of units	Capacity kg/day
		Incinerators		Quantity Treated or Disposed in no's per annum
		Plasma Pyrolysis		
		Autoclaves		NA
		Microwave		
		Hydroclave		
		Shredder		
		Needle tip cutter or destroyer		
		Sharps		
		Encapsulation or concrete pit		
		Deep burial pits		
		Chemical disinfection:		NA
		Any other treatment equipment: Disposal & Treatment done by IMAGE		
	iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 (Transportation, Disposal & Treatment done by IMAGE)	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Were disposed
			Incineration Ash	
			ETP Sludge	NIL
	vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	INDIAN MEDICAL ASSOCIATION GOES ECO - FRIENDLY (IMAGE)	
	(vii) List of members HCF not handed over bio-medical waste.		NIL	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NIL	
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		4	
	(ii) number of personnel trained		5	
	(iii) number of personnel trained at the time of induction		5	

	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		Yes (Biomedical waste categorization and handling procedures are covered under training)
	(vi) any other information)		NA
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details.		NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA (Disposal & Treatment done by IMAGE)
	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

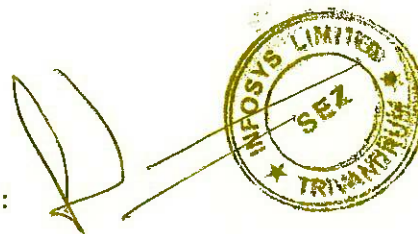
Certified that the above report is for the period from 1<sup>st</sup> January 2024 to 31<sup>st</sup> Dec 2024

Date : 04 June 2025

Place : Thiruvananthapuram

Signature :

Name : Devi Padmanabhan Nair



**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 : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does your facility has an Emergency Control policy? If yes give details : Yes
- ERP (Emergency Response Procedure Plan) available for Campus.

Date : 04 June 2025

Place : Thiruvananthapuram

Signature

Designation: Senior Regional Manager - Facilities

