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SI. No.	Particulars			:				
1	Particulars of the Occupier							
	.(i) Name of the authorized person (occupier or operator of facility)				Dr. Prashant V Potnis			
	(ii) Name of HCF				PI Industries Ltd			
	(iii) Address for Correspondence			:	Udai sagar road, Udaipur			
	(iv) Address of Facility			<del>  -</del>	Udai Sagar road, Udaipur			
-	(v)Tel. No, Fax. No			:	0294 6454304-305			
	(vi) E-mail ID			1:	prashant.potnis@piind.com			
	(vii) URL of Website				www.piindustries.com			
	(viii) GPS coordinates of HCF or CBMWTF			-	Not Available			
	(ix) Ownership of HCF or CBMWTF			:	Factory			
1	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules			:	Applied (Application ID: 174980, Dt. 04/02/2017)			
	(xi). Status of Consents under Water Act and Air Act				Valid up to: 30-10-2017			
2.	Type of Health Care Facility			:				
	(i) Bedded Hospital				No. of Beds: 01, It is a First aid center under factory establishment as per Factories Act & Rules			
	(ii) Non-bedded hospital			:	-			
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)							
<u>.</u>	(iii) License number and its date of expiry				Factory License No RJ/1252, valid till 31/3/2018			
3.	Details of CBMWTF							
	(i) Number 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			
4.	Quantity of waste generated or disposed in Kg per annum (on			:	Yellow Category: 121 gm/month			
	monthly average basis)				Red Category: 60 gms/month			
					White: 24 gms/month			
					Blue Category: 2.9 gms/month			
;					General Solid waste: 50 gms/month			
5	Details of the Storage, treatment, transportation, pre-	ocessin	g and Dis	posal l	Facility			
	(i) Details of the on-site storage facility : Size  Capacit				: NA y: NA			
		on of on-site storage : (cold storage or exprovision) NA						

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	disposal facilities		Type of treatme	ent	No	Cap	Quantity
			equipment		of	acit	treatedo
					unit -	у 77-1	r .
					S	Kg/	disposed
						day	in kg
							per
İ			* * * * * * * * * * * * * * * * * * * *				annum
			Incinerators	•_			
			Plasma Pyrolys: Autoclaves	IS.			
		1	Microwave			,	
			i				
			Hydroclave				
			Shredder				
			destroyer				
			Sharps				
·			encapsulation of	r		-	
			concrete pit				
			Deep burial pits	:			
			Chemical				
						-	
			disinfection:				
			Any other treatmequipment:	lent		*	
	(iii) Quantity of recyclable wastes	:	equipment.	NA		·	
	sold to authorized recyclers after			INA			
	treatment in kg per annum.						
	Reuthert in kg per unitum.		Collection is done	on			·
			every alternate day l	эу			
	(iv) No of vehicles used for collection and transportation of biomedical waste		vehicle of authorize				
	biomedical waste	;	disposal facility				
ř	(v) Details of incineration ash and			Quantity	,	Wh	ere
	ETP sludge generated and disposed			generate	:d	disp	osed
	during the treatment of wastes in Kg		Incineration				
	per annum		Ash	NA			
			ETP Sludge	NA			
			En- Vision Enviro			-	
	(vi) Name of the Common Bio-	:	Engineers Pvt Ltd, U	Jdaipur			
-	Medical Waste Treatment Facility						
	Operator through which wastes are						
	disposed of						
	(vii) List of member HCF not handed	·	NA				
		4	i e				
	over bio-medical waste.						
6	over bio-medical waste.  Do you have bio-medical waste					<del></del>	
6	over bio-medical waste.  Do you have bio-medical waste management committee? If yes, attach		NA		,	<del></del>	
6	over bio-medical waste.  Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during		NA		,		
6	over bio-medical waste.  Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NA		,		
6	over bio-medical waste.  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						
	over bio-medical waste.  Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NA 03				

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	(ii) number of personnel trained	03
	(iii) number of personnel trained at	
	the time of induction	03
	(iv) number of personnel not	
	undergone any training so far	Nil
	(v) whether standard manual for	SOP for operation of First aid centre
	training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	
	during me year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
1	(iii) Remedial Action taken (Please	
	attach details if any)	
	(iv) Any Fatality occurred, details.	Nil
9.	Are you meeting the standards of air	
	Pollution from the incinerator? How	NA
	many times in last year could not met	
	the standards?	
	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	NA
	year?	
11	Is the disinfection method or	
	sterilization meeting the log 4	NA
	standards? How many times you have	
	not met the standards in a year?	
12	Any other relevant information	

Certified that the above report is for the period from Jan- 2016 to Dec-2016

Name and Signature of the Head of the Institution

Date: 28-06-2017 Place: Udaipur