

**Form - IV**

(See rule 13)

Bio Medical Waste Annual Return for the Calender Year - 2022

Application Type: Industry	Calender Year 2022	Submit To SRO-Pune II
1) Particulars		
i) First Name DR AMOL	ii) Middle Name NARAYAN	iii) Last Name INAMDAR
iv) Designation FACTORY MEDICAL OFFICER	v) Aadhaar No 577732519457	vi) PAN No AAPPI3203C
vii) Address as per Aadhaar Card --	viii) Tel. No. 0213566716	ix) Fax No.
x) e-mail aninamdar@bajajauto.co.in	xi) URL of website www.bajajauto.com	
2) Details of the Industry		
i) Name of the Industry BAJAJ AUTO LIMITED	ii) Email aninamdar@bajajauto.co.in	iii) Name of the contact person DR AMOL INAMDAR
iv) Contact No. 02135667161		
3) Address of the Industry		
i) Building Name/Building No./Survey Number PLOT NO. A-1, MIDC, CHAKAN,	ii) Street / Village CHAKAN TALEGAON ROAD,	iii) City / Taluka KHED
iv) District Pune	v) Pin-Code Number 410501	vi) Near by Landmark
vii) Latitude coordinate 18.693	viii) Longitude coordinate 73.862	ix) Ownership Private
Details of valid Combined Consent and BMW Authorization (CCA)		
i)Authorization No. MPCB-BMW_AUTH-0000040582	ii)Authorization validity Date Feb 6 2025 12:00:00:AM	
5) Status of Consents under Water Act and Air Act		
i)Consent Number RED/L.S.I.(R2) No.:- Format1.0/CAC/UAN No. 0000144318/CR/2211002132	ii)Consent validity Date Sep 30 2027 12:00:00:AM	
6) Total No of Beds (As per valid Authorization)		
7) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)		NA
8) Registration Expiry Date		Feb 6 2025 12:00:00:AM
9) Faculty of Medicine Medical		
10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s Life Secure Services, Talegaon		
11) Details of BMW		
i) Authorized BMW Quantity Kg/month (as per valid CCA)		
Yellow 0.10000	Red 0.40000	Blue 0.20000
		White 0.10000

ii) Bio Medical Waste Generated (Kg/month)

Yellow 0.10000	Red 0.13000	Blue	White
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iii) Quantity of Biomedical waste given to CBMWTDF (kg/Month)

Yellow 0.1000	Red 0.1300	Blue	White	General Solid Waste
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12) Details trainings conducted on BMW**i) Number of trainings conducted on BMW Management.**

2

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**v) whether standard manual for training is available?**

Yes

vi) any other information

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13) Details of the accident occurred during the year**i) Number of Accidents occurred****ii) Number of the persons affected****iii) Remedial Action taken (Please attach details if any)**

No

iv) Any Fatality occurred, If yes details.

No

14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?

No

15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?

Yes

17) Whether HCE intended to Sale / Handover liquid BMW for R&D purpose

No

Place Pune	Designation Factory Medical Officer	Date 09-05-2023
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