

**Form IV - Annual Report 2017**

Sr. No.	Particulars		
1	Particulars of the Occupier		
	(i) Name of the authorised person (Occupier)		Pradeep Shrivastava
	(ii) Name of the HCF		Bajaj Auto Ltd.
	(iii) Address for correspondence		Bajaj Auto Ltd., Akurdi, Pune 411035.
	(iv) Address of Facility		Bajaj Auto Ltd., Akurdi, Pune 411035.
	(v) Tel. No./ Fax No.		020-27472851/020-27473398
	(vi) E-mail ID		<a href="mailto:vdchaudhari@bajajauto.co.in">vdchaudhari@bajajauto.co.in</a>
	(vii) URL of website		
	(viii) GPS coordinates of HCF		
	(ix) Ownership of HCF		Private
	(x) Status of authorisation under the Bio-Medical Waste (Management & Handling) Rules		Authorisation No. A00013/2017-20, Valid upto 31 March 2020
(xi) Status of Consents under Water Act and Air Act			
2	Type of Health Care Facility		
	(i) Bedded Hospital		NA
	(ii) Non-bedded Hospital - Dispensary		
3	(iii) License No. and its date of expiry		NA
	Details of CBMWTF		
	(i) Number of healthcare facilities covered by CBMWTF		NA
	(ii) No. of beds covered by CBMWTF		NA
4	(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)		Yellow: 4.681
			Red: 3.320
		White: 1.065	
		Blue: 2.260	
		General Solid Waste: NA	
5	Details of the storage, treatment, transportation, processing and disposal facility		
	(i) Details of the on-site storage facility		Size: NA
			Capacity: NA
			Provision of on-site storage: NA
	(ii) Disposal facilities		NA
	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum		NA
	(iv) No. of vehicles used for collection and transportation of bio-medical waste		NA
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum		NA
(vi) Name of the CBMWTF Operator through which wastes are disposed of		M/S PASSCO Environmental Solutions Pvt. Ltd.	

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	(vii) List of member HCF not handed over bio-medical waste		NA
6	Do you have a bio-medical waste management committee? If yes, attach minutes of the meeting held during the reporting period		No
7	Details of training conducted on BMW		NA
	(i) No. of trainings conducted on BMW management		one
	(ii) No. of persons trained		6
	(iii) No. of persons trained at the time of induction		6
	(iv) No. of persons not undergone training so far		NA
	(v) Whether standard manual for training is available?		NA
	(vi) Any other information		NA
8	Details of accidents occurred during the year		NA
	(i) No. of accidents		NA
	(ii) Number of persons affected		NA
	(iii) Remedial action taken		NA
	(iv) Any fatality occurred, details		NA
9	Are you meeting the standards of air pollution from the incinerator? How many times in the last year you could not meet 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 or sterilisation 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 to incinerator

Certified that the above report is for the period from 1 January 2017 - 31 December 2017

Name & Signature of the Head of the Institution

Date:

Place: