

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2020 **Application Type: Industry** Calender Year Submit To SRO-Pune I 2020 1) Particulars ii) Middle Name i) First Name iii) Last Name Surendra Ramdas Ghogare iv) Designation v) Aadhaar No vi) PAN No 4 9 9 4 3 6 Asst. Manager EHS ACHPG224 vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. 9922449950 Nashik x) e-mail xi) URL of website surendrar.ghogare@diageo.com https://www.diageoindia.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person United Spirits Limited Surendra Ghogare surendrar.ghogare@diageo.com iv) Contact No. 9922449950 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number Indapur Road Baramati Gat No. 344, near Baramati Agro, Pimpali iv) District v) Pin-Code Number vi) Near by Landmark Pune 413102 viii) Longitude coordinate vii) Latitude coordinate ix) Ownership 18 1361289 74.6155649 Private 4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules i)Authorization No. ii) Authorization validity Date MPCB-BMW\_AUTH-0000027961 2023-05-15 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date Format 1.0/BO/JD(WPC)/EIC No. PN-2020-08-31 26171-15/R/CC-4242 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 14865 8) Registration Expiry Date 2020-12-31 9) Faculty of Medicine occupational therapy 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Jaibhavani BioMedicare Systems, Baramati 11) Details of BMW i) Authorized BMW Quantity MT/month (as per valid CCA) Yellow 0.00100 Red **Blue** 0.00100 White

) Bio Medical Waste Gene	erated (Kg/day)					
<b>Yellow</b> 0.00350		Red	<b>Blue</b> 0.00000		White	
) Quantity of Biomedical	waste given to CE	BMWTDF (kg/day	7)			
<b>Yellow</b> 0.0035	Red	Blue	White General S		Solid Waste	
2) Details trainings cond Number of trainings con		anagement.				
Number of personnel tr	ained					
) Number of personnel t	rained at the time	of induction				
) number of personnel n	ot undergone any	training so far				
whether standard manus	ıal for training is a	vailable?				
<b>) any other information</b> nly Nursing staff handle BM	W					
3) Details of the accident Number of Accidents oc		he year				
Number of the persons	affected					
Remedial Action taken	(Please attach de	tails if any)				
) Any Fatality occurred,	lf yes details.					
1) Liquid waste generate	d and treatment n	nethods in place	. How many times y	ou have not met the	e standards in a year?	
5) Is the disinfection met year? es	thod or sterilizatio	n meeting the lo	og 4 standards? Hov	w many times you ha	ive not met the standards	
lace	Desig	nation		Date		