Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2023 Application Type: Industry Calender Year Submit To 2023 SRO-Nanded 1) Particulars i) First Name ii) Middle Name iii) Last Name Murali Krishna **Srinivas** v) Aadhaar No iv) Designation vi) PAN No Asst.Manager 970052352015 ADTPA0068Q vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. Kuranool, Andhra Pradesh 8380026868 xi) URL of website x) e-mail murali.krishna@diageo.com www.diageo.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person United Spirits Limited murali.krishna@diageo.com MURALI KRISHNA SRINIVAS iv) Contact No. 8380026868 3) Address of the Industry i) Building Name/Building No./Survey ii) Street / Village iii) City / Taluka Number BALAPUR VILLAGE, DHARMABAD TALUK NANDED/ DHARMABAD TALUK Sr.No.286/1,2 & 291,285/1/A/B,285/2 v) Pin-Code Number vi) Near by Landmark iv) District Nanded 431809 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 18.8690 77.878 Private Details of valid Combined Consent and BMW Authorization (CCA) i)Authorization No. ii)Authorization validity Date 2106000541-2021 Jun 28 2024 12:00:00:AM 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date 1.0/CAC/UAN No.MPCB-CONSENT-Aug 31 2024 12:00:00:AM AMMENDMENT-0000010489 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) Not applicable Jun 28 2024 12:00:00:AM 8) Registration Expiry Date 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. M/s. Superb Hygiene Disposals, Nanded 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA)

Blue 1.00000

Yellow 15.00000

Red 10.00000

White 10.00000

| Yellow 2.42000 | | Red | В | lue | White | |
|---|---------------------------------|---------------------|--|---------------------|--------------------------|--|
| iii) Quantity of Biomedical | wasto given to CB | MWTDE /kg/Month | , | | JL | |
| iii) Qualitity of Biomedical | waste given to CB | Kg/Month | <u>, </u> | | | |
| Yellow 2.4200 | Red | Blue | White | General S | General Solid Waste | |
| 12) Details trainings condu i) Number of trainings cond 1 | cted on BMW ducted on BMW Ma | anagement. | | | | |
| ii) Number of personnel tra 4 | ined | | | | | |
| iii) Number of personnel tr 2 | ained at the time | of induction | | | | |
| iv) number of personnel no | t undergone any t | raining so far | | | | |
| v) whether standard manu Yes | al for training is a | vailable? | | | | |
| vi) any other information No | | | | | | |
| 13) Details of the accident i) Number of Accidents occ | | he year | | | | |
| ii) Number of the persons a | affected | | | | | |
| iii) Remedial Action taken (No | Please attach det | ails if any) | | | | |
| iv) Any Fatality occurred, I No | f yes details. | | | | | |
| 14) Liquid waste generated Yes | d and treatment m | ethods in place. H | ow many times | you have not met th | e standards in a year? | |
| 15) Is the disinfection method year? No | nod or sterilization | n meeting the log 4 | 1 standards? Ho | ow many times you h | ave not met the standard | |
| 17) Whether HCE intended | to Sale / Handove | r liquid BMW for R | &D purpose | | | |
| No | | | | | | |