

Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To SRO-Pune I 2022 1) Particulars i) First Name iii) Last Name ii) Middle Name Arunkumar Chandran iv) Designation v) Aadhaar No vi) PAN No Sr Manager - Asset care project vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. Thiruverkadu, Chennai x) e-mail xi) URL of website arun.kumar@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 Baramati arun.kumar@diageo.com Arunkumar Chandran iv) Contact 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 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 74.6155649 18 1361289 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii) Authorization validity Date MPCB-BMW AUTH-0000027961 May 15 2023 12:00:00:AM 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date 0000122747/CR/2206000690 Aug 31 2023 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) MPCB-BMW AUTH-0000027961 8) Registration Expiry Date May 15 2023 12:00:00:AM 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 Kg/month (as per valid CCA) **Yellow** 1.00000 **Blue** 1.00000 White Red

i) Bio Medical Waste Generated (Kg/month Yellow 0.01300		Red	Blue 0.00000		White	
		Neu Blue 0.0000				
i) Quantity of Biomedical v	vaste given to CB	MWTDF (kg/Moi	nth)			
Yellow 0.0130	Red	Blue	White General S		Solid Waste	
2) Details trainings conduc Number of trainings cond		anagement.				
Number of personnel trai	ined					
i) Number of personnel tra	ined at the time	of induction				
) number of personnel not	undergone any	training so far				
) whether standard manua es	l for training is a	vailable?				
i) any other information nly Nursing staff handle BMW						
3) Details of the accident on Number of Accidents occu		he year				
Number of the persons a	ffected					
) Remedial Action taken (I	Please attach det	ails if any)				
) Any Fatality occurred, If	yes details.					
4) Liquid waste generated 0	and treatment m	nethods in place	. How many times y	ou have not met the	standards in a year?	
5) Is the disinfection meth year? es	od or sterilizatio	n meeting the lo	og 4 standards? Hov	many times you hav	e not met the standards	
7) Whether HCE intended to 0	to Sale / Handove	er liquid BMW fo	r R&D purpose			
lace	Design	nation		Date		