

UNITED SPIRITS

A DIAGEO Group Company United Spirits Limited Ekamakana, Nimapara Puri-752114

Ref No - USL/SPCB/267 /2023-24

Bhubaneswar, Odisha

Date: 25.01.2024

To,
The Regional Officer,
State Pollution control board,
B-59/2 & 59/3 Chadaka Industrial Estate,

Sub: Submission of annual report of Biomedical waste in Form IV (Rule 13)

Ref: Biomedical waste Authorization No. 3826 dated 28.11.2018

Dear Sir,

With reference to the subject cited above, we are enclosing the annual report of Biomedical waste in Form IV as per rule 13 of Biomedical waste management rules, 2016 for the period from 01.01.2023 to 31.12.2023 for your kind persual.

Thanking you,

Yours faithfully

For United Spirits Limited

Anirban Chakraborty,

General Manager

Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| | Particulars | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------|--|
| 0. | Particulars of the Occupier | : | | |
| 1. | (i) Name of the authorised person (occupier or operator of facility) | : | Anirban Chakraborty | |
| | (ii) Name of HCF or CBMWTF | : | | |
| | (iii) Address for Correspondence | : | United Spirit Limited | |
| | (iv) Address of Facility | | At - Ekamakana, Olikana, Dist - Puri | |
| | (v)Tel. No, Fax. No | : | 7060004301 | |
| | (vi) E-mail ID | : | anirban.chakraborty@diageo.com | |
| | (vii) URL of Website | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or <u>Private</u> or Semi Govt. or any other) | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: 3826 dated 28.11.2018 valid up to untill further order | |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31.03.2026 | |
| | Type of Health Care Facility | : | | |
| | (i) Bedded Hospital | : | No. of Beds: NIL | |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | | |
| | (iii) License number and its date of expiry | | | |
| 3. | Details of CBMWTF | : | | |
| | (i) Number healthcare facilities covered by CBMWTF | : | | |
| | (ii) No of beds covered by CBMWTF | : | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | NA Kg per day | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | NA Kg per day | |



| 4. | | : | Yellow Category: 6197 GM | | | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------|------------|-------|-------------------------------------------------|--|--|
| | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Red Category : NIL | | | | | |
| | | | White: NIL | | | | | |
| | | | Blue Category : NIL | | | | | |
| | | | General Solid waste: NIL | | | | | |
| 5 | CONTROL OF THE CONTRO | | | | | | | |
| | (i) Details of the on-site storage facility : Size : 2m*2m*2m sized 3 no of deep burial pit | | | | | | | |
| | (i) Details of the on-site storage facility | | | | | | | |
| | | | Capacity: 8 m3 | | | | | |
| | | | Provision of on-site storage: (cold storage or any other provision) | | | | | |
| | (ii) Details of the disposal facilities | : | Type of treatment equipment | No of unit | y | Quantity treated/disposed in kg per annum | | |
| | | 1 | Incinerators | | | | | |
| | | | Plasma Pyrolysis | | | | | |
| | | | Autoclaves | One nos | | | | |
| | | | Microwave | | | | | |
| | | | Hydroclave | | | | | |
| | | | Shredder | | | | | |
| | | | Needle tip cutter or | One nos | | | | |
| | | | destroyer | | | | | |
| | | | Sharps | | - | | | |
| | | | Encapsulation or concrete pit | One nos | | | | |
| | | | Deep burial pits: | One nos | | | | |
| | | | Chemical disinfection: | | | | | |
| | | | Any other treatment | | | | | |
| | | | equipment: | | | | | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | | Red Category (like plastic, glass etc.) - NIL | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | NIL. Disposed in Deep burial pit | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in kg/annum | | | Quar | ntity | Where | | |
| | | | | gener | ated | disposed | | |
| | | | Incineration | | | | | |
| | | | Ash | | | | | |
| | | | ETP sludge | | | | | |



| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | NIL |
|----|-----------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------|
| | (vii) List of member HCF not handed over bio-medical waste. | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes. Minutes attached separately |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 1 |
| | (ii) number of personnel trained | | 5 |
| | (iii) number of personnel trained at the time of induction | | NIL |
| | (iv) number of personnel not undergone any training so far | | NIL |
| | (v) whether standard manual for training is available? | | Yes |
| | (vi) any other information) | | |
| 8 | Details of the accident occurred | | |
| | during the year | | " 1 |
| | (i) Number of Accidents occurred | | 5 number of first aid incident & 1 medical treatment cases |
| | (ii) Number of the persons affected | | 6 |
| | (iii) Remedial Action taken (Please attach details if any) | | |
| | (iv) Any Fatality occurred, details. | | NIL |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met 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 sterilization 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 with the Incinerator) |

Certified that the above report is for the period from January 2023 to December 2023

Date: 25.01.2024 Place: Nimapara Name and Signature of Hond of Postitution