

DIAGEO

INDIA

United Spirits Limited

Udaisagar Road, M.I.A., Udaipur - 313 001 (Raj.)

Phone : 0294 - 2492333, 2492335, 2492336, 2492904

USL/UDR/2023-24/

11th May, 2023

The Member Secretary,
Rajasthan State Pollution Control Board,
4, Institutional Area, Jhalana Doongri
JAIPUR 302 004.

Sub: Submission of Annual Return of Bio-Medical Waste in Form IV

Dear Sir,

Kindly find enclosed herewith out Annual Return of Bio-Medical Waste for the Period 01.01.2022 to 31.12.2022 in Form IV.

This is for your kind information and record please.

Thanking you,

Yours faithfully,

For United Spirits Limited - Unit Udaipur



**(BHUPENDRA SINGH)
GENERAL MANAGER.**

Encl: as above.

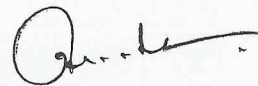
Cc to: The Regional Officer, RSPCB, Udaipur – for kind information.



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)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Mr. Bhupendra Singh
	(ii) Name of HCF or CBMWTF	:	M/S United Spirits Ltd
	(iii) Address for Correspondence	:	Udai Sagar Road M.I.A Udaipur 313001
	(iv) Address of Facility	:	Udai Sagar Road M.I.A Udaipur 313001
	(v) Tel. No, Fax. No	:	0294-2492336
	(vi) E-mail ID	:	Bhupendra.singh@diageo.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	24.5854 ,73.69154
	(ix) Ownership of HCF or CBMWTF	:	LIMITED
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: BMW/2018-2019/BMW/BMW/10 Valid up to: March 2023
	(xi). Status of Consents under Water Act and Air Act	:	F(Tech)/Udaipur (Girwa)/6408(1)/2020-2021/3532-3534 Dated 11/11/2020 Validity Period 21/09/2020 to 31/08/2025
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: NA
	(ii) Non-bedded hospital	:	OCCUPATIONALHEATH CARE
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	(FIRST AID TREATMENT)
	(iii) License number and its date of expiry	:	NA
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NA Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	NA Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 107.107 Kg three ply Mask
		:	Red Category:
		:	White:



		Blue Category:																																																					
		General Solid Waste:																																																					
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility																																																						
	(i) Details of the on-site storage	:	Size: KEPT IN IDENTIFIED BINS IN SEGRIGATED AREA																																																				
	facility		Capacity: 20KG																																																				
			Provision of on-site storage: (Cold storage or any other provision) KEPT IN IDENTIFIED COLOUR CODE BINS																																																				
	(ii) Disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Hydrolase</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Encapsulation or concrete pit</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Deep burial pits</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators			NA	Plasma Pyrolysis			NA	Autoclaves			NA	Microwave			NA	Hydrolase			NA	Shredder			NA	Needle tip cutter or destroyer			NA	Sharps			NA	Encapsulation or concrete pit			NA	Deep burial pits			NA	Chemical disinfection:			NA	Any other treatment equipment:			NA
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) NA																																																				
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	COLLECTED BY AUTHORISED VENDOR TRANSPORTATION																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> <td></td> </tr> <tr> <td>Ash</td> <td>NA</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>NA</td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration			Ash	NA		ETP Sludge	NA																																									
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Quade

	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		EN VISION ENVIRO ENGINEER PVT.LTD
	(vii) List of members HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		1
	(ii) Number of personnel trained		1
	(iii) Number of personnel trained at the time of induction		1
	(iv) Number of personnel not undergone any training so far		NIL
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		NIL
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(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?		NOT APPLICABLE
	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?		NOT APPLICABLE
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) NA

Certified that the above report is for the period from 1ST JANUARY 2022 TO 31ST DECEMBER 2022

Bhupendra Singh
Name and Signature of the Head of the Institution

Date: 11.05.2023

Place UDAIPUR

