

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2022 **Application Type: Industry** Calender Year Submit To SRO-Nashik 2022 1) Particulars i) First Name iii) Last Name ii) Middle Name Sanjib Tiwari vi) PAN No iv) Designation v) Aadhaar No Senior General Manager - Manufacturing vii) Address as per Aadhaar Card viii) Tel. No ix) Fax No. xi) URL of website Sanjib.Tiwari@diageo.com www.diageo.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person UNITED SPIRIT LTD RajaramParasharam.miraje@diageo.com Rajaram Miraje iv) Contact No. 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka **No./Survey Number** parmori Dindori Unit 1, Parmori Village iv) District v) Pin-Code Number vi) Near by Landmark Nashik 422202 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 20.208 Private **Details of valid Combined Consent and BMW Authorization (CCA)** i)Authorization No. ii)Authorization validity Date MPCB-BMW AUTH-0000047255 Jan 1 2026 12:00:00:AM 5) Status of Consents under Water Act and Air Act ii)Consent validity Date i)Consent Number 0000142695/CR/2303002189 Aug 31 2023 12:00:00:AM 6) Total No of Beds (As per valid Authorization) 1907000900 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) 8) Registration Expiry Date Aug 1 2021 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. Water Grace Products, Nashik 11) Details of BMW i) Authorized BMW Quantity Kg/month (as per valid CCA) Yellow 1.00000 Red Blue White 1.00000

<b>Yellow</b> 0.01200		Rec	i	Blue		White
Quantity of Biomedica	al waste given to	CBMWTDF (kg/N	Month)		11	
Yellow 0.0120 Red I		Blue	Blue White 0.0		Genera	l Solid Waste
) Details trainings con Number of trainings co		Management.				
Number of personnel t	rained					
Number of personnel	trained at the tin	ne of induction				
number of personnel	not undergone a	ny training so fa	r			
<b>whether standard mar</b> S	ual for training i	s available?				
any other information						
) Details of the accide Number of Accidents o		g the year				
Number of the person	affected					
Remedial Action take	n (Please attach o	details if any)				
Any Fatality occurred	, If yes details.					
) Liquid waste generat	ed and treatmen	t methods in pla	ace. How many t	times you ha	ve not met th	ne standards in a year?
) Is the disinfection mo year?	ethod or steriliza	tion meeting the	e log 4 standard	s? How man	y times you h	ave not met the standards
Whether HCE intende	ed to Sale / Hande	over liquid BMW	for R&D purpos	se		
ace	Des	ignation			ate	