



Usha Martin Limited
Wire & Wire Ropes Division-North

Dharamshala Road, Chohal, Hoshiarpur-146 024 (Punjab)
Phone: 01882-353200-01, Website: www.ushamartin.com
CIN : L31400WB1986PLC091621

UML:HR/HSP/MCC/

February 16, 2023

The Member Secretary,
Punjab Pollution Control Board,
Nabha Road,
Patiala (Punjab).

**Sub: - Annual Return in (Form-1V) of Biomedical Waste for year 2022 under
Bio-Medical Waste Management Rules, 2016.**

Dear Sir,

We enclose the Form – IV, duly filled in for annual returns of Bio-Medical Waste Management Rules, 2016, and Accident reporting (Form-1) for the year 2022.

Thanking You,
For Usha Martin Limited
Wire & Wire Ropes Division-North

S. K. Chadha
Sr. DGM-HR & IR

Encl:- As Above.

CC To: The Environmental Engineer,
Regional Office,
Punjab Pollution Control Board,
18-A, Focal Point
Hoshiarpur.

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)]

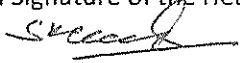
SL. NO.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. D. J. Basu
	(ii) Name of HCF or CBMWTF	:	Usha Martin Limited Occupational Health Centre.
	(iii) Address for Correspondence	:	Dharamshala Road, VPO Chohal, Distt. Hoshiarpur.
	(iv) Address of Facility	:	Dharamshala Road, VPO Chohal, Distt. Hoshiarpur.
	(v) Tel. No, Fax. No	:	01882-393214
	(vi) E-mail ID	:	S_k_Chadha@ushamartin.co.in
	(vii) URL of Website	:	www.ushamartin.com
	(viii) GPS coordinates of HCF or CBMWTF	:	31°34' 47.55" N 75°57' 8.32" E
	(ix) Ownership of HCF or CBMWTF	:	PRIVATE
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules :	:	Authorisation No.: BMW/Renewal/HSP/2018/7214125 valid up to 31-03-2027
(xi). Status of Consents under Water Act and Air Act	:	Valid up to 31-03-2023	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	-----
	(ii) Non-bedded hospital	:	Yes
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Occupational Health Centre
3.	(iii) License number and its date of expiry	:	
	Details of CBMWTF	:	Not Applicable
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	
4.	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category :	3.72 Kg Per Year
		Red Category :	5.19 Kg Per Year
		White:	0.2 Kg Per Year
		Blue Category :	0 Kg Per Year
General Solid waste:		0 Kg Per Year	

5. Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
(i) Details of the on-site storage facility	: Size : Stored in colored Bins Capacity : 10 Liters Provision of on-site storage : (cold storage or any other provision)																																																
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>Incinerator</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Autoclaves</td> <td>01</td> <td>30Litres</td> <td>0</td> </tr> <tr> <td>Microwave</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Hydroclave</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Shredder</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>01</td> <td>250 Needle Continuous</td> <td>0</td> </tr> <tr> <td>Sharps Encapsulation or concrete pit</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Chemical disinfection</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Any other treatment equipment</td> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerator	-	-	-	Plasma Pyrolysis	-	-	-	Autoclaves	01	30Litres	0	Microwave	-	-	-	Hydroclave	-	-	-	Shredder	-	-	-	Needle tip cutter or destroyer	01	250 Needle Continuous	0	Sharps Encapsulation or concrete pit	-	-	-	Deep burial pits:	-	-	-	Chemical disinfection	-	-	-	Any other treatment equipment	-	-	-
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Any other treatment equipment	-	-	-																																														
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: NIL																																																
(iv) No of vehicles used for collection and transportation of biomedical waste	: No transportation involved																																																
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	: NA																																																
(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	: BIO MEDICAL WASTE TREATMENT PLANT PVT LTD .VILL -PANGOLI ,DEFENCE ROAD PATHANKOT																																																
(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
7.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		TWO
	(ii) number of personnel trained		04
	(iii) number of personnel trained at the time of induction		01
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		No
	(vi) any other information)		No
8.	Details of the accident occurred during the year		--
	(i) Number of Accidents occurred		NIL
	(ii) Number of the 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?		---
	Details of Continuous online emission monitoring systems installed		---
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	:	-----

Certified that the above report is for the period from 1st JAN.2022 TO 31st DEC.2022

Name and Signature of the Head of the Institution


Head HR & IR.

Date: 16-02-2023

Place: - Chohal.

FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

Period: 01.01.2022 to 31.12.2022

1	Date and time of the accident	NIL
2	Type of Accident	Not Applicable
3	Sequence of events leading to the accident	Not Applicable
4	Has the Authority been informed immediately	Not Applicable
5	The type of waste involved in accident	Not Applicable
6	Assessment of the effects of the accidents on human health and the environment	Not Applicable
7	Emergency measures taken	Not Applicable
8	Steps taken to alleviate the effects of accidents	Not Applicable
9	Steps taken to prevent the recurrence of such an accident	Not Applicable
10	Does your facility has an Emergency Control policy? If yes give details	Yes

Date: 16-02-2023

Place: Hoshikapur

Signature: *[Handwritten Signature]*

Designation: Head - HR&IR