



TSBSL /SPCB/BS-39/2021-01/67 29<sup>th</sup>June,2021

The Member Secretary
State Pollution Control Board, Odisha
Paribesh Bhawan,
A/118, Nilakanthanager, Unit-VIII
Bhubaneawar-751012

Sub: Annual report under Bio-Medical (Management and Handling) Rules, 2016.

Ref: Authorization no.3932, dated.27.03.2020.

Dear Sir,

This has reference to the captioned subject and cited reference. Please find enclosed herewith annual report in Form-IV of Bio-Medical waste generation, collection, treatment, and storage for the period from January to December,2020 in compliance to the Bio-Medical Waste (Management & Handling) Rules, 2016 and amendment made thereafter.

This is for your kind information and necessary action please.

Yours faithfully, f: Tata Steel BSL Limited

K.C.Das (6) 21 Head Environment

Encl: Annual report in Form-IV

Copy to: The Regional Officer, State Pollution Control Board, Odisha, Angul



## **TATA STEEL BSL LIMITED**

## Form-IV (See rule 13) ANNUAL REPORT

(To be submitted to the prescribed on or before 30<sup>th</sup> 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))

| SI.<br>no. | Particulars   |   |   |  |  |
|------------|---|---|---|--|--|
| 1.         | Particulars of the Occupier   |   |   |  |  |
|            | (i) Name of the authorized person (occupier or operator of facility)  | : | Sri Subodh Pandey   |  |  |
|            | (ii) Name of HCF or CBMWTF  | : | Tata Steel BSL Limited  |  |  |
|            | (iii) Address for Correspondence  |   | Tata Steel BSL Limited Narendrapur, Kusupanga, Meramandali, Dhenkanal-759121  |  |  |
|            | (iv) Address of Facility  | : | Same as point No.iii.   |  |  |
|            | (v) Tel.No, fax. No.  | : | 91-6764-229800,229853   |  |  |
|            | (vi) E-mail ID  | : | saroj.banerjee@tatasteelbsl.co.in   |  |  |
|            | (vii) URL of Website  | : | www.tatasteelbsl.co.in/home.html  |  |  |
|            | (viii)GPS coordinates of HCF or CBMWTF  | : | 20° 48′ 30.11″ N<br>85° 15′ 12.62″ E  |  |  |
|            | (ix) Ownership of HCF or CBMWTF   | : | Private   |  |  |
|            | (x) Status of Authorization under the Biomedical waste (Management and Handling Rules)  | : | Authorization no.3932/IND-IV-BM-2151 dated 27.03.2020, Valid up to 31.03.2025 |  |  |
|            | (xi) Status of Consents under Water Act and Air Act   | : | No.4048/IND-I-CON-5440 dated 17.03.2021 valid up to 31.03.2023                |  |  |
| 2.         | Type of Health Care Facility  | : | Primary Health Care Facility  |  |  |
|            | (i) Bedded Hospital   | : | No. of beds: 5 nos.   |  |  |
|            | (ii)Non-bedded hospital (Clinic or Blood bank<br>or Clinical laboratory or Research institute or<br>Veterinary Hospital or any other) | : | NA  |  |  |
|            | (iii) License number and its date of expiry   | : | DL-95 dated 16.11.2016 Valid up to 31.12.2021 (Factory License)               |  |  |
| 3.         | Details of CBMWTF   |   | NA  |  |  |
|            | (i) Number healthcare facilities covered by CBMWTF  |   | NA  |  |  |
|            | (ii) No of beds covered by CBMWTF   | : | NA  |  |  |
|            | (iii) Installed treatment and disposal capacity of CBMWTF   | : | NA  |  |  |

| (I | v)Quantity of biomedical waste treated or disposed by CBMWTF                     | :  |                                      | -                  | AV                            |  |  |  |
|----|--|----|--------------------------------------|--------------------|-------------------------------|--|--|--|
|    | Quantity of waste generated or disposed in Kg                                    |    | Yellow Categ                         | ory                | :16.22 kg                     |  |  |  |
| 1  | per annum (on monthly average basis)   | :  | Red Category                         | y                  | : 23.46kg                     |  |  |  |
|    |  | :  | White Categ                          | ory                | : 3.38 kg                     |  |  |  |
|    |  | :  | Blue Category :18.86 kg              |                    |                               |  |  |  |
|    |  | :  | Black Catego                         | ry : 5.4           | 4 kg                          |  |  |  |
| 1  | Details of the Storage,treatment,transportation,processing and disposal facility |    |                                      |                    |                               |  |  |  |
| (  | (i) Details of the on-site storage facility                                      |    | Size : 5'                            | dia,12' d          | depth                         |  |  |  |
|    |  | :  | Capacity : 6.6 m <sup>3</sup>        |                    |                               |  |  |  |
|    |  |    | Provision of on-site storage: NA     |                    |                               |  |  |  |
| (1 | (ii)Disposal facility  |    | Type of treatment equipment          | No.<br>of<br>units | Capacity<br>Kg/day            | Quantity<br>treated or<br>disposed<br>in kg per<br>annum |  |  |
|    |  |    | Incinerators                         | -                  |                               | -  |  |  |
|    |  |    | Plasma                               |                    |                               |  |  |  |
|    |  | •• | Pyrolysis                            | Ī                  |                               |  |  |  |
|    |  |    | Autoclaves                           | 3                  | Potable<br>Steel<br>autoclave | -  |  |  |
|    |  |    | Microwave                            | -                  | -                             |  |  |  |
|    |  |    | Hydro-clave                          | <b>III</b>         | -                             | -  |  |  |
|    |  |    | Shredder                             | -                  | -                             |  |  |  |
|    |  |    | Needle tip<br>cutter or<br>destroyer | 4                  | Manual                        | •  |  |  |
|    |  |    | Sharps                               | -                  | •                             |  |  |  |
|    |  |    | Encapsulati<br>on or<br>concrete pit |                    | •                             | -  |  |  |
|    |  |    | Deep burial pits                     | 3                  | 2m<br>dia,2m<br>depth         |  |  |  |
|    |  |    | ChemicalDi sinfection                | 01                 | -                             | <u>-</u>   |  |  |
|    |  |    | Any other treatment equipment        | - I -              | -                             | -  |  |  |

|    | (iii) Quality of recyclable wastes sold to<br>authorized recyclers after treatment in kg<br>per annum  | : | Nil            |                       |        |  |  |  |
|----|--|---|----------------|-----------------------|--------|--|--|--|
|    | (iv) No of vehicle used for collection and transportation of biomedical waste  |   | Nil            |                       |        |  |  |  |
|    | (v) Details of incineration ash and ETP sludge generated and disposed during the   |   |                | Quantity<br>generated | Where  |  |  |  |
|    | treatment of wastes in kg per annum  | : | Incineration   |                       | -      |  |  |  |
|    |  |   | Ash            |                       |        |  |  |  |
|    |  |   | ETP Sludge     | -                     | -      |  |  |  |
|    | (vi) Name of the common Bio-medical waste<br>Treatment facility Operator through which<br>wastes are disposed of   | : | M/s.Sar        | ni Clean Pvt.Ltd. k   | (hurda |  |  |  |
|    | (vii) List of member HCF not handed over bio-<br>medical waste   | : | NA             |                       |        |  |  |  |
| 6. | Do you have bio-medical waste management committee? Yes/No   | : | Yes            |                       |        |  |  |  |
| 7. | Details training conducted on BWM  |   |                |                       |        |  |  |  |
|    | (i) Number of trainings conducted on BMW management.   |   | Quarterly Once |                       |        |  |  |  |
|    | (ii) Number of personnel trained   | : | 60             |                       |        |  |  |  |
|    | (iii) Number of personnel trained at the time of induction   | : | 30             |                       |        |  |  |  |
|    | (iv) Number of personnel not undergone any training so for   | : | <u>-</u>       |                       |        |  |  |  |
|    | (v) Whether standard manual for training is<br>available?  | : | Yes            |                       |        |  |  |  |
|    | (vi) Any other information   | : | -              |                       |        |  |  |  |
| 8. | Details of the accident occurred during the year   | : | NO             |                       |        |  |  |  |
|    | (i) Number of accidents occurred   | : | Nil            |                       |        |  |  |  |
|    | (ii) Number of Persons affected  | : | Nil            |                       |        |  |  |  |
|    | (iii) Remedial Action taken<br>(Please attach details if any)  | ŕ |                |                       |        |  |  |  |
|    | (iv) Any Fatality occurred, details  | : | -              |                       |        |  |  |  |
| 9. | Are you meeting the standards of air pollution from the incinerator? How many time in last year could not met the standards. Details of continuous online emission monitoring system installed |   |                | NA                    |        |  |  |  |

| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                | : | Yes (Liquid waste generated from testing lab is being disinfected by Sodium hypochlorite and discharge into soak pit). |
|-----|--|---|--|
| 11. | Is the disinfection method of sterilizer meeting the log 4 standards? How many times you have not met the standards in a year? | : | Yes  |
| 12. | Any other relevant information   | : |  |

Certified that the above report is for the period from January to December 2020

Date :29.06.2021

Place : Meramandali

Name and Signature