



TSJ/EMD/C-27/106/2023
25 June 2023

The Member Secretary
Jharkhand State Pollution Control Board
T.A. Division Building,
HEC Campus, Dhurwa
Ranchi- 834004

Sub.: Submission of Annual Report for Tata Main Hospital, Tata Steel Limited at Jamshedpur for the calendar year 2022 as per the Bio-Medical Waste Management Rules, 2016

Ref: BMW authorization vide no. JSPCB/HO/RNC/BMW-14216369/2023/1 dated: 08.01.2023

Dear Sir,

With reference to the captioned subject & cited reference, we are herewith submitting the Annual Report for Tata Main Hospital, Tata Steel Limited at Jamshedpur for the calendar year 2022 as per the Bio-Medical Waste Management Rules, 2016.

You are requested to kindly acknowledge the same and place in your records.

Thanking you
Yours faithfully,

For Tata Steel Limited

Utsav Kashyap
Head Environment Clearance & Compliance (TSL)

Encl.: As above

Copy to: The Regional Officer,
Jharkhand State Pollution Control Board,
Regional Office-cum-Laboratory MB/15,
New Housing Colony, Adityapur, Jamshedpur

TATA STEEL LIMITED

Environment Management Jamshedpur 831 001 India
Mob- 8092087043 (M) e-mail utsav.kashyap@tatasteel.com
Registered Office Bombay House 24 Homi Mody Street Fort Mumbai 400 001
Tel 91 22 66658282 Fax 91 22 66657724
Corporate Identity Number L27100MH1907PLC000260 Website www.tatasteel.com

Form - IV
(See rule 13)
ANNUAL REPORT

Bio-Medical Waste Management Rules, 2016.

[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 2022, by the occupier of health care facility (HCF)]

S.No.	Particulars	
1	a. Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of the facility)	Mr. T. V. Narendran CEO & MD, Tata Steel
	(ii) Name of HCF or CBMWTF	Tata Main Hospital
	(iii) Address for Correspondence	Northern Town, Bistupur Jamshedpur - 831001
	(iv) Address of Facility	Tata Main Hospital, Tata Steel Ltd., Jamshedpur
	(v) Tel. No, Fax. No	0657-2224559, 0657- 2423525
	(vi) E-mail ID	tsj.env@tatasteel.com
	(vii) URL of Website	https://www.tatamainhospital.com/
	(viii) GPS coordinates of HCF or CBMWTF	Latitude - 22.801 E Longitude - 86.180 N
	(ix) Ownership of HCF or CBMWTF	Private (State Government or Private or Semi Govt. or any other)
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization No. JSPCB/HO/RNC/BMW-14216369/2023/1 Dt. 08/01/2023, Valid till 31.12.2023
	(xi). Status of Consents under Water Act and Air Act	Authorization No. JSPCB/HO/RNC/CTO-13965345/2022/1526 dt. 2022-10-28 valid till 31.12.2023
2	Type of Healthcare Facility	
	(i) Bedded Hospital	No. of beds 983
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Not Applicable

S.No.	Particulars																																																			
	(iii) License number and its date of expiry	SG31072/30414/2913 (BISTUPUR) 07.06.2025																																																		
3	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																																																			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF																																																			
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis & Yearly)	Yellow Category: Monthly Average 4,028 kg	Yellow Category 48,342 kg																																																	
		Red Category: Monthly Average 7,377kg.	Red Category: 88,535 kg																																																	
		White: Monthly Average 495 kg	White: 5,941 kg																																																	
		Blue Category: Monthly Average 1,105 kg	Blue Category:13,266 kg																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility	Size: 92*48 FT (4416 Sqft)																																																		
		Capacity: 500 Kg/per day																																																		
		Provision of on-site storage- Impervious shaded storage																																																		
	(ii) (ii) Details of 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>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Hydroclave</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or Destroyer Sharps</td> <td>100</td> <td>-</td> <td>-</td> </tr> <tr> <td>Encapsulation or Concrete pit</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Deep burial pits</td> <td>0</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Chemical Disinfection</td> <td>1</td> <td>100 KLD</td> <td>82 KLD</td> </tr> <tr> <td>Any other treatment equipment</td> <td>0</td> <td>NA</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	0	NA	NA	Plasma Pyrolysis	0	NA	NA	Autoclaves	0	NA	NA	Microwave	0	NA	NA	Hydroclave	0	NA	NA	Shredder	0	NA	NA	Needle tip cutter or Destroyer Sharps	100	-	-	Encapsulation or Concrete pit	0	NA	NA	Deep burial pits	0	NA	NA	Chemical Disinfection	1	100 KLD	82 KLD	Any other treatment equipment	0	NA	NA
Type of treatment equipment	No of units	Capacity (kg/day)	Quantity treated or disposed in kg per annum																																																	
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S.No.	Particulars		
	(iii) Quantity of recyclable wastes sold authorized recyclers after treatment in kg per annum		Red Category (like plastic, glass etc.) 88,366.31Kg
	(iv) No-of vehicles used for collection and transportation of biomedical waste	One	
	v) Details of ETP sludge generated and disposed during the treatment of wastes in Kg per annum	268 Kg Disposed to M/s Adityapur Waste Management Pvt. Ltd.,	
	(vi) Name of the Common Bio-Medical Waste — Treatment Facility Operator through which wastes are disposed of	M/s Adityapur Waste Management Pvt. Ltd., (Seraikella Kharsawan)	
	(vii) List of members HCF not handed over Bio-medical waste	NA	
6	Do you have Bio-medical waste management? If yes, attach minutes of the meetings held during the reporting period	Yes	Minutes of the meeting attached as Annexure II
7	<p>Details trainings conducted on BMW</p> <p>(i) Number of trainings conducted on BMW Management.</p> <p>(ii) number of personnel trained</p> <p>(iii) number of personnel trained at the time of induction (iv) number of personnel not undergone any training being conducted on monthly so far</p> <p>(v) whether standard manual for training is available?</p> <p>(vi) any other information)</p>	<p>10</p> <p>21 BMW handlers trained (apart from other staff)</p> <p>100% induction to all staff joining organization</p> <p>Nil</p> <p>Yes, with Infection control committee</p> <p>Nil</p>	Attached as Annexure III
8	<p>Details of the accident occurred during the year</p> <p>(i) Number of Accidents occurred</p> <p>(ii) Number of the persons affected</p> <p>(iii) Remedial Action taken (Please attach details if any)</p> <p>(iv) Any Fatality occurred</p>	<p>Nil</p> <p>Nil</p> <p>NA</p> <p>Nil</p>	
9	Are you meeting the standards of air pollution; from the incinerator, How many times in last year could not meet the standards?	NA, as we are sending all BMW to CBWTF	
10	Details of Continuous online emission monitoring systems installed	NA	

S.No.	Particulars		
11	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		29,876 KL Liquid Waste generated that are treated in Effluent treatment plant. The treated effluent meets the prescribed standards.
12	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
13	Any other relevant information	NA	NA

Certified that the above report is for the period from 01.01.2022 to 31.12.2022

Date:

Place: Jamshedpur

Encl: 1. Annexure - I
2. Annexure - II
3. Annexure - III

Vinita *h*
28-6-23.

Dr. VINITA SINGH
MD, FRCOG, FACS
Chief of Medical Indoor Services
TATA MAIN HOSPITAL, Jamshedpur

Annexure - I

**Note: Data is inclusive of Covid and Non-Covid Waste generation during the year 2022*

**Tata Main Hospital, Jamshedpur
Details of Bio Medical Waste Generation (2022)**

Category	Type of Waste (kg)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2022
Yellow	(a) Human Anatomical waste	582	219	231	230	185	210	215	233	179	202	210	205	2901
	(b) Animal Anatomical waste	0	0	0	0	0	0	0	0	0	0	0	0	0
	(c) Soiled Waste	8729	3287	3458	3449	2778	3143	3229	3491	2678	3036	3147	3082	43508
	(d) Expired or Discarded Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0
	(e) Chemical waste	0	0	0	0	0	0	0	0	0	0	0	0	0
	(f) Microbiology, Biotechnology and other clinical laboratory waste	388	146	154	153	123	140	144	155	119	135	140	137	1934
	Sub Total (Yellow)	9699	3652	3842	3832	3087	3492	3588	3879	2975	3373	3497	3425	48342
	(g) Chemical Liquid Waste (KL)	2609	2575	2592	2392	2390	2356	2506	2468	2413	2511	2462	2603	29876
	(h) Discarded linen, mattresses, beddings contaminated with blood or body fluid	161	159	160	148	148	145	155	152	149	155	152	161	1844
Red	contaminated waste(Recyclable)	11560	7019	7463	5821	6998	6155	7232	7222	7646	6781	7297	7173	88366
	Sub Total (Red)	11560	7019	7463	5821	6998	6155	7232	7222	7626	6969	7297	7173	88535
White (Translucent)	Waste Sharpes including Metals:	45	266	173	430	510	382	1587	544	345	492	651	517	5941
	Sub Total (White)	45	266	173	430	510	382	1587	544	345	492	651	517	5941
Blue	(a) Glassware	0	0	0	953	864	1466	1593	1538	1672	1943	1102	2002	13134
	(b) Metal Body Implants	0	0	0	10	9	15	16	16	17	20	11	20	133
	Sub Total (Blue)	0	0	0	963	873	1481	1609	1553	1689	1963	1113	2022	13266
	Total Waste (Kg)	21304	10937	11478	11046	11468	11509	14016	13199	12635	12797	12558	13136	156084

Annexure - 2

Minutes of Meeting

Name of the Meeting : Biomedical Waste Management Committee

Held On : 22/04/23

Time : 05:00 – 05.30PM

Agenda :

1. Revised circular of BMW Committee.
2. Any other issue

Members: -

Sl. No.	Designation / Appointment	Name
1	Chairman (CMSS)	Dr Ashok Chatteraj*
2	Convener	Dr Minakshi Gupta
3	Head Admin	Dr Chirantan Bose
4	Nursing Superintendent	Sr Mary Kutty Babu*
5	Sr Manager, Administration	Kumar Lilanand
6	Chairman ICC	Dr Srividhya
7	Sr Rita Giri	Nodal Officer BMW*
8	Dr Suravi Mohapatra	TMH Clinics I/C
9	Dr Suparna Paul	Baridih
10	Dr Vishakha Verma	Sonari
11	Dr Poonam	Uliyan
12	Dr Atul Chhabra	Tubes
13	Dr Subha Dey	Sidhgora
14	Dr Latika	South Park
15	Dr Durgesh Nandini	Kadma*
16	Dr Seema Gupta	Sakchi

- Absent

Minutes

Sl. No.	Points / Issues	Action by	Completion date by	Status
1	Review of current Biomedical Waste Mngment policy , with emphasis on COVID requirements	All representatives	10 /07/21	Done
2	Identifying gaps as per new policy	All representatives	10 /07/21	Done
3	Revision of Manual	Dr Srividhya Dr M Gupta	20 /07/21	Done
4	Requirement/Feasibility of implementing barcoding at point of origin of waste, rather at disposal site from hospital	All members	10 /07/21	Done
5.	Compliance to labelling waste bags at ward level	Kumar Lilanand	07/07/21	Done
7.	Visit to Adityapur facility, may be at 6 mnthly interval to crosscheck	Dr Srividhya Dr M Gupta	10/07/21	Visit scheduled During 1 st week of Feb Dipanand to coordinate

	compliance with safe disposal as per policy, approval to be taken from Sr Mngment	Kumar Lilanand Sr Rita Giri	Oct'22	Team comprising of Dr Minakshi Gupta, Dr Uma Shankar Saha and Mr D Pradhan visited Adityapur facility on 11 th Feb 22 Next visit to be scheduled in October'22
8	Appointing designated Biomedical Nodal Officer	Dr Ashok Chatteraj Dr Chirantan	15/12/21 05/04/22	Done Sr Rita Giri appointed
9	Non infectious waste to go into black in COVID wards	Dr Chirantan Mr Lilanand		JUSCO not agreeing to collect general waste from COVID wards
10	Training on BMW alongwith ICC	Dr Minakshi Gupta Dr Srividhya		Ongoing
10	Bags to be labelled with wards in steward office, before distribution	Mr Lilanand	10/02/22 31/10/22	To be monitored through BMW Audit
11	Blood bags and vacutainers disposal after sterilization	Dr Chatteraj Dr Chirantan Kumar Lilanand Minakshi Gupta	28/02/22 05/04/22 30/09/22	Done
12	Bins and plastics to have Cytotoxic waste symbol/sticker in wards disposing cytotoxic waste	Kumar Lilanand Dipanand Pradhan	28/02/22 05/04/22 15/07/22	Order for stickers placed BMW Stickers in place Cytotoxic stickers not yet supplied Stickers in place
13	Procurement of Red and yellow autoclavable plastics	Kumar Lilanand	15/07/22 30/09/22	Different capacity- small yellow(blood bags) and medium/big sized red plastic(vacutainer) Done
14	Compliance to glass waste disposal	Dr Chirantan Kumar Lilanand	28/02/22 05/04/22	Financial implications to be worked upon and proposal to be given for GMMS approval.
15	Revised BMW protocol poster to be displayed	Kumar Lilanand	15/07/22 30/09/22	Done
16	Barcoding of BMW bags at clinics	Dr Chirantan Kumar Lilanand Dr Suravi	30/09/22	Done
17	Labelling of waste bags at clinics	Kumar Lilanand Dr Suravi	30/09/22	Done

18	Inventory and SOP related to points 16 and 17	Dr Suravi	30/09/22 23/12/22	One time indent of consumables for clinics, shall be done by Admin ,on behalf of clinics, to be collected by Suravi Madam. Done
19	Visit to Adityapur CBMWTF	Dr Suravi Sr Rita Giri	23/12/22	Done
20	Training for Barcoding- both I/C s and for attendant	Kumar Lilanand Dr Suravi	30/09/22	To be scheduled, once barcoding system is in place, as per mutually convenient dates, preferably on Tuesdays. Done
21.	Revision of BMW Committee	Dr Minakshi Gupta	22/04/23	Done
22.	Displayed posters to be checked as per issue raised in patient safety audit	Dr Srividhya Dr Minakshi Gupta	22/04/23	Done (posters are as per BMW Guidelines, patient safety audit checklist needs amendment)
23	SOP Revisit and revision if required	Dr Minakshi Gupta	22/04/23	Done

A. Minuted by: -

Name: - Dr Minakshi Gupta

Annexure – 3

5/12/23, 5:30 PM

Gmail - M-Trainer RARE - Training Report of Jms-Tata Main Hospital on Oct 8 2022



Rakesh Swain <rak.swain.20@gmail.com>

M-Trainer RARE - Training Report of Jms-Tata Main Hospital on Oct 8 2022

3 messages

M-TRAINER-REPORT <mtrainer.support@raregrp.com>
To: rak.swain.20@gmail.com

12 May 2023 at 16:24

Dear Sir / Madam,

Greetings from L & D Team!!

We are glad to have got an opportunity to train our staff deployed at your facility on Oct 8 2022. We are certain that such repeated training interventions would have a positive impact on the staff and their performance shall improve. The training report, with attendance and photos have been enclosed below, for your consideration.



Employee Training Report

Oct 8 2022

Site:	Jms-Tata Main Hospital	Branch:	JAMSHEDPUR
Trainer:	Rakesh Swain	Time:	2:09PM - 2:31PM
Training Type:	Mobile	Site Code :	JA001

TRAINING SUMMARY

21	1	0:22
EMPLOYEE TRAINED	TOPIC TRAINED	TRAINING HOURS

TRAINING PHOTOS



TOPICS TRAINED

TOPIC NAME

1. Bio Medical Waste Management BMW