



Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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)]

Application Type: Industry

1) Particulars

| | | |
|--|---------------------------------------|---------------------------------|
| i) First Name Anup | ii) Middle Name Ramashankar | iii) Last Name Shukla |
| iv) Designation AVP | v) Aadhaar No 348012956764 | vi) PAN No AFPPS8345Q |
| vii) Address as per Aadhaar Card B-4, Akansha Nagari, Bharuch, Gujarat | viii) Tel. No. 7767018651 | ix) Fax No. NA |
| x) e-mail admin_ambarnath@jubl.com | xi) URL of website Na | |

2) Address for Correspondence

| | | |
|--|-------------------------------------|-----------------------------------|
| i) Building Name/Building No./Survey Number NA | ii) Street / Village NA | iii) City / Taluka NA |
| iv) District Thane | v) Pin-Code Number 421506 | vi) Near by Landmark NA |

3) Name of HCF

Jubilant Life Sciences Ltd.

4) Address of HCF

| | | |
|--|---|---|
| i) Building Name/Building No./Survey Number Plot No: N34,, MIDC, | ii) Street / Village Anand Nagar | iii) City / Taluka Additional MIDC, Ambarnath (E) |
| iv) District Thane | v) Pin-Code Number 421506 | vi) Near by Landmark Anand Nagar |
| vii) Latitude coordinate of HCF 19.1825 | viii) Longitude coordinate of HCF 73.1926 | ix) Ownership of HCF Private |

5) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules

| | | |
|---|--|--|
| i) Authorization No. MPCB/SROK-II/BMW/1809000323/44 | ii) Authorization validity Date 2021-08-31 | |
|---|--|--|

| | | |
|---|--|--|
| 6) Status of Consents under Water Act and Air Act Yes | i) Consent Number Format.1.0/ASTUAN No.0000059964/R/CC-1906000852 | ii) Consent validity Date 2021-01-31 |
|---|--|--|

| | | |
|---|---------------------------|--|
| 7) Type of Health Care Facility Bedded Hospital | i) No of Beds 1 | |
|---|---------------------------|--|

8) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)

NA

9) Registration Expiry Date

10) Faculty of Medicine

1

11) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of

M/s.Mumbai Waste Management Ltd., Taloja

12) Details of BMW Generated

i) Authorized BMW Quantity MT/annum (as per valid CCA)

| | | | |
|--------|-----|------|-------|
| Yellow | Red | Blue | White |
|--------|-----|------|-------|

ii) Generation of BMW Quantity (kg/day)

| | | | |
|--------|-----|------|-------|
| Yellow | Red | Blue | White |
|--------|-----|------|-------|

iii) BMW disposed at CBMWTSDF(kg/day)

| | | | | |
|--------|-----|------|-------|---------------------|
| Yellow | Red | Blue | White | General Solid Waste |
|--------|-----|------|-------|---------------------|

iv) Quantity of waste generated and disposed in MT/annum (on monthly average basis)

| | | | |
|--------|-----|------|-------|
| Yellow | Red | Blue | White |
|--------|-----|------|-------|

13) Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period

No

14) Details trainings conducted on BMW

i) Number of trainings conducted on BMW Management.

4

ii) Number of personnel trained

8

iii) Number of personnel trained at the time of induction

8

iv) number of personnel not undergone any training so far

v) whether standard manual for training is available?

Yes

vi) any other information

NA

15)Details of the accident occurred during the year

(i) Number of Accidents occurred

(ii) Number of the persons affected

(iii) Remedial Action taken (Please attach details if any)

No

(iv) Any Fatality occurred, If yes details.

No

16) Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?

(i) Details of Continuous online emission monitoring systems installed

No

17) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?
Yes,

18) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?
Yes,

19) Any air pollution control devices attached with the Incinerator No

Place
Ambernath

Designation
AVP

Date
2019-06-28