

## GMR OSE HUNGUND HOSPET HIGHWAYS PRIVATE LIMITED

Ref: GOHHHPL/O&M/SITE/PCB/2023/

Date: - 19.06.2023

To,
Regional office,
Karnataka Pollution Control Boards,
Koppal Karnataka.

Sub:

Submission of Annual Bio-Medical Report in Form IV For the Period of Jan-22 to Dec-22.

Dear Sir,

We are submitting here with of the Annual Bio-medical report (Form IV) for the period of Jan-22 to Dec-22 As per Bio-medical waste (Management & Handling) Rules 1998,

Thanking you.

Yours faithfully, For OSE Hungund-Hospet Highways Pvt Ltd.

Authorized Signatory



CIN: U45201DL2010PTC31953

## 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)]

SI. No.	Particulars		
1	Particulars of the Occupier		
	(i) Name of the authorized person (occupier or : operator of facility)	i	Gayrar Kumay
	(ii) Name of HCF or CBMWTF	:	OSE Hungund HOSPetHighways Putc Location: - Vanageri Toll Plaza
	(iii) Address for Correspondence	:	Location: - Vanageri Tall Plaza
	(iv) Address of Facility	<u> </u> :	Vanageri-village-kushtagi Tar   Distit MIS Sharlana Associates Tav. Disti- Koppal
	(v)Tel. No, Fax. No	;	194-1515+7- KOJ-7-44
- to	(vi) E-mail ID	;	Eleccable De One all Cons
	(vii) URL of Website	:	Ehsoschhapl Q gmail Com
	(viii) GPS coordinates of HCF or CBMWTF	:	NA
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: 89 PCB/RO (KPL) BMM 2019-201626  Valid upto: 14:05-2029
	(xi). Status of Consents under Water Act and Air Act	•	Valid upto: AW-155028 Valid: -14.05-2029
2	Type of Health Care Facility	:	NA
	(i) Bedded Hospital	in t	No. of Beds:
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
3	Details of CBMWTF		
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day

		Quantity of bio medical waste	1	NA Kg/	day			
4	Quanti	treated or disposed by CBMWTF ty of waste generated or disposed in	:	Yellow Catego		2.0/2		
	Kg per	Kg per Annum (on monthly average basis)		Red Category: NOT APPLiCable White: NOT APPLICABLE Blue Category: NIL				
_	Dataila	-ful Ci T T T T T T T T T T T T T T T T T T		General Solid	trade of the state of the	250Kg	9	
5		of the Storage, Treatment, Transporta	ition, I		sposal Fa	acility		
	(i)	Details of the on-site storage	: Size: NA					
	facility			Provision of on-site storage: (Cold storage of				
				any other provision)				
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedo disposed in kg per annum	
)				Incinerators	MA	NA	NA	
				Plasma	1,44	1111	100	
				Pyrolysis	NA	NA	NA	
				Autoclaves	NA	NA	MA	
				Microwave	NH	NA	NH	
			Hydroclave	MA	NA	NA		
			Shredder	NA	MA	MA		
				Needle tip				
				cutter or destroyer	NA	NA	NA	
				Sharps	MH	NH	MA	
				Encapsulation or concrete pit	WA	NA	NA	
			Deep burial pits	NA	NA	MA		
			disinfe	Chemical disinfection:	NA	MA	NA	
			Any other treatment equipment:	NA	NA	NA		
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after	·	Red Category (	like plast	tic, glass, et	c.)	
	(iv)	No. of Vehicles used for collection and transportation of	:		TYM			
		biomedical waste			NA			
	(v)	Details of incineration ash and ETP sludge generated and		Incineration	^/	'A	NA	
		disposed during the treatment of		Ash	1	A	NA	
4 × =		wastes in Kg per annum		ETP Sludge	1	IA	NA	
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of			NA			

	(vii) List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste	
	management committee? If yes, attach	
	minutes of the meetings held during the	
	reporting period	NA
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	01
	(ii) Number of personnel trained	03
	(iii) Number of personnel trained at	
	the time of induction	01
	(iv) Number of personnel not	
	undergone any training so far	Zero
	(v) Whether standard manual for	Zero Jes
	training is available?	708
8	Details of the accident occurred during the	V
	year	
2	(i) Number of Accidents occurred	NIC
	(ii) Number of persons affected	MIL
	(iii) Remedial Action taken (Please	
	attach details if any)	NIL
	(iv) Any Fatality occurred, details	
9	Are you meeting the standards of air	9 I
	Pollution from the incinerator? How	
	many times in last year could not met	MIN
	the standards?	NP
	Details of Continuous online emission	MA
	monitoring systems installed	NA
10	Liquid waste generated and treatment	
	methods in place. How many times you	10.1-0
	have not met the standards in a year?	NH
11	Is the disinfection method or	
	sterilization meeting the log 4	
	standards? How many times you have not	
	Met the standards in a year?	MH
12	Any other relevant information	. 0
		NIX

Certified that the above report is for the period from	Jan-22 to Dec-22
	<i>→</i>
	Name and Signature of the Head of the Institution

Date: 19/06/23
Place: Vanageri Toll Plaza

## 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 (IICI) or common bio-medical waste treatment facility (CBWTF)]

SI. No.	Particulars		
1	Particulars of the Occupier	-	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Gaurar Kumay EHSS
	(ii) Name of HCF or CBMWTF	·	OSE Hungund HOSPE+ High Way PYT-4TD
	(iii) Address for Correspondence	ŀ	(neation! - Hitnal Toll Plaza Shahpur Toll Plaza Hitmal - Kappal Tayloist
	(iv) Address of Facility	1:	MIS Sti Shatgng Alsociates
	(v)Tel. No, Fax. No	:	1-11/31-11/1-1
	(vi) E-mail ID	:	EHSUSEHHAPL Q Comail. Com
	(vii) URL of Website	:	NA
	(viii) GPS coordinates of HCF or CBMWTF	:	NA
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: 88PCB, RO(KPL)/BIMUM 12019-20/625 Valid upto: 14:5.2019
	(xi). Status of Consents under Water Act and Air Act	·	Valid upto: AW - 155027,155029 Validity:- 4.05-2029
2	Type of Health Care Facility	:	NA
	(i) Bedded Hospital	:	No. of Beds:
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NA
	(iii) License number and its date of expiry	:	NA
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF;	1	NA Kg / day

		Quantity of bio medical waste	1:	MA Kg/	day		
	_	treated or disposed by CBMWTF					
4	Control of the Contro	ty of waste generated or disposed in		Yellow Category: 2.5/29			
	Kg per /	Annum (on monthly average basis)		Red Category:	NOT	APPLICA	ble
				White:	NOT	APPLICA.	ble
				Blue Category.		NITC	
				General Solid I		BOD KE	
5		of the Storage, Treatment, Transporta	ition, I		sposal Fa	cility	
	(i)	Details of the on-site storage		Size:	N	A	
		facility		Capacity:	N	A	
				Provision of or any other prov		rage : (Col	d storage or
	(ii)	Disposal facilities		Type of treatment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per
				equipment	. 1.0		annum
				Incinerators	NA	NA	NA
	-			Plasma	NIA	.10-	-10
				Pyrolysis	NA	NH	NH
				Autoclaves	NA	NA	NA
				Microwave	NA	NH	NA
				Hydroclave	NA	NH	WH
L .				Shredder	NA	NA	MINH
			M	Needle tip			
				cutter or	10		
				destroyer	MA	NA	NA
				Sharps	NA	NA	MA
60.0				Encapsulation			
				or concrete	.10		
				pit	MA	NA	NA
			1 1	Deep burial	N. 1.0	6.1.1	-10
				pils	MA	MA	NA
				Chemical	212	110	0
			-	disinfection:	NA	NA	NA
				Any other			
				treatment	NA	NA	NA
	/;::\	Quantity of recordable wester		equipment:		in also st	
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after	•	Red Category (I	ike piast	ic, giass, et	C.)
		treatment in Kg per annum			MA		
	(iv)	No. of Vehicles used for		/	4,,		
	(10)	collection and transportation of			NA		
		biomedical waste		/	y / /		
	(v)	Details of incineration ash and	Paul C				
		ETP sludge generated and		Incineration	N	A	NA
		disposed during the treatment of		Ash	nl	H .	NA
		wastes in Kg per annum		ETP Sludge	NIF	7	NA
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of			NA		

	(vii) List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	NA
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	01
	(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	Zero
	(v) Whether standard manual for training is available?	Zero
8	Details of the accident occurred during the year	
2	(i) Number of Accidents occurred	NIL
	(ii) Number of persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NTL
	(iv) Any Fatality occurred, details	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
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	NA

Certified that the above report is for the period from	Jan-22 to Dec-22
	Jun Knowas
	Name and Signature of the Mead of the Institution

Date: 19/06/2023
Place: Hitnal Toll Plaza







