Ref: OHHHPL/O&M/Site/PCB/2025-26/4023B Date: 25.06.2025

To,
The Regional office,
Karnataka Pollution Control Board.
Koppal Karnataka.

Subject: Submission of Annual Bio-Medical report in Form IV for the Period of Jan-24 to Dec-24 –Reg.

Dear Sir,

We are submitting here with of the Annual Bio-medical report (Form IV) For the Period of Jan-24 to Dec-24 AS per Bio-Medical waste (Management & Handling) Rules 1998.

We Trust information furnished is in line with requirement.

Thanking You,
Yours sincerely
OSE Hungund-Hospet Highways Pvt. Ltd.

Authorized Signatory

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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)	:	Gaurav Kumar EHSS
	(ii) Name of HCF or CBMWTF	:	OSE Hungund Hospet Highways Pvt Ltd.
	(iii) Address for Correspondence	:	Location:-Vangeri Toll Plaza Vangeri-Village-Kushtagi Tq/& Koppal Dist
	(iv) Address of Facility	:	M/S Shalana Associates Tq/Dist:- Koppal
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Ehsosehhnpl@gmail.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.: 89PCB/RO(KPL)BWM/2019-20/626 ..... Valid upto: 14.05.2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: AW-155028 Valid:- 14.05.2024
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	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NIA Kg / day

	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	NA Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	*Yellow Category:* 2.5kg *Red Category:* NOT Applicable *White:* NOT APPLicable *Blue Category:* NIL *General Solid Waste:* 39.6 kg
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size: NA Capacity: NA Provision of on-site storage : (Cold storage or any other provision)

(ii) Disposal facilities

Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per annum
Incinerators	NA	NA	NA
Plasma Pyrolysis	NA	NA	NA
Autoclaves	NA	NA	NA
Microwave	NA	NA	NA
Hydroclave	NA	NA	NA
Shredder	NA	NA	NA
Needle tip cutter or destroyer	NA	NA	NA
Sharps	NA	NA	NA
Encapsulation or concrete pit	NA	NA	NA
Deep burial pits	NA	NA	NA
Chemical disinfection:	NA	NA	NA
Any other treatment equipment:	NA	NA	NA

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) NA
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	NA

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

Incineration	NA	NA
Ash	NA	NA
ETP Sludge	NA	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 training is available?		Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(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-24 to Dec-24

Name and Signature of the Head of the Institution

Date: 24/06/2025

Place: Nangneri 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 (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)	:	Gaurav Kumar EHSS
	(ii) Name of HCF or CBMWTF	:	OSE Hungund Hospet Highways Pvt Ltd.
	(iii) Address for Correspondence	:	Location: Hitnal Toll Plaza & Shahapur Toll Plaza Hitnal – village, Tq & Dist - Koppal
	(iv) Address of Facility	:	
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Ehsosehhnpl@Gmail.com
	(vii) URL of Website	:	NA
	(viii) GPS coordinates of HCF or CBMWTF	:	N/A
	(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.: KSPCB/Ro(KPL)/BMW/2019-2016/25 ..... Valid upto: 14.05.2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: AW:-155027, 155029 Validity:- 14.05.2029
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;	:	NA Kg / day

	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	NA Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	*Yellow Category:* 4.5 kg *Red Category:* Not Applicable *White:* Not Applicable *Blue Category:* NIL *General Solid Waste:* 82.2 kg.
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size: NA Capacity: NA Provision of on-site storage : (Cold storage or any other provision)

(ii) Disposal facilities

Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per annum
Incinerators	NA	NA	NA
Plasma Pyrolysis	NA	NA	NA
Autoclaves	NA	NA	NA
Microwave	NA	NA	NA
Hydroclave	NA	NA	NA
Shredder	NA	NA	NA
Needle tip cutter or destroyer	NA	NA	NA
Sharps	NA	NA	NA
Encapsulation or concrete pit	NA	NA	NA
Deep burial pits	NA	NA	NA
Chemical disinfection:	NA	NA	NA
Any other treatment equipment:	NA	NA	NA

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) NA
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	NA

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

Incineration	NA	NA
Ash	NA	NA
ETP Sludge	NA	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		
	(ii) Number of personnel trained		
	(iii) Number of personnel trained at the time of induction		
	(iv) Number of personnel not undergone any training so far		Zero
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(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-24 to Dec-24

Gaurav Kumar

Name and Signature of the Head of the Institution

Date: 24/06/2025

Place: Hilal Toll Plaza