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WLPL/M/EHS/O/BMW-01/2022/06

24th May 2022

To,
The Member Secretary
Bihar State Pollution Control Board, Patna

Sub.: Sub-mission of Annual return Under Bio Medical Waste Rule - 2016
Ref : Bio Medical Waste Authorization BMW/151/19/B-171 dated 25.01.21

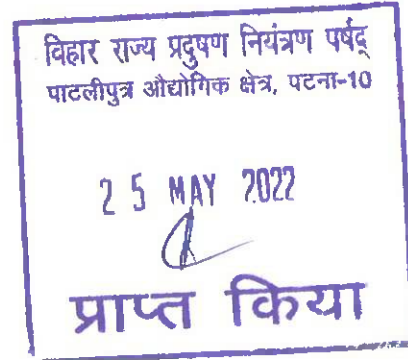
Sir,

We are hereby submitting the Annual return Under Bio Medical Waste Rule – 2016 for year 2021.
Kindly acknowledge the receipt of the same.

Thanking You,
Yours Sincerely



Shankar Jyoti Dhar
Vice President Plant Management



Enclosure : Filled Form IV

**From -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)	:	Shankarjyoti Dhar
	(ii) Name of HCF or CBMWTF	:	Wabtec Locomotive Pvt. Ltd. (erstwhile known as GE Diesel Locomotive Pvt. Ltd.)
	(iii) Address for Correspondence	:	Village: Bajid Bhoraha, Thana No. 45 and Talpuraina, Thana No. 47, Dist. – Saran.
	(i) Address of Facility	:	Village: Bajid Bhoraha, Thana No. 45 and Talpuraina, Thana No. 47, Dist. – Saran.
	(ii) Tel. No. Fax. No.	:	06159-710110, 09945744500
	(V) E-mail ID	:	Shankar.dhar@wabtec.com
	(i) URL of Website	:	https://www.wabteccorp.com/
	(ii) GPS coordinates of HCF of CBMWTF	:	N: 25.56.20.0 E: 84.48.28.6
	(iii) Ownership of HCF of CBMWTF	:	JVC between Wabtec Corporation and Indian Railway
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization Under Biomedical Waste: BMW/151/19/B-171 dated 25-01-2021 Valid up to: One time
	(v) Status of Consents under Water Act and Air Act.	:	Consent Under Air Act: M/T-3-2017/19-3138 Valid up to 11-09-2023 Consent Under Water Act: M/T-3-2017/19-3139 Valid up to 11-09-2023
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Occupational Health Center for First Aid
	(iii) License number and its date of expiry.	:	NA
3.	Details if CBMWTF	:	
	(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
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 9.65 Kg /Annum Red Category: 13.7 Kg/ Annum White: 0.423 Kg/Annum Blue Category: 4.45 KG/ Annum General Solid waste: Nil
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	:	
	(i) Details of the on-site storage facility	:	Size : Covered bin as per color code Capacity: 2 kg each Provision of on-site storage: (cold storage or any

			other provision)																																																
	(ii) 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></td> <td></td> <td>NA</td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></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			NA	Plasma Paralysis			NA	Autoclaves			NA	Microwave			NA	Hydroclave			NA	Shredder			NA	Needle tip cutter or destroyer			NA	Sharps encapsulation or concrete pit			NA	Deep Burial pits:			NA	Chemical disinfection:			NA	Any other treatment equipment:			NA
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	MOU done with Authorized vendor. Sent through M/s Medicare vehicle. No separate vehicle used.																																																
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum	:	NA																																																
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Env. Management Private Limited, A-19, phase 2, Bela Industrial Area, Muzaffarpur-842005																																																
	(vii) List of members 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.	:	Bio-medical waste committee meeting conducted two time in year. MoM enclosed with this form.																																																
7.	Detail trainings conducted on BMW																																																		
	(i) Number of training conducted on BMW Management.		1																																																
	(ii) Number of personnel trained		7																																																

	(iii) Number of personnel trained at the time of induction	No new people joined, and induction training provided by health spring.
	(iv) Number of personnel not undergone any training so far.	Nil
	(v) Whether standard manual for training is available ?	Yes
	(vi) Any other information)	(i) Classroom training by factory medical officer (ii) Online training module on blood born pathogen
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(iv) Any Fatality occurred, details.	NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Incinerator is not installed in our factory
	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.	It 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 1st Jan 2021 to 31st Dec 2021.

Date: 24.05.2022

Place: Marhowra, Bihar

Name and Signature of the Head of the Institution

