

Rajashekar Rao Brahmarauthu01

From: Rajashekar Rao Brahmarauthu01
Sent: Monday, May 4, 2020 10:24 PM
To: 'rr1.ro.ee@gmail.com'
Cc: Srinivas Chintam; Latha Ramasubramanyam; Venkatesh Sangam; dassgunalan
Subject: Annual Report - BMW - CY - 2019
Attachments: Infosys STPI - BMW Report.pdf

Dear Sir/Madam,

Kind Atten: Environmental Engineer, RO-I, TSPCB, Begumpet, Hyderabad.

With reference to the above subject, herewith we are submitting the Annual Report (FORM-IV) towards Biomedical Medical Waste handled for the CY - 2019 (January to December) in respect of:

Infosys Limited,
#210, Manikonda Village, Rajendranagar Mandal,
Gachibowli, Lingampally, RR District,
Hyderabad – 500 032

Due to pandemic situation of Covid – 19, we are unable to submit returns at your good office. Kindly accept the returns as per attachment and acknowledge the same. Once the lockdown is released we will submit the returns copy to your office.

Kindly do the needful.

Regards,
Rajashekar Rao B
Sr. Manager – Facilities
Infosys Limited
9701474442
rajashekar_b01@infosys.com

el

IL-STPI/HYD/FAC-PER/040520

May 4, 2020

The Environmental Engineer
Telangana State Pollution Control Board
Ward No.91, 2nd Floor, H-No.6-3-1219, Block C, Backside of country club,
Kundanbagh, Umanagar, Begumpet,
Hyderabad

Dear Sir,

Sub: Submission of Annual Report – Bio Medical Waste (Hazardous Waste Management (HWM)) for the period of 1st January 2019 to 31st December 2019 – M/s Infosys Limited, # 210, Manikonda Village, Rajendranagar (m), Lingampally, Rangareddy District, Hyderabad - 500 032 - Reg.

With reference to the above subject, we are hereby submitting Annual report regarding disposal of Bio Medical Waste (Hazardous Waste Management) handled from 1st January 2019 to 31st December 2019 in FORM – IV.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours sincerely,
for Infosys Limited



(Dass Gunalan)
Associate Vice President & Regional Head – Facilities



Encl: a/a

f

Form – IV
(See rule 13)

[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 (HCCF) or common bio-medical waste treatment facility (CBWTF)]

Si. No	Particulars	
1.	Particulars of the Occupier	:
-	(i) Name of the authorized person (Occupier of operator of facility)	: Infosys Limited, represented by Mr. Dass Gunalan, Associate Vice President & Regional Head Facilities
	(ii) Name of HCF of CBMWTF	: Disposing to CBMWTF M/s. M/s. Medicare Environmental Management Pvt Ltd.
	(iii) Address for Correspondence	: Infosys Limited, Sy. No. 210, Mandkonda Village, Rajendranagar Mandal, Lingampally, Gachibowli, RR District, Hyderabad - 500032.
	(iv) Address of Facility	: Infosys Limited, Sy. No. 210, Mandkonda Village, Rajendranagar Mandal, Lingampally, Gachibowli, RR District, Hyderabad - 500032.
	(v) Tel. No, Fax. No	: 040 4060 0000
	(vi) E-Mail ID	: rajashekar_b01@infosys.com
	(vii) URL of Website	: www.infosys.com
	(viii) GPS coordinates of HCF of CBMWTF	: NA
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other) - NA
	(x) Status of Authorization under the Bio – Medical Waste (Management and Handling) Rules	: Lr. No. 226/BMW/PCB/RO-I-RRD/2017-1817 dated 20.11.2017 and valid upto 31.03.2023
	(xi) Status of Consents under Water Act and Air Act	: Consent Order No. 17082524800 dated 03.02.2017 Valid up to: 31.03.2022.
2	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds: Observations Beds 01
	(ii) Non – bedded hospital (Clinic of Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: First Aid Center having tie up with Lifetime Wellness RX international Ltd
	(iii) License number and its date of expiry	: 414 /DM/&HO/RR/2008/ 19.10.2016 to expires 20.12.2021
3	Details of CBMWTF	: NA
	(i) Number healthcare facilities covered by CBMWTF	: _____
	(ii) No of beds covered by CBMWTF	: _____
	(iii) Installed treatment and disposal capacity of CBMWTF:	: _____ Kg per day

	(iv) Quantity of biomedical waste treated or disposed By CBMWTF	:	_____ Kg/day																																																												
4.	Quantity of waste generated of disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 2610.5 Kgs Red Category : 39.5 Kgs White: 0.662 kg Blue Category: 0.00 kgs General Solid waste: 60,000																																																												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																														
	(I) Details of the on - site storage facility		Size : 150 Sq. ft Capacity: NA Provision of on – site storage : (cold storage of any other provision) - NA-																																																												
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <thead> <tr> <th>Type pf treatment Equipment</th> <th>No of Units</th> <th>Cap acit Kg/day</th> <th>Quantity treatedor disposed In Kg annum</th> </tr> </thead> <tbody> <tr> <td>-NA-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or Destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Encapsulation or Concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Disinfection:</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment Equipment</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type pf treatment Equipment	No of Units	Cap acit Kg/day	Quantity treatedor disposed In Kg annum	-NA-				Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or Destroyer			-	Sharps				Encapsulation or Concrete pit			-	Deep burial pits:				Chemical				Disinfection:			-	Any other treatment Equipment			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg annum.	:	Red Category (like plastic, glass etc.)																																																												
	(iv) No of vehicles used for collection and transportation of biomedical waste		Vendor will collect the bio medical waste																																																												
	(v) Details of incineration ash and ETP sludge generated and disposed		<table border="0"> <thead> <tr> <th>Quantity Generated</th> <th>Where disposed</th> <th>- NA-</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td>- NA-</td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>	Quantity Generated	Where disposed	- NA-	Incineration Ash		- NA-	ETP Sludge																																																					
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	(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of.		M/s. Medicare Environmental Management Pvt Ltd.																																																												

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	(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 meeting held during the reporting period	Safety Committee will discuss every quarter/month
7	Details trainings conducted in BMW	YES
	(i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained	Concerned Personnel undergone for training
	(iii) number of personnel trained at the time of induction	As on when required
	(iv) number of personnel not undergone any training so far	NA
	(v) Whether standard manual for training is available?	YES
	(vi) any other information	
8	Details of the accident occurred during the year.	NIL
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
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 of sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	: (Air pollution Control Devices attached with the Incinerator) - NA-

Certified that the above report is for the period from January 2019 to December 2019.



(Handwritten signature)

Name and Signature of the Head of the Institution

Date: 04/05/2020

Place: Hyderabad