

JSAW/ENV/F-32/GPCB/BMW/ PRG/2023

Date: 12.04.2024

To,

The Member Secretary

Gujarat Pollution Control Board
Paryavaran Bhavan Sector-10A,
Gandhinagar- 382010

Sub.: Submission of Annual Return on Bio- Medical waste (Form-IV) along with Accident Report (Form-I) for the Year-2023 of Occupational Health Centre of Jindal Saw Limited – Pragpar

Ref: Authorization No. BMW- 330239 valid upto 31.12.2075 (BMW ID: 383725)

Dear Sir,

This has reference to the above, we are submitting herewith Annual Return (Form-IV) along with Accident Report (Form-I) on Bio- Medical Waste for our Occupational Health Centre located at **JINDAL SAW LIMITED** – Pragpar, Village- Pragpar Taluka- Mundra, District- Kutch (Gujarat) for the period **January-2023 to December-2023**.

This is for your kind information and acknowledge receipt of the same.

Thanking you.

Yours faithfully,

For **JINDAL SAW LIMITED**



Pravin Singh

Head-HSE

encl: as above

CC:

The Regional Officer (Kutch- East)

Gujarat Pollution Control Board
Room No. : 215 & 216, 2nd Floor
Administrative Building, Deendayal Port Trust
Gandhidham, District - Kutch – 370201(Gujarat)



ANNUAL REPORT (2023)

[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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Dr. A. K. Mishra
	(ii) Name of HCF or CBWTF :	OHC Jindal Saw Limited
	(iii) Address for Correspondence :	Sr. no.5,6,7 & others, Pragpar, Mundra, Kutch, Mundra-370415, Dist: Kutch East, Tal: Mundra
	(iv) Address of Facility :	Distromed Kutchh Services Pvt. Ltd. Survey No- 42/1/1,Kodki road, Ratia., Dist: KUTCHH-0
	(v) Tel. No, Fax. No :	9925150657
	(vi) E-mail ID :	ak.pandey@jindalsaw.com
	(vii) URL or Website :	www.jindalsaw.com
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 21.4833, Long: 70.0833
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-330239, Valid Upto: 12/31/2075
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto: 1/1/1900

Type of Health Care Facility

2	(i) Bedded Hospital	0
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other
2	(iii) License number and its date of expiry	BMW-330239 & 31.12.2075

Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

4	(i) Yellow Category	3.07
4	(ii) Red Category	4.06
4	(iii) White Category	2.97
4	(iv) Blue Category	0.000
4	(v) General Solid Waste	0.00000001

Details of the Storage, treatment, transportation, processing and Disposal Facility

5	(i) Details of the on-site storage facility	Bio-Medical waste is being disposed off through M/s Distromed Kutch Services Pvt Ltd
5	(ii) Treatment Facility	Bio-Medical waste is being disposed off through M/s Distromed Kutch Services Pvt Ltd for Treatment.
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	Not Applicable
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Distromed Kutchh Services Pvt. Ltd.

BMW management committee

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	MOM of BMW Committee is attached for your reference
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ANNUAL REPORT (2023)

Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	4	
7	(ii) Number of Personnel trained	17	
7	(iii) Number of personnel trained at the time of induction	17	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	No	

Details of the accident occurred during the year

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please attach details if any)	Not Applicable	
8	(iv) any Fatality Occurred , details	Not Applicable	

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	No.	Not Applicable as we don't have any Incinerator
9	Details of Cuntinuous online emission monitoring sstems installed	Not Applicable	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	0	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	No.	Not Applicable as we don't have any Incinerator
12	Any other relevant information	Annual Return of the period Jan'23 to Dec'23	

10	Bio-Medical waste generated for Yellow Category & Quantity	3.07	
10	Bio-Medical waste generated for RED Category & Quantity	4.06	
10	Bio-Medical waste generated for White Category & Quantity	2.97	
10	Bio-Medical waste generated for Blue Category & Quantity	0.000	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	Distromed Kutchh Services Pvt. Ltd.	

Certified that the above report is for the period from

Date:
Place:

Name and Sign of The Head of HCF

Dr. A. K. Mishra

FORM-I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Not Applicable
4. Has the Authority been informed immediately : Not Applicable
5. The type of waste involved in accident : Not Applicable
6. Assessment of the effects of the accidents on human health and the environment: Not Applicable
7. Emergency measures taken : Not Applicable
8. Steps taken to alleviate the effects of accidents : Not Applicable
9. Steps taken to prevent the recurrence of such an accident: Not Applicable
10. Does your facility have an Emergency Control policy? If yes give details: No

Date: 12.04.2024

Signature 

Place: Pragpar

Designation: Head-HSE

MINUTES OF MEETING

A meeting on Bio Medical waste was held on dated 01.04.2023 and 29.09.2023 at OHC for Samaghogha and Pragpur unit under the chairmanship of Dr. A.K. Mishra.

The following members were attended during the meeting:

UnitName	EmpCode	EmpName	CatName	Dept. Name	Stat Name	DesgDesc
IPU SAMAGHOGHA	26000047	DR. ASHOK KUMAR MISHRA	MCS	GSS	Occupational Health & Medical Services	Chairmen
IPU SAMAGHOGHA	115198	THAKUR PRAVIN KUMAR SINGH	MCS	GSS	Safety Fire Fighting Services	Head HSE
IPU SAMAGHOGHA	115775	Dr. PATIL SHASHI KUMAR SITARAMBHAI	MCS	GSS	Occupational Health & Medical Services	FMO
IPU SAMAGHOGHA	105651	GURU PRASAD C M	MCS	GSS	QUALITY CONTROL/Q.A	member
IPU SAMAGHOGHA	102683	YOGENDRA KUMAR GOSWAMI	MCS	GSS	Occupational Health & Medical Services	member
IPU SAMAGHOGHA	103814	DEBJIT SARKAR	MCS	GSS	Environmental Engg. Services	member
IPU SAMAGHOGHA	8660	KHADGI MADHAVI WASUDEORAO	Staff	GSS	Occupational Health & Medical Services	member
IPU	2000736	MINTU KUMARI	Staff	GSS	Occupational Health &	member

SAMAGHOGHA	1				Medical Services	
IPU SAMAGHOGHA	6970	Pravin Garva	Staff	GSS	Occupational Health & Medical Services	member

The following point discuss in meeting

Sr. No.	Description of Discussion	Action to be taken by
1	It is decided that all necessary steps to be taken to ensure proper handling of bio-medical waste without any adverse effect to human health and the environment.	Dr. A.K. Mishra
2	Intimate State Pollution Control Board regarding any change in the bio-medical waste generation, handling, treatment and disposal for which authorisation was granted, and submit a fresh application in Form II for modification of the conditions of authorisation	Mr.Pravin Kumar Singh
3	File an annual report to State Pollution Control Borad in Form-IV on or before the 30th June of every year.	Mr.Pravin Kumar Singh / Mr.D. Sarkar
4	To ensure proper segregation using color coded containers and bags at the point of BMW generation and hand over to DISTROMED KUTCH SERVICES (GPCB approved agency) for transportation and storage and also renewal of membership with the agency.	Mr. Yogendra Kumar Goswami
5	Ensure to report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to State Pollution Control Board along with the annual report.	Dr. A.K. Mishra

Note: Ensure to conduct half yearly meeting to review and monitor the activities related to bio-medical waste management.

Attendance Sheet

Document No: JSAW/SMG/HR/FR-08

Version No: 3.0

Effective Date: 01.01.2022

Internal/ External

(दिनांक) 13.03.2023
Date:

(विषय / शीर्षक) Use of PPE's
SUBJECT / TOPIC:

(प्रकरण / प्रसंग) Dummy, Bio-medical waste, and Emergency Management.
CONTENT

(प्रशिक्षक) Dr. Imesh Patel
Trainer :

(प्रशिक्षण कार्यक्रम की अवधि) 9.30am - 10.30am
Duration of the training Programme :

(क्रमांक)	(प्रतिभागी का नाम)	(सैप कोड)	(पद)	(विभाग)	(अनुभाग)	(आने का समय)	(हस्ताक्षर)
S. No.	NAME OF THE PARTICIPANT	SAP CODE	DESIGNATION	DEPT	SECTION	INCOMING TIME	SIGNATURE
1	Yojendra Kishore	107683	Am	CSS	OHC	9:30am	[Signature]
2	Sarola Mazumdar	108152	Assistant	CSS	OHC	9:30am	[Signature]
3	Jaypal Singh	103289	Officer	CSS	OHC	9:30am	[Signature]
4	Bhishmi	110144	MPW	CSS	OHC	9:30am	[Signature]
5	Vinod Patel	105436	Pharmacist	ALL	OHC	9:30am	[Signature]
6	Suresh Mishra	108259	Officer	CSS	OHC	9:30am	[Signature]
7	Ganesh Pravin	104611	Comptroller	CSS	OHC	9:30am	[Signature]
8	Neha Singh	25115817	Librarian	CSS	OHC	8:00am	[Signature]
9	Sarvesh Prasad	111828	Lab Tech	CSS	OHC	9:30am	[Signature]
10	Mridu Kumari	104854	SIN	CSS	OHC	9:30am	[Signature]
11	Maya Kanwar	110895	SIN	CSS	OHC	9:30am	[Signature]
12	Anas Singh	105995	Officer	CSS	OHC	9:32am	[Signature]
13	Rohit Redeshi	107733	Sr Assist	CSS	OHC	9:30am	[Signature]
14	E.K. Gaur Gint	260222	JK	CSS	OHC	9:30am	[Signature]
15	Madhavi Khulegi	106129	Asstt.	CSS	OHC	9:30am	[Signature]
16	Vijay Sahil	105443	wlb	CSS	OHC	9:30am	[Signature]
17	Renuka Datta	3102659	sr	CSS	OHC	9:30am	[Signature]

Attendance Sheet

Document No: JSAW/SMG/HR/FR-08

Version No: 3.0

Effective Date: 01.01.2022

Internal/ External

(दिनांक)
Date:

23.06.2023

(विषय / शीर्षक)

SUBJECT / TOPIC: Shop floor Safety & BMW

(प्रकरण / प्रसंग)
CONTENT

100% Use of PPE's and Segregation of Bio Medical Waste.

(प्रशिक्षक)
Trainer :

DR. Jinesh Patel

(प्रशिक्षण कार्यक्रम की अवधि)

Duration of the training Programme : 01.06.23

(क्रमांक)	(प्रतिभागी का नाम)	(सैप कोड)	(पद)	(विभाग)	(अनुभाग)	(आने का समय)	(हस्ताक्षर)
S. No.	NAME OF THE PARTICIPANT	SAP CODE	DESIGNATION	DEPT	SECTION	INCOMING TIME	SIGNATURE
1	Miutu Kumari	104854	S/N	GSS	OHC	9:30am	[Signature]
2	Yogendra goswami	102683	DM	GSS	OHC	11	[Signature]
3	Sanjeet prasad	111828	Lab Tech	GSS	OHC	9:30am	[Signature]
4	Vinod Patel	105436	Pharm	GSS	OHC	9:30am	[Signature]
5	Madhavi Khadgi	106129	SN	GSS	OHC	9:30am	[Signature]
6	Amar Singh	105995	officer	GSS	OHC	9:30am	[Signature]
7	Soma Madumda	108152	Assistant	GSS	OHC	9:30am	[Signature]
8	Gabun pravin	104611	Comp	11	11	9:30am	[Signature]
9	Yogesh Singh	105420	MPW	11	11	9:30am	[Signature]
10	Vijay Gohil	105193	11	11	11	9:30am	[Signature]
11	Patel Rakesh D.	107733	officer	GSS	OHC	9:30am	[Signature]
12	Maya Kamwar	110895	S/N	GSS	OHC	9:30 AM	[Signature]
13	Remali Dama	8107089	S/N	GSS	OHC	9:30 AM	[Signature]
14	Jaijit Singh	103222	officer	GSS	OHC	9:30 AM	[Signature]
15	Kaisham Singh	110881	Staff	GSS	OHC	9:30 AM	[Signature]
16	Bhim Maheshwari	110144	MPW	11	11	11	[Signature]
17	Yogendra goswami	102683	DM	11	11	11	[Signature]
18	Vijay Gohil	105498	MPW	11	11	11	[Signature]
19	Sanjeet prasad	111828	Lab Tech	GSS	OHC	9:30am	[Signature]

