

## Form - IV (See rule 13) Bio Medical Waste Annual Return for the Calender Year - 2020 **Application Type: Industry** Calender Year Submit To 2020 SRO-Raigad I 1) Particulars i) First Name ii) Middle Name iii) Last Name Vishnu Mahableshwar **Bhagwat** iv) Designation v) Aadhaar No vi) PAN No Plant Manager vii) Address as per Aadhaar Card viii) Tel. No. ix) Fax No. A8/A14, Patalganga Industrial Area 0219225017 02192250171 MIDC, Patalganga-410220, DIst-Raigad xi) URL of website vishnu.bhagwat@castrol.com 2) Details of the Industry i) Name of the Industry ii) Email iii) Name of the contact person Castrol India Ltd Kapil Kshirsagar kapil.kshirsagar@bp.com iv) Contact No. 9342435267 3) Address of the Industry i) Building Name/Building ii) Street / Village iii) City / Taluka No./Survey Number A-8 / A-14, MIDC, Patalganga Industrial Area, Rasayani Patalganga, Dist - Raigad, Pin - 410220, State -Castrol India Ltd Maharashtra iv) District v) Pin-Code Number vi) Near by Landmark Raigad 410220 vii) Latitude coordinate viii) Longitude coordinate ix) Ownership 18.870000 73.155000 Private 4) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules i)Authorization No. ii)Authorization validity Date SRO-RAIGAD-I/BMW\_AUTH/200500 2023-03-31 5) Status of Consents under Water Act and Air Act i)Consent Number ii)Consent validity Date 1.0/CAC/UAN 2025-08-31 No.0000092923/CR-2009000037 6) Total No of Beds (As per valid Authorization) 7) Registration Number (e.g. Bombay Nursing Home reg. no., MSDC, MBTC) MWML-BMW-PAN 1800 2022-03-31 8) Registration Expiry Date 9) Faculty of Medicine Medical 10) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s.Mumbai Waste Management Ltd., Taloja 11) Details of BMW i) Authorized BMW Quantity MT/month (as per valid CCA) White 0.00200 Yellow 0.00600 **Red** 0.00200 Blue

<b>Yellow</b> 0.05400		Red		Blue	White	White	
) Quantity of Biomedical	waste given to CB	MWTDF (kg/day)	)				
<b>Yellow</b> 0.0540	llow 0.0540 Red		White	Gene	eral Solid Waste	olid Waste	
2) Details trainings condu Number of trainings cond		anagement.					
Number of personnel tra	ined						
) Number of personnel tra	ained at the time	of induction					
) number of personnel no	t undergone any	training so far					
whether standard manuals	al for training is a	vailable?					
) any other information							
) Details of the accident Number of Accidents occ		he year					
Number of the persons a	ffected						
Remedial Action taken (	Please attach det	ails if any)					
) Any Fatality occurred, If	yes details.						
1) Liquid waste generated	l and treatment n	nethods in place.	How many time	es you have not	met the standards in a yea	ır?	
5) Is the disinfection meth year?	nod or sterilizatio	n meeting the lo	g 4 standards?	How many time	s you have not met the stan	ndards	
lace	Desig	nation		Date			