

Ref No: TEPL/ENV/24-25/02

27/06/2024

The District Environmental Engineer, Tamil Nadu State Pollution Control Board, Plot 140 A, SIPCOT Industrial Complex, Hosur - 635126

Respected Sir,

Subject: Submission of Bio Medical Waste Annual Returns in Form 4 for the period January to December 2023 along with accident reporting in Form I.

With reference to the above subject, we are submitting the Bio Medical Waste Annual Returns in Form 4 along with accident reporting in Form 1 for the period January to December 2023. We request you to kindly accept the annual returns.

Yours faithfully, For M/s Tata Electronics Private Limited.

NICSP TT Oman Rand Ranjan Bandyopadhya Authorized Signatory

List of Annexures:

- 1. Annual report in Form IV
- 2. Accident Reporting in Form I
- 3. GPS Coordinates of HCF or CBMWTF
- 4. Bio Medical Waste Authorization of TEPL
- 5. Consent renewal status of TEPL
- 6. Agreement between TEPL and CBMWTF
- 7. Monthly Bio Medical Waste disposed
- 8. Destruction Certificates



TATA ELECTRONICS PRIVATE LIMITED

Registered Office No 10 Jigani Industrial Area Jigani Bengaluru Karnataka 560 105 Factory SF 308-327 Thimjepalli Village Kelamangalam Rayakottal Road Hosur Krishnagiri District Tamil Nadu 635 113 Email fin.tax@tataelectronics.co.in Phone +91 9600391274 CIN U31100KA2020PTC133739

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 (CBMTWF)]

SI. No	Particulars		Remarks			
	Particulars of the Occupier	:	Tata Electronics Private Limited SF No. 308 ~ 327, Thimjepalli Village, Kelamagalam – Rayakottai Road, Hosur – 635113, Krishnagiri, Tamilnadu, India			
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Jennifer.J			
	(ii) Name of HCF or CBMWTF	:	Tata Electronics Private Limited			
	(iii) Address for Correspondence	:	SF No. 308 ~ 327, Thimjepalli Village, Kelamagalam – Rayakottai Road, Hosur – 635113, Krishnagiri, Tamilnadu, India			
	(iv) Address of Facility	:	SF No. 308 ~ 327, Thimjepalli Village, Kelamagalam — Rayakottai Road, Hosur — 635113, Krishnagiri, Tamilnadu, India			
1	(v)Tel. No, Fax. No	:	+91-7558188890			
ń	(vi) E-mail ID	:	drjennifer.j@tataelectronics.co.in			
	(vii) URL of Website	:	www.tata.com/business/tata-electronics			
	(viii) GPS coordinates of HCF or CBMWTF	unal estrata	Attached as Annexure			
	(ix) Ownership of HCF or CBMWTF	:	Private Limited			
	(x). Status of Authorisation under the Bio- Medical Waste (Management and Handling) Rules	:	Authorization No: 22BAC44105444, Dated: 24.04.2022 valid for lifetime			
	(xi). Status of Consents under Water Act and Air Act	:	Consent No: 2308150567008, Dated: 06.04.2023 under Water Act and Consent No: 2308250567008, Dated: 06.04.2023 under Air Act valid till 31.03.2024 (renewal of CTO under Water and Air Act submitted to TNPCB, acknowledgement attached as Annexure)			
	Type of Health Care Facility:					
	(i) Bedded Hospital	:	No. of Beds: 0 (Zero)			
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA			
	(iii) License number and its date of expiry	:	Authorization No: 22BAC44105444, Dated: 24.04.2022 valid for lifetime			
3	Details of CBMWTF	:	Re Sustainability IWM Solutions Limited			
	(i) Number of healthcare facilities covered by CBMWTF	:	NA			
	(ii) No of beds covered by CBMWTF	:	NA			

	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA				
5	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA			а ",	
		:	Yellow Catego	ry: 3.58			
	Quantity of waste generated or disposed in	:	: Red Category: 3.63				
4		:	: White: 0.00				
	Kg per annum (on monthly average basis)	:	: Blue Category: 2.74				
			: General Solid waste: 0.00				
Details of the Storage, treatment, transportation, processing, and Disposal Facility							
			Size: NA				
	(i) Details of the on-site storage facility	Capacity: NA					
	(i) Details of the on-site storage facility		Provision of or	n-site sto	rage: (cold	storage or	
			any other provision) NA				
						Quantity	
			Type of			treated	
			treatment	No of		or	
ý.			equipment	unit s	Kg/ day	disposed	
						in kg per	
						annum	
			Incinerators	NA			
			Plasma	NA			
			Pyrolysis Autoclaves	NA			
			Microwave	NA			
			Hydroclave	NA			
			Shredder	NA			
1.0 (305-14)	(II) Disposal Facilities	Mirrow Mirrow	Needle tip				
	(ii) Disposal racinties		cutter or	NA			
5			destroyer				
			Sharps	NA			
			Encapsulation				
	,	-		NA	с. К		
			pit				
			Deep burial	NIA			
			pits:	NA			
			Chemical	NA		E)	
			disinfection:				
			Any other				
			treatment	NA			
ŀ			equipment:				
	(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				
ŀ	(v) Details of incineration ash and ETP			Quantity	Wh	ere	
	sludge generated and disposed during the	·	X	generate		osed	
	treatment of wastes in Kg per annum	:	Incineration	NA	NA		
1	iles and a solution of the sol						

	-	:	Ash	NA	NA
		:	ETP Sludge	NA	NA
	(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	:		/SF No.726, SIF argur, Pocha	PCOT Industrial ampalli (tk),
	(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	:	NA	*	
	Details trainings conducted on BMW				
7	(i) Number of trainings conducted on BMW Management.	:	Trainings conducted during induction to all the new joiners.		
	(ii) number of personnel trained	:	All the persons	during induction	on
	(iii) number of personnel trained at the time of induction	:	All the persons	during induction	on
	(iv) number of personnel not undergone any training so far	:	NIL	z	
	(v) whether standard manual for training is available?	:	Yes		
	(vi) any other information)	:	NA		
	Details of the accident occurred during the y	ear	:		4
	(i) Number of Accidents occurred	:	NIL		
8	(ii) Number of the persons affected	:	NIL		
0	(iii) Remedial Action taken (Please attach details if any)	ao - and	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	:	NA		
	standards? 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		
	Any other relevant information	:	NA		

Place: Thimjepalli

Certified that the above report is for the period from January 2023 to December 2023
Date: 27-06-2024
Jeunifed Jeunifed J Dr Jennifer. J, MBES, DIH, PGDEM, AFIH Factory Medical Officer Name and Signature of H

Name and Signature of the Head of the Institution

FORM – I [(See rule 4(0), 5(i) and 15 (2)] ACCIDENT REPORTING

SI. No	Particulars	
1	Date and time of accident:	NIL
2	Type of Accident:	NA
3	Sequence of events leading to accident:	NA
4	Has the Authority been informed immediately:	NA
5	The type of waste involved in accident:	NA
6	Assessment of the effects of the accidents on human health and the environment:	NA
7	Emergency measures taken:	NA
8	Steps taken to alleviate the effects of accidents:	NA
9	Steps taken to prevent the recurrence of such an accident:	NA
10	Does your facility have an Emergency Control policy? If yes give details:	NA

Designation: Factory Medical Officer Dr Jennifer. J, MBBS, DIH, PGDFM, AFIH

Date: 27-06-2024 Place: Thimjepalli