

14th May'2025

To,
The Member Secretary
The Pollution Control Committee
Daman & Diu & Dadra & Nagar Haveli,
Silvassa

Sub: - Submission of Annual Return in Form -IV under Bio Medical Waste (Management and Handling) Rules, 2016 for the calendar year 2024.

Dear Sir,

With Reference to the above-mentioned subject, we would like to state that we have the facility of an occupational health centre (OHC) at our SPTL Piparia site.

Please find the enclosed Form-IV (Annual return of Bio medical) under Bio medical waste (Management and Handling) Rule, 2016 for the calendar year 2024.

Kindly Acknowledge the same

Thanking you

For STERLITE POWER TRANSMISSION LIMITED, PIPARIA


Authorized Signatory



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 (CBWTF)]

Sl. No	Particulars	
1.	Particulars of the Occupier	Sterlite Power Transmission Limited, Piparia
	(i) Name of the authorised person (occupier or operator of facility)	Vipul Rahevar
	(ii) Name of HCF or CBMWTF	OHC (occupational Health Center in Sterlite Power Transmission Limited, Piparia
	(iii) Address for Correspondence	Ser. No. 209, Piparia Industrial Estate, Silvassa UT of Dadra & Nagar Haveli.
	(iv) Address of Facility	Ser. No. 209, Piparia Industrial Estate, Silvassa UT of Dadra & Nagar Haveli.
	(v) Tel. No, Fax. No	9924579555
	(vi) E-mail ID	Vipul.rahevar@sterlite.com
	(vii) URL of Website	www.sterlitepower.com
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other) Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: PCC/DDD/BMW/229/22-23/08, date of issue 10-04-2023, valid up to 30/11/2023. Under Renewal
(xi). Status of Consents under Water Act and Air Act	PCC/DDD/G-5524/WA/AA/PR/12-12/991146/ valid up to: 30/11/2026	
	PCC/DDD/G-5524/WA/AA/PR/12-13/1168754 valid up to: 19-02-2028	
2	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: 0
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	-
	(iii) License number and its date of expiry	-
3	Details of CBMWTF	-
	(i) Number healthcare facilities covered by CBMWTF	N/A
	(ii) No of beds covered by CBMWTF	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	N/A Kg per day
(iv) Quantity of biomedical waste treated or disposed by CBMWTF	N/A Kg per day	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 27.618 Kg Red Category : 1.348 Kg White : 0.100 Kg Blue Category : 0 Kg General Solid waste: 0 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size : N/A Capacity : N/A Provision of on-site storage : (cold storage or any other provision)

		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
(ii) Details of the treatment or disposal facilities		Incinerators			N/A
		Plasma Pyrolysis			N/A
		Autoclaves	1		0
		Microwave			N/A
		Hydroclave			N/A
		Shredder			N/A
		Needle tip cutter or destroyer			N/A
		Sharps			N/A
		Encapsulation or concrete pit			N/A
		Deep burial pits			N/A
		Chemical disinfection:			N/A
		Any other treatment equipment:			N/A
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) 0 Kg				
(iv) No of vehicles used for collection and transportation of biomedical waste	111				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum			Quantity generated	Where disposed	
	Incineration		N/A	N/A	
	Ash ETP Sludge		N/A N/A	N/A N/A	
(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	En-Cler Biomedical Waste Pvt. Ltd				
(vii) List of members HCF not handed over bio-medical waste.	N/A				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	No			
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.	7 Trainings			
	(ii) number of personnel trained	4 OHC Nurse + 58 workers			
	(iii) number of personnel trained at the time of induction	20			
	(iv) number of personnel not undergone any training so far	15			
	(v) whether standard manual for training is available?	Yes			
	(vi) any other information)	N/A			
8	Details of the accident occurred during the year				
	(i) Number of Accidents occurred	0			
	(ii) Number of the persons affected	N/A			
	(iii) Remedial Action taken (Please attach details if any)	N/A			
	(iv) Any Fatality occurred, details.	0			
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	No Incinerator in the plant.			
	Details of Continuous online emission monitoring systems installed	N/A as no incinerator is available.			

10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Through STP/ETP 0 Non-compliance
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not meet the standard in a year?	N/A
12	Any other relevant information	N/A

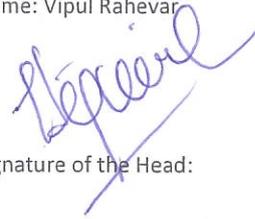
Certified that the above report is for the period from 1st Jan 2024 to 31st Dec 2024.

Date: 04-04-2025

Name: Vipul Rahevar

Place: Silvassa

Signature of the Head:



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 : NIL
4. Has the Authority of been informed immediately : NIL
5. The type of waste involved in accident : NIL
6. Assessment of the effects of the accidents on human health and the environment : NIL
7. Emergency measures taken : NIL
8. Steps taken to alleviate the effects of accidents : NIL
9. Steps taken to prevent the recurrence of such an accident : NIL
10. Does your facility have an Emergency Control policy? If yes, give details : Yes, Emergency response plan for emergency inside plant premises.

Date : 04-04-2025

Place : Silvassa

Signature : Vipul Rahevar

Designation : Factory Manager