

Ref: AE/EHS/VP/BMW/2024

Date : 24/09/2024

To,  
The District Environmental Engineer  
Tamilnadu Pollution Control Board,  
Hosur Taluk, Krishnagiri District,  
Pin : 635126

Dear Sir,

**Sub : Biomedical waste annual report for the year 2023**

Please find the enclosed Annual report for the year 2023 in Form 4 under the rules of Bio medical waste management rules, 2016.

Herewith request you to kindly acknowledge the letter of receipt.

Thanking you,

  
Your Faithfully,  
For Ather Energy Ltd

Authorized Signatory



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**Form IV**  
**(See rule 13)**

**ANNUAL REPORT**


<b>Sl. No.</b>	<b>Particulars</b>		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Ananiya Prabhu, Head -EHSS
	(ii) Name of HCF or CBMWTF	:	Ather Energy Limited Unit-2 - Vehicle Plant
	(iii) Address for Correspondence	:	Ather Energy Limited Unit-2 - Vehicle Plant S.F.No.156/1A, 156/1B, 156/1C, 156/2A,160/6B, 166/2A, 166/2B, 166/2C1, 167/1, MATHAGONDAPALLI village, DENKANIKOTTAI Taluk, Krishnagiri District-635114.
	(iv) Address of Facility	:	Ather Energy Limited Unit-2 - Vehicle Plant, S.F.No.156/1A, 156/1B, 156/1C, 156/2A,160/6B, 166/2A, 166/2B, 166/2C1, 167/1, MATHAGONDAPALLI village, DENKANIKOTTAI Taluk, Krishnagiri District- 635114.
	(v)Tel. No, Fax. No	:	9600311683
	(vi) E-mail ID	:	ananiya.prabhu@atherenergy.com
	(vii) URL of Website	:	Atherenergy.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: <b>23BAD51506951</b> .valid up to <b>one time</b> .
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2027
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:.....
	(ii) Non-bedded hospital	:	Occupational Health Centre at factory
	(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	:	Not applicable																																																
	(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 or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 2.44 Kg Red Category : 1.415 Kg White: Nil Blue Category : 0.15 Kg General Solid waste: Nil																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage: <b>Color coded bins.</b>																																																
	Disposal facilities		<b>Not applicable</b>  <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <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 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 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 of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	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 per annum.	:	Red Category (like plastic, glass etc.)																																																

	(iv) No of vehicles used for collection and transportation of biomedical waste	:	
	(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 Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	
	(vii) List of member HCF not handed over bio-medical waste.		
6	Do you have a bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		1
	(ii) number of personnel trained		8
	(iii) number of personnel trained at the time of induction		3
	(iv) number of personnel not undergone any training so far		-
	(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		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		Not applicable
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Not applicable

11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Not applicable
12	Any other relevant information	:	Nil

Certified that the above report is for the period from January 2023 to December 2023



Signature of the Authorized person

Date: Hosur

Place: 24<sup>th</sup> September 2024.

<b>ATHER</b>	<b>BMW Committee</b>	Doc. No	AE/BMWC/MOM/ 01
	<b>Minutes Of Meeting</b>	Rev. No.	01
		Rev. Date	22/08/2024
		Eff. Date	22/08/2024

Location : Hosur Factory		Date of meeting: 22/08/2024
Purpose : BMW Committee Meeting		
<b>MEMBERS PRESENT</b>	<b>AGENDA</b>	
Rakesh Singha Ananiya Prabhu M Thirugnanam G Roopashri T N Sneha S Doctor-Mr.Navaneethan OHC- Shift Nurse- Mrs.Pushpalatha	<ul style="list-style-type: none"> <li>❖ Briefing of the needs and purpose of committee formation</li> <li>❖ Discussion on Authorisation</li> <li>❖ Validation on the quantity and the category of waste generated</li> <li>❖ Discussion on Disposal and generation data</li> <li>❖ Discussion on Doctor and nurses perspectives on the BMW data</li> </ul>	
Prepared By : Sneha S		Date: 22.08.2024

<b>ATHER</b>	<b>BMW Committee</b>	Doc. No	AE/BMWC/MOM/ 01
	<b>Minutes Of Meeting</b>	Rev. No.	01
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		Eff. Date	22/08/2024

**Points discussed:**

1. The introduction and needs for a Biomedical waste committee
2. Clarification regarding the consent of Biomedical waste authorization.
3. Further revalidation of category in authorization on biomedical waste :
  - 3.1. **Yellow Category - c)** Soiled waste, **d)** expired and discarded medicines.
  - 3.2. **Red category-** Contaminated waste
  - 3.3. **White Category-** Waste sharps including metals
  - 3.4. **Blue Category- a)** Glassware.
4. Conduct analysis of total strength, no. of shifts and validation of quantity with respect to category in the authorisation.(Approximately 4 times the existing quantity)
5. Verification - Calibration Certificate of weighing machine.
6. Analysis and bridging the gap between the disposal and generation of biomedical waste.
7. Acknowledging the generation of biomedical waste in minimum quantity, the disposal frequency is carried out on every 3rd day,(i.e) every Monday and Thursdays and specific mentioning of the category of waste being generated to be done.
8. Verification of the manual records of disposal by the EHSS team on a weekly basis.
9. Preparation of Summary sheet on the generation and disposal.

**Suggestions:**

1. Gap Identification on the generation and disposal
2. Analysis of the quantity generation for authorisation purpose has to be followed.
3. Specific subcategory of the BMW has to be recorded
4. Weekly inspection of The manual disposal data records to be carried out by EHSS