

Ref: AE/EHS/BP/BM/2023

Date : 09/06/2023

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 2022

Please find the enclosed Annual report for the year 2022 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 Pvt Ltd


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	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Sekar G, Plant Manager
	(ii) Name of HCF or CBMWTF	:	Ather Energy Private Limited Unit-1 - Battery Plant
	(iii) Address for Correspondence	:	Ather Energy Private Limited Unit-1 - Battery Plant, 159/2B2, Maragathammbal Industrial And Logistics Park LLP, Madhagondapalli Village Denkanikotta Tamil, Krishnagiri, Tamil Nadu, 635114.
	(iv) Address of Facility	:	Ather Energy Private Limited Unit-1 - Battery Plant, 159/2B2, Maragathammbal Industrial And Logistics Park LLP, Madhagondapalli Village Denkanikotta Tamil, Krishnagiri, Tamil Nadu, 635114.
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Prasath.ponnusamy@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.: 22BAD42206513 .valid up to one time .
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2028
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: 2.68 Kg Red Category : 2.75 Kg White: Nil Blue Category : 0.8 Kg General Solid waste:																																																
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: Colour coded bins.																																																
	Disposal facilities		Not applicable <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		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> </tr> <tr> <td>Ash</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed	Incineration		Ash		ETP Sludge	
Quantity generated	Where disposed										
Incineration											
Ash											
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	(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 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 2022 to December 2022


Signature of the Authorized person

Date: Hosur
Place: 9th June'23