



Instromedix (India) Pvt. Ltd.

4th FLOOR, 402, GAURAV TOWER, MALVIYA NAGAR, JAIPUR-302017

Mobile: 9772123777

Email: iipl.jpr@gmail.com Reach us at www.instromedixindia.com

REF: IIPL/BMW/JPR/21-22/029

DATED: 28/06/2021

To Senior Environmental Engineer (BMW) Rajasthan State Pollution Control Board Jaipur

Subject: - Submission of Annual Report (Form IV)

Dear Sir,

Reference to the above kindly find attached Annual Report (Form-IV) under Bio Medical Waste Rules 2016 for the area of Jaipur City and Jaipur Rural & Dausa District (Temporary Work Awarded by Nagar Nigam Jaipur) & Sikar Churu & Jhunjhunu District Area.

Thanking you For Instromedix India Pvt Ltd

Authorized Signatory

Enclosed: - As Above

2/1/21

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 authorized person (occupier or operator of facility) | : | Mr. S K Choudhary |
| | (ii) Name of HCF or CBMWTF | : | M/s Instromedix India Pvt Ltd |
| | (iii) Address for Correspondence | : | 402, 4 th Floor, Gaurav Tower, Malviya Nagar Jaipur |
| | (iv) Address of Facility | | Gram Khori Ropada Tehsil Sanganer Jaipur Agra Highway Jaipur |
| | (v)Tel. No, Fax. No | : | 9772-123-777 |
| | (vi) E-mail ID | : | lipl.jpr@gmail.com |
| | (vii) URL of Website | 8 11 | |
| | (viii) GPS coordinates of HCF or CBMWTF | | Longitude 26.869477 Altitude 75.919757 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: BMW/2018-2019/BMW/BMW/18 valid up to 31/07/2023 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31/07/2023 |
| 2. | Type of Health Care Facility | : | |
| 13 | (i) Bedded Hospital | : | No. of Beds: |
| | (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, | : | 1192 |
| | (ii) No of beds covered by CBMWTF | : | 22825 |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | 15 Ton per day |

| | (iv) Quantity of biomedical waste treated by CBMWTF | l or di | sposed | : | 4719.3 | 858 Kg/d | lay Appr | ox. |
|----|--|--------------|-----------------------------|---|---------------------------------------|-------------------------------|--|---|
| 4. | Quantity of waste generated or disposed annum (on monthly average basis) | | | : | Red Ca White: Blue Ca Genera | 928.250 ategory : | 40040.7 KG App 25760.2 vaste: | 6818.666 KG Approx. 750 KG Approx. orox. 75 KG Approx. |
| 5 | Details of the Storage, treatment, transpo (i) Details of the on-site storage facility | : | Size Segrega | 5 ft, Plastic Waste ste Storage Area 21X10 nent Area 10X28 ft | | | | |
| | | | any oth | | | | . (00.0 | . Storage or |
| | (ii) Details of the treatment or disposal facilities | : | Type of treatment equipment | | | N o of un it s | Cap acit y Kg/ day | Quantity treated o r disposed in kg per Annum |
| | | | | | | 1 | | 921824 KG/Annum Approx. (Yellow Bag) |
| | | | Plasn | | | | | |
| | | | Pyro | - | | | | |
| | | | | claves | | 1+1 | 100+50 KG/hr | 480480 Kg/Annam Approx. (Red Bag) |
| | | | | 2 | | | | |
| | | | Hydr | oclave | | | | |
| | | | Shree | lder | | 1+1 | 100+50 KG/hr | 44361 Kg/Annam Approx. (Red Bag) |
| | | | Needle tip cutter destroyer | | | | | |
| | | co D p | Sharp encap | os osulatio | n | 1 | | 309123 Kg/Annam Approx. (Blue by Glass |
| | | | | ete pit burial | | 1 | 500- 550 Kg/day Approx | |
| | | | Chen | nical fection: | | 1 | 2000 | 320430.130 Ltr/ Annam Approx. (Liquid) |

| | | | Any other treatment equipment: | | | | | | | |
|----|--|------|---|--|--|--|--|--|--|--|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) No such Authorized recycler in Rajasthan so We hand over treated waste to Local Recycler | | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | | 12 Vehicle | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Quantity of Ash generated 9218.240 KG per Month Approx. Where Disposed: SLF Sludge: 211.256 KG per Month Approx. Incineration Ash | | | | | | | |
| | | | ETP Sludge | | | | | | | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Instromedix India Pvt Ltd Gram Khori Roper, Tehsil Sanganer, NH -11 Jaipur | | | | | | | |
| | (vii) List of member HCF not handed over bio-medical waste. | | enclosed | | | | | | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes State Level Empowered Committee but minutes are not available with us. | | | | | | | |
| 7 | Details trainings conducted on BMW (i) Number of trainings conducted on | | Once in a month | | | | | | | |
| | BMW Management. | | | | | | | | | |
| | (ii) number of personnel trained | | All | | | | | | | |
| | (iii) number of personnel trained at the time of induction | | All | | | | | | | |
| | (iv) number of personnel not undergone any training so far | | NIL | | | | | | | |
| | (v) whether standard manual for Training is available? | | Yes | | | | | | | |
| | (vi) any other information) | | -NA- | | | | | | | |
| 8 | Details of the accident occurred during the year | | | | | | | | | |
| | (i) Number of Accidents occurred | | NIL | | | | | | | |
| | (ii) Number of the persons affected | | NIL | | | | | | | |
| | (iii) Remedial Action taken (Please attach details if any) | -NA- | | | | | | | | |
| | (iv) Any Fatality occurred, details. | | NO | | | | | | | |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | Yes, we are meeting the standards of air pollution from the Incinerator. | | | | | | | |
| | Details of Continuous online emission monitoring systems installed | | We installed online monitoring device at our Common Bio Medical Waste Treatment Facility and we are submitting | | | | | | | |

| | | | online data of CO, Co2, Primary Chamber Temperature and Secondary Chamber Temperature at CPCB Server (enviro-front) from the commissioning of the equipments. We are also submitting data at Glens server of RSPCB as per confirmation of our vendor Ms/ Prima Equipment. |
|----|---|---|---|
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a Year? | | Effluent 5099.361 ltr per Day Approx. and being treated thru Effluent Treatment Plant |
| 11 | Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have Not met the standards in a year? | | Yes Never |
| 12 | Any other relevant information | : | Some Health care Facilities handing over non segregated Bio Medical Waste which effects our operational activities of the plat and it needs to be improved |

| Certified that the above report is for the period from 01.01.2020 to 31.12.2020 | |
|---|--|
| | |

Name and Signature of the Head of the Institution

Date: Place

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. | Particulars | | |
|-----|---|---|--|
| No. | P. d. L. Cd. O | | |
| 1. | Particulars of the Occupier (i) Name of the authorized person (occupier or operator of facility) | : | Mr. S K Choudhary |
| | (ii) Name of HCF or CBMWTF | : | M/s Instromedix India Pvt Ltd |
| | (iii) Address for Correspondence | : | 402, 4 th Floor, Gaurav Tower, Malviya Nagar Jaipur |
| | (iv) Address of Facility | | Gram Khori Ropada Tehsil Sanganer Jaipur Agra Highway Jaipur |
| | (v)Tel. No, Fax. No | : | 9772-123-777 |
| | (vi) E-mail ID | : | lipl.jpr@gmail.com |
| | (vii) URL of Website | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | Longitude 26.869477 Altitude 75.919757 |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: BMW/2018-2019/BMW/BMW/18 valid up to 31/07/2023 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31/07/2023 |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: |
| | (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 | : | 661 |
| | (ii) No of beds covered by CBMWTF | : | 8902 |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | 15 Ton per day |

| | (iv) Quantity of biomedical waste treated by CBMWTF | or dispose | d : | 674.838 | 8 Kg/day | Approx | |
|----|---|---|-----------------------------------|---------------|-----------|----------------------------|---|
| 4. | Quantity of waste generated or disposed | : | Yellow | Categor | :12 | 881.083 KG Approx. | |
| | annum (on monthly average basis) | | Red Category: 3326.333 KG Approx. | | | | |
| | | | | | G Appro | | |
| | | | | | | 6 KG Approx. | |
| | | | | General | | | о ко пррим. |
| 5 | Datails of the Storage treatment transpo | rtation pro | oogging on | | | | |
| 3 | | Details of the Storage, treatment, transportation, process (i) Details of the on-site storage : Size | | | | | ft, Plastic Waste |
| | (i) Details of the on-site storage facility | Seg ft, V | regation A | rea 33X4 | 6 ft, Pla | stic Was | te Storage Area 21X10 nent Area 10X28 ft |
| | | Pro | vision of o | n-site sto | rage | · (cold | storage or |
| | | | other pro | | ruge | . (0010 | storage or |
| | (ii) Details of the treatment or | | Type of | vision) | N | Con | Quantity treated o |
| | disposal facilities | | reatment | | | Cap | r disposed in kg |
| | disposar facilities | 2016 | | | 0 | acit | |
| | | , | equipment | | of | y V~/ | per |
| | | | | The state of | un | Kg/ | Annum |
| | | | | | it | day | |
| | | | | | S | | |
| | | I | ncinerator | s | 1 | | 154573 KG/Annum Approx. (Yellow Bag) |
| | | I | Plasma | | | | |
| | | 1 | Pyrolysis | | | | |
| | | | Autoclaves | | 1+1 | | 39916 Kg/Annam Approx. (Red Bag) |
| | | | Microwa | /e | | | |
| | | 1 | Hydroclav | e- | | | |
| | | 5 | Shredder | | 1+1 | 100+50 KG/hr | 37611 Kg/Annam Approx. (Red Bag) |
| | | | Needle tip | cutter or | | | |
| | | | Sharps | | 1 | | 50867 Kg/Annam |
| | | | encapsulat | ion | | 2000 Kg/day Approx | |
| | | | concrete p | it | 1 | 1 | 960 Kg/Annam Approx |
| | | 1 | Deep buria | | | 500- 550 | (Sharp) |
| | | 1 | pits: | | | Kg/day | |
| | | | Chemical disinfection | n: | 1 | Approx 2000 Littre/h | 40784.116 Ltr/ Annam Approx. (Liquid) |
| | | | | | | Approx | |

| | | | Any other treatment equipment: | | | | | | |
|----|---|------|--|--|--|--|--|--|--|
| | sold to authorized recyclers after treatment in kg per annum. | : | Red Category (like plastic, glass etc.) No such Authorized recycler in Rajasthan so We hand over treated waste to Local Recycler | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | 7 Vehicle | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Quantity of Ash generated 1545.730 KG per Month Approx. Where Disposed: SLF Sludge: 27.333 KG per Month Approx. | | | | | | |
| | | | Incineration Ash ETP Sludge | | | | | | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Instromedix India Pvt Ltd Gram Khori Roper, Tehsil Sanganer, NH -11 Jaipur | | | | | | |
| | (vii) List of member HCF not handed over bio-medical waste. | | enclosed | | | | | | |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes State Level Empowered Committee but minutes are not available with us. | | | | | | |
| 7 | Details trainings conducted on BMW | | | | | | | | |
| | (i) Number of trainings conducted on BMW Management. | | Once in a month | | | | | | |
| | (ii) number of personnel trained | | All | | | | | | |
| | (iii) number of personnel trained at the time of induction | | All | | | | | | |
| | (iv) number of personnel not undergone any training so far | | NIL | | | | | | |
| | (v) whether standard manual for Training is available? | | Yes | | | | | | |
| | (vi) any other information) | | -NA- | | | | | | |
| 8 | Details of the accident occurred during the year | | | | | | | | |
| | (i) Number of Accidents occurred | | NIL | | | | | | |
| | (ii) Number of the persons affected | | NIL | | | | | | |
| | (iii) Remedial Action taken (Please attach details if any) | -NA- | | | | | | | |
| | (iv) Any Fatality occurred, details. | | NO | | | | | | |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | Yes, we are meeting the standards of air pollution from the Incinerator. | | | | | | |
| | Details of Continuous online emission monitoring systems installed | | We installed online monitoring device at our Common Bio Medical Waste Treatment Facility and we are submitting | | | | | | |

| | | | online data of CO, Co2, Primary Chamber Temperature and Secondary Chamber Temperature at CPCB Server (enviro-front) from the commissioning of the equipments. We are also submitting data at Glens server of RSPCB as per confirmation of our vendor Ms/ Prima Equipment. |
|----|---|---|---|
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a Year? | | Effluent treated thru Effluent Treatment Plant |
| 11 | Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have Not met the standards in a year? | | Yes Never |
| 12 | Any other relevant information | : | Some Health care Facilities handing over non segregated Bio Medical Waste which effects our operational activities of the plat and it needs to be improved |

| Certified that the above report is for the period from 01.01.2020 to 31.12.2020 | |
|---|-----|
| | • • |

Name and Signature of the Head of the Institution

Date: Place

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)]

| SI. No. | Particulars | | | | | |
|------------|--|---|---|--|--|--|
| 1. | Particulars of the Occupier | : | | | | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Mr. S K Choudhary | | | |
| | (ii) Name of HCF or CBMWTF | : | M/s Instromedix India Pvt Ltd | | | |
| | (iii) Address for Correspondence | | 402, 4 th Floor, Gaurav Tower, Malviya Nagar Jaipur | | | |
| | (iv) Address of Facility | | Gram Khori Ropada Tehsil Sanganer Jaipur Agra Highway Jaipur | | | |
| | (v)Tel. No, Fax. No | : | 9772-123-777 | | | |
| | (vi) E-mail ID | : | lipl.jpr@gmail.com | | | |
| | (vii) URL of Website | | | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | Longitude 26.869477 Altitude 75.919757 | | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) | | | |
| | (x). Status of Authorization under the Bio-Medical | : | Authorization No.: | | | |
| | Waste (Management and Handling) Rules | | BMW/2018-2019/BMW/BMW/18 valid up to 31/07/2023 | | | |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31/07/2023 | | | |
| 2. | Type of Health Care Facility | : | | | | |
| | (i) Bedded Hospital | : | No. of Beds: | | | |
| 1 | (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 | | 438 | | | |
| | (ii) No of beds covered by CBMWTF | : | 8392 | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | 15 Ton per day | | | |

| | (iv) Quantity of biomedical waste treated or by CBMWTF | disposed | : | 1249.0 | 541 Kg/d | | |
|----|--|-------------------------------------|----------------------------------|--------------|------------|---|---|
| 4 | Quantity of waste generated or disposed in | Kø ner | : | Yellow | Categor | y :2 | 5500.250 KG Approx |
| 4. | Quantity of waste generated of disposed in | | Red Category: 6579.25 KG Approx. | | | | |
| | annum (on monthly average basis) | W 18 | | 71.166 | | | |
| | | | | | | 60 KG Approx. | |
| | | | | | | o Ro rippion | |
| | | | 1000 | | I Solid w | | |
| 5 | Details of the Storage, treatment, transporta | sing an | d Dispos | sal Facili | ty | 5 0 Diagtic Worte | |
| | (i) Details of the on-site storage : facility | Size Segreg ft, Was Capaci | ation A te Stor | rea 33X | 46 ft. Pla | stic Was | 5 ft, Plastic Waste ste Storage Area 21X ment Area 10X28 ft |
| | | Provisi | on of c | on-site ste | orage | : (colo | l storage or |
| | | any oth | | | orag. | | |
| | | | | vision) | N | Cap | Quantity treated o |
| | (ii) Details of the treatment or : | Туре | | | | acit | r disposed in kg |
| | disposal facilities | | ment | | 0 | | |
| | | equi | pment | | of | У | per |
| | | | | | un | Kg/ | Annum |
| | | THE PARTY | | | it | day | |
| | | | | | S | | |
| | | Incir | Incinerators | | | | 306003 KG/Annum Approx. (Yellow Bag) |
| | | Plasi Pyro | sma- olysis | | | | |
| | | Auto | claves | | 1+1 | | 78951 Kg/Annam Approx. (Red Bag) |
| | | -Mic | eroway | ·e- | | | |
| | | Hydi | roclave | - | | | |
| | | Shree | dder | | 1+1 | 100+50 KG/hr | 73847 Kg/Annam Approx. (Red Bag) |
| | | Need | lle tip | cutter or | | | |
| | | destr | | | | | |
| | | Shar | • | | 1 | | 70311 Kg/ Annum |
| | | | encapsulation | | | 2000 Kg/day Approx | (Blue Glass) |
| | | conc | rete pit | t | 1 | | 854 KG/Annum |
| | | | buria | | | 500- 550 Kg/day | Approx. (Sharp) |
| | | | nical fection | n: | 1 | Approx 2000 Littre/h r Approx | 70694.412 Ltr/Annam Approx. (Liquid) |

| | | Any other treatment equipment: |
|----|---|--|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : Red Category (like plastic, glass etc.) No such Authorized recycler in Rajasthan so We hand over treated waste to Local Recycler |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : 5 Vehicle |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Quantity of Ash generated 3030.030 KG per Month Approx. Where Disposed: SLF Sludge: 62.080 KG per Month Approx. |
| | | Incineration Ash ETP Sludge |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : Instromedix India Pvt Ltd Gram Khori Roper, Tehsil Sanganer, NH -11 Jaipur |
| | (vii) List of member HCF not handed over bio-medical waste. | enclosed |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | Yes State Level Empowered Committee but minutes are not available with us. |
| 7 | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | Once in a month |
| | (ii) number of personnel trained | All |
| | (iii) number of personnel trained at the time of induction | All |
| | (iv) number of personnel not undergone any training so far | NIL |
| | (v) whether standard manual for training is available? | Yes |
| | (vi) any other information) | |
| 8 | Details of the accident occurred during the year | |
| | (i) Number of Accidents occurred | NIL |
| | (ii) Number of the persons affected | NIL |
| | (iii) Remedial Action taken (Please attach details if any) | -NA- |
| | (iv) Any Fatality occurred, details. | NO |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | Yes, we are meeting the standards of air pollution from the Incinerator. |
| | Details of Continuous online emission | We installed online monitoring device at our Common Bio |
| | monitoring systems installed | Medical Waste Treatment Facility and we are submitting |

| | | | online data of CO, Co2, Primary Chamber Temperature and Secondary Chamber Temperature at CPCB Server (envirofront) from the commissioning of the equipments. We are also submitting data at Glens server of RSPCB as per confirmation of our vendor Ms/ Prima Equipment. |
|----|---|---|--|
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a Year? | | Effluent 915.780 ltr per Day Approx. and being treated thru Effluent Treatment Plant |
| 11 | Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have Not met the standards in a year? | | Yes Never |
| 12 | Any other relevant information | : | Some Health care Facilities handing over non segregated Bio Medical Waste which effects our operational activities of the plat and it needs to be improved |

| tified that the above report is for the period | from 01.01.2020 to 31.12.2020 |
|--|--|
| | |
| | (D) AINDIA |
| | 402 Vth Floor |
| | Name and Signature of the Head of the Institut |
| | A.F. UR. 307011 |

Date: Place