



MLL/FDF3/2022/020

Mylan Laboratories Limited

Plot No. 564/A/22, Road No. 92, Jubilee Hills
Hyderabad - 500 096, Telangana, India
Tel.: +91-40-30866666, 23550543, Fax : 30866699
E Mail : mylan.india@mylan.in
web : www.mylanlabs.in
CIN: U24231TG1984PLC005146

Date: 22.06.2022

To,
The Member Secretary,
M.P.Pollution Control Board
Paryavaran Parisar,
E-5, Arera Colony,
Bhopal (M.P.)

Sub. : Submission of Biomedical Waste Annual Return Form IV for the period of
Year 2021.

Ref.: Consent No:B-86682, (Valid up to 14/02/2036).

Dear Sir,

We are submitting herewith Biomedical Waste Annual Return Form IV for the
year 2021 (period 1st January 2021 to 31st December 2021).

Kindly acknowledge the same and oblige.

Thanking You,

Yours Faithfully,
For Mylan Laboratories Limited,


Girish Pargaonkar

Head of OSD Site Operations- Indore

Cc: To Regional office, MPPCB (ISEZ), Vikas Bhavan Pithampur Dhar (MP).

Encl: As Above

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)]

For the period: **January-2021 to December-2021**

Sl. No.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	: Mr. Girish Pargaonkar Head of OSD Site Operations- Indore
	(ii) Name of HCF or CBMWTF	: Mylan Laboratories Limited,
	(iii) Address for Correspondence	: Mylan Laboratories Limited, Plot No. 11, 12 & 13, ISEZ, Phase II, Pharma Zone, Sector No. 3, Pithampur, Dist.- Dhar.(MP)
	(iv) Address of Facility	: Same as above
	(v) Tel. No, Fax. No	: Tel. No: 91-07292 307200 Fax No: 91-8924-7292 307236024
	(vi) E-mail ID	: Girish.P@viatris.com
	(vii) URL of Website	: www.mylanlabs.in
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude : 17°40'41"N Longitude : 83°4'30"E
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Consent No:B-86682, (Valid up to 14/02/2036).
	(xi). Status of Consents under Water Act and Air Act	: Consent No:AW-54821 (Valid up to 30/04/2023)
2.	Type of Health Care Facility	
	(i) Bedded Hospital	: No. of Beds: Not Applicable
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: It is Occupational Health Center, First Aid treatment only.
	(iii) License number and its date of expiry	: Not Applicable
3.	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	: Not Applicable (BMW is disposed off to CBMWTF for treatment & disposal)
	(ii) No of beds covered by CBMWTF	: Not Applicable (BMW is disposed off to CBMWTF for treatment & disposal)

	(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: 4046 kgs/ Annum Red Category: Nil kgs/ Annum White Category: Nil kgs/ Annum Blue Category: Nil kgs/ Annum General Solid waste: NA Category wise monthly disposal details enclosed as Annexure I			
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size: 10 Square meter Capacity: 300 Kgs Provision of on-site storage: (cold storage or any other provision): Secure storage			
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated and disposed in Kg per annum
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer	Not Applicable	Not Applicable	
			Sharps encapsulation or concrete pit	Nil	Not Applicable	
			Deep burial pits: Chemical disinfection: Any other treatment equipment:	Nil	Not Applicable	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Not Applicable (BMW is disposed off to CBMWTF for treatment & disposal)			
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Not Applicable (BMW is disposed off to CBMWTF for treatment & disposal)			

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Not Applicable (BMW is disposed off to CBMWTF for treatment & disposal)
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s Hoswin Incinerator Pvt. Limited, 196/A -197/B, Sector F, Sanwer Road, Industrial Area, Indore - 452015 Tel. No., 9893993900
	(vii) List of member HCF not handed over bio-medical waste.	:	Not applicable
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	Yes Enclosed as Annexure-II
7.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	06
	(ii) number of personnel trained	:	43
	(iii) number of personnel trained at the time of induction	:	85
	(iv) number of personnel not undergone any training so far	:	We have provided training to all relevant staff who handle Biomedical waste in the Organization and also implemented BMW induction training for new joining.
	(v) whether standard manual for training is available?	:	Yes, we have standard operating procedure for training. SOP No and Training Mo
	(vi) any other information)	:	---
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	:	No accidents occurred during the year
	(ii) Number of the persons affected	:	Not applicable
	(iii) Remedial Action taken (Please attach details if any)	:	Not applicable
	(iv) Any Fatality occurred, details.	:	Not applicable
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	:	Not applicable
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?	: Yes, the disinfection method meeting the log 4 standard. No, such conditions were not recorded after disinfection.
12.	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator) Not applicable

Certified that the above report is for the period from January 1, 2021 to December 31, 2021


Girish Pargaonkar

Date: June 22th, 2022

Place: Pithampur

(Head of OSD Site Operations- Indore)
(Name and Signature of the Head of the Institution)

ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 Certified Organization
Best Practice awarded by IIP (2019) - Highest Credibility Awarded By World Economic Forum's company

To Whom So Ever It May Concern

This is to certify that following quantity (In Kg.) of Bio Medical Waste received from
Mylan Laboratories Ltd **Pithampur**
had been treated & disposed by us as per guidelines for the Period from Jan-21 To Dec-21

Year - 2021

Month	YELLOW	RED	WHITE	BLUE	TOTAL KG.
Jan-21	464.00	-	-	-	464.00
Feb-21	304.00	-	-	-	304.00
Mar-21	320.00	-	-	-	320.00
Apr-21	293.00	-	-	-	293.00
May-21	295.00	-	-	-	295.00
Jun-21	456.00	-	-	-	456.00
Jul-21	387.00	-	-	-	387.00
Aug-21	300.00	-	-	-	300.00
Sep-21	387.00	-	-	-	387.00
Oct-21	295.00	-	-	-	295.00
Nov-21	245.00	-	-	-	245.00
Dec-21	300.00	-	-	-	300.00
Total	4,046.00	-	-	-	4,046.00

For : Hoswin Incinerator Pvt. Ltd.

Auth. Signaure

Date : 20/01/2022

Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

Venue: - Meeting Room

Date of Meeting: - 13/09/2021
Time: 13:30- 14:30

Member Present:- Mr. Girish Pargaonkar, Mr. Mahendra Jain, Mr. Pankaj Sharma, Mr. Rajeev Jain, Mr. Satish Suryavanshi, Mr. Abhishek Tiwari, Dr. Yiezoowendra Kishore Panchari

S. No.	Discussion Point	Recommended Action	Person Responsible	Target Date	Status
1.	Discussion on old Minutes	--	--	--	--
2.	BMW generation and disposal record should be uploaded in website.	EHS shall do the same.	HOD-EHS Dept	31.01.2022	Completed
3.	BMW storage should be in lock & key.	EHS shall arrange the same.	HOD-EHS Dept.	31.10.2021	Completed
4.	BMW Danger Sign should be available in storage area of BMW.	EHS shall arrange the same.	HOD- EHS Dept	31.10.2021	Completed

(Handwritten signature)

Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

Venue: - Meeting Room

Date of Meeting: - 15/03/2021
Time: 13:30- 14:30

Member Present:- Mr. Girish Pargaonkar, Mr. Bhavesh Sisodia, Mr. Sanjeev Kumar, Mr. Pankaj Sharma, Mr. Rajeesh Jain, Mr. Satish Suryavanshi, Mr. Mahendra Jain, Mr. Abhishek Tiwari

S. No.	Discussion Point	Recommended Action	Person Responsible	Target Date	Status
1.	Discussion on old Minutes	--	--	--	--
2.	Disinfection of BMW	It is decided to that EHS Dept. will done the disinfection of the Bio Medical Waste at ETP by 10% Sodium Hypo. Solution with proper precaution.	HOD- EHS Dept	31.03.2021	Completed
3.	Procurement of New BMW Bin for OHC.	It is decided to procure new BMW bin for OHC.	HOD-EHS Dept	30.04.2021	Completed
4.	Training on Segregation of BMW waste.	It was decided to do the training of the people those are handling the BMW waste.	HOD- EHS Dept	30.06.2021	Completed

Handwritten signature/initials

SAP SuccessFactors

Item Status Group By Items

Items

Item : SOP MLLFD3_ES_000564379 (Rev 2.0 - 8/6/2021 11:12 AM Asia/Calcutta)

Title : MANAGEMENT OF BIO-MEDICAL WASTE

Users			
User ID	User Name	Completion Date	Status
20034014	, MAHENDRA KUMAR JAIN	8/27/2021 11:30 AM Asia/Calcutta	SOP Complete
20044751	SINGH, PRASHANT	8/7/2021 07:16 PM Asia/Calcutta	SOP Complete
20047644	RAJPUT, CHETNA	8/7/2021 09:29 AM Asia/Calcutta	SOP Complete
20047685	WAGH, NITIN	8/9/2021 11:08 AM Asia/Calcutta	SOP Complete
20073453	TIWARI, ABHISHEK	8/6/2021 12:49 PM Asia/Calcutta	SOP Complete
20080414	TIWARI, NIRBHAY	8/7/2021 06:09 AM Asia/Calcutta	SOP Complete
40030329	SINGH, RAVI	8/10/2021 10:05 AM Asia/Calcutta	SOP Complete
40030370	OJHA, HEMANT	8/11/2021 10:49 AM Asia/Calcutta	SOP Complete
IND0000013198	DWIVEDI, RAMJEE	8/9/2021 12:18 PM Asia/Calcutta	SOP Complete

Jun 22, 2022, 8:36 AM

SAP SuccessFactors

Item Status Group By Items

Items

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20080414	TIWARI, NIRBHAY	8/7/2021 06:09 AM Asia/Calcutta	SOP Complete
40030329	SINGH, RAVI	8/10/2021 10:05 AM Asia/Calcutta	SOP Complete
40030370	OJHA, HEMANT	8/11/2021 10:49 AM Asia/Calcutta	SOP Complete
IND0000013198	DWIVEDI, RAMJEE	8/9/2021 12:18 PM Asia/Calcutta	SOP Complete

Jun 22, 2022, 8:36 AM



Mylan Laboratories Limited,
Indore

TRAINING ATTENDANCE RECORD

Page No. 01 of 01

Date of Training: 10/03/21 Time: From 16:00 to 16:30

Venue: EIP

Method of Training: Classroom Computer Based On-The-Job

Others: (specify) -NA-

Title of Course/ Document: Handling of Biomedical Waste

Course / Document No: - NA - Name of Trainer: Abhishek Tiwari

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	Mithlesh Kumar	792772	NA	E.T.P	<i>[Signature]</i>
2.	Preetam mehta	505470	NA	OHC	<i>[Signature]</i>
3.	Avinash Rajput	792139	NA	E.T.P	<i>[Signature]</i>
4.	Raj Kumar	793360	NA	E.T.P	<i>[Signature]</i>
5.	Nishal Patel	793213	NA	E.T.P	<i>[Signature]</i>
NA					

Remarks:

Sign & Date
Trainer

[Signature]
10/03/21

[Signature]
10/03/21

Attendance Received By _____ Training Department Sign/Date: _____

External Event Recorded: Yes / NA Sign & Date _____ (For Training Dept. only)

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Mylan Laboratories Limited,
Indore

TRAINING ATTENDANCE RECORD

Page No. 1 of 1

Date of Training:

13/03/21

Time: From 09:00 to 12:30

Venue:

ETP

Method of Training:

- Classroom
 Computer Based
 On-The-Job
 Others: (specify) NA

Title of Course/ Document:

Handling of Biomedical Waste

Course / Document No:

NA

Name of Trainer

Abhishek Tiwari

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	<u>Mitlesh Kumar</u>	<u>792172</u>	<u>NA</u>	<u>ETP</u>	<u>Mitlesh</u>
2.	<u>Preetam Mehda</u>	<u>545770</u>	<u>NA</u>	<u>OHC</u>	<u>Mehda</u>
3.	<u>Vishal Patel</u>	<u>373213</u>	<u>NA</u>	<u>ETP</u>	<u>Patel</u>
4.	<u>Avinash Rongput</u>	<u>792139</u>	<u>NA</u>	<u>ETP</u>	<u>Avinash</u>
5.	<u>Raj Kumar</u>	<u>793360</u>	<u>NA</u>	<u>ETP</u>	<u>Raj Kumar</u>
<u>NA</u>					

Remarks:

Sign & Date
Trainer

Abhishek Tiwari
13/03/21





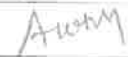

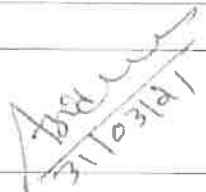
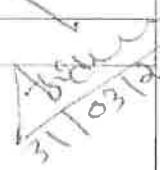
Abhishek Tiwari
13/03/21

Attendance Received By _____ Training Department Sign/Date: _____

External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. only)

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 Mylan Laboratories Limited, Indore		TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>01</u>	
Date of Training:		31/03/21		Time: From 10:10 to 10:30		
Venue:		ETP				
Method of Training:		<input type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others:(specify) <u>- NA -</u>				
Title of Course/ Document:		Handling of Biomedical Waste				
Course / Document No:		<u>- NA -</u>		Name of Trainer: <u>ABUSHALL VIKRAM</u>		
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee	
1.	Mithlesh Kumar	792772	NA	ETP		
2	Preetam mehta	545770	NA	OHL		
3.	Nishol Patel	973213	NA	E.T.P		
4.	Avinash. Reshet	792134	NA	E.T.P		
5.	Rajkumar	793380	NA	E.T.P		
		NA				
Remarks: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Sign & Date Trainer </div> <div style="width: 45%; text-align: right;">  31/03/21 </div> </div>						
Attendance Received By		Training Department Sign/Date: _____				
External Event Recorded:		Yes / NA		Sign & Date: _____ (For Training Dept. only)		

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TRAINING ATTENDANCE RECORD		Page No. <u>01</u> of <u>01</u>
Mylan Laboratories Limited, Indore		
Date of Training:	<u>18/04/21</u>	Time: From <u>10:00</u> to <u>10:30</u>
Venue:	<u>ETP</u>	
Method of Training:	<input type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input checked="" type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) <u>NA</u>	
Title of Course/ Document:	<u>Handling of Biomedical Waste</u>	
Course / Document No:	<u>NA</u>	Name of Trainer: <u>Abhishek Tiwari</u>

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	<u>Mithlesh Kumar</u>	<u>744264</u>	<u>-</u>	<u>EHS</u>	<u>[Signature]</u>
2.	<u>Prateem Mehda</u>	<u>545770</u>	<u>NA</u>	<u>ONC</u>	<u>[Signature]</u>
3.	<u>Ravi Singh</u>	<u>N3237</u>	<u>M554591</u>	<u>EW</u>	<u>[Signature]</u>
4.	<u>Vishal</u>	<u>793213</u>	<u>-</u>	<u>EHS</u>	
5.	<u>Hemant</u>	<u>N3238</u>	<u>M554493</u>	<u>EW</u>	<u>[Signature]</u>
6.	<u>Sachin</u>	<u>-</u>	<u>-</u>	<u>ONC</u>	<u>[Signature]</u>
7.	Vikas	-	-	ONC	[Signature]
8.	<u>Prashant Singh</u>	<u>16368</u>	<u>M511099</u>	<u>EHS</u>	<u>[Signature]</u>
<u>NA</u>					

Remarks: _____

Sign & Date Trainer: [Signature] / 18/04/21

Attendance Received By _____ Training Department Sign/Date: _____

External Event Recorded: Yes / NA Sign & Date _____ (For Training Dept. only)

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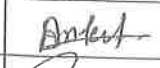

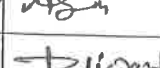
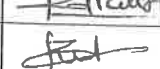
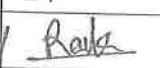

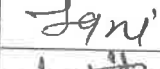


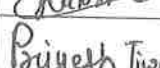
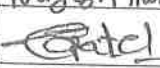






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① Wrong entry corrected.
- yashika
18/04/2021

Mylan Laboratories Limited, Indore		TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>01</u>
Date of Training:		09/08/2021		Time: From <u>16:30</u> to <u>17:00</u>	
Venue:		E.T.P.			
Method of Training:		<input type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____			
Title of Course/ Document:		Handling of Biomedical waste			
Course / Document No:		NA		Name of Trainer: <u>Abhishekwar</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Maheshwari	792259	NA	E.T.P	
2	Mithlesh	792772	NA	E.T.P	
3	Dilip	792346	NA	E.T.P	
4	Hasiom	792255	NA	E.T.P	
5	Kishabh	792626	NA	E.T.P	
6	Himmat Puri	792257	NA	E.T.P	
NA					
Remarks:					
Sign & Date Trainer:		 09/08/21			
Attendance Received By _____		Training Department Sign/Date: _____			
External Event Recorded: Yes / NA		Sign & Date: _____ (For Training Dept. only)			

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Printed in Color by Ashish Jain on 09 Aug 2021 at 16:37:40

 Mylan Laboratories Limited, Indore		TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>01</u>	
Date of Training: <u>16/01/2021</u>		Time: From <u>10:30</u> to <u>12:15 hrs</u>				
Venue: <u>Training Hall.</u>						
Method of Training: <input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____						
Title of Course/ Document: <u>Environment, Health & safety induction, PPE reporting</u>						
Course / Document No: <u>MCLFD3-TR-OPR-015</u>			Name of Trainer: <u>Nitin Wagh</u>			
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee	
01	SHIVNARAYAN GUPTA	N3181	M549744	PRODUCTION		
02	ANKIT KUSHWAHA	N3187	M 549778	PRODUCTION		
03	KRISHNA KANT SINGH	N3186	M549739	PRODUCTION		
04	ASHUTOSH SINGH	N3163	M549742	PRODUCTION		
05	RATNESH TIWARI	N3184	M549741	PRODUCTION		
06	RAHUL KUMAR SINGH	N3182	M549743	PRODUCTION		
07	RAMKHELAWAN KUSHWAHA	N3190	M549780	PRODUCTION		
08	SANDEEP SINGH	N3180	M549745	PRODUCTION		
09	Sonu Patel	N3199	M549782	Production		
10	Mohit Mishra	N3196	M549785	Production		
11	Deven Singh Yadav	N3185	M549740	Production		
12	Chetmani Namdeo	N3192	M549783	Production		
13	Priyesh Kumar Tiwari	N3198	M549783	Production		
14	Shravan Kumar Patel	N3195	M549749	production		
15	Aarind Prajapati	N3178	M549747	production		
Remarks: <u>Super factory</u>						
Sign & Date Trainer:  / <u>16/01/21</u>						
Attendance Received By: _____		Training Department Sign/Date:  / <u>16/01/21</u>				
External Event Recorded: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Sign & Date:  / <u>01/02/21</u>		(For Training Dept. only)		

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Printed in CARA by Ramjee Dwivedi on 16 Jan 2021 09:44:24 EST

① wrong entry corrected.

Mylan Laboratories Limited,
Indore

TRAINING ATTENDANCE RECORD

Page No. 01 of 01

Date of Training:

16/01/2021

Time: From 10:30 to 12:15 hrs.

Venue:

Training Hall

Method of Training:

 Classroom Computer Based On-The-Job Others: (specify) _____

Title of Course/ Document:

Environment, Health & Safety induction,
DPO reporting

Course / Document No:

MLFB-TH002-015

Name of
Trainer

Nitin Wagh

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
01	Ajay Kushwaha	N3188	549777	Production	Ajay
02	AJAY KUMAR KUMHAR	N3189	M549776	PRODUCTION	Ajay
03	Sweet PANDEY	N3177	M549748	"	Sweet
04	Sanju Kumar Saha	N3179	M549746	"	Sanju
05	Ramesh Kumar Patel	N3200	M549805	"	R Patel
06	Prince Kumar Yadav	N3202	M549806	"	Prince
07	Bhawani Pawar	N3201	M549804	"	B Pawar
08	Akash K. Singh	N3175	M549532	Production	Akash
09	Premod Kumar Singh	13433	M266657	Production	Premod
10	Seema Patel	N3203	M549809	Production	Seema
11	Mukesh Prajapat	N3174	M549515	QC	Mukesh
12	Jagdish Mourya	N3173	M549514	Production	Jagdish
13	Lalit Dhakar	N3172	M549513	Production	Lalit
14	Rahul Raghuramshi	N3176	M549569	Production	Rahul
15	Braj Kumar Dewshi	N3193	M549751	Production	Braj

Remarks:

Satisfactory

Sign & Date
Trainer

16/01/2021

Attendance Received By

Training Department Sign/Date:

16/01/21

External Event Recorded:

Yes / NA

Sign & Date:

16/01/21

(For Training Dept. only)



Mylan Laboratories Limited,
Indore

TRAINING ATTENDANCE RECORD

Page No. 01 of 01

Date of Training:

17/03/2021

Time: From 10:00 to 12:45

Venue:

Training Centre

Method of Training:

Classroom

Computer Based

On-The-Job

Others: (specify) _____

Title of Course/ Document:

Induction of Environment, Health & Safety

Course / Document No:

MLLFD3-TM-OPE-015

Name of Trainer

Bhavesh Srivastava

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
01	Taru Tiwari	23269	M541306	QA	
02	Prashasti Tiwari	20913	M528798	Production	
03	Shubhadeep Saha	N3218	M551381	IPQA	
04	Aman Sahu	N3217	M551372	QA	
05	Rajkumar Kumawat	N3216	M551380	IPQA	
06	Ankita Lodwal	N3213	M551376	QA	
07	Paranjay Gupta	N3214	M551378	Training	
08	Priyanka Chohan	N3215	M551379	QC	
09	Sandeep Bhairaji Nazaware	23279	M551331	Material	
10	Shweta Chavhan	N3219	M551453	QA	
11	Rudra Pratap Singh	23287	M551418	Engg.	
12	Om Sharma	23286	M551417	Training	
		NA			

Remarks:

Satisfactory

Sign & Date
Trainer

17/03/2021

17/03/2021

Attendance Received By

Training Department Sign/Date:

17/03/2021

External Event Recorded:

Yes / NA

Sign & Date:





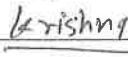

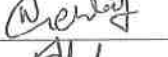




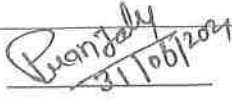

18/03/21

(For Training Dept. only)

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		TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>02</u>
Mylan Laboratories Limited, Indore		Date of Training: <u>31/08/2021</u>		Time: From <u>10:30</u> to <u>12:30 hrs</u>	
Venue: <u>Training center</u>		Method of Training: <input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others:(specify) _____			
Title of Course/ Document: <u>Environment, Health & safety induction</u>		Course / Document No: <u>-NA-</u>			
		Name of Trainer: <u>Nitin Wagh</u>			
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Vikram Chauraman	6481	M252342	CC	
2	Sandeep Sadeval	14345	M266367	CC	
3	PANKJ KUMAR	2380	M23064	CC	
4	Pravin Wami	17783	M515942	CC	
5	MUTALI Kambhoji	22663	M541095	QC	
6	Dattatray Kadam	23093	M549174	CC	
7	Pritam Gujarathi	21953	M534873	CC	
8	Rishabh Goyal	E-1381	-	Engineering	
9	Anindha Chhmare	16116	M01472	QC	
10	Anjaneshwar Hegde	16203	M510684	QC	
11	Jayant munde	20003	M528688	CC	
12	Ankit Yadav	E-1431	-	Engineering	
13	Radheep Kumar Singh	16810	M512359	QA	
14	Shivani Mandloi	23414	M555496	QC	
15	Tshuka Jain	23410	M555492	QC	
Remarks: <u>Satisfactory</u>					
Sign & Date Trainer: <u>31/08/2021</u>					
Attendance Received By: _____		Training Department Sign/Date: <u>31/08/2021</u>			
External Event Recorded: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Sign & Date: <u>15/09/2021</u>		(For Training Dept. only)	

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 Mylan Laboratories Limited, Indore		TRAINING ATTENDANCE RECORD			Page No. <u>02</u> of <u>02</u>
Date of Training: <u>31/08/2021</u>		Time: From <u>10:30</u> to <u>12:30</u> hrs.			
Venue: <u>Training center</u>		Method of Training: <input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____			
Title of Course/ Document: <u>Environment, Health and safety induction</u>		Course / Document No: <u>-NA-</u>		Name of Trainer: <u>Nitin Wagh</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
16	Jiteshwar dahare	23406	M555356	QC	
17	Nilesh Shinde	7448	M256392	Q.C	
18	Saloni Jain	23412	M555494	Q.C	
19	Krishna Sharma	23411	M555493	Q.C	
20	Shivangi Tiwari	23413	M555495	Q.C	
21	Nikhil Oreht	23419	M555628	Q.C	
22	Halun N.R.	4562	M252056	Q.C	
23	Deepali Prajapat	3243	-	Q.A	
24	Amit Arora	23409	M555490	Q.C	
NA					
Remarks: <u>Satisfactory</u>					
Sign & Date Trainer:  <u>31/08/2021</u>		Attendance Received By Training Department Sign/Date:  <u>31/08/2021</u>			
External Event Recorded: <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> NA		Sign & Date:  <u>31/08/2021</u>		(For Training Dept. only)	







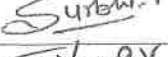



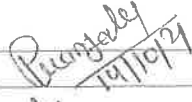

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 Mylan	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		

1.0 Reference of the governing procedure
SOP-000464660

2.0 Content

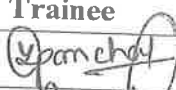

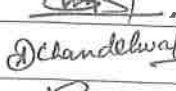






Date of Training:		14/10/2021		Time: From 08:59 to 09:50	
Venue:		Training hall		Page No. 01 of 02	
Method of Training:		<input checked="" type="checkbox"/> Classroom		<input type="checkbox"/> Computer Based	
		<input type="checkbox"/> On-The-Job		<input type="checkbox"/> Others:(specify) _____	
Title of Course/ Document:		Safety Induction Training			
Course / Document No:		-NA-		Name of Trainer Maheshkumar	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
01	Mansi chowasiya	23430	M556023	QC	
02	Devyani Kestwal	23433	M556036	QC	
03	Krishnachandra Patel	23429	M556022	QC	
04	Shubham Kuman Sahu	23431	M556025	QC	
05	Pooja Nagar	23453	M556243	QC	
06	Saloni Tadoo	22366	M538471	QC	
07	Surbhi Dubey	23432	M556026	QC	
08	Titendra Kumar	20100	M524053	QC	
09	Mahantesh Kameri	980166	M266757	Production	
Remarks: NA					
Sign & Date Trainer		 14/10/2021			
Attendance Received by Training Department Sign/Date:  14/10/21					
External Event Recorded: Yes / NA Sign & Date:  14/10/21 (For Training Dept. Only)					

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure
SOP-000464660


2.0 Content


Date of Training:	14/10/2021	Time: From 08:59 to 09:50
Venue:	Training hall	Page No. 02 of 02
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____	
Title of Course/ Document:	Safety Induction Training	
Course / Document No:	- A A -	Name of Trainer Muhendgare Sun

Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
10	Yashwant Panchal	23452	M556220	Tech Services & operations	
11	Santosh Dasa dk.	13484	M2266136	RA	
12	Shyam Bhalerao	23450	M556201	Tech. Services & operations	
13	ANUS KHANDELWAL	23495	M556943	RA	
14	Ajeet Kumar Pandey	23467	M556419	oe	
15	Rabin Dubey	23454	M556244	oe	
16	Nilesh Mahapatra	23451	M556202	O.C	
17	Madharam Jha	15338	M107386	oe	
18	Shubham Yachan	22523	M540078	oe	

Remarks: NA

Sign & Date Trainer:  14/10/2021

Attendance Received by Training Department Sign/Date:  14/10/21

External Event Recorded: Yes / NA Sign & Date:  18/10/21 (For Training Dept. Only)

1.Upload investment details with Gross block/Fixed assets (without depreciation) in respect to Authorization under BMW Rules-2016.

Investment details attached as **Annexure I.**

2.Upload Land Possession Documents/Agreement.

Land possession document attached in Land possession block.

3. Details of storage of Bio medical waste.

We have dedicated Bio Medical Waste Storage facility inside our hazardous waste storage shed with impervious flooring and weatherproof roof, with leachate collection pit. **Photograph attached for your ready reference as Annexure-II.**

4.Submit the valid status of Agreement/Permission/Registration of Bar code.

We have valid agreed agreement with Hoswin Incinerator Pvt. Limited who is authorized service provider for BMW incineration, further we have agreement with Masu Technologies, Indore for Bar Code. We have valid BMW authorization from MP-PCB which is valid till February 2021. Registration for barcode is already completed with Masu Technologies.

Certificate for the same is attached as Annexure-III.

5.Unit has uploaded the Site/Layout which not visible properly. pl upload the same and mark the location of Clinics-Dispensary etc in Site/Layout.

Site layout is uploaded in Site Layout Block.

6.Upload the details of medical staff (if any) which are [15/01/2021-1283] ~In-continuation - engaged for above purpose.

We have full fledge OHC within the premises. We have appointed Full Time Medical Officer available in General shift along with Nursing staff to provide first aid treatment to the injured and diseased. **Details of Medical Staff is attached as an Annexure-IV.**

7. Unit has apply for BMW Waste i.e (i) 1000.00 Kg/Month (Yellow category),(ii) 100.00 Kg/Month (Blue category),(iii) 30.00Kg/Month (White category),(iv) 30.00Kg/Month(Red category). Pl. Clarify On what basis Unit has assessed the Qty of waste, Pl. Assess the exact quantity and report/upload.

Unit has disposed off Bio Medical Waste in yellow category @3,601 Kg in 2020 and looking to the expansion plans and possible increasement in nos. man powers, we have applied for 1000 kg/Month BMW disposal in yellow category. Please note that we have applied for BMW authorization in other category with very minimal quantity for Blue, white and Red category.

8.Unit has mention Number of Patient(s) are 0.0 Nos/Month.as updated in XGN(Form) in respect to Generation of BMW waste (As mentioned in application form), Pl. Clar[15/01/2021-1283]~-- Pl. Clarify the same.[15/01/2021-1283]

We are pharmaceutical organization and as per factory rules we have provided state of art Occupational Health Centre with dedicated qualified and trained manpower who take cares of OHC functions. We have provided 02 beds inside OHC which is being used for first aid injured. If further we required any outside medical support we do have tie-up with nearby hospitals where injured or diseased person can be immediately send after appropriate first aid treatment at our OHC, hence we have denoted zero patient per months in our application.

Annexure I



CHINNAM & ASSOCIATES
CHARTERED ACCOUNTANTS
+91 7731-884-899

Ref: 69

TO WHOM IT MAY CONCERNED

This is to certify that **M/s Mylan Laboratories Limited**, a company registered under the companies Act 1956, and having Registered Office at plot No .564/A/22, Road No.92 ,Jubilee Hills, Hyderabad-500034 (Registered No:015146) engaged in the business of Manufacturing and /or Marketing of various active Pharmaceutical ingredients and Pharmaceuticals in finished Dosage forms, has the below Gross block value in FDF 3 OHC plant of fixed assets as on 31/12/2020

FDF 3 OHC Fixed Assets Gross Block as on 31.12.20	
Assets Class	Gross Value as on 31st December 2020
Computer Hardware	89,323
Office Equipment	33,373
Non Factory Building	8,06,111
Furniture & Fixtures	4,12,081
Grand Total	13,40,888

This Certificate is issued at the request of the company and on the basis of the records produced before us and information provided by management to us. We have not performed any other audit procedures

CHINNAM & ASSOCIATES
CH MANINDRA
Membership No.222402
Place: Tadepalligudem
Date:02-02-2021



G-1 , Krishnaveni Residency, P&T colony, Battula Vari street, Tadepalligudem, 534101, Andhra Pradesh