

o/c

Dt. 03/06/2022

To

The Member Secretary,
Telangana State Pollution Control Board,
Head Office, Sanathnagar,
Hyderabad.

Sir,

Sub: Mylan Laboratories Limited, FDF-4 Jadcherla SEZ UNIT, Plot No.S-16 & S-17/A,
TSIIC Green Industrial Park, Polepally Village,Jadcherla Mandal, Mahaboobnagar
Dist.-Submission of Bio-Medical Waste Annual Returns in Form –IV for the year
2021-reg

Ref: Lr.No.92/PCB/ROH/HYD/BMWA/MBNR/2017-615 dated 20.10.2017
valid up to : 30.09.2022

Please find enclosed herewith the Form – IV for the Submission of Bio-Medical Waste Annual returns for the period of January 2021 to December 2021 as per Condition. No.9 of Schedule A as per the reference under Bio-Medical Waste (Management & Handling) Rule 1998 as amended.

Kindly acknowledge the receipt of the same.

Thanking you,
Yours truly
For Mylan Laboratories Limited, FDF-4, Jadcherla unit.



Rajasekhar Dora
A.V.P. Facilities & Admn.
CC: Environmental Engineer, TSPCB, Regional Office, Nampally, Hyderabad.



Form - IV
(See rule 13) ANNUAL REPORT (CY-2021)

[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):-	Rajasekhar Dora - A.V.P. (Facilities & Admn.)
(ii) Name of HCF or CBMWTF	M/s. Mylan Laboratories Limited., Jadcherla, SEZ UNIT
(iii) Address for Correspondence	M/s. Mylan Laboratories Limited., Jadcherla, SEZ UNIT Plot No.S-16 & S-17/A APIIC Green Industrial Park, Polepally Village,Jadcherla Mandal, Mahaboobnagar Dist.-509 302. (T.S.) Tel No. 08542307000
(iv) Address of Facility	M/s. Mylan Laboratories Limited., Jadcherla, SEZ UNIT Plot No.S-16 & S-17/A APIIC Green Industrial Park, Polepally Village,Jadcherla Mandal, Mahaboobnagar Dist.-509 302. (T.S.) Tel No. 08542307000
(v) Tel. No, Fax. No.	Tel No. 08542357000
(vi) E-mail ID	rajasekhar.dora@mylan.in
(vii) URL of Website	www.mylan.in
(viii) GPS coordinates of HCF or CBMWTF	Latitude: 16o49'52'' Longitude: 78o07'59''
(ix) Ownership of HCF or CBMWTF	Mylan Laboratories Limited
(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: Lr.No.92/PCB/ROH/HYD/BMWA/MBNR/2017-615 dated 20.10.2017 valid up to : 30.09.2022
(xi) Status of Consents under Water Act and Air Act	Consent Order No:210-MHB/TSPCB/ZOH/CFO/2021-258 Dated 10.06.2021 Valid up to: 31.03.2026
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)	M/s. Mylan Laboratories Limited., Jadcherla, SEZ UNIT Plot No.S-16 & S-17/A APIIC Green Industrial Park, Polepally Village,Jadcherla Mandal, Mahaboobnagar Dist.-509 302. (T.S.)
(iii) License number and its date of expiry	Factory License No.MBNR/045/2011
3	Details of CBMWTF
(i) Number healthcare facilities covered by CBMWTF	Not Applicable
(ii) No of beds covered by CBMWTF	Not Applicable
(iii) Installed treatment and disposal capacity of CBMWTF:	Not Applicable
(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Not Applicable
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)
	Yellow Category : 1258 KG/Annum Break up details Refer Annexure-1 Monthwise disposal details Refer Annexure 2
	Red Category : NIL
	White : NIL
	Blue Category :NIL
	General Solid waste: NIL

5	Details of the Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	Stored in secured and designated area.			
	(ii) disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators	—	—	—
		Plasma Pyrolysis	—	—	—
		Autoclaves	—	—	1258 kgs
		Microwave	—	—	—
		Hydroclave	—	—	—
		Shredder	—	—	—
		Needle tip cutter or destroyer sharps	—	—	—
		Encapsulation or concrete pit	—	—	—
		Deep burial pits:	—	—	—
	Chemical disinfection:	—	—	—	
	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.) - NIL			
	(iv) No of vehicles used for collection and transportation of biomedical waste	All the generated bio medical waste is collected as per the BMW rules and sent to M/s Svethansh &co (CBWMTF) facility for treatment and disposal. Vehicle provided by CBWMTF, which is TSPCB authorised vehicle.			
	(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	Not Applicable		
		Ash			
		ETP Sludge			
	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s Svethansh & Co., Sy.No.214/A1, Shapur (V), Khilla Ghanpu(M), Mahaboobnagar. Dist.			
	(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, MOM of the BMW committee attached as Annexure-3			
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.	2 Training sessions conducted in a year and training record is attached as Annexure-4			
	(ii) number of personnel trained	11			
	(iii) number of personnel trained at the time of induction	23			
	(iv) number of personnel not undergone any training so far	NIL			
	(v) whether standard manual for training is available?	YES. We had prepared the presentation on Bio - Medical Waste segregation, collection, storage, treatment and disposal and we are conducting shopfloor trainings and class room trainings			
	(vi) any other information	Nil			
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)	Not Applicable
	(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?	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?	All Category wastes are being sent to M/s Svethansh, for further treatment and disposal. If it is beyond 48 hours from the storage time, the waste is being treated with 1 % Sodium hypochlorite solution. We meet the standards throughout the year.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	We don't have any treatment Facility. All waste is collected as per BMW storage and handling rules and disposed to authorised agency in safe manner.
12	Any other relevant information	Not Applicable

Certified that the above report is for the period from :- CY- 2021

I. Rajnekar Dura
Jadhav

Name and Signature of the Head of the Institution

Date: 26/05/2021

Place: Tadcherle



MYLAN LABORATORIES LIMITED, JADCHERLA					
QUANTITY OF BIO-MEDICAL WASTE DISPOSAL FOR THE PERIOD 01st January 2021 TO 31st December, 2021					
DATE	MANIFEST NUMBER	VEHICLE NUMBER	TYPE OF HAZ WASTE	QTY. OF WASTE (Kgs)	Remarks
02.01.2021	18266	TS13UB7268	Bio-medical Waste	20.00	-
07.01.2021	18278	TS13UB7268	Bio-medical Waste	20.00	-
21.01.2021	18291	TS13UB7268	Bio-medical Waste	40.00	-
TOTAL				80.00	-
04.02.2021	17710	TS13UB7268	Bio-medical Waste	50.00	-
16.02.2021	17730	TS13UB7268	Bio-medical Waste	30.00	-
25.02.2021	17746	TS13UB7268	Bio-medical Waste	35.00	-
TOTAL				115.00	-
09.03.2021	17760	TS13UB7268	Bio-medical Waste	50.00	-
18.03.2021	17772	TS13UB7268	Bio-medical Waste	20.00	-
27.03.2021	17793	TS13UB7268	Bio-medical Waste	30.00	-
TOTAL				100.00	-
03.04.2021	17404	TS13UB7268	Bio-medical Waste	30.00	-
15.04.2021	17429	TS13UB7268	Bio-medical Waste	35.00	-
29.04.2021	17462	TS13UB7268	Bio-medical Waste	35.00	-
TOTAL				100.00	-
06.05.2021	17474	TS13UB7268	Bio-medical Waste	25.00	-
20.05.2021	17496	TS13UB7268	Bio-medical Waste	35.00	-
29.05.2021	20712	TS13UB7268	Bio-medical Waste	45.00	-
TOTAL				105.00	-
10.06.2021	20737	TS13UB7268	Bio-medical Waste	48.00	-
26.06.2021	20784	TS13UB7268	Bio-medical Waste	50.00	-
TOTAL				98.00	-
13.07.2021	21001	TS13UB7268	Bio-medical Waste	50.00	-
20.07.2021	20933	TS13UB7268	Bio-medical Waste	20.00	-
29.07.2021	20955	TS13UB7268	Bio-medical Waste	35.00	-
TOTAL				105.00	-
05.08.2021	20971	TS13UB7268	Bio-medical Waste	25.00	-
14.08.2021	20994	TS13UB7268	Bio-medical Waste	50.00	-
28.08.2021	21020	TS13UB7268	Bio-medical Waste	50.00	-
TOTAL				125.00	-
07.09.2021	21040	TS13UB7268	Bio-medical Waste	40.00	-
16.09.2021	21053	TS13UB7268	Bio-medical Waste	40.00	-
25.09.2021	21065	TS13UB7268	Bio-medical Waste	25.00	-
TOTAL				105.00	-
07.10.2021	21085	TS13UB7268	Bio-medical Waste	30.00	-
21.10.2021	115	TS13UB7268	Bio-medical Waste	45.00	-
28.10.2021	130	TS13UB7268	Bio-medical Waste	55.00	-
TOTAL				130.00	-
20.11.2021	169	TS13UB7268	Bio-medical Waste	55.00	-
27.11.2021	187	TS13UB7268	Bio-medical Waste	25.00	-
TOTAL				80.00	-
04.12.2021	204	TS13UB7268	Bio-medical Waste	35.00	-
11.12.2021	222	TS13UB7268	Bio-medical Waste	10.00	-
18.12.2021	239	TS13UB7268	Bio-medical Waste	25.00	-
28.12.2021	260	TS13UB7268	Bio-medical Waste	45.00	-
TOTAL				115.00	-
GRAND TOTAL				1258.00	

ANNEXURE - 2

MYLAN LABORATORIES LIMITED., FDF - 4, Jadcherla	
BIOMEDICAL WASTE DISPOSAL DETAILS - 2021	
MONTH	Quantity in kg's
Jan-21	80
Feb-21	115
Mar-21	100
Apr-21	100
May-21	105
Jun-21	98
Jul-21	105
Aug-21	125
Sep-21	105
Oct-21	130
Nov-21	80
Dec-21	115.0
TOTAL	1258.00
Average in Kgs/month	104.83

MYLAN LABORATORIES LIMITED, FDF-4

JADCHERLA

HALF YEARLY BMW COMMITTEE MEETING HELD ON 15/06/2021

MINUTES OF MEETING (MOM) :

Members attended :

Jyothirmayababu Ghanta-EHS

Shiva Shankarappa-EHS

Rajesh babu P – Q.C.

M. Srinivasulu – Male Nurse

During the Meeting Previous MOM discussed.

1. It is known to that, there is no pending CAPA of previous MOM points.

Members of the committee raised the following concerns regarding biomedical waste handling and disposal.

Sl. No	Description of recommendation	Recommended action	Responsibility	Target date
1	In OHC, Two bins are to be provided for Bio medical waste and General waste separately.	Two dedicated bins are to be provided for BM waste and General waste and ensure the wastes are properly segregated.	OHC & EHS – Incharge	30.06.2021
2	Training to be provided to the concerned OHC staff regarding segregation of wastes	Training to be imparted to the concerned	OHC & EHS – Incharge	30.06.2021

Next monthly meeting to be planned on 2nd week of December 2021.

Regards,



G. Jyothirmaya Babu

Secretary – BMWM- Committee.

MYLAN LABORATORIES LIMITED, FDF-4

JADCHERLA

HALF YEARLY BMW COMMITTEE MEETING HELD ON 16/12/2021

MINUTES OF MEETING (MOM) :

Members attended :

Jyothirmayababu Ghanta-EHS

Shiva Shankarappa-EHS

M. Srinivasulu – Male Nurse

Rajesh babu P – Q.C.

During the Meeting Previous MOM discussed.

2. It is known to that, there is no pending CAPA of previous MOM points.

Members of the committee raised the following concerns regarding biomedical waste handling and disposal.

Sl. No	Description of recommendation	Recommended action	Responsibility	Target date
1	Proper packing of Bio medical waste	Training to be given to the people concerned to train the staff concerned.	EHS Incharge	05.01.2022
2	Training to be provided to the persons involved in handling of Bio-medical waste	It is decided to provide training to the persons handling Bio-medical waste including contract workmen.	EHS Incharge	05.01.2022


Next monthly meeting to be planned on 2nd week of June 2022.

Regards,



G. Jyothirmaya Babu

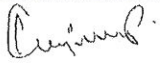




Secretary – BMWM- Committee.

	Jadcherla, IN - FDF 4	FORM-000516017
	Effective	14.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure

SOP-000462382 (TRAINING)

2.0 Content

TRAINING ATTENDANCE RECORD				Page No. <u>01</u> of <u>02</u>	
Date of Training:		25/06/2021		Time: From <u>15:20</u> to <u>15:50</u>	
Venue :		Q.C. microbiology Room			
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:		Handling of Biomedical waste			
Course/Document No.:		-		Name of Trainer: ^{Baran} G. Jyothidhara	
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
1	RAJESH BABU.P	M508493	QC		
2	Vijayashekhar.S	M558851	QC		
03	Arunjay Varma	M549310	QC		
04	M. Suman	M557484	QC		
05	K. Sreenivasulu	phasor 2 Tech put	OHC		
N/A Both 25/06/21					

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	Jadcherla, IN - FDF 4	FORM-000516017
	Effective	14.0, CURRENT
TRAINING ATTENDANCE RECORD		

Sr. No.	Name of Employee	M ID /%Company	Department	Signature of Trainee
		NA		
		25/10/12		

Remarks: Training given w.r.t. Handling of Bio medical waste and disposal

Sign & Date: *Gul*
25/10/12

Trainer/Supervisor/Facilitator


Instructions: Do not leave Blank space. Cross out, marked NA (Not applicable), Initial and Date

Participant(s): My signature verifies that I received and fully understood the subject(s) presented to me.

*For Contractors, please state Company Name

External event Punched by My University Administrator (Sign/Date): _____

FORM-000516017_02-10-19

	Jadcherla, IN - FDF 4
	Form
TRAINING ATTENDANCE RECORD FORM-000516017	
Effective	13.0, CURRENT

1.0 Reference of the governing procedure

SOP-000462382 (TRAINING)

2.0 Content

TRAINING ATTENDANCE RECORD				Page No. <u>01</u> of <u>02</u>	
Date of Training:		25/06/2021		Time:	From <u>11:00</u> to <u>12:00</u>
Venue :		ETO Office Room			
Method of Training:		<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Computer Based <input checked="" type="checkbox"/> On-The-Job <input checked="" type="checkbox"/> Others:(specify) _____			
Title of Course/Document:		Handling of Biomedical waste			
Course/Document No.:		-		Name of Trainer:	G. Jyothirmaya Babu
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	K. Sreenivastulu	phasos-2 technologies Pvt Ltd		K. S	
		N.A.			
		Part. 25/06/2021			

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Page 1 of 2



Jadcherla, IN - FDF 4

Form

TRAINING ATTENDANCE RECORD

FORM-000516017

Effective

13.0, CURRENT

Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee
N/A.				
Jadh 25/06/21				
/				
/				
/				
/				
/				
/				

Remarks: Training given w.r.t Handling of Biomedical Waste and disposal

Sign & Date: *Jadh*
25/06/21

Trainer/Supervisor/Facilitator

Instructions: Do not leave Blank space. Cross out, marked NA (Not applicable), Initial and Date


Participant(s): My signature verifies that I received and fully understood the subject(s) presented to me.

Trainer /supervisor/facilitator: My signature verifies that the participant(s) have been trained & assessed.(Self-Read Exception)

*For Contractors, please state Company Name

External event Punched by My University Administrator (Sign/Date): _____





FORM-000516017_02-10-19

	Jadcherla, IN - FDF 4
	Form
TRAINING ATTENDANCE RECORD FORM-000516017	
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1.0 Reference of the governing procedure

SOP-000462382 (TRAINING)

2.0 Content


TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>02</u>	
Date of Training:	21/03/2022		Time:	From <u>15:10</u> to <u>15:40</u>
Venue :	QC corridor			
Method of Training:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Computer Based <input checked="" type="checkbox"/> On-The-Job <input checked="" type="checkbox"/> Others:(specify) _____			
Title of Course/Document:	Handling of Biomedical waste			
Course/Document No.:	-		Name of Trainer:	Y. Divya shankar ^{APPA}
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee
01	Ashley Varma	M549310	QC-Microbiology	
02	M. Suman	M557484	QC-Micro	
03	P Bhasrath Kumar	51107	QC micro	
04	RAJESH BABU.P	M508493	QC Micro	
NA SW 21/03/2022				

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Page 1 of 2

	Jadcherla, IN - FDF 4 Form
TRAINING ATTENDANCE RECORD FORM-000516017	
Effective	13.0, CURRENT

Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee																																								
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*NA
Sh
21/03/2022*

Remarks: *training given w.r.t Handling of Biomedical waste and Disposal.*

Sign & Date: *Sh
21/03/2022*

Trainer/Supervisor/Facilitator

Instructions: Do not leave Blank space. Cross out, marked NA (Not applicable), Initial and Date

Participant(s): My signature verifies that I received and fully understood the subject(s) presented to me.


Trainer /supervisor/facilitator: My signature verifies that the participant(s) have been trained & assessed.(Self-Read Exception)

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*For Contractors, please state Company Name

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	Jadcherla, IN - FDF 4
	Form
TRAINING ATTENDANCE RECORD FORM-000516017	
Effective	13.0, CURRENT

1.0 Reference of the governing procedure

SOP-000462382 (TRAINING)

2.0 Content


TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>02</u>	
Date of Training:	<u>21/03/2022</u>		Time:	From <u>10:30</u> to <u>11:00</u>
Venue :	<u>ETO office room</u>			
Method of Training:	<input checked="" type="checkbox"/> Classroom <input checked="" type="checkbox"/> Computer Based <input checked="" type="checkbox"/> On-The-Job <input checked="" type="checkbox"/> Others:(specify) _____			
Title of Course/Document:	<u>Handling of bio medical waste</u>			
Course/Document No.:	—		Name of Trainer:	<u>G. Jyothimaya Babu</u>
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee
<u>01</u>	<u>K. Sreenivasulu</u>	<u>phasor 2 technologies</u>	<u>OHC</u>	<u>K. S</u>
 N.A G. Jyothimaya Babu 21/03/22 				

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Page 1 of 2

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	Jadcherla, IN - FDF 4 Form TRAINING ATTENDANCE RECORD FORM-000516017
Effective	13.0, CURRENT

Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee

P. A. Path
21/03/20

Remarks: Explained Bmw Rule and Handling of Biomedical Waste

Sign & Date: *Path*
21/03/20

Trainer/Supervisor/Facilitator

Instructions: Do not leave Blank space. Cross out, marked NA (Not applicable), Initial and Date
Participant(s): My signature verifies that I received and fully understood the subject(s) presented to me.
Trainer /supervisor/facilitator: My signature verifies that the participant(s) have been trained & assessed.(Self-Read Exception)

*For Contractors, please state Company Name

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Form - I
 {(See rule 4 (o),5(i) and 15(2))}

ACCIDENT REPORTING

S.NO.		
1	Date and time of accident	Nil
2	Type of Accident	Not applicable
3	Sequence of events leading to accident	Not applicable
4	Has the Authority been informed immediately	Not applicable
5	The type of waste involved in accident	Not applicable
6	Assessment of the effects of the accidents on human health and the environment	Not applicable
7	Emergency measures taken	Not applicable
8	Steps taken to alleviate the effects of accidents	Not applicable
9	Steps taken to prevent the recurrence of such an accident	Not applicable
10	Does your facility has an Emergency Control policy? If yes give details.	Not applicable

Date: 26/05/2022

Place Tadcharke



Signature

[Handwritten Signature]

Name :

I. Rajeshwar Dix

Designation

AVP - Facilities.