

MLL/EHS/TSPCB/39/2023-24/08

Date: 14.06.2023

To,

The Member Secretary,
T.S. Pollution Control Board,
Paryavaran Bhavan, A-3. Industrial Estate,
Sanath Nagar,
Hyderabad-500018.

Sir,

Sub:Mylan Laboratories Limited,Unit-1, Sy.No.10, Gaddapotharam, IDA, Kazipally,
Sangareddy District- Submission of Form-IV for annual report of Bio-Medical waste
for the year -2022-reg.


Please find the annual report for Bio-Medical waste disposal for the year 2022 in the
prescribed format of Form-IV for Mylan Laboratories Limited, Unit-1, located at
Sy.No .10, Gaddapotharam, IDA, Kazipally, Sangareddy District.

The same may please be acknowledged.

Thanking you,

Your's truly,

For Mylan Laboratories Limited, Unit-I
(Formerly known as Matrix Laboratories Limited-unit-1)


B.Nageswara Rao
AVP-Manufacturing



CC: Environmental Engineer, Regional Office, RC Puram, Sangareddy dist

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	<u>NA</u> Kg per day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 26.79 Kgs (Attached as Annexure-2)			
			Red Category: 201.5 Kgs (Attached as Annexure-2)			
			White Category: 1.40 Kg (Attached as Annexure-2)			
			Blue Category: 8.97 Kgs (Attached as Annexure-2)			
			General Solid waste: Nil			
			Category wise monthly disposal summary enclosed as Annexure-2			
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size: 10sq.Mtr			
			Capacity: 100Kgs			
			Provision of on-site storage: (cold storage or any other provision): Packed in non-chlorinated colored plastic bags and stored in SS & HDPE Containers with secondary containment.			
	(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	NA	NA	NA
			Plasma Pyrolysis	NA	NA	NA
			Autoclaves	NA	NA	NA
			Microwave	NA	NA	NA
			Hydro clave	NA	NA	NA
			Shredder	NA	NA	NA
			Needle tip cutter or destroyer	NA	NA	NA
			Sharps encapsulation or concrete pit	NA	NA	NA
			Deep burial pits:	NA	NA	NA
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	:	NA									
	(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></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>ETP Sludge</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash	NA	NA	ETP Sludge	NA	NA
	Quantity generated	Where disposed										
Incineration Ash	NA	NA										
ETP Sludge	NA	NA										
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/S. DHARMA & CO., (CBMWTF), WORKS & REGD.OFF CHINNAKODUR VILLAGE & MANDAL, Siddipet DISTRICT-502276 TELANGANA STATE PH NO: 9160022777, 9000004272 & 9502883840.									
	(vii) List of member HCF not handed over bio-medical waste.	:	NA									
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	Yes Attached as Annexure-3									
7.	Details trainings conducted on BMW	:	Training on SOP No: SOP/cEHS/ENV/GEN/005/04.									
	(i) Number of trainings conducted on BMW Management.	:	Two									
	(ii) number of personnel trained	:	10 No's Attached as Annexure-4									
	(iii) number of personnel trained at the time of induction	:	NA									
	(iv) number of personnel not undergone any training so far	:	NA									
	(v) whether standard manual for training is available?	:	Yes, SOP available									
	(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.	:	Nil									
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	NA									
	Details of Continuous online emission monitoring systems installed	:	NA									

10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	NA
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, meeting the log 4 standards.
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from 1st January '2022 to 31st December'2022

Date: 14th Jun 2023

Place: Kazipally


Mr. B. Nageswara Rao

AVP-Manufacturing

(Name and Signature of the Head of the Institution)



ANNEXURE - 1

TELANGANA STATE POLLUTION CONTROL BOARD
Regional Office : R.C.Puram
25-35/11, Tulasi Reddy complex, 2nd Floor, Near Mandal Office,
R.C.Puram, Sangareddy District

K. Ravi Kumar,
Environmental Engineer.

Ph.No.08455-280200
Email:ee-mdk2-tspcb@telangana.gov.in.

AUTHORISATION

(Issued under Rule 10 of the Bio-Medical Waste Management Rules, 2016)


1. Order No. 07/TSPCB/RO/RCPM/BMWA/2018-224 Date: 28.06.2018.
2. M/s Mylan Laboratories Ltd., Unit - I, (Formerly M/s Matrix Laboratories Ltd., Unit - I), an occupier or operator of the facility located at Sy. No. 10, IDA, Gaddapotharam, Jinnaram Mandal, Sangareddy District is hereby granted an authorisation for Generation, segregation, Collection & Storage of Bio-Medical Waste.
3. M/s Mylan Laboratories Ltd., Unit - I, (Formerly M/s Matrix Laboratories Ltd., Unit - I), is hereby authorized for handling of biomedical waste as per the capacity given below;

- (i) Number of beds of HCF: **01.**
- (ii) Quantity of Biomedical waste handled, treated or disposed:

Type of Waste Category	Quantity permitted for Handling
Yellow	39.0 Kg/Month.
Red	3.0 Kg/Month.
White (Translucent)	4.5 Kg/Month.

4. This authorisation shall be in force for a period up to 31.07.2023.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Place: R.C.Puram.
Dated: 28.06.2018.


ENVIRONMENTAL ENGINEER

N.B:

This authorization shall be exhibited in the above premises and should be produced from time to time at the request of the Inspecting Officer.

Contd...

Terms and conditions of the Authorization

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the Telangana State Pollution Control Board.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the Telangana State Pollution Control Board.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of this authorisation.
5. It is the duty of the authorised person to take prior permission of the Telangana State Pollution Control Board to close down the facility and such other terms and conditions that may be stipulated by the Telangana State Pollution Control Board.
6. Any other conditions for compliance as per the Guidelines issued by the MoEF & CC or CPCB from time to time.
7. The Bio Medical Waste shall be disposed for treatment after disinfection and segregation to the following Common Bio-Medical Waste Treatment Facility.

**M/s. Dharma & Co,
Sy.No.243/A, Chinnakodur (V&M),
Siddipet District.**

SPECIAL CONDITIONS

1. All the provisions of the Bio-Medical Waste Management Rules, 2016 must be complied with.
2. The HCF shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with Bio-Medical Waste Management Rules, 2016.
3. The HCF shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I of the BMWM Rules, 2016. It shall be ensured that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I of the Bio-Medical Waste Management Rules, 2016.
4. The HCF shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDS Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal.
5. The HCF shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of the Bio-Medical Waste Management Rules, 2016.

6. The HCF shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time.
7. The HCF shall not to give treated bio-medical waste with municipal solid waste.
8. The HCF shall establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose within one year from the date of the notification of the Bio-Medical Waste Management Rules, 2016.
9. The HCF shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care facilities.
10. The HCF shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974).
11. The HCF shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I of the Bio-Medical Waste Management Rules, 2016.
12. The HCF shall inform to TSPCB immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time.
13. The HCF shall establish a system to review and monitor the activities related to bio-medical waste management by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority.
14. It is the responsibility of the occupier of the HCF that the only segregated bio-medical waste as per the Schedule – I of the BMW Management Rules, 2016 shall be handed over to common bio-medical waste treatment facility for treatment, processing and final disposal.
15. It shall be ensured that no untreated bio-medical waste shall be mixed with other wastes.
16. The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule I of the BMW Management waste treatment Rules, 2016 prior to its storage, transportation, treatment and disposal.
17. The containers or bags referred to in sub-rule (2) shall be labeled as specified in Schedule IV of the BMW Management Rules, 2016. The bar coding and global positioning system shall be added by the Occupier and Common bio-Medical Waste treatment facility in one year time.
18. Un-treated human anatomical waste, animal anatomical waste, soiled waste and biotechnology waste shall not be kept stored beyond a period of 48 hours. Provided that in case for any reason it becomes necessary to store such waste beyond such a period, the occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the prescribed authority (TSPCB) along with the reasons for doing so.
19. Dead Fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or healthcare establishment.
20. Cytotoxic drug vials shall not be handed over to unauthorised person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common

bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolysis is at temperature >1200C

21. Residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.
22. On-site pre-treatment of laboratory waste, microbiological waste, blood samples and blood bags should be disinfected or sterilized as per the Guidelines of World Health Organisation or National AIDS Control Organisation and then given to the common bio-medical waste treatment and disposal facility.
23. Syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage.
24. The HCF shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal or any other form of handling of bio-medical waste.
25. The HCF shall submit an annual report to the prescribed authority (TSPCB) in Form - IV, on or before the 30th June of every year for the period from January to December of the preceding year.
26. The HCF shall make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of the Bio-Medical Waste Management Rules, 2016.
27. In case of any change in the bio-medical waste generation, handling, treatment and disposal for which authorisation was earlier granted, the occupier or operator of HCF shall intimate to the prescribed authority about the change or variation in the activity and shall submit a fresh application in Form II for modification of the conditions of Authorisation.
28. In case of any major accident at HCF facility or any other site while handling bio-medical waste, the authorised person shall intimate immediately to the prescribed authority about such accident and forward a report within twenty-four hours in writing regarding the remedial steps taken in Form I.
29. The HCF shall ensure occupational safety of all its health care workers and others involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments.
30. The occupier of the HCF or an operator of a common bio-medical waste treatment facility shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes. The occupier or operator of common bio-medical waste treatment facility shall be liable for action under section 5 and section 15 of the Act, in case of any violation.
31. The HCF shall adopt the following treatment and disposal methods as described in the Bio-Medical Waste Management Rules, 2016.
 - v. Chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate $\text{Log}_{10}4$ reduction efficiency for microorganisms as given in Schedule-III.
 - vi. Mutilation or shredding must be to an extent to prevent unauthorized reuse.
32. The HCF shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report.

33. The facility shall immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunization Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time.
34. The facility shall conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio-medical waste and maintain the records for the same.


ENVIRONMENTAL ENGINEER

To,
Sri. Rakesh Bamzai,
M/s Mylan Laboratories Ltd., Unit - I,
(Formerly M/s Matrix Laboratories Ltd., Unit - I),
Sy. No. 10, IDA, Gaddapotharam, Jinnaram Mandal,
Sangareddy District



TELANGANA STATE POLLUTION CONTROL BOARD

Regional Office : R.C.Puram

**25-35/11, Tulasi Reddy complex, 2nd Floor, Near Mandal Office,
R.C.Puram, Sangareddy District**

K. Ravi Kumar,
Environmental Engineer.

Ph.No.08455-280200

Email:ee-mdk2-tspcb@telangana.gov.in.

AMENDMENT TO AUTHORISATION ORDER

(Issued under Rule 10 of the Bio-Medical Waste Management Rules, 2016)

Order No.07/TSPCB/RO/RCPM/BMWA/2019 - 304

Date:05.08.2019.

Sub:	TSPCB, RO, RCPM - M/s Mylan Laboratories Ltd., Unit-I, (Formerly M/s. Matrix Laboratories Ltd., Unit-I), Sy. No. 10, IDA Gaddapotharam, Jinnaram Mandal, Sangareddy District – Amendment of BMW Authorisation with regard to inclusion of certain categories of Bio-Medical Waste – Order – Issued – Reg.
Ref:	1. BMW Authorisation Order No. 07/TSPCB/RO/RCPM/BMWA/2018 - 224, Dt: 28.06.2018. 2. The HCEs Lr. Dt 30.05.2019, Requesting for Amendment of BMW Authorisation with regard to inclusion of certain categories of Bio-Medical Waste. 3. Inspection of the HCE by the Board Officials on 27.07.2019. 4. BMW Authorisation Committee Meeting held on 05.08.2019.

In the reference 1st cited, the Board has issued Authorization under Bio-Medical Waste (Management & Handling) Rules, 2016 to **M/s Mylan Laboratories Ltd., Unit-I, (Formerly M/s. Matrix Laboratories Ltd., Unit-I), Sy. No. 10, IDA Gaddapotharam, Jinnaram Mandal, Sangareddy District** with a validity period up to **31.07.2023** for Waste Category with quantities permitted as mentioned below.

Type of Waste Category	Quantity permitted for Handling
Yellow	39.0 Kg/Month.
Red	3.0 Kg/Month.
White (Translucent)	4.50 Kg/Month.

Vide reference 2nd cited, the HCE has submitted an application on 30.05.2019 requesting for amendment of BMW Authorisation issued vide order dt 28.06.2018 with regard to inclusion of certain categories of Bio-Medical Waste. The HCE vide Lt Dt: 30.05.2019 has informed that, they are also generating Blue category of BM waste 1.0 Kg/Month, and requested to amend the BMW authorization with inclusion of above waste.

The issue was placed before BMW Authorisation Committee Meeting held on 05.08.2019. After detailed discussions, the Committee recommended to amend the BWM Authorisation dt 28.06.2018 with regard to inclusion of certain categories of Bio-Medical Waste.

Accordingly, the following amendment with regard to inclusion of the blue category of Bio-Medical Waste with quantities is made to the authorization issued vide reference 1st cited. The Para No: 3(II) of the BMW authorization order dated: 28.06.2018 shall be read as follows:


Type of Waste Category	Quantity of BMW Generated
Yellow	39.0 Kg/Month.
White (Translucent)	4.50 Kg/Month.
Red	3.0 Kg/Month.
Blue	1.0 Kg/Month

The Validity and terms and conditions mentioned in the schedule A & B of BMW authorization Dt: 28.06.2018 are remain the same.

N.B:

This authorization shall be exhibited in the above premises and should be produced from time to time at the request of the Inspecting Officer.

To,
M/s Mylan Laboratories Ltd., Unit-I,
(Formerly M/s. Matrix Laboratories Ltd., Unit-I),
Sy. No. 10, IDA Gaddapotharam,
Jinnaram Mandal, Sangareddy District.


ENVIRONMENTAL ENGINEER
ENVIRONMENTAL ENGINEER
T.S. Pollution Control Board
Regional Office R.C.Puram
Sangareddy Dt. 502 032



Regional Office : R.C.Puram, 25-35/11, Tulasi Reddy complex,
2nd Floor, Near Mandal Office, R.C.Puram, Sangareddy District

Smt.M.Bhagya Lakshmi,
Environmental Engineer (FAC)

Ph.No.00455-200200
Email:ee-mdk2-tspcb@telangana.gov.in.

AMENDMENT TO AUTHORISATION ORDER

(Issued under Rule 10 of the Bio-Medical Waste Management Rules, 2016)

Order No.TSPCB/RO/RCPM/BMWA/2022-79

Date:19.04.2022.

Sub: TSPCB, RO, RCP - M/s Mylan Laboratories Ltd., Unit - I (Formerly M/s Matrix Laboratories Ltd.), Sy. No. 10, IDA, Gaddpotharam, Jinnaram Mandal, Sangareddy District - Amendment of BMW Authorisation with regard to change in quantity of red category of Bio-Medical Waste - **Order - Issued - Reg.**

- Ref:**
1. BMW Authorisation Order No. 07/TSPCB/RO/RCPM/BMWA/2018 - 224, Dt: 28.06.2018.
 2. Amended BMW Authorisation Order No. 07/TSPCB/RO/RCPM/BMWA /2019 - 304, Dt: 05.08.2019.
 3. The Industry's Lr. Dt 08.04.2022, Requesting for Amendment of BMW Authorisation with regard to change in quantity of red category of Bio-Medical Waste.
 4. Inspection of the HCE by the Board Officials on 13.04.2022.
 5. BMW Authorisation Committee Meeting held on 19.04.2022.

In the reference 1st cited, the Board has issued Authorisation under Bio-Medical Waste (Management & Handling) Rules, 2016 to **M/s Mylan Laboratories Ltd., Unit - I (Formerly M/s Matrix Laboratories Ltd.), Sy. No. 10, IDA, Gaddpotharam, Jinnaram Mandal, Sangareddy District** with a validity period up to 31.07.2023 for Waste Category with quantities permitted as mentioned below.

Type of Waste Category	Quantity permitted for Handling
Yellow	39.0 Kg/Month.
Red	3.0 Kg/Month.
White (Translucent)	4.5 Kg/Month.

The Board vide reference 2nd cited has issued amended Bio medical waste Authorisation order dt:05.08.2019 to the industry with regard to inclusion of Blue category of bio medical waste with quantities permitted as mentioned below.

Type of Waste Category	Quantity permitted for Handling
Yellow	39.0 Kg/Month.
Red	3.0 Kg/Month.
White (Translucent)	4.5 Kg/Month.
Blue	1.0 Kg/Month

The industry vide reference 3rd cited has submitted a representation dt. 08.04.2022 submitted that due to covid-19 pandemic, their Occupational Health centre (OHC) activities have increased since all the visitors entering the premises are being tested at Occupational Health centre (OHC) and only then being allowed inside the industry premises. Due to which, red category waste like Gloves have increased at their industry and considering the same, the industry requested the Board to issue amendment to the Bio-Medical waste Authorization order Dt.28.06.2018 by increasing the quantity of red category bio medical waste from 3.0 Kg/Month to 50.0 Kg/Month.

The issue was placed before BMW Authorisation Committee Meeting held at TSPCB, RO, R.C.Puram on 19.04.2022. After detailed discussions, the Committee recommended to amend the BWM Authorisation dt 28.06.2018 with regard to increase the quantity of red category of bio medical waste from 3.0 Kg/Month to 50.0 Kg/Month.

Accordingly, the following amendment with regard to change in quantity of red category of bio medical waste is made to the BMW authorization issued vide reference 1st cited. The Para No:3 (II)of the BMW authorization order dated: 28.06.2018 shall be read as follows:

Type of Waste Category	Quantity permitted for Handling
Yellow	39.0 Kg/Month
Red	50.0 Kg/Month
Blue	1.0 Kg/Month
White (Translucent)	4.5 Kg/Month

The Validity and terms and conditions mentioned in the schedule A & B of BMW authorization Dt: 28.06.2018 are remain the same.

N.B: This authorization shall be exhibited in the above premises and should be produced from time to time at the request of the Inspecting Officer.

To,
M/s Mylan Laboratories Ltd, Unit - I
(Formerly M/s Matrix Laboratories Ltd.,),
Sy. No. 10, IDA, Gaddpotharam, Jinnaram Mandal,
Sangareddy District.

R. Chaggaal R
 19/04/2022
ENVIRONMENTAL ENGINEER (FAC)
 ENVIRONMENTAL ENGINEER
 T.S. Pollution Control Board
 Regional Office, R.C.Puram
 Sangareddy Dt. 502 032.

Copy submitted to **the CEE, BO, Hyderabad** for information.

Copy submitted to **the JCEE, ZO, R.C.Puram** for information.

Annexure-2

MYLAN LABORATORIES LIMITED.,UNIT - 1				
DETAILS OF BIOMEDICAL WASTE DISPOSED TO DHARMA & Co.				
MONTH	Category wise disposed quantity in Kgs			
	Yellow	Red	White	Blue
Jan-22	0.80	18.00	0.30	0.26
Feb-22	1.65	14.00	0.00	0.30
Mar-22	0.76	19.00	0.20	0.34
Apr-22	0.80	16.00	0.00	0.37
May-22	4.28	19.00	0.20	3.64
Jun-22	4.15	19.00	0.30	1.15
Jul-22	1.30	16.00	0.00	0.48
Aug-22	0.95	18.00	0.20	0.43
Sep-22	4.40	18.00	0.00	0.45
Oct-22	4.15	13.50	0.20	0.70
Nov-22	1.20	17.00	0.00	0.38
Dec-22	2.35	14.00	0.00	0.47
TOTAL	26.79	201.50	1.40	8.97
Avg./month	2.233	16.792	0.117	0.748

Mylan Laboratories Limited Unit-1
MOM of committee meeting for Bio-Medical Waste

Name	Role	Present
Y.Suryamohan	Chairperson	Yes
V.Nageshwar	Coordinator	Yes
M.Ramkumar	Member	Yes
Dr.Venkatakrishna	Medical Officer	Yes
S.Rajagopal	Member	Yes
P.Dasaradha Ramaiah	Member	Yes
M.B.Chandra Babu	Member	Yes

Date	Time	Place
15 th Mar 2022	11.30 to 12.30	OHC Centre

Bio Medical Waste Management Committee meeting was conducted on 15.03.2022 and discussed about Biomedical waste generation, storage, and disposal. The minutes of meeting are as below

1. The committee has discussed about previous MOM.
2. Chairperson Mr.Y Suryamohan has informed to the committee regarding Biomedical Waste annual returns has been submitted on 24.06.2021 and for the year-2020 and The year-2021 Annual reports will be submitted before 30th Jun 2022.
3. The team verified about BMW Authorisation validity and Compliance reports of BMW Autorisation No. 07/TSPCB/RO/RCPM/BMWA/2018-224 on 28.06.2018, valid up to 31st July 2023.
4. Team discussed about Biomedical Waste generation and disposal details regularly submitting to T.S. Pollution Control Board on monthly basis.
5. Team verified regarding submission of BMW Half yearly compliance reports.
6. Team discussed about Red Category Waste increased against Bio-Medical Waste Authorisation and Team Suggested to Chairperson request to amend the BMWA against Red Category Waste increased quantity.
7. Chairperson Mr.Y Suryamohan informed to the BMW waste handling staff regarding No untreated BMW shall be kept stored beyond a period of 48 hrs.

8. Team discussed Generation of BMW after 48 hrs. carry out treatment by using of 1-2% Sodium hypochlorite chemical.
9. Team discussed about any new person joining in OHC department should undergo the vaccination for Hepatitis B.
10. Team discussed about to give training on BMW handling to BMW handling staff. Chairperson Mr.Y Suryamohan explained to team we are conducting the trainings twice in year to BMW handling staff.
11. Color and Symbol Code Label for Biohazard to be displayed on the container used for collection of Biomedical Waste.
12. Medical nurse informed to committee regarding at OHC generated BMW is being segregated in color- and bar-coding bins/covers as per Biomedical Waste Management handling rules.

Next meeting will be conducted on Sep,2022

Prepared by:

NYK

Verified by:

Surya

Mylan Laboratories Limited Unit-1
MOM of committee meeting for Bio-Medical Waste

Name	Role	Present
Y.Suryamohan	Chairperson	Yes
V.Nageshwar	Coordinator	Yes
Dr.Venkatakrishna	Medical Officer	Yes
S.Rajagopal	Member	Yes
M.B.Chandra Babu	Member	Yes
Santhosh	Male Nurse	Yes

Date	Time	Place
15 th Sep 2022	11.30 to 12.30	OHC Centre

Bio Medical Waste Management Committee meeting was conducted on 15.09.2022 and discussed about Biomedical waste generation, storage, and disposal. The minutes of meeting are as below

1. The committee has discussed about previous MOM.
2. Committee has verified the validity of CBMWTF Authorisation and Agreement (M/s.Dharma & Co)
3. Chairperson Mr.Y Suryamohan has informed to the committee regarding Biomedical Waste annual returns has been submitted on 20.05.2022 and for the year-2021.
4. The team verified about BMW Authorisation validity and Compliance reports of BMW Autorisation No. 07/TSPCB/RO/RCPM/BMWA/2018-224 on 28.06.2018, valid up to 31st July 2023.
5. Team discussed about Biomedical Waste generation and disposal details regularly submitting to T.S. Pollution Control Board on monthly basis and maintaining the records same.
6. Chairperson Mr.Y Suryamohan informed to the BMW waste handling staff regarding No untreated BMW shall be kept stored beyond a period of 48 hrs.
7. Team discussed Generation of BMW after 48 hrs. carry out treatment by using of 1-2% Sodium hypochlorite chemical.

8. Team discussed about any new person joining in OHC department should undergo the vaccination for Hepatitis B.
9. Team discussed about to give training on BMW handling to BMW handling staff. Chairperson Mr.Y Suryamohan explained to team we are conducting the trainings twice in year to BMW handling staff.
10. Color and Symbol Code Label for Biohazard to be displayed on the container used for collection of Biomedical Waste.
11. Medical nurse informed to committee regarding at OHC generated BMW is being segregated in color- and bar-coding bins/covers as per Biomedical Waste Management handling rules.

Next meeting will be conducted on Mar,2023

Prepared by:

Myers

Verified by:

Suryamohan



MYLAN LABORATORIES LIMITED - UNIT-I

TRAINING ATTENDANCE RECORD

Unit No. : 2 Venue : OHC center
 Title of Program: Management of Bio-medical Waste Date : 29/03/2022, 30/03/22 & 31/03/22
 Doc / SOP No. : _____ Duration: : 1.00 hrs
 Trainer Name : Y. Sanyamohan

S.No	Employee Code	Name	Designation	Department	Signature
01	11246	V. Nagarajan	Dy. manager	OHC	[Signature]
02	18023	M.B. Chandrasekar	Executive	EHS	[Signature]
03	7111	M. Ramkumar	Asst. manager	EHS	[Signature]
04	12433	P. Desaradha Perumal	Asst. manager	EHS	[Signature]
05	80003	M. Santhosh Kumar	Compounder	OHC	[Signature]
06	82003	R. Rajanikanth	Compounder	OHC	[Signature]
07	81002	K. Prasad Das	Compounder	OHC	[Signature]
08	81015	R. Mahesh	Compounder	OHC	[Signature]
09	82002	md. Naseruddin	Compounder	OHC	[Signature]
10	81015	J. Vijaya harsini	St	OHC	[Signature]

Remarks: Trainee evaluation done through questionnaire/Demonstration and found satisfactory

Sign of the Trainer: [Signature]

Date : 29/03/22, 30/03/22 & 31/03/22

ANNEXURE-4 (02 of 03)



MYLAN LABORATORIES LIMITED – UNIT-I

TRAINING ATTENDANCE RECORD

Unit No. : 2 Venue : OTC center
Title of Program: management of Bio-medical waste Date : 22/09/2022
Doc / SOP No. : _____ Duration: : 1.00 hr
Trainer Name : V. Nageshwar

S.No	Employee Code	Name	Designation	Department	Signature
①	81003	M. Santhosh Kumar	Male Nurse	OTC	<u>[Signature]</u> 22/09/22
②	81018	J. Vijayalakshmi	Female Nurse	OTC	<u>[Signature]</u> 22/09/2022
③					

Remarks: Trainee evaluation done through questionnaire/Demonstration and found satisfactory

Sign of the Trainer: [Signature]

Date : 22/09/2022



MYLAN LABORATORIES LIMITED - UNIT-I

TRAINING ATTENDANCE RECORD

Unit No. : I Venue : OHC Center
 Title of Program: management of Bio-medical waste Date : 19/09/22 & 20/09/22
 Doc / SOP No. : - Duration : 1.00hr.
 Trainer Name : y. Surya prasan.

S.No	Employee Code	Name	Designation	Department	Signature
01	11226	V. Nageshwar	Dy manager	EHS	[Signature] 19/09/22
02	18023	M.B Chakrabarti	Executive	EHS	[Signature] 19/09/22
03	7144	M. Ramkumar	Asst manager	EHS	[Signature] 19/09/22
04	81015	R. Mahesh	male nurse	OHC	[Signature] 19.09.22
05	12433	P. Dasratharamaiah	ASST manager	EHS	[Signature] 19/09/22
06	81002	K. Prasadaiah	Male Nurse	OHC	[Signature] 20/09/22
07	82003	R. Rajnikanth	Male Nurse	OHC	[Signature] 20/09/22
08	82003	md. Naseruddin	male Nurse	OHC	[Signature] 20/09/22

Remarks: Trainee evaluation done through questionnaire/Demonstration and found satisfactory

Sign of the Trainer: [Signature]

Date : 19/09/2022 & 20/09/22