

**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

MLL/FDF/312021/27

Date: 15.06.2021

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 2020.

**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 2020 (period 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020).

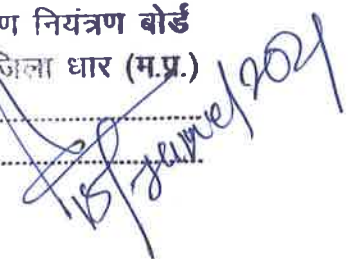
Kindly acknowledge the same and oblige.

Thanking You,

Yours Faithfully,  
For Mylan Laboratories Limited,

  
  
Girish Pargaonkar

Head of OSD Site Operations- Indore

o/c  
क्षेत्रीय कार्यालय  
म.प्र. प्रदूषण नियंत्रण बोर्ड  
पीथमपुर, जिला धार (म.प्र.)  
आवक क्रं.....  
दिनांक.....  


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 30<sup>th</sup> 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. 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:AWH-53360 (Valid up to 30/04/2022)
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: <b>3601 kgs/ Annum</b> Red Category: <b>Nil kgs/ Annum</b> White Category: <b>Nil kgs/ Annum</b> Blue Category: <b>Nil</b> General Solid waste: <b>NA</b> Category wise monthly generation details enclosed as <b>Annexure I</b>			
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size: <b>10 Square meter</b> Capacity: <b>300 Kgs</b> Provision of on-site storage: (cold storage or any other provision): <b>Secure storage</b>			
	(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		Quantity generated Incineration Ash ETP Sludge	Where disposed <b>NOT APPLICABLE</b>
	(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	:	<b>Yes</b> <b>Enclosed as Annexure-II</b>	
7.	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	:	04	
	(ii) number of personnel trained	:	25	
	(iii) number of personnel trained at the time of induction	:	3	
	(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.	
	(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) <b>Not applicable</b>

Certified that the above report is for the period from January 1, 2020 to December 31, 2020



**Girish Pargaonkar**

Date: June 15<sup>th</sup>, 2021

Place: Pithampur

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

To Whom So Ever It May Concern.

This is to certify that following quantity (In Kg.) of Bio Medical Waste received from

**MYLAN LABORATORIES**

**PITHAMPUR**

had been treated & disposed by us as per guidelines for the Period from Jan-20 To Dec-20

Year - 2020					
Month	YELLOW	RED	WHITE	BLUE	TOTAL KG.
Jan-20	378.00	-	-	-	378.00
Feb-20	246.00	-	-	-	246.00
Mar-20	223.00	-	-	-	223.00
Apr-20	-	-	-	-	-
May-20	-	-	-	-	-
Jun-20	264.00	-	-	-	264.00
Jul-20	600.00	-	-	-	600.00
Aug-20	252.00	-	-	-	252.00
Sep-20	460.00	-	-	-	460.00
Oct-20	250.00	-	-	-	250.00
Nov-20	674.00	-	-	-	674.00
Dec-20	254.00	-	-	-	254.00
<b>Total</b>	<b>3,601.00</b>	-	-	-	<b>3,601.00</b>

For : Hoswin Incinerator Pvt. Ltd.

Auth. Signature



Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

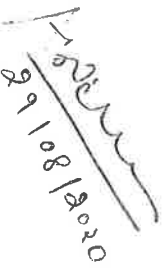
Date of Meeting: - 25/03/2020

Venue: - Meeting Room

Time: 13:30- 14:30

Member Present:- Mr. Venugopalreddy Devakamma, Mr. Vivek Asthana, Mr. Sanjeev Kumar, Mr. Pankaj Sharma, Mr. Rajeev 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	31.03.2020	Completed
3.	Barcoding System	Requirement of barcoding system for bio medical waste was explained to the committee member.	HOD- EHS Dept	30.06.2020	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	30.06.2020	Completed

  
29/08/2020

Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

Date of Meeting: - 06/09/2020  
Time: 13:30- 14:30


Venue: - Meeting Room

Member Present:- Mr. Kailash Joshi, Mr. Mahendra Jain, Mr. Pankaj Sharma, Mr. Rajeev Jain, Mr. Satish Suryavanshi, Mr. Abhishhek Tiwari, Dr. Yiezoowendra Kishore Panchari

S. No.	Discussion Point	Recommended Action	Person Responsible	Target Date	Status
1.	Discussion on old Minutes	--	--	--	--
2.	In OHC, color coded bins shall be provided for the storage of BMW category wise.	EHS shall arrange for color coded bins.	HOD- EHS Dept	31.10.2020	Completed
3.	BMW storage should be in lock & key.	EHS shall arrange the same.	HOD-EHS Dept.	31.10.2020	Completed
4.	BMW Danger Sign should be available in storage area of BMW.	EHS shall arrange the same.	HOD- EHS Dept	28.02.2021	Completed


*Abhishhek Tiwari*  
06/03/21



 <b>Mylan Laboratories Limited, Indore</b>		<b>TRAINING ATTENDANCE RECORD</b>		Page No. <u>01</u> of <u>01</u>	
Date of Training:		<u>24/11/2020</u>		Time: From <u>12:30</u> to <u>14:10</u>	
Venue:		<u>Project Conference</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) <u>NA</u>			
Title of Course/ Document:		<u>Training for Hired Team Employees, CAPA Pictorial hygiene practices, preventive measures in view of COVID-19 Safety Guidelines Training.</u>			
Course / Document No:		<u>MLLFD3-TR-OPB-052</u> <u>MLLFD3-TR-OPB-016</u> <u>MLLFD3-TR-OPB-125</u>		Name of Trainer <u>Ritesh Rathore</u> <u>Ranjeevived</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	<u>पिपक सोनानी</u>	<u>544827</u>	<u>NA</u>	<u>SD</u>	<u>पिपक सोनानी</u>
2	<u>अशोक कुमार पांडेय</u>	<u>544828</u>	<u>NA</u>	<u>SD</u>	<u>Ambekar</u>
3	<u>अर्जुन प्रकाश मिश्रा</u>	<u>544829</u>	<u>NA</u>	<u>SD</u>	<u>Arjun</u>
4	<u>अमर कुमार मिश्रा</u>	<u>544830</u>	<u>NA</u>	<u>SD</u>	<u>अमर मिश्रा</u>
5	<u>Anil Meghwal</u>	<u>544831</u>	<u>NA</u>	<u>SD</u>	<u>Anil</u>
6	<u>वीरेंद्र सिन्हा</u>	<u>544832</u>	<u>NA</u>	<u>SD</u>	<u>Virendra</u>
7	<u>गीतम भारद्वाज</u>	<u>544833</u>	<u>NA</u>	<u>SD</u>	<u>गीतम भारद्वाज</u>
8	<u>गीतम मेहता</u>	<u>544834</u>	<u>NA</u>	<u>O.H.C.</u>	<u>Gita</u>
<u>N/A</u>					
Remarks: <u>NA</u>					
Sign & Date Trainer		<u>24/11/2020</u> <u>Ritesh Rathore</u> <u>24/11/2020</u>			
Attendance Received By		Training Department Sign/Date: <u>24/11/2020</u>			
External Event Recorded:		Yes / NA		Sign & Date: <u>NA</u> (For Training Dept. only)	

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 Mylan Laboratories Limited, Indore		<b>TRAINING ATTENDANCE RECORD</b>			Page No. <u>01</u> of <u>01</u>
Date of Training: <u>25/12/2020</u>		Time: From <u>11:00</u> to <u>13:04</u>			
Venue: <u>Project Conference</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>Posting for HCC, OMT &amp; Personnel with all preventive measures in view of Covid-19 environment &amp; health &amp; safety</u>					
Course / Document No: <u>MLLFD3-TR-OPR-018</u>				Name of Trainer: <u>Key vid Singh Panwar</u> <u>Nitin Wagh</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
01	<u>Sachin Raj</u>	<u>544954</u>	<u>NA</u>	<u>OHC Dr.</u>	<u>[Signature]</u>
02	<u>KALAR KANOJE</u>	<u>544958</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
03	<u>बालकृष्ण</u>	<u>544959</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
04	<u>शुभम सिंह</u>	<u>544960</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
05	<u>सुनील सिंह</u>	<u>544961</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
06	<u>Bhagwat Sahu</u>	<u>544962</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
07	<u>akhoopendra saket</u>	<u>544964</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
08	<u>abhiram</u>	<u>544964</u>	<u>NA</u>	<u>SD</u>	<u>[Signature]</u>
Remarks: <u>NA</u>					
Sign & Date Trainer: <u>[Signature]</u> <u>25/12/20</u>		Sign & Date: <u>[Signature]</u> <u>25/12/20</u>			
Attendance Received By Training Department Sign/Date: <u>[Signature]</u> <u>25/12/20</u>					
External Event Recorded: Yes / <u>NA</u> Sign & Date: <u>NA</u> (For Training Dept. only)					

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SAP SuccessFactors

## Item Status Group By Items

**Items**


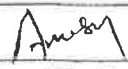
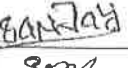
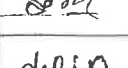
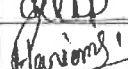
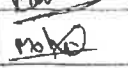


**Item :** SOP ES\_SOP\_MLLFD3\_ENV0014 (Rev 1 - 5/3/2019 03:49 PM Asia/Calcutta)  
**Title :** MANAGEMENT OF BIO-MEDICAL WASTE

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**Users**

<b>User ID</b>	<b>User Name</b>	<b>Completion Date</b>	<b>Status</b>
20070299	BHEEMANAPALLI, RADHAKRISHNA	2/16/2021 04:35 PM Asia/Calcutta	No Training Required

Jun 14, 2021, 6:36 AM

 <b>Mylan Laboratories Limited, Indore</b>		<b>TRAINING ATTENDANCE RECORD</b>			Page No. <u>01</u> of <u>01</u>
Date of Training:		12/11/2020		Time: From <u>23:00</u> to <u>23:15</u>	
Venue:		ETP			
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:		Bio - Medical Waste Handling Training,			
Course / Document No:				Name of Trainer Prashant Singh	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	Avinash Rasput	792139	NA	E.T.P	
2.	Sanjay Sharma	792361	NA	E.T.P	
3.	Suneel Malliwad	792368	NA	E.T.P	
4.	Dilip Dhakad	792348	NA	E.T.P	
5.	Hariom SINDHIYA	792255	NA	E.T.P	
6.	MOHIT PATEL	792024	NA	E.T.P	
			NA		
Remarks: <u>NA</u>					
Sign & Date Trainer		 12/11/2020			
Attendance Received By		Training Department Sign/Date: _____			
External Event Recorded:		Yes / NA		Sign & Date: _____ (For Training Dept. only)	


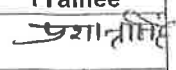

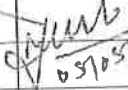
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Mylan Laboratories Limited, Indore		TRAINING ATTENDANCE RECORD			Page No. <u>01</u> of <u>01</u>	
Date of Training:		11/12/2020		Time: From <u>15:00</u> to <u>15:31</u>		
Venue:		ETP				
Method of Training:		<input type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input checked="" type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____				
Title of Course/ Document:		Biomedical Waste Management -				
Course / Document No:					Name of Trainer Abhishek Tiwari	
Sr. No.	Name of Employee	Employee Code	MID	Department	Signature of Trainee	
1	Avinash Rajput	792139		E.T.P		
2	Himmat Puri	792257		E.T.P		
3	Mohit Patel	792024		E.T.P		
4	Sunil Malliwad	792368		E.T.P		
5	Kuldeep Ahirbhar	792021		E.T.P		
6	Manesh Verma	792254		E.T.P		
7	Hari om Shindiyar	792255		E.T.P		
8	Anoop Singh	791719		E.T.P		
9	Dilip Dhakad	792346		E.T.P		
10	Mithoon Tomar	792520		E.T.P		
Remarks:						
Sign & Date Trainer						
Attendance Received By		Training Department Sign/Date: _____				
External Event Recorded:		Yes / NA		Sign & Date: _____ (For Training Dept. only)		



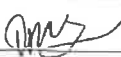
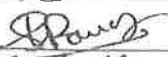


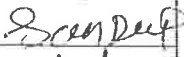

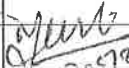

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Printed in CARA by Nitin Wagh on 11 Dec 2020 07:41:44 AM IST

 <b>Mylan Laboratories Limited, Indore</b>		<b>TRAINING ATTENDANCE RECORD</b>			Page No. <u>01</u> of <u>01</u>
Date of Training: <u>05/05/2020</u>		Time: From <u>17:15</u> to <u>17:45</u>			
Venue: <u>ETP</u>		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) _____			
Method of Training:		<u>Handling of Biomedical waste</u>			
Title of Course/ Document:		Course / Document No: <u>— a17 —</u>		Name of Trainer: <u>Mahendrak Jain</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	Prashant Singh	16368	M511099	EHS	
2.	Ramjee Desivedi	13198	M259635	EHS	
N/A					
 <u>05/05/2020</u>					
Remarks: <u>N/A</u>					
Sign & Date: <u>[Signature]</u> <u>05/05/2020</u> Trainer					
Attendance Received By _____		Training Department Sign/Date: _____			
External Event Recorded: Yes / NA		Sign & Date: _____ (For Training Dept. only)			

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 <b>Mylan Laboratories Limited, Indore</b>		<b>TRAINING ATTENDANCE RECORD</b>			Page No. <u>01</u> of <u>01</u>
Date of Training:		05/05/2020		Time: From <u>17:15</u> to <u>17:45</u>	
Venue:		ETP			
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:		- NA -		Name of Trainer: mahendra's Jais	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Makesh Verma	382097	- NA -	E.T.P	
2	VIMLESH	792105	- NA -	B.T.P.	
3	Sushil Pawar	792134	- NA -	ETP	
4	Rahul Chavhan	792184	- NA -	B.T.P.	
5	Anil Patel	382515	- NA -	B.T.P.	
6	Sandeep puari	791686	- NA -	E.T.P	
7	SANJAY CHADHAR	882045	- NA -	Co. micro	
Remarks: NA			 05/05/2020		
Sign & Date Trainer		 05/05/2020			
Attendance Received By		Training Department Sign/Date: _____			
External Event Recorded:		Yes / NA		Sign & Date: _____ (For Training Dept. only)	

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