

Dt. 01/06/2024

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
CY-2023-reg

Ref: Lr.No.15/TSPCB/ROH/HYD/BMWA/2023-496 dated 31.07.2023 valid up to :
31.01.2028

Please find enclosed herewith the Form – IV for the Submission of Bio-Medical Waste Annual
returns for the period of January 2023 to December 2023 as per BMW Authorization Condition
No.25 of Special conditions of BMW Authorization as per the reference under Bio-Medical
Waste (Management & Handling) Rule 2016.

Kindly acknowledge the receipt of the same.

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


Authorized Signatory
Rajsekhar Dora
Head of OSD Site Operations -FDF4 Jadcherla
CC: Environmental Engineer, TSPCB, Regional Office, Lakidikapool, Hyderabad.



Form - IV
(See rule 13) ANNUAL REPORT (CY-2023)

[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 - Head of OSD-FDF4
(ii) Name of HCF or CBMWTF	M/s. Mylan Laboratories Limited., Jadcherla, SEZ UNIT
(iii) Address for Correspondence	Mylan Laboratories Limited, Jadcherla .Sy. No. 408,410, Plot No.S-16 & S-17/A, TSHC-SEZ, Polepally (Village), Jadcherla (Mandal), Mahaboobnagar District, TELANGANA. PIN: 509 301. Tel No. 08542357000
(iv) Address of Facility	Mylan Laboratories Limited, Jadcherla .Sy. No. 408,410, Plot No.S-16 & S-17/A, TSHC-SEZ, Polepally (Village), Jadcherla (Mandal), Mahaboobnagar District, TELANGANA. PIN: 509 301. Tel No. 08542357000
(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.15/TSPCB/ROH/HYD/BMWA/2023-496 dated 31.07.2023 valid up to : 31.01.2028
(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)	Mylan Laboratories Limited, Jadcherla .Sy. No. 408,410, Plot No.S-16 & S-17/A, TSHC-SEZ, Polepally (Village), Jadcherla (Mandal), Mahaboobnagar District, TELANGANA. PIN: 509 301.
(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 :1343.6 KG/Annum Break up details Refer Annexure-1
	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	2 Nos.	180 L & 36 L	—
		Microwave	—	—	—
		Hydroclave	—	—	—
		Shredder	—	—	—
		Needle tip cutter or destroyer sharps	1 No.	—	—
		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.	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-2			
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.	4 Class room training sessions & online training conducted in a year and training record is attached as Annexure-3			
	(ii) number of personnel trained	18			
	(iii) number of personnel trained at the time of induction	1			
	(iv) number of personnel not undergone any training so far	NIL			
	(v) whether standard manual for training is available?	Yes. We have Standard Operating Procedure for training.			
	(vi) any other information	Nil			

8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	No Details enclosed as Annexure-4
	(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?	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 Disinfection method
12	Any other relevant information	Not Applicable

Certified that the above report is for the period from :- CY- 2023

I. Rajekhar Das
Name and Signature of the Head of the Institution

Date: 01/06/2024
Place: Tadcherla



ANNEXURE - 1

MYLAN LABORATORIES LIMITED., FDF - 4, Jadcherla	
BIOMEDICAL WASTE DISPOSAL DETAILS - 2023	
MONTH	Yellow category Quantity in kg's
Jan-23	120.00
Feb-23	113.50
Mar-23	125.60
Apr-23	110.00
May-23	120.15
Jun-23	110.00
Jul-23	90.00
Aug-23	85.00
Sep-23	121.40
Oct-23	145.20
Nov-23	80.00
Dec-23	122.75
TOTAL	1343.60
Average in Kgs/month	111.97

MYLAN LABORATORIES LIMITED, FDF-4

JADCHERLA

INTIMATION ABOUT HALF YEARLY BMW COMMITTEE MEETING

It is hereby informed that Half yearly Biomedical waste Committee proposed on 26/06/2023 (Monday) at 14.30 hrs. Admin. Conference Hall.

Pl. attend the meeting without fail.

Members to be present:

Rajesh Babu P.- Q.C.



M. Srinivasulu – OHC Male Nurse



Dr. Siraj – Factory Medical officer



Harichandra G – EHS



Regards,



G. Jyothirmaya Babu

Secretary – BMWM- Committee.

MYLAN LABORATORIES LIMITED, FDF-4

JADCHERLA

HALF YEARLY BMW COMMITTEE MEETING HELD ON 26/06/2023

MINUTES OF MEETING (MOM) :

Members attended :

Rajesh Babu P.- Q.C.

K. Srinivasulu – OHC Male Nurse

Dr. Siraj – Factory Medical Officer

Harichandra G – EHS

During the Meeting Previous MOM discussed.

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

Sl. No	Description of recommendation	Recommended action	Responsibility	Status
1	Yellow color covers to be provided for Q.C. Micro lab without interruption	Maintain the sufficient stock in EHS dept. whenever they needs	EHS Incharge	Completed
2	Storage of Biomedical waste- containers damaged (total 2 damaged out of 5 containers)	5 Nos. New containers to be procured	EHS Incharge	Completed

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	BMW waste agreement with M/s Svethansh & co due in Dec, 2023.	Renewal process to be started before 2 months of due date. i.e. Oct, 2023.	EHS Incharge	31/12/2023
2	BMW authorization renewal was due in Sept, 2023.	Apply to TSPCB for renewal	EHS Incharge	10/07/2023


Next half yearly meeting to be planned on 2nd week of December 2023.

Regards,

G. Jyothirmaya Babu
26/06/23

G. Jyothirmaya Babu

Secretary – BMWWM- Committee.

 Mylan	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:		<u>26/06/2023</u>		Time:	From <u>14.30</u> to <u>15.00</u>
Venue :		<u>Training hall</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) <u> </u>			
Title of Course/Document:		<u>Bio medical waste committee meeting</u>			
Course/Document No.:		<u> </u>		Name of Trainer:	<u>G. Jyothirmaya Babu</u>
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	G. Harichandraluo	M 570059	EHS	G.H	
02	K. Sreenivasulu	PHASOR2 Pvt.Ltd	OHC	S. m	
03	S. SIRAJ	connect heal	OHC	S. j	
04	RAJESH BABU-P	QC M508493	QC (Mins)	Rajesh	
<u>NA Babu</u> <u>26/06/23</u>					

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Page 1 of 2

 Mylan	Jadcherla, IN - FDF 4	FORM-000516017
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TRAINING ATTENDANCE RECORD		

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

Remarks: BMW Committee meeting discussed about previous mom points and present concerns.

Sign & Date:

gdm
26/06/23

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): _____

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Page 2 of 2

Jyothirmayababu Ghanta

Subject: Bio medical waste Committee Meeting
Location: Microsoft Teams Meeting
Start: Sat 12/16/2023 12:30 PM
End: Sat 12/16/2023 1:00 PM
Show Time As: Tentative
Recurrence: (none)
Meeting Status: Not yet responded
Organizer: Jyothirmayababu Ghanta
Required Attendees: RajeshBabu Peteti; Suman Manchineella; Harichandra Rao Gangula; Meerajuddin S M
Optional Attendees: Rajsekhar Dora

Dear All

Pl. attend.

Regards
G J BABU
EHS

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 250 667 110 751

Passcode: 3qukqV

[Download Teams](#) | [Join on the web](#)

Join with a video conferencing device

join@teams.mylan.com

Video Conference ID: 117 153 050 3

[Alternate VTC instructions](#)

[Learn More](#) | [Meeting options](#)

MYLAN LABORATORIES LIMITED, FDF-4

JADCHERLA

HALF YEARLY BMW COMMITTEE MEETING HELD ON 16/12/2023

MINUTES OF MEETING (MOM) :

Members attended :

Rajesh Babu P.- Q.C.

G. Bhanu Prasad – OHC Male Nurse

Harichandra Rao G – EHS

Dr. S M Meerajuddin – Factory Medical officer

During the Meeting Previous MOM discussed.

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

Sl. No	Description of recommendation	Recommended action	Responsibility	Status
1	BMW waste agreement with M/s Svethansh & co due in Dec, 2023.	Renewal process to be started before 2 months of due date. i.e. Oct, 2023.	EHS Incharge	It is under process. The agreement is under signing.
2	BMW authorization renewal was due in Sept, 2023.	Apply to TSPCB for renewal	EHS Incharge	BMW authorization renewed and valid up to 31/01/2028.

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	Color coding shall be implemented in OHC and Q.C. areas	In OHC, maintain the color coding bags	EHS Incharge/ Factory Medical Officer	31/01/2024
2	Display the posters regarding BMW disposal and color coding practices.	BMW posters to be procured and displayed in Q.C./OHC & ETP areas	EHS Incharge	31/01/2024

Apart from the above, the conditions stipulated in the BMW authorization compliance discussed.


Next half yearly meeting to be planned on 2nd week of June 2024.

Regards,


16/12/23

G. Jyothirmaya Babu

Secretary – BMW- Committee.

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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>01</u>	
Date of Training:		16/12/23		Time:	From <u>12:33</u> to <u>12:50</u>
Venue :		microsoft Teams			
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) <u>NA</u>			
Title of Course/Document:		Bio medical waste committee meeting			
Course/Document No.:		NA		Name of Trainer:	G. Jyothirmay Babu
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	G. Hanthamda Laksh	M570059	EHS	G.H.L.	
02	K. Nagarajy	TBR	EHS	K.N.	
03	Meerajuddin SM	M668169	OHC	M.S.	
04	RAJESH BABU.P	M508493	QC	R.B.	
05	G. Bhanu Prasad	PHASORZ	OHC	B.P.	
06	G. J. (X)				

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① wrongly entered G.H.L.
16/12/23

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CHALAPATHIRAO YAKKALADEVI
UT, 16 Dec 2023 12:32:32 PM TST

*For Contractors, please state Company Name


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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:		<u>27/06/2023</u>		Time:	From <u>17.25</u> to <u>17.55</u>
Venue :		<u>QC</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) <u>N/A</u>			
Title of Course/Document:		<u>management of Biomedical waste</u>			
Course/Document No.:		<u>SOP- 000 549 539</u>		Name of Trainer:	<u>G. Harshamudula</u>
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	<u>Suman.M</u>	<u>M557484</u>	<u>QC-Micro</u>	<u>f</u>	
02	<u>Vinay Ballabh</u>	<u>M660373</u>	<u>QC-Micro</u>	<u>VB</u>	
02	<u>Sowmya</u>	<u>M662974</u>	<u>QC-Micro</u>	<u>Sowmya</u>	
04	<u>Md. Jafar</u>	<u>51340</u>	<u>QC-Micro</u>	<u>QJ</u>	
05	<u>RAJESH BABU-P</u>	<u>M508493</u>	<u>QC-micro</u>	<u>Rajesh</u>	
 <u>27/06/23</u>					

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 Mylan	Jadcherla, IN - FDF 4	FORM-000516017
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TRAINING ATTENDANCE RECORD		

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

NA
E.H.
27/06/23

Remarks:

Sign & Date:

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): _____

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 Mylan	Jadcherla, IN - FDF 4	FORM-000516017
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1.0 Reference of the governing procedure


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2.0 Content

TRAINING ATTENDANCE RECORD				Page No. <u>01</u> of <u>02</u>	
Date of Training:		<u>27/06/2023</u>		Time:	From <u>14.35</u> to <u>15.05</u>
Venue :		<u>OHC</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) <u>NA</u>			
Title of Course/Document:		<u>managment of Biomedical waste's</u>			
Course/Document No.:		<u>SOP-000549539</u>	Name of Trainer:	<u>G. Harichandran</u>	
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	K. SREENIVASULU	PHASOR2	OHC	<u>[Signature]</u>	
02	DR. SERAJ	Connect Heal	OHC	<u>[Signature]</u>	
 NA P.H.B 27/06/2023 					

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 Mylan	Jadcherla, IN - FDF 4	FORM-000516017
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TRAINING ATTENDANCE RECORD		

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

Remarks: Explained Biomedical Segregation collection packing transfer and storage

E.H.H.
27/06/23

Sign & Date:

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.


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

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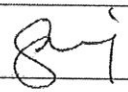
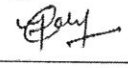
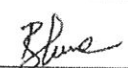
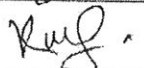
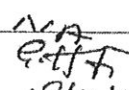
Page 2 of 2

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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>01</u>	
Date of Training:		<u>18/12/2023</u>		Time: From <u>14:00</u> to <u>14:30</u>	
Venue :		<u>OHC</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) <u>NA</u>			
Title of Course/Document:		<u>management of Bio medical waste</u>			
Course/Document No.:		<u>SOP-000549539</u>		Name of Trainer:	<u>G. Hanichandrasekhar</u>
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	<u>Meerajuddin. S.M</u>	<u>M668169</u>	<u>OHC</u>		
02	<u>MD. Feroz</u>	<u>PHASORZ</u>	<u>OHC</u>		
03	<u>G. Bhanu Prasad</u>	<u>PHASORZ</u>	<u>OHC</u>		
04	<u>R. Nagaraj</u>	<u>JBR</u>	<u>EHS</u>		
 <u>18/12/23</u>					

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The User is responsible for using the appropriate version of this document

Printed in CADA BY: Jadcherla Phe Sample On 18 Dec 2023 10:20:30 AM IST

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TRAINING ATTENDANCE RECORD		

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

Remarks:

Explained about biomedical waste segregation and handling and on site treatment and Transportation disposal procedures

G.H. 18/12/23

Sign & Date:

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): NA




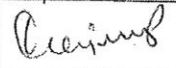

FORM-000516017_02-10-19

 Mylan	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>01</u>	
Date of Training:		<u>20/12/23</u>		Time: From <u>14.30</u> to <u>15.00</u>	
Venue :		<u>microbiology</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) <u>N/A</u>			
Title of Course/Document:		<u>management of Biomedical waste</u>			
Course/Document No.:		<u>SOP-000549539</u>	Name of Trainer:		<u>P. Hanumanth</u>
Sr. No.	Name of Employee	M ID /*Company	Department	Signature of Trainee	
01	Vinay Ballabh	M660373	QC (Micro)		
02	Suman.M	M557484	QC-micro		
03	B. Geetha	M670128	QC-Micro		
04	RAJESH BABU.P	M508493	QC-Micro		
05	vishnu	TBR 51466	QC-Micro		
<u>N/A</u> <u>P.H.H</u> <u>20/12/23</u>					

This information is confidential to Mylan.

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

Remarks:

Explained Bio medical handling, colour coding and on site treatment, Transportation and Disposal

G.H.H.
20/12/23

Sign & Date:**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): _____

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This information is confidential to Mylan.

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**Items**

Item: SOP MLLFD4_SF_000549539 (Rev 6.0 - 4/20/2023 11:55:00 Asia/Calcutta)
Title: Management of Bio-Medical Wastes

Users

User ID	User Name	Completion Date	Status
20100370	GANGULA, HARICHANDRA RAO	4/20/2023 13:16:51 Asia/Calcutta	SOP Complete
40045856	S M, MEERAJUDDIN	10/3/2023 11:51:23 Asia/Calcutta	SOP Complete
IND00000028 14	GHANTA, JYOTHIRMAYA BABU	4/20/2023 13:22:58 Asia/Calcutta	SOP Complete

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

ACCIDENT REPORTING

S.NO.	Description	Remarks
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 have an Emergency Control policy? If yes give details.	Not applicable

Date: 01/06/2024

Signature



Name : Rajsekhar Dora I

Place Tadcherla

Designation Head of OSD Operations-FDF4

