



Sundaram-Clayton Limited

DIECASTING DIVISION

Padi,
Chennai - 600 050. India
Grams: CLAYSUN Telex: 041-22053
Telephone: 2625 82 12
Fax: 044-2625 8518 - 044 - 2625 7177

o/c

Date: 07.04.2021

To
The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
No.77 -A, South Avenue Road
Ambattur
Chennai - 600058

Dear Sir,

Sub: Submission of annual return (Form IV) Under Bio-Medical Waste (Bio-Medical Waste Management Rules,2016) –reg

With reference to the above said subject, We are submitting herewith annual returns (Form -IV) of Bio-Medical Waste for the period from January 01,2020 to December 31,2020 for our SCL Padi.

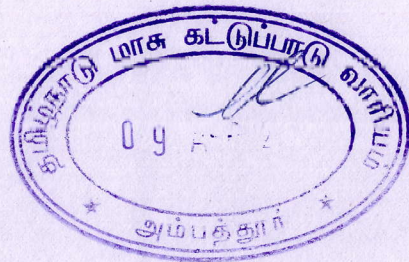
Kindly acknowledge the same.

Thanking you,

Yours faithfully,
For Sundaram Clayton Ltd

R. Gopalakrishnan
VP-Personnel

Encl: As above.



FORM -IV
(See rule 13)
ANNUAL REPORT

To be submitted to the prescribed authority on or before 30 the June every year for the period from January to December for the preceding year, by the occupier of health care facility (HSF) or Common Bio-Medical waste treatment facility (CBWTF)

S.No.	Particulars	
1	Particular of the Occupier	M/s.Sundaram Clayton Limited, CTH Road, Padi,Cheennai -50
	(i) Name of the authorized person (Occupier or operator of facility)	Mr.Venu Srinivasan, Chairman & Managing Director
	(ii) Name of the HCF or CBMWTF	Occupational Health Centre
	(iii) Address of Correspondence	M/s. Sundaram Clayton Limited,CTH Road, Chennai 600050
	(iv) Address of Facility	M/s. Sundaram Clayton Limited,CTH Road, Chennai 600050
	(v) Tel .No, Fax .No	044-26258212, 044-26257177
	(vi) E-mail ID	rgk@scl.co.in
	(vii) URL of Website	www.sundaram-clayton.com
	(viii) GPS coordinates of HSF or CBMWTF	-
	(ix) Ownership of HSF or CBMWTF	Private
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling Rules)	Authorisation No: 19BAZ19421765 Valid up to Dated 03/07/2019
	(xi) Status of Consents under Water Act and Air Act	Valid up to : 31.03.2024
2	Type of Health Care Facility :	
	(i) Bedded Hospital	NIL
	(ii) Non -bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	-

2	Particulars	
	(iii) License Number and its date of expiry	-
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	NA
	(ii) No. of beds covered by CBMTF	NA
	(iii) Installed treatment and disposal capacity of CBMWTF	NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA

4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 4.35 KG Red Category : 3.35 KG White Category : 1.68 KG Blue Category : 1.18 KG Quantity of waste generated (Month) : 10.55 KG Total Waste Generated (Annum) : 126.70 KG Generation Solid waste -NA
5	(i) Details of the on-site storage facility	Size : NA Capacity : NA Provision of on -site storage : cold storage or any other provision)
	(ii) Disposal facilities	Incinerators -NA Plasma Pyrolysis -NA Autoclaves -NA Hydroclave -NA Microwave -NA Shredder -NA Needle tip cutter or destroyer -NA Sharps encapsulation or concentrate pit -NA Deep burial -NA Chemical disinfection -NA Any other treatment equipment -NA
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum.	NA
	(iv) No of vehicles used for collection and transportation of bio medical waste	NA
	(v) Details of incineration ash collected and disposed during the treatment of wastes in Kg per annum	NA

6	Do you have bio-medical waste management committee? If yes, attach minutes of the meeting held during the reporting period	NA
7	Details training conducted on BMW (i) Number of training conducted on BMW	18
8	Details of the accident occurred during the year	
	(i) Number of Accident occurred	Minor Accident -105 no's
	(ii) No of the person affected	105 no's
	(iii) Remedial Action taken	NA
	(iv) Any Fatality occurred, details	NA

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	Incinerator not in the unit.
	Details of Continuous online emission monitoring system installed	NA
10	Liquid waste generated and treatment method in place. How many times you have not met the standards in a year ?	Through ETP & STP 0 times Non Compliance
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	NA
12	Any other relevant information	NA
Certified that the above report is for the period from 01 January 20 to 31 December 20.		

Date 07.04.21
Place Chennai

Signature of the Authorized Person

