

## SUCHIRAYU HEALTH CARE SOLUTIONS LTD.

@: 0836-2239000

Survey No 29, M Timmasagar, Javali Garden, Near KSRTC Depot Circle, Gokul Road, HUBLI-580030

Corporate Identity Number: U85110KA2011PLC056520

GSTIN: 29AAPCS2451P1ZJ PAN: AAPCS2451P

Ref, No: SHCSL/ADM/899/ 2023 -2024

Date: 25/04/2024

To:

ENVIRONMENTAL OFFICER Regional Office Karnataka State Pollution Control Board 4. Lakkamanahalli Industrial Area Dharwad - 58004

Dear Sir/Madam.

Sub: Submission of Annual Returns Statement (Form – IV) in respect of Suchirayu Healthcare Solutions Limited, Hubballi.

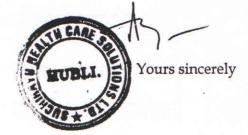
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We are submitting here with Bio Medical Waste Annual Returns Statement in respect of Suchirayu Healthcare Solutions Limited, Sy No 29/8, 9, 10 Javali garden off Gokul road Hubballi. For the year 1st January 2023 to 31st December 2023. Under the Environmental (Protection) Act, 1986

We request you to kindly consider our documents for necessary action. & same may kindly be acknowledged.

Thanking You

SA MANAGER OF THE PARTY OF THE



## Form – IV (See rule13) 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)]

| SI. | Particulars  |     |  |  |
|-----|--|-----|--|--|
|     | Particulars of the Occupier  | :   | SUCHIRAYU HEALTH CARE<br>SOLUTIONS LTD. HUBBALLI   |  |
|     | (i) Name of the authorized person<br>(occupier or : operator of facility)                |     | Dr. Ajay Singh   |  |
|     | (ii) Name of HCF or CBMWTF   | :   | RIO GREEN ENVIRON INDIA<br>ASTS HUBBALLI   |  |
| ď   | (iii) Address for Correspondence   | :   | Survey No 29/ 8,9,10. Javali Garden<br>off Gokul Road Hubballi - 580030  |  |
|     | (iv) Address of Facility   |     | Survey No 29/ 8,9,10. Javali Garden<br>off Gokul Road Hubballi - 580030  |  |
|     | (v)Tel. No, Fax. No  | :   | 0836 - 2239000   |  |
|     | (vi) E-mail ID   | :   | Legal.suchirayu@hcgel.com  |  |
|     | (vii) URL of<br>Website  |     |  |  |
|     | (viii) GPS coordinates of HCF or<br>CBMWTF   |     |  |  |
|     | (ix) Ownership of HCF or<br>CBMWTF   | :   | (State Government or Private of<br>Semi Govt. or any other)  |  |
|     | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | :   | Authorization No:<br>KSPCB/BMW/HCF/2018/REGN<br>NO147151/013/392. Applied for renewal.<br>valid up to 30.06.2022 |  |
|     | (xi). Status of Consents under Water Act and Air Act                                     | •   | Valid up to: 30.06.2027  |  |
| 2.  | Type of Health Care<br>Facility  | : ' | Multi-specialty Hospital   |  |
|     | (i) Bedded Hospital  | :   | No. of Beds: 250   |  |
|     | (ii) Non-bedded hospital   | :   | - NA -   |  |

|      | (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other) |  | - NA -  |  |  |  |
|------|--|--|---|--|--|--|
|      | (iii) License number and its date of expiry  |  | - NA -  |  |  |  |
| 3.   | Details of<br>CBMWTF   | :  | RIO GREEN ENVIRON INDIA<br>ASTS HUBBALLI          |  |  |  |
|      | (i) Number healthcare facilities covered by CBMWTF   | :  | - NA -  |  |  |  |
|      | (ii) No of beds covered by<br>CBMWTF   | :  | 250   |  |  |  |
| , if | (iii) Installed treatment and disposal capacity of CBMWTF:                                     | :  | Kg per day  |  |  |  |
|      | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                |  | Kg/day Out Sourced.                               |  |  |  |
| 4.   | Quantity of waste generated or disposed in Kg per  |  | Yellow Category: 8151 Kgs  Red Category: 8538 Kgs |  |  |  |
|      | annum (on monthly average basis)   |  | White: 1063 Kgs                                   |  |  |  |
|      |  |  | Blue Category: 2244 Kgs                           |  |  |  |
|      |  |  | General Solid waste:                              |  |  |  |
| 5    | Details of the Storage, treatment, transportation, processing and Disposal Facility            |  |   |  |  |  |
|      | (i) Details of the site storage : Size   | ;  | : -NA -   |  |  |  |
|      | facility   |  | city: -NA-  |  |  |  |
|      | Prov. any o  | ision of on-site storage : (cold storage of other provision) |   |  |  |  |

|   | disposal facilities   | Type of treatment equipment | No<br>of<br>unit                    | Cap<br>acit<br>y | Quantity<br>treatedo<br>r |  |  |
|---|---|-----------------------------|-------------------------------------|------------------|---------------------------|--|--|
|   |   |                             | S                                   | Kg/              | disposed                  |  |  |
|   |   |                             |                                     | day              | in kg                     |  |  |
|   |   | 4                           |                                     |                  | per<br>annum              |  |  |
|   |   | Incinerators                |                                     |                  |                           |  |  |
|   |   | Plasma Pyrolysis            |                                     |                  |                           |  |  |
|   |   | Autoclaves                  |                                     |                  |                           |  |  |
|   |   | Microwave                   |                                     |                  |                           |  |  |
|   |   | Hydroclave                  |                                     |                  |                           |  |  |
|   |   | Shredder                    |                                     |                  |                           |  |  |
|   |   | Needle tip cutter or        |                                     |                  |                           |  |  |
|   |   | destroyer                   |                                     | -                |                           |  |  |
|   |   | Sharps                      |                                     |                  |                           |  |  |
|   |   | encapsulation or            |                                     |                  | *                         |  |  |
|   | : · · · · · · · · · · · · · · · · ·   | concrete pit                |                                     |                  |                           |  |  |
|   | 4   | Deep burial pits:           |                                     |                  |                           |  |  |
|   |   | Chemical                    |                                     |                  |                           |  |  |
|   |   | disinfection:               |                                     |                  |                           |  |  |
|   |   | Any other treatment         |                                     |                  |                           |  |  |
|   |   | equipment:                  |                                     |                  |                           |  |  |
|   | (iii) Quantity of recyclable wastes :   | (11)                        | stic, gla                           | ss etc.)         |                           |  |  |
|   | (iii) Quantity of recyclable wastes : sold to authorized recyclers after  | -                           | NA -                                |                  |                           |  |  |
|   | sold to authorized recyclers area   |                             |                                     |                  |                           |  |  |
|   | treatment in kg per annum.  (iv) No of vehicles used for collection :   | -                           |                                     |                  |                           |  |  |
|   | and transportation of biomedical  |                             | NA -                                |                  |                           |  |  |
|   | (v) Details of incineration ash and   | Qua                         | ntity                               | W                | here                      |  |  |
|   | ETP sludge generated and disposed   |                             | erated                              | di               | sposed                    |  |  |
|   | during the treatment of wastes in Kg  | Incineration                |                                     |                  |                           |  |  |
|   |   | Ash                         |                                     |                  |                           |  |  |
|   | per annum   | ETP Sludge                  |                                     |                  |                           |  |  |
|   | (vi) Name of the Common Bio-:   |                             | RIO GREEN ENVIRON INDIA ASTS HUBBAL |                  |                           |  |  |
|   | Medical Waste Treatment Facility Operator through which wastes are disposed of  |                             |                                     |                  |                           |  |  |
|   | (vii) List of member HCF not handed over bio-medical waste.   |                             |                                     |                  |                           |  |  |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |                             |                                     |                  |                           |  |  |
|   | Details trainings conducted on BMW  |                             |                                     |                  |                           |  |  |
| 7 | Details trainings conducted on 2  |                             | 50                                  |                  |                           |  |  |

| C manual trained  | 240   |
|---|---|
| (ii) number of personnel trained (iii) number of personnel trained at   | Each Trainee.   |
| the time of induction  (iv) number of personnel not undergone any training so far   | - Nil -   |
| (v) whether standard manual for training is available?  | - Yes -<br>- NA -   |
| (vi) any other information)   | 101   |
| Details of the accident occurred during the year  | - Nil -   |
| (i) Number of Accidents occurred  | - Nil -   |
| (ii) Number of the persons affected   | - Nil -   |
| (iii) Remedial Action taken (Please   | - NA -  |
| attach details if any)  | - Nil -   |
| Give Any Fatality occurred, details.  |   |
| Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met                          | - Nil -   |
| the standards?  Details of Continuous online emission   | - NA -  |
| monitoring systems installed  Liquid waste generated and treatment methods in place. How many times you have not met the standards in a | - Nil -   |
| year?  Is the disinfection method or sterilization meeting the log 4 standards? How many times you have                                 | - Nil -   |
| not met the standards in a year?  12 Any other relevant information   | : (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the peri | iod from               |            |
|---|------------------------|------------|
| Certified that the above report is              |                        |            |
| Certified that the above report is for the peri | uary 2023 to 31st Dece | mber 2023. |
| 1 <sup>st</sup> Jan                             | uary 2023 to 31 Deci   |            |

Signature of the Head of the Institution

Date: 15.04.2024 Place: Hubballi.