



Mylan Laboratories Limited - [Hosur Steriles Facility]
Plot No 13A,14 & CP2, Sipcot Phase - II, Krishnagiri Main Road
HOSUR - 635 130. Tamilnadu, INDIA .
Ph: +91 4344 - 661400 Fax: +91 4344 - 661499
E-mail : mylan.india@mylan.in Web : www.mylanlabs.in
C I N : U 2 4 2 3 1 T G 1 9 8 4 P L C 0 0 5 1 4 6

Date: 25-06-24

To

District Environment Engineer,
Tamilnadu Pollution Control Board,
Plot No:149-A, SIPCOT- Phase 1, Dharga,
Hosur-635126
Krishnagiri District.
Tamilnadu.

Sir,

Sub: Mylan Laboratories Limited, plot No.13A&14, SIPCOT-II, Krishnagiri road,Hosur
S.F.No. 428 (Part),429 (Part),430 (Part),431 (Part), MORANAPALLI Village, HOSUR Taluk,Krishnagiri
District - **Submission of Bio Medical Waste Annual Returns in Form IV for the period of January
2023 to December 2023** - Reg

Ref: Compliance for the special condition No:25 of Schedule A under Bio Medical Wastes
(Management and Handling) Rules, 2016

With reference to the above, please find herewith duly filled in the prescribed **Form -IV ie., Form for
filling returns regarding Handling of Bio Medical Waste** for Mylan Laboratories Limited, plot
No.13A&14, SIPCOT-II, Krishnagiri road,Hosur for the period of January 2023 to December 2023.

Kindly acknowledge the receipt of the same.

Thanking You,

Yours faithfully,

For Mylan Laboratories Limited,

Authorized Signatory



FORM - IV
(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January-2023 to December-2023 of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

S.No	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	: Mr. Gopusankar T Director-Manufacturing
	(ii) Name of HCF or CBWTF	: Mylan Laboratories Limited
	(iii) Address for Correspondence	: M/s Mylan Laboratories Limited S.F.No. 428 (PT),429 (PT),430 (PT),431 (PT), MORANAPALLI Village, HOSUR Taluk, Krishnagiri District
	(iv) Address of Facility	: M/s Mylan Laboratories Limited S.F.No. 428 (PT),429 (PT),430 (PT),431 (PT), MORANAPALLI Village, HOSUR Taluk, Krishnagiri District.
	(v) Tel. No, Fax. No	: Ph: 04344-661400 Fax: 04344-661499
	(vi) E-mail ID	: Sujay.bv@viatris.com
	(vii) URL of Website	: http://www.viatris.in
	(viii) GPS coordinates of HCF or CBWTF	: Latitude : 12°43'31.997"N Longitude : 77°51'46.768"E
	(ix) Ownership of HCF or CBWTF	: (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: BMW Authorization No :18BAZ12313797, Dated: 18.06.2018 and valid up to: One Time.
	(xi). Status of Consents under Water Act and Air Act	: Air Consent No: 2309250275354 DATE:03/03/2023 Valid up to 31/03/2029 Water Consent No: 2309150275354 DATE:03/03/2023 Valid up to 31/03/2029
2.	Type of Health Care Facility	: It is Occupational Health Center, First Aid treatment only
	(i) Bedded Hospital	: No. of Beds: NA

	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	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: 3059.69 kg /Annum Refer Annexure-1
			Red Category: NA
			White: NA
			Blue Category: NA
			General Solid waste: NA
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size: 3.5M*1.6M*2.5M
			Capacity: 300 kg
			Provision of on-site storage: (cold storage or any other provision) – Packed in non-chlorinated color coded plastic bags and stored with secondary containment in a dedicated biomedical waste storage area.

(ii) disposal facilities		Type of treatment equipment	No of units	Capa City Kg/day	Quantity Treated /disposed in kg per annum
		Incinerators	Nil	Nil	Nil
		Plasma Pyrolysis Autoclaves	Nil	Nil	Nil
			1	10kg	3059.69 kg
		Microwave	Nil	Nil	Nil
		Hydroclave	Nil	Nil	Nil
		Shredder	NA	Nil	Nil
		Needle tip cutter or destroyer	NA	-	-
		Sharps encapsulation or concrete pit	Nil	-	Nil
		Deep burial pits:	Nil	Nil	Nil
		Chemical disinfection:	Nil	Nil	Nil
		Any other treatment equipment:	Nil	Nil	Nil
(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			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. Re Sustainability IWM Solutions limited (Ramky energy and environment ltd)			

	(vii) List of members 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, Minutes of Meeting Attached as Annexure-2
7.	Details trainings conducted on BMW		Training on SOP No: SOP-000549389
	(i) Number of trainings conducted on BMW Management.		08 Classroom trainings and online trainings were conducted. (Training details attached as annexure-3)
	(ii) number of personnel trained		185
	(iii) number of personnel trained at the time of induction		65
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		Yes, SOP available Procedure for EHS Of Bio Medical Wastes (SOP-000549389)
	(vi) any other information)		NA
8.	Details of the accident occurred during the Year		No incident occurred during the reported year.(Refer Annexure-4)
	(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

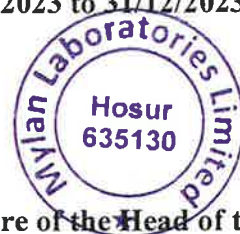
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes, Meeting the log 4 standards.
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from 01/01/2023 to 31/12/2023

Date :

Place : Hosur

Rij



Name and Signature of the Head of the Institution

Annexure – 4

FORM – I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

(for the Period of 1st January 2023 to December 2023)

1. Date and time of accident: Nil
2. Type of accident: Nil
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 the 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: Yes, Onsite Emergency Plan available

Date: 25/06/24

Signature :



Place: Hosur

Designation: Head complex-3

Annexure-1					
Mylan Laboratories Ltd , Hosur					
DETAILS OF BIOMEDICAL WASTE SENT TO M/S. RE SUSTAINABILITY IWM SOLUTIONS LIMITED (RAMKY ENERGY AND ENVIRONMENT LTD)					
Year : 2023					
Month	Category wise Disposed in Kgs				
	Yellow	Red	White	Blue	General Solid waste
January	256.82	Nil	Nil	Nil	Nil
February	247.48	Nil	Nil	Nil	Nil
March	260	Nil	Nil	Nil	Nil
April	273.25	Nil	Nil	Nil	Nil
May	259.95	Nil	Nil	Nil	Nil
June	217.7	Nil	Nil	Nil	Nil
July	266.74	Nil	Nil	Nil	Nil
August	249.75	Nil	Nil	Nil	Nil
September	267	Nil	Nil	Nil	Nil
October	266	Nil	Nil	Nil	Nil
November	248	Nil	Nil	Nil	Nil
December	247	Nil	Nil	Nil	Nil
Total	3059.69	Nil	Nil	Nil	Nil
Average	254.974	Nil	Nil	Nil	Nil

Annexure-2

Biomedical Waste Committee meeting MOM 22.12.2023

S.No	Observation	Action Plan/Corrective action	Responsibility Person/Department	Current Status	Timeline	Remarks
Previous Meeting CAPA's						
1	Immunization shall be done for all bio medical handlers in the site protect from Hepatitis and Tetanus.	Vaccination shall be administration to all bio medical waste handlers at the site	EHS	3rd dose Vaccination in progress	31.07.24	Nil
Present Meeting CAPA's						
1	To ensure immunization for New joiners and left out personnel in site .	List shall be prepared and vaccine should be administered for new joiners and left out personnel.	EHS	Completed	31.01.24	Nil
2	To ensure the Bio medical waste compliance at site third party audit shall be conducted.	Third party audit shall be conducted .	EHS	Vendor to be finalized	20.06.24	Nil
3	To create awareness on handling of bio medical waste to the new employees training shall be imparted in frequency.	Classroom training shall be provided in regular interval to cover the new employees.	EHS	As and when required	N/A	Nil
4	To ensure the bio medical waste and its handling at source .Internal audit shall be conducted in Microbiology and OHC	Audit to be conducted in microbiology and OHC.	EHS	As and when required	N/A	Nil
5	There is no waste bin for general waste in OHC .	White colour dust bin container shall be procured and placed in the OHC.	EHS	Completed	N/A	Nil
7	There is no Bio medical waste authorization copy displayed in Microbiology.	Authorization copy shall be displayed in Microbiology department	EHS	Completed	30.12.24	Nil

Annexure-2

Biomedical Waste Committee meeting MOM 30.06.2023

S.No	Observation	Action Plan/Corrective action	Responsibility Person/Department	Current Status	Timeline	Remarks
Previous Meeting CAPA's						
1	Immunization shall be done for all bio medical handlers in the site protect from Hepatitis and Tetanus.	Vaccination shall be administration to all bio medical waste handlers at the site	EHS	3rd dose Vaccination in progress	31.07.23	Nil
2	While handling bio medical waste .Proper mask is not using by handlers	Adequate PPE's Provided to the Health Care Workers handling Biomedical waste	EHS	Completed	NA	Nil
Present Meeting CAPA's						
1	To increase awareness on Bio medical waste, training shall be imparted for Microbiology and OHC Personnel	Class room training shall be imparted to microbiology & OHC personnel to create awareness about handling and disposal of biomedical waste	EHS	Completed	31.07.23	Nil
2	To ensure bio medical wastes are properly destruction or not .Off site disposal audit shall be performed .	Off-Site audit shall be performed for treatment storage disposal facility	EHS/Microbiology	Pending	30.08.23	Nil
3	Permanent label shall be pasted in the Containers.	Label for waste container shall be procured.	EHS	Completed	31.07.23	Nil
4	To dispose the bio medical waste .yellow colour bags shall be issued to generators	Yellow colour non chlorinated bags shall be procured	EHS	Completed	30.08.23	Nil

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : Safety awareness training for HSE personnel					
Name of the Trainer(s)	C. Anand Shankar		Sign of the Trainer(s) & Date	[Signature] 20/06/23	
Date of Training	20/06/23		Start Time	14:41	
			End Time	15:01	
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others	
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	NA		Version no. / Revision no.	NA	
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal / external)	<input type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input checked="" type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (specify)				
BRIEF SUMMARY OF THE TRAINING :					
<ul style="list-style-type: none"> - Site Safety procedure - from site team - Site Specific hazards - HSE & debris - PPE & its importance - BW waste handling - OSEP LIG procedure 					
Sr.No.	Name of The Participant	MID/EMP. ID	Department	Location	Signature / Date
01	Mohan-A	0413022	H.K	H.S.F	[Signature] 20/06/23
02	Srinivas	0521009	H.K	HSF	[Signature] 20/06/23
03	Dr. Ilayaraja	0527603	H.K	HSF	[Signature] 20/06/23
04	Pradeep Das	0389896	H.K	H.S.F	[Signature] 20/06/23
05	M Venkatesan	0241715	HR	HSF	[Signature]
06	Sadham	0527455	H.K	HSF	[Signature] 20/06/23
07	Lvinay Kumar	0521804	H.K	HSF	[Signature] 20/06/23

Mylan Laboratories Limited Corporate, Bangalore, India	Training Summary and Attendance Sheet
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Topic : *Safety awareness training for the personnel*

Name of the Trainer(s)	<i>C. Shivani Channan</i>	Sign of the Trainer(s) & Date	<i>[Signature]</i> 20/06/23
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Date of Training	<i>20/06/23</i>	Start Time	<i>15:03</i>
		End Time	<i>15:27</i>

MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)	

References, If Any	<i>no</i>
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Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal / external)	<input type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input checked="" type="checkbox"/> Company requirements
	<input type="checkbox"/> Others (specify)			

BRIEF SUMMARY OF THE TRAINING :

- Site Safety procedure
- Site specific hazards
- Hazards in their Shop floor
- Importance of PPE's & KPE'S
- Bio medical procedure
- Give voice in the work & change in power

Sr.No.	Name of The Participant	MID/EMP. ID	Department	Location	Signature / Date
01	<i>Kavitha</i>	<i>0350018</i>	<i>D755 H-K</i>	<i>H.S.F</i>	<i>Kavitha 20/06/23</i>
02	<i>Mw 102M</i>	<i>0212597</i>	<i>H-K</i>	<i>H.S.F</i>	<i>[Signature] 20/06/23</i>
03	<i>Baayamma</i>	<i>0294726</i>	<i>H-K</i>	<i>H.S.F</i>	<i>Baayamma 20/06/23</i>
04	<i>M. Sivagandhi</i>	<i>0368879</i>	<i>H-K</i>	<i>H.S.F</i>	<i>M. Sivaga 20/06/23</i>
05	<i>M. RATAMMA</i>	<i>0424770</i>	<i>H-K</i>	<i>H.S.F</i>	<i>M. Ratamma 20/06/23</i>
06	<i>Sasi A</i>	<i>0238695</i>	<i>H-K</i>	<i>H.S.F</i>	<i>Sasi A 20/06/23</i>
07	<i>Aswini</i>	<i>0454090</i>	<i>H-K</i>	<i>H.S.F</i>	<i>Aswini 20/06/23</i>

Mylan Laboratories Limited
Corporate, Bangalore, India

Training Summary and Attendance Sheet

Topic : *Safety awareness training*

Name of the Trainer(s)	<i>A. Meenakshankar</i>	Sign of the Trainer(s) & Date	<i>[Signature]</i> 22/07/23
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Date of Training	<i>22/07/23</i>	Start Time	<i>11:30</i>
		End Time	<i>11:55</i>

MODE OF TRAINING

<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others
<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)	

References, if Any: *NA* Version no. / Revision no.: *NA*

Training Need


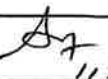
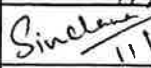
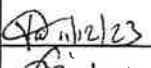
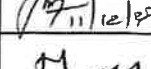
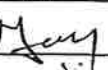
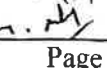
<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal / external)	<input type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)
<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input checked="" type="checkbox"/> Company requirements
<input type="checkbox"/> Others (specify)			

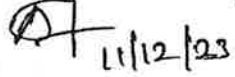
BRIEF SUMMARY OF THE TRAINING :

- Safety system following in site
- Safety compliance in site
- OAC in Rules & procedure
- OHC Reporting procedure
- Handling of H2O & Bio medical waste

Sr.No.	Name of The Participant	MID/EMP. ID	Department	Location	Signature / Date
01	<i>Mamijula V.</i>	<i>1290</i>	<i>check</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23
02	<i>REKHA</i>	<i>1291</i>	<i>check</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23
03	<i>S. Surya.</i>	<i>4051</i>	<i>OHC</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23
04	<i>Pishpalatha</i>	<i>1289</i>	<i>check</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23
05	<i>S.Kowsalya</i>	<i>1282</i>	<i>check</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23
06	<i>NIRANJAN KUMAR MV</i>	<i>4050</i>	<i>OHC</i>	<i>New Admin</i>	<i>[Signature]</i> 22/07/23

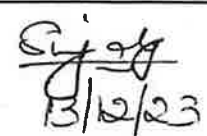
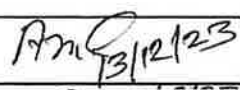
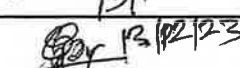
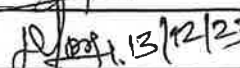
22/07/23

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : Safety Awareness training					
Name of the Trainer(s)	Anbarasam. A		Sign of the Trainer(s) & Date	 11/12/23	
Date of Training	11/12/23		Start Time	15:15 hrs	
			End Time	15:35 hrs	
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others	
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	NA		Version no. / Revision no.	NA	
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal/ external)	<input checked="" type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (Specify)				
BRIEF SUMMARY OF THE TRAINING:					
i) work place safety ii) Emergency preparedness and Response iii) work permit system iv) List of PPE's and Usage. v) Handling of Hazardous wastes and Biomedical wastes.					
Sr. No.	Name of The Participant	MID / EMP ID	Department	Location	Signature / Date
01	Amarasam. A	0539566	HK	HSP	 11/12/23
02	Sindara. Y.H.	0539566	HK	HSP	 11/12/23
03	Vasalakshmi. D.	0546994	HK	HSP	 11/12/23
04	Sindara. Y.H.	0539566	HK	HSP	 11/12/23
05	Munali Mohan	0521159	HK	HSP	 11/12/23
06	M. Manu Roy	0518599	HK	HSP	 11/12/23

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : Safety Awareness training					
Name of the Trainer(s)	Anbarasem A		Sign of the Trainer(s) & Date		 11/12/23
Date of Training	11/12/23		Start Time		15:15 hrs
			End Time		15:35 hrs
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study		<input type="checkbox"/> Others
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	NA		Version no. / Revision no.		NA
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal/ external)	<input checked="" type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (Specify)				
BRIEF SUMMARY OF THE TRAINING:					
i) Work place safety. ii) Emergency preparedness and Response. iii) Work permit system. iv) List of PPEs and Usage. v) Handling of Hazardous wastes and Biomedical wastes.					
Sr. No.	Name of The Participant	MID / EMP ID	Department	Location	Signature / Date
01	C. Poonkavaram	0242418	H.K	H.S.F	C. Poonkavaram 11/12/23
02	S. Reddanna	0302999	H.K	H.S.F	S. Reddanna 11/12/23
03	Sasidra	0238695	H.K	H.S.F	Sasidra 11/12/23
04	S. Sangeetha	0426950	H.K	H.S.F	S. Sangeetha 11/12/23
05	Lebra	0212401	H.K	H.S.F	Lebra 11/12/23
06	S. Sudha	0544519	H.K	H.S.F	S. Sudha 11/12/23

Training Summary and Attendance Sheet

Sr. No.	Name of The Participant	MID / EMP ID	Department	Location	Signature / Date
07	0212597				
08	Bimam Dora	0518601	H.K	H.S.F	Bimam Dora 11/12/23
09	MARATHI	0212597	H.K	H.S.F	MARATHI 11/12/23
10	V. Shankaranna	0545548	H.K	H.S.F	V. Shankaranna
"	L. Viray Kumar	0527804	H.K	H.S.F	L. Viray Kumar
X	N. Jayaraj	0303613	H.K	H.S.F	N. Jayaraj
13	Ali Akbar	0482317	H.K	H.S.F	Ali Akbar 11/12/23
14	Abdul Wahed	0458492	H.K	H.S.F	Abdul Wahed 11/12/23
15	Saddam	0527418	H.K	H.S.F	Saddam 11/12/23
16	Nagesh E	0534554	H.K	H.S.F	Nagesh E 11/12/23
17	Vishal Das	0531832	H.K	H.S.F	Vishal Das 11/12/23
18	Karthik Prakash	0536931	H.K	H.S.F	Karthik Prakash 11/12/23
19	Abjale Rahman	0540795	H.K	H.S.F	Abjale Rahman 11/12/23
NA 11/12/23					

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : Safety awareness training					
Name of the Trainer(s)	Sujay B.V		Sign of the Trainer(s) & Date		 13/12/23
Date of Training	13/12/23		Start Time		15:00 Hrs
			End Time		16:12 Hrs
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study		<input type="checkbox"/> Others
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	—NA—		Version no. / Revision no.		—NA—
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal/ external)	<input checked="" type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (Specify)				
BRIEF SUMMARY OF THE TRAINING:					
① Workplace Safety, Handling of Biohazardous Waste ② Explained General Safety awareness/Hazardous Waste ③ Explained Work permit system ④ Explained the importance of PPE & Limitations					
Sr. No.	Name of The Participant	MID / EMP ID	Department	Location	Signature / Date
01	Amal Kumar Ram	NA	Conlean	H.S.F	 13/12/23
02	Deva Kumar	NA	Conlean	H.S.F	 13/12/23
03	Domenkiran H.	NA	Conlean	H.S.F	 13/12/23
04	P. mala	02422111 * H.K	H.K.F	H.S.F	P. mala 13/12/23
05	G. Gaurama	0543012	H.K	H.S.F	G. Gaurama 13/12/22
06	Pavithra	0544513	H.K	H.S.F	Pavithra 13/12/2023 Page 1 of 2

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : <i>Safety awareness training</i>					
Name of the Trainer(s)	<i>Sygy.B.V</i>		Sign of the Trainer(s) & Date	<i>Sygy</i> <i>14/12/23</i>	
Date of Training	<i>14/12/2023</i>		Start Time	<i>14:37 hrs</i>	
			End Time	<i>15:27 hrs</i>	
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others	
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	<i>—NA—</i>		Version no. / Revision no.	<i>—NA—</i>	
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal/ external)	<input checked="" type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (Specify)				
BRIEF SUMMARY OF THE TRAINING:					
<ol style="list-style-type: none"> ① Explained the Workplace Safety/ Handling of Bio Waste ② Explained the Emergency preparedness & response ③ Explained the Work permit system/ Hazardous Waste ④ Explained the PPE's & importance 					
Sr. No.	Name of The Participant	MID / EMP ID	Department	Location	Signature / Date
01	<i>Dhanush</i>	<i>UFM2490</i>	<i>Micronclean</i>	<i>HSF</i> <i>HSF*</i>	<i>[Signature]</i> <i>14/12/2023</i>
02	<i>Prakash</i>	<i>01</i>	<i>Rawson Priya</i>	<i>HSF</i>	<i>[Signature]</i> <i>14/12/2023</i>
03	<i>Rashal mishra</i>	<i>0542721</i>	<i>DTSS</i>	<i>H.S.F</i>	<i>[Signature]</i> <i>14/12/23</i>
04	<i>BALAM KUMAR</i>	<i>NA</i>	<i>Vimala</i> <i>catel</i>	<i>HSF</i>	<i>BALAM KUMAR</i> <i>14/12/23</i>
05	<i>P. Parvathamma</i>	<i>0377742</i>	<i>DTSS</i>	<i>H.S.F</i>	<i>[Signature]</i> <i>14/12/23</i>
06	<i>K. Yashodha</i>	<i>24.001</i>	<i>VIMALA Catel</i>	<i>HSF</i>	<i>[Signature]</i> <i>14/12/23</i>

Mylan Laboratories Limited Corporate, Bangalore, India		Training Summary and Attendance Sheet			
Topic : <i>Safety Awareness Training</i>					
Name of the Trainer(s)	<i>C. Murali Shankar</i>		Sign of the Trainer(s) & Date	<i>[Signature]</i> 15/12/23	
Date of Training	15/12/23		Start Time	15:40	
			End Time	15:59	
MODE OF TRAINING	<input checked="" type="checkbox"/> Classroom training	<input type="checkbox"/> On the job training	<input type="checkbox"/> Self-study	<input type="checkbox"/> Others	
	<input type="checkbox"/> Virtual training (Microsoft Teams based, WebEx training, Video Conferencing)		<input type="checkbox"/> External training (Conducted by experts such as consultants, vendors, customers and personnel from Mylan Global)		
References, If Any	NA		Version no. / Revision no.	NA	
Training Need	<input type="checkbox"/> Annual appraisal process	<input type="checkbox"/> Requirements arising from audits (internal/ external)	<input type="checkbox"/> Re-fresher training	<input type="checkbox"/> Corrective/ Preventive Actions (CAPA)	
	<input type="checkbox"/> Unusual occurrences/ Incidents / failures / LIR	<input type="checkbox"/> Change Control / CR (SOP Revision/ Introduction)	<input type="checkbox"/> Re-training	<input checked="" type="checkbox"/> Company requirements	
	<input type="checkbox"/> Others (Specify)				
BRIEF SUMMARY OF THE TRAINING:					
<p>1) Explained about safety procedures following in site</p> <p>2) onsite emergency procedures</p> <p>3) Importance of ppt's</p> <p>4) Work place hazards & ppe's to be used. <i>incl bio medical hazard</i></p>					
Sr. No.	Name of The Participant	MID / EMP. ID	Department	Location	Signature / Date
01	Sazid Ahmed	0536926	H.K	H.S.F	<i>[Signature]</i> 15/12/23
02	M. Sivagandhi	0368879	H.K	H.S.F	<i>M. Sivaga</i> 15/12/23
03	R. Harish	0510980	H.K	H.S.F	<i>[Signature]</i> 15/12/23
04	C. Madhuk	0222310	H.K	H.S.F	<i>Madhuk</i> 15/12/23

