

Remark

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S.No.	Compliance Documents	Year	DateTime	Remark	Comments	View
1	General Correspondance	2023-2024	15/05/2024 16:39:55	Biomedical Waste Return CY-23	<a href="#">Comments</a>	<a href="#">View</a>
2	Periodical Compliance	2022-2023	17/06/2023 16:47:26	BMW Consent Compliance	<a href="#">Comments</a>	<a href="#">View</a>
3	General Correspondance	2022-2023	17/06/2023 16:40:11	BMW Return CY-2022	<a href="#">Comments</a>	<a href="#">View</a>
4	Periodical Compliance	2022-2023	16/09/2022 13:24:04	Consent Compliance Report	<a href="#">Comments</a>	<a href="#">View</a>



**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

Date: 07.05.2024

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 2023.

**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 2023 (period 1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023).

Kindly acknowledge the same and oblige.

Thanking You,

Yours Faithfully,  
For Mylan Laboratories Limited,



**Girish Pargaonkar**

**Head of OSD Site Operations- Indore**

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, 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	: <a href="http://www.viatris.com">www.viatris.com</a>
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude : 17°40'41"N Longitude : 83°4'30"E
	(ix) Ownership of HCF or CBMWTF	: <del>(State Government or Private or Semi Govt. or any other)</del>
	(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-57090 (Valid up to 31/10/2025)
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:	: 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: <b>3330.90 kgs/ Annum</b>			
		Red Category: <b>Nil kgs/ Annum</b>			
		White Category: <b>15.00 kgs/ Annum</b>			
		Blue Category: <b>Nil kgs/ Annum</b>			
		General Solid waste: <b>NA</b>			
Category wise monthly generation details enclosed as <b>Annexure 1</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	1	180 L	
		Needle tip cutter or destroyer	1		
		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 :	Quantity generated	Where disposed		
		Incineration Ash			

	the treatment of wastes in Kg per annum	ETP Sludge	<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-2</b>
7.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	13
	(ii) number of personnel trained	:	Through Training Software= 19 On The Job=80 Total= 99 (Attached as Annexure 3)
	(iii) number of personnel trained at the time of induction	:	1 (Attached as Annexure 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, 2023 to December 31, 2023

**Girish Pargaonkar**

Date: May 7<sup>th</sup>, 2024

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 PVT LTD**

had been treated & disposed by us as per guidelines for the Period from Jan-23 To Dec-23

Year - 2023					
Month	YELLOW	RED	WHITE	BLUE	TOTAL KG.
Jan-23	291.44	-	-	-	291.44
Feb-23	196.53	-	-	-	196.53
Mar-23	281.29	-	-	-	281.29
Apr-23	191.42	-	-	-	191.42
May-23	293.30	-	-	-	293.30
Jun-23	228.39	-	-	-	228.39
Jul-23	285.00	-	15.00	-	300.00
Aug-23	331.00	-	-	-	331.00
Sep-23	337.76	-	-	-	337.76
Oct-23	315.89	-	-	-	315.89
Nov-23	285.30	-	-	-	285.30
Dec-23	293.58	-	-	-	293.58
	<b>3,330.90</b>	-	<b>15.00</b>	-	<b>3,345.90</b>

For Hoswin Incinerator Pvt. Ltd.

Auth. Signaure

Date 09/01/2024





## Mylan Laboratories Limited, Indore

### Bio-Medical Waste Committee members

Sr. No.	Name of Employee	Member	Dept.
1.	Mr. Girish Pargaonkar	Chairman	Plant Head
2.	Mr. Bhavesh Sisodia	Secretary	EHS
3.	Mr. Sanjeev Kumar	Member	HR
4.	Mr. Sunil Tiwari	Member	Q.C.
5.	Mr. Pankaj Sharma	Member	Q.C. (Micro)
6.	Mr. Rajeev Jain	Member	Engineering
7.	Mr. Satish Suryavanshi	Member	Q.C. (Micro)
8.	Mr. Mahendra Jain	Secretary	EHS
9.	Dr. Yiezoowendra Kishore Panchari	Member	OHC
10.	Abhishek Tiwari	Member	EHS



Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

Date of Meeting: - 13/06/2023  
Time: 14:30- 15:30

Venue: - Meeting Room

Member Present:- Mr. Girish Pargaonkar, Mr. Bhavesh Sisodia, Mr. Sanjeev Kumar, Dr. Annar Shekh, Dr. Sunil Tiwari, Mr. Mahendra Jain, Mr. Abhishek Tiwari, Mr. Vinay kumar Gupta

S. No.	Discussion Point	Recommended Action	Person Responsible	Target Date	Status
1.	Discussion on old Minutes	--	--	--	All the previous meeting points are completed.
2.	Vaccination on Hepatitis B.	It is decided to do the vaccination of all worker and staff, who is responsible to handle biomedical waste should be vaccinated.	HOD- EHS Dept	31.12.2023	--
3.	Proper Handling of BMW waste.	It was decided to do the training of the people those are handling the BMW waste.	HOD- EHS Dept	30.11.2023	--
4.	BMW return submission	BMW return shall be submitted by, 30 <sup>th</sup> June 2023.	HOD-EHS Dept	30.06.2023	--

*(Signature)*  
13/06/2023

Mylan Laboratories Limited, Indore

Minutes of Biomedical Waste Management Committee Meeting

Date of Meeting: - 28/12/2023  
Time: 14:00- 15:30


Venue: - Meeting Room

Member Present:- Mr. Girish Pargaonkar, Mr. Mahendra Jain, Mr. Sanjeev Kumar, Mr. Vineet Parihar, Dr. Sunil Tiwari, Mr. Gamaji Pawar, Dr. Yiezoowendra Kishore Panchari

S. No.	Discussion Point	Recommended Action	Person Responsible	Target Date	Status
1.	Discussion on old Minutes	--	--	--	All the previous meeting points are completed
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	31.03.2024	--
3.	BMW consent should be display in OHC.	EHS shall arrange the same.	HOD-EHS Dept.	31.12.2023	--
4.	Third Party Audit.	EHS Team shall conduct the audit of M/s Hoswin Incinerator Pvt Ltd.	HOD-EHS Dept.	31.12.2023	--

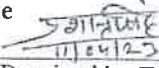
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FORM-000497528

 Mylan	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
<b>TRAINING ATTENDANCE RECORD</b>		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:	11/04/23	Time: From 20:30 to 20:45			
Venue:	EHS Office	Page No. 01 of 01			
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) - NA -				
Title of Course/ Document:	Handling of Bio-Medical Waste				
Course / Document No:	NA	Name of Trainer: Prashant Singh			
Sr. No.	Name of Employee	Employee Code	MID	Department	Signature of Trainee
1.	Dr. Jagjeet Kr. Singh	420008	M565519	OHC	Jagjeet
2	Ajay Gautam	794077	- NA -	E.T.P	Ajay
③	Mohit Patel	793751	- NA -	E.T.P.	Mohit
④	Harish SINGHIA	793663	- NA -	E.T.P.	Harish
⑤	Rajesh parmar	793668	- NA -	E.T.P.	Rajesh
⑥	Pranod malviya	420007	- NA -	OHC	Pranod
		NA			
Remarks: - Satisfactory - Sign & Date:  Trainer: Prashant Singh 11/04/23					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					



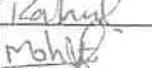
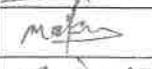
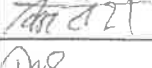
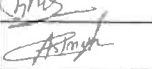
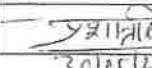
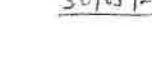

Revised in CAN by Rajvir Singh Panwar on 11 Apr 2023 17:33:15 PM IST

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	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
<b>TRAINING ATTENDANCE RECORD</b>		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

<b>Date of Training:</b>		30/05/23		<b>Time: From</b> 15:00 <b>to</b> 15:30	
<b>Venue:</b>		EHS office.		Page No. 01 of 01	
<b>Method of Training:</b>		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others:( specify) <u>NA</u>			
<b>Title of Course/ Document:</b>		Handling of Bio Medical Waste			
<b>Course / Document No:</b>		<u>NA</u>		<b>Name of Trainer</b> Prashant Singh	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	Hariom SINDHIVA	794475	NA	E.H.S.	
2.	Vishal Patel	794120	NA	E.H.S.	
3.	Rahul Solanki	794117	NA	E.H.S.	
4.	Mohit Patel	794545	NA	E.H.S.	
5.	malesh verma	794116	NA	E.H.S.	
6.	midhlesh Jaymar	794431	NA	E.H.S.	
7.	Himmat Puri	794473	NA	E.H.S.	
8.	Ayush singh	307	NA	E.H.S.	
		NA			
<b>Remarks:</b> - satisfactory					30/05/23
<b>Sign &amp; Date Trainer</b>		 30/05/23			
<b>Attendance Received by Training Department Sign/Date:</b> _____					
<b>External Event Recorded: Yes / NA Sign &amp; Date:</b> _____ (For Training Dept. Only)					



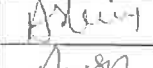
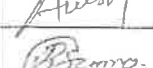
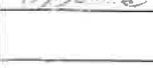
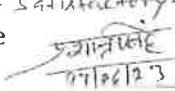
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	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
<b>TRAINING ATTENDANCE RECORD</b>		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

<b>Date of Training:</b>		27/06/23	<b>Time:</b> From 12:10 to 12:40		
<b>Venue:</b>		EHS office	<b>Page No.</b> 01 of 01		
<b>Method of Training:</b>		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) - NA -			
<b>Title of Course/ Document:</b>		Handling of Bio-Medical Waste			
<b>Course / Document No:</b>		NA	<b>Name of Trainer</b>		Prashant Singh
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Dr. Vishwanathan	12202513	NA	OHC	
2	Dr ANMAK SHEKH	12202518	NA	OHC	
3	Ashish Rawat	12201177	NA	OHC	
4	Avinash. Rasput	794137	NA	E.T.P	
5	Ramsinh Jamre	794564	NA	E.T.P	
<del>NA</del>					
<b>Remarks:</b> - Satisfactory -					
<b>Sign &amp; Date</b>		 27/06/23			
<b>Trainer</b>					
<b>Attendance Received by Training Department Sign/Date:</b> _____					
<b>External Event Recorded: Yes / NA Sign &amp; Date:</b> _____ (For Training Dept. Only)					


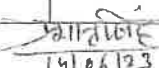
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	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

<b>Date of Training:</b>		14/06/23	<b>Time:</b> From 03:45 to 04:15		
<b>Venue:</b>		EHS office	<b>Page No.</b> 01 of 01		
<b>Method of Training:</b>		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others:( specify) <u>- NA -</u>			
<b>Title of Course/ Document:</b>		Handling of Bio. Medical Waste			
<b>Course / Document No:</b>		<u>NA</u>		<b>Name of Trainer</b>	Arshant Singh
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Bramod Malviya	420007	NA	OHC	
<u>NA</u>					
<b>Remarks:</b> <u>- satisfactory -</u>					
<b>Sign &amp; Date Trainer</b>					14/06/23
<b>Attendance Received by Training Department Sign/Date:</b> _____					
<b>External Event Recorded: Yes / NA Sign &amp; Date:</b> _____ (For Training Dept. Only)					

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	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:		14/07/23		Time: From 16:20 to 16:50	
Venue:		Near Hazardous Waste Area		Page No. 01 of 01	
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) - NA -			
Title of Course/ Document:		Handling of Bio-Medical Waste			
Course / Document No:		NA		Name of Trainer Prashant Singh	
Sr. No.	Name of Employee	Employee Code	MID	Department	Signature of Trainee
1	Harenderkumar Patel	794581	NA	E.H.S	<i>[Signature]</i>
2	Manoj Meena	794268	NA	E.H.S	<i>[Signature]</i>
3	Himmat	794473	NA		<i>[Signature]</i>
4	Bhagywan Das	794555	NA	E.H.S	<i>[Signature]</i>
5	Sanjay	794138	NA	E.H.S	<i>[Signature]</i>
6	Avinash Rasput	794137	NA	E.H.S	<i>[Signature]</i>
7	Ramesh Jambre	794564	NA	E.H.S	<i>[Signature]</i>
8	Leeladhar Meena	794454	NA	E.H.S	<i>[Signature]</i>
9	Prabhakar Singh	794743	NA	E.H.S	<i>[Signature]</i>
Remarks: - Satisfactory -					
Sign & Date Trainer <i>[Signature]</i> 14/07/23					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					


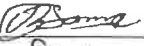
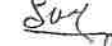
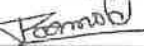
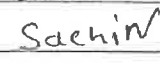
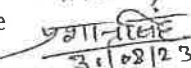
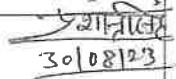
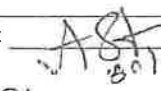

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Printed in CRRA by Masma Shaikh on 14 Jul 2023 09:34:14 AM IST

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		

1.0 Reference of the governing procedure  
SOP-000464660


2.0 Content

Date of Training:		30/08/23		Time: From 17:00 to 17:30	
Venue:		ETP		Page No. 01 of 01	
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:		Handling of Bio Medical Waste			
Course / Document No:		<u>NA</u>		Name of Trainer Prashant Singh	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Sahish	794773	NA	E.T.P	
2	Ramsingh	794564	NA	E.T.P	
3	Sunil	794740	NA	E.T.P	
4	Pramod malviya	420007	NA	OHC	
5	Sachin Solanki	794781	NA	OHC	
			NA		
Remarks: <u>Satisfactory</u>					
Sign & Date Trainer				 30/08/23	
Attendance Received by Training Department Sign/Date:  30/08/23					
External Event Recorded: Yes / NA Sign & Date:  30/08/23 (For Training Dept. Only)					

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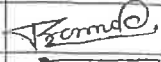
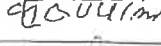


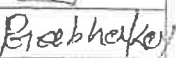
Printed in GARA by Rajvrat Singh Panwar on 30 Aug 2023 08:45:17 AM IST



	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:		21/08/23		Time: From 23:00 to 23:30	
Venue:		EHS office		Page No. 01 of 01	
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:		Handling of Bio Medical Waste			
Course / Document No:		<u>NA</u>		Name of Trainer <u>Prabhat Singh</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Pranod malviya	420007	NA	OHC	
2	Koushnepal	794632	NA	ETP	
3	Mohit	794545	NA	ETP	
4	Hari Narayan	790581	NA	ETP	
5	Prabhakar	794743	NA	ETP	
		<u>NA</u>			
Remarks: <u>Satisfactory</u>					
Sign & Date				<u>Prabhat Singh</u> 21/08/23	
Trainer					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					





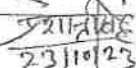

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Printed in CARA by Priti Rathod on 21 Aug 2023 09:23:58 AM IST

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:	23/10/23	Time: From 21:00 to 21:30			
Venue:	EHS office	Page No. 01 of 01			
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:	Handling of Bio-Medical Waste				
Course / Document No:	<u>NA</u>	Name of Trainer <u>Pradhamt Singh</u>			
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	Buig Bhan Bhasi	420022	NA	OHC	
2.	Satish	974857	NA	E.T.P	
3.	Himmat	974473	NA	E.T.P	
4.	Rahul	920161	NA	E.T.P	
<u>NA</u>					
Remarks: - Satisfactory -					 23/10/23
Sign & Date Trainer 					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

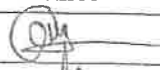

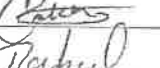
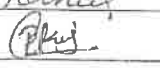

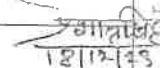
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Printed in CABA BY Priti Rathod on 23 Oct 2023 09:41:00 AM IST

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:		18/12/23		Time: From 16:00 to 16:30	
Venue:		EHS office.		Page No. 01 of 01	
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) - NA -			
Title of Course/ Document:		Handling of Bio-Medical Waste			
Course / Document No:		NA		Name of Trainer Prashant Singh	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Sukish	794857	NA	E.T.P (EHS)	
2	Maresh Verma	794844	NA	EHS	
3	Lachan Raut	NA	NA	EHS	
4	Techul Salunke	794843	NA	E.H.S	
5	Pankaj Parmar	225	NA	EHS	
		NA			
Remarks: - Satisfactory -					
Sign & Date Trainer		 18/12/23			
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

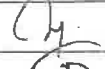
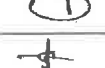

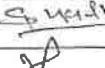
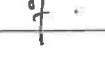
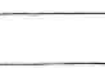
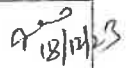
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Printed in CARA by Ashish Saini on 15 Dec 2023 10:08:09 AM IST

 <b>Mylan</b>	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
<b>TRAINING ATTENDANCE RECORD</b>		

1.0 Reference of the governing procedure  
SOP-000464660

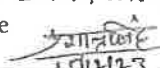
2.0 Content


Date of Training:		18/12/23		Time: From 16:20 to 16:50	
Venue:		Micro Lab.		Page No. 01 of 01	
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:		Handling, Storage & Disposal of Bio-Medical Waste			
Course / Document No:		—NA—		Name of Trainer	Ramjee Dwivedi
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
01.	Jitendra Mahajan	15630	M508744	Qe	
02.	Pankaj Pathore	18108	M517415	Qe	
03.	Sanjay Dwivedi	24119	M568604	QC	
04.	Abhishek Sharma	24522	M665523	Qe	
05.	Pankaj Shekhari	14617	M266209	Q-C	
06.	Jitendra Pawar	21752	M593016	Qe	
N/A					
Remarks: —NA—					
Sign & Date Trainer					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
<b>TRAINING ATTENDANCE RECORD</b>		

1.0 Reference of the governing procedure  
SOP-000464660

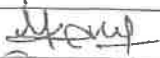
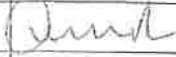

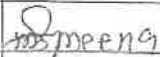
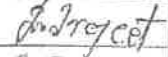


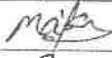

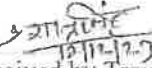
2.0 Content

Date of Training:		15/12/23		Time: From 08:50 to 09:20	
Venue:		EHS office		Page No. 01 of 01	
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) - NA -			
Title of Course/ Document:		Handling of Bio Medical Waste			
Course / Document No:		NA		Name of Trainer Prabhand Singh	
Sr. No.	Name of Employee	Employee Code	MID	Department	Signature of Trainee
1	Vikas Nandedkar	420001	-NA-	OHC	Vik
2	Mallesh verma	794844	NA	ETP	Mallesh
3	Nitin	794893	NA	ETP	Nitin
4	Himmat	794473	NA	ETP	Himmat
5	Rajkumar	385439	NA	ETP	Rajkumar
6	Prabhakar	794743	NA	ETP	Prabhakar
7	Munesh	385138	NA	ETP	Munesh
8	Hasi musayun	794581	NA	ETP	Hasi
		NA			
Remarks: - Satisfactory -					15/12/23
Sign & Date Trainer					 15/12/23
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		


1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:	12/12/23	Time: From 15:00 to 15:30			
Venue:	EHS office	Page No. 01 of 01			
Method of Training:	<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others:( specify) - NA -				
Title of Course/ Document:	Handling of Bio Medical Waste				
Course / Document No:	NA	Name of Trainer Prashant Singh			
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Dr. Yezoowendra Panchari	420009	MS48352 MS48558	OHC	
2	Dr. Vishwamohan	12202513 420020	NA	OHC	
3	Vikas Nandedkar	420001	NA	OHC	
4	manoj meena	794268	NA	ETP	
5	Indrajit	794884	NA	ET-P	
6	Himmat Puri	794473	NA	E.T.P	
7	Deepak Yadav	794903	NA	ETP	
8	Makshverma	794844	NA	ETP	
9	Pankaj Pasumar	225	NA	ETP	
Remarks: - Satisfactory - Sign & Date Trainer  12/12/23 Attendance Received by Training Department Sign/Date: _____ External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

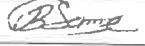



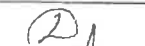
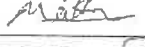



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 Mylan	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		

1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:		11/12/23	Time: From 16:00 to 16:30		
Venue:		EHS office	Page No. 01 of 01		
Method of Training:		<input checked="" type="checkbox"/> Classroom <input type="checkbox"/> Computer Based <input type="checkbox"/> On-The-Job <input type="checkbox"/> Others: (specify) - NA -			
Title of Course/ Document:		Handling of Bio Medical Waste			
Course / Document No:		NA	Name of Trainer	Prashant Singh	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1	Ram Singh	794564	NA	E.T.P	
2	Harinathayan	794581	NA	E.T.P	
3	manoj meena	794268	NA	E.T.P	manoj meena
4	Pankaj Pankaj	225	NA	ETP	
5	Jaldar Jaldar	NA	NA	EHS	
6	Monish Jaldar	NA	NA	MOBWIN	
7	Deepak Yadav	794902	NA	ETP	
8	maheshwaring	794844	NA	ETP	
9	Pranod mahija	420007	NA	OHC	
Remarks: - Satisfactory -					
Sign & Date Trainer  11/12/23					
Attendance Received by Training Department Sign/Date: _____					
External Event Recorded: Yes / NA Sign & Date: _____ (For Training Dept. Only)					

	Indore, IN - FDF 3	FORM-000497528
	Effective	11.0, CURRENT
TRAINING ATTENDANCE RECORD		

1.0 Reference of the governing procedure  
SOP-000464660

2.0 Content

Date of Training:		10/02/24		Time: From 15:01 to 15:32	
Venue:		EHS office		Page No. 01 of 01	
Method of Training:		<input 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:		Handling of Bio-Medical Waste Material			
Course / Document No:		<u>NA</u>		Name of Trainer <u>Prashant Singh</u>	
Sr. No.	Name of Employee	Employee Code	M ID	Department	Signature of Trainee
1.	<u>Harion Singhviya</u>	<u>794475</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
2.	<u>mallesh Verma</u>	<u>794864</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
3.	<u>Ram Kishan</u>	<u>225</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
4.	<u>Nitin</u>	<u>794893</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
5.	<u>muresh</u>	<u>385738</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
6.	<u>Rajkumar</u>	<u>385439</u>	<u>NA</u>	<u>EHS</u>	<u>[Signature]</u>
		<u>NA</u>			
Remarks: <u>satisfactory</u>					
Sign & Date Trainer		<u>[Signature]</u> <u>10/02/24</u>			
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 Jessica Ehesin on 10 Feb 2024 10:30:30 AM IST



## Items

Item: SOP MLLFD3\_ES\_000564379 (Rev 3.0 - 6/28/2023 01:34 PM Asia/Calcutta)  
Title: MANAGEMENT OF BIO-MEDICAL WASTE

Users			
User ID	User Name	Completion Date	Status
20020171	BABBURU, NARSIMHA SWAMY	9/13/2023 05:20 PM Asia/Calcutta	SOP Complete
20034014	, MAHENDRA KUMAR JAIN	6/29/2023 11:00 AM Asia/Calcutta	SOP Complete
20036285	RAGHUWANSHI, KIRTI	6/28/2023 04:16 PM Asia/Calcutta	SOP Complete
20038400	MAHAJAN, JITENDRA NANDALAL	6/29/2023 12:00 PM Asia/Calcutta	SOP Complete
20044751	SINGH, PRASHANT	6/28/2023 10:54 PM Asia/Calcutta	SOP Complete
20047685	WAGH, NITIN	6/29/2023 09:23 PM Asia/Calcutta	SOP Complete
20054710	RATHORE, PANKAJ	6/29/2023 10:52 AM Asia/Calcutta	SOP Complete
20055221	PANWAR, RAJVIR SINGH	6/28/2023 04:18 PM Asia/Calcutta	SOP Complete
20069797	CHAURASIA, AKANKSHA	6/28/2023 04:34 PM Asia/Calcutta	SOP Complete
20070440	MAWLE, RUCHIKA	6/30/2023 08:26 AM Asia/Calcutta	SOP Complete
20073453	TIWARI, ABHISHEK	6/28/2023 01:46 PM Asia/Calcutta	No Training Required
20073516	PAWAR, JITENDRA ANANDRAO	6/30/2023 11:01 AM Asia/Calcutta	SOP Complete
20080414	TIWARI, NIRBHAY	6/29/2023 01:02 AM Asia/Calcutta	SOP Complete
20082256	SISODIA, BHAVESH	6/28/2023 01:43 PM Asia/Calcutta	SOP Approval Complete
20090008	SHARMA, HEMANT	6/29/2023 10:35 PM Asia/Calcutta	SOP Complete
20090589	KHAN, DANISH	7/4/2023 11:12 AM Asia/Calcutta	SOP Complete
20090589	KHAN, DANISH	7/7/2023 05:48 PM Asia/Calcutta	SOP Complete

## Users

User ID	User Name	Completion Date	Status
20099747	DWIVEDI, SANJEEV	6/29/2023 09:17 AM Asia/Calcutta	SOP Complete
20100454	ANDHARE, SANTOSH	7/4/2023 03:08 PM Asia/Calcutta	SOP Complete
20103052	SHARMA, ABHISHEK	7/11/2023 02:31 PM Asia/Calcutta	SOP Complete
40045716	CHAUDHARY, HEMANT	9/15/2023 07:51 AM Asia/Calcutta	SOP Complete
IND00000131 98	DWIVEDI, RAMJEE	6/30/2023 02:26 PM Asia/Calcutta	SOP Complete

## Compliance Report (Consent No:B-86682 & Validity 14/02/2036)

Cn. No.	Description	Compliance Status
	Mylan Laboratories Limited- Occupational Health Center, Plot No. 11, 12 & 13, Indore Special Economic Zone, Phase-II, Pithampur, Dist:- Dhar (M.P.) is here by granted an Authorization for operating a clinic for activity, Generation, segregation, collection, Storage of biomedical wastes at the premises situated at clinic and its Transportation, Treatment and Disposal to be carried out through CBWTF in accordance with Bio- Medical Waste Management Rules, 2016.	Noted the point
	Number of beds HCF : 0 Number of HCF Covered by CBWTF : NA Quantity of Biomedical waste handled, treated or disposed Type of Waste Category                      Quantity permitted for Handling Yellow                              33.33 Kg/day Red                                    1.00 Kg/day White (Translucent)            1.00Kg/day Blue                                  3.33 Kg/day	Categorywise disposal is under permitted quantities.
	This BMW Authorization shall be in force for a period of (Valid up to 14/02/2036). This authorization is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986	Noted the point, We are following condition stated in EP act 1986.
1	It shall be the sole responsibility of the occupier of clinic to segregate, collect, store, transport, treat and dispose of Bio Medical Waste effectively and efficiently according to the provisions of BMW Rules, 2016.	We are segregate, collect, store, transport, treat and dispose the BMW effectively and efficiently according to the clause No 4 (Duties of the Occupier) of BMW rule 2016.
2	The authorized person shall ensure installation of various arrangements for proper Bio-Medical Waste management as specified below:- (a) Segregation, collection, storage of Bio-Medical Waste in color coded container/bags as specified in the rule. Bar code system shall be added by the occupier in one year time. (b) Safe treatment and disposal arrangement of Bio-medical waste as specified in the rule.	a. We are storing the BMW in color coded containers. And Bar code system is implemented from 28.07.2020 from Mashu Technologies. b. We are disposing the BMW in CBWTF Hoswin Incinerator Pvt. Ltd.
3	Bio-Medical waste generating Clinic should take all steps to ensure that such waste is managed without any adverse effect to human health and the environment. The occupier of clinic shall be liable for all damages caused to the environment or the public due to improper handling of Bio medical waste. The authorized person shall make separate storage room for storage of Bio medical waste.	We are storing biomedical waste in dedicated storage area.
4	The authorized person shall ensure transportation, treatment and final disposal of BMW at Common Bio-Medical Waste Treatment Facility (CBWTF).	EHS team is ensuring the transportation, treatment and final disposal of BMW at Common Bio-Medical Waste Treatment Facility (CBWTF).
5	Since Final disposal of Biomedical Waste shall be through a 'common-facility, it will be responsibility of the occupier of the clinics to ensure its treatment and disposal as per provisions of BMW Rules.	We ensuring the final disposal through third party audit.
6	Microbiological waste and other clinical laboratory waste like blood sample, blood bags, urobags, body fluid etc shall be pre-treated by sterilization/disinfection before final sending to disposal. The authorized person shall use disinfection tank properly.	We are generating the microbiology waste from QC micro where we are disinfect the waste by autoclaving. And the waste generating from OHC is pretreated by sodium hypo chloride.
7	Biomedical waste shall not be mixed with other non biomedical waste. BMW shall be segregated into containers/bags at the point of generation in accordance with Schedule-I prior to its storage, transportation, treatment and disposal. The containers shall be labeled according to Schedule-IV.	All the container and bags are labeled properly according to the BMW categories and we are storing the BMW in seprate compartment at Hazardous waste storage are, though we are storing in such a way that it should be fully packed.

### Compliance Report (Consent No:B-86682 & Validity 14/02/2036)

Con. No.	Description	Compliance Status
8	Authorized person shall maintain record related to the generation, collection, reception, storage, transportation, treatment, disposal of B.M.W. for a period of five years in accordance with these rules. The annual report shall also be available online on the website of occupier. All record shall be subject to inspection and verification by the prescribed authority at any time.	EHS team is maintaining the record related to the generation, collection, reception, storage, transportation, treatment, disposal of B.M.W. for a period of five years in accordance with these rules. Now onwards the annual report will be available online on our website. All record will be available for inspection and verification by the prescribed authority at any time.
9	Every occupier shall submit an annual report to the prescribed authority in Form-IV by 30th June every year.	We are submitting the annual report to the prescribed authority in Form IV before 30th June every year. Last form IV was submitted on 22nd June 2022.
10	When any accident occurs at any clinic or any other site where Bio-Medical waste is handled or during transportation of such waste, an authorized person shall report the accident in Form-I to prescribe forthwith.	Noted the Point
11	Untreated human anatomical waste, soiled waste and other biomedical waste shall not be kept beyond a period of 48 hours. Provided that, if for any reason it becomes necessary to store the waste beyond such period, an authorized person must take permission of prescribed authority and take measure to ensure that the waste does not adversely affect human health and the environment.	Though this facility is in SEZ premises so it is tough to dispose it with in 48 hrs, so we are pretreating the waste first by autoclaving and sodium hypo chlorite before storage in dedicated place. Transporter is visiting facility for BMW collection on bi-weekly basis.
12	It shall be responsibility of the occupier generating Bio-Medical waste to provide the training to staff for management of biomedical waste at least one in a year. Clinic shall follow all the necessary provisions of Bio- Medical Waste Management Rules, 2016.	We are giving the traing of BMW waste handeler every year, 2022 traing record is available.
13	Authorized Person shall Submit compliance report of authorization Conditions to the prescribed authority. The authorized person shall obtained air, Water consent and HW authorization as per provision of BMW Rules, 2016.	We are submitting the consent compliance every year with the annual report Form 4 to the prescribed authority. We had valid AWH consent.
14	Mercury, lead and X-ray waste shall not be mixed with BMW, shall be collected, segregated & stored into separate containers and it shall be disposed off in accordance with provisions of the Bio-Medical Waste Management Rules, 2016.	We are not generating any kind of Mercury, lead and X-ray waste.
15	The Board reserves the rights to amend/cancel/revoke the authorization and conditions in part or whole as and when deemed necessary.	Noted the Point
16	The authorized person of facility shall be responsible for any violation of provision of biomedical Waste Management Rules 2016 shall be liable for prosecution and punishment as per the provisions of Environmental (Protection) Act, 1986 under section 5 and section 15 of the Act.	Noted the Point