

o/c

CIN No. : L26943RJ1979PLC001935  
Phone : 05735 233100  
Toll Free : 1800 180 6003 / 6004  
Website : www.shreecement.in



# SHREE CEMENT LTD.

(Unit : U.P. Grinding Unit)

12, UPSIDC Industrial Area, Sikandrabad 203205, Dist. Bulandshahr ( U.P. )



SCL/UPGU/ENV/BMW/2021-22/ 83

Date: 18/06/2021  
Th. : Trackon Courier

To  
The Regional Officer  
Uttar Pradesh Pollution Control Board,  
F-5, Yamunapuram, (Behind MMR Mall),  
Bulandshahr-203001 (U.P.)

**Sub:** -Submission of Annual Return under Bio Medical Waste Management Rules, 2016

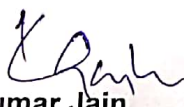
**Ref:** - Authorization letter No 1681 Dated: 26-06-2019

Dear Sir,

Kindly refer the above subjected matter; we are submitting herewith the annual return in form IV under Bio Medical Waste Management Rules, 2016 for the period from Jan-2020 to Dec-2020 for our First Aid Center of M/s U.P.Grinding Unit -Shree Cement Ltd. situated at Plot No. 12, UPSIDC, Sikandrabad Industrial Area, Sikandrabad, Bulandshahr (U.P.)-203205

Thanking you,  
Yours faithfully,

For U.P.Grinding Unit -Shree Cement Ltd.

  
Rajeev Kumar Jain  
(Unit In-Charge)

**Encl:** Annual Report in Form-IV & Accident Report in Form-I (Period: Jan-20 to Dec-20)

**Copy to:** - The Member Secretary,  
Uttar Pradesh Pollution Control Board,  
T.C. 12, Vibhuti Khand, Gomtinagar, Lucknow (U.P.)-226010

o/c Env. Dept.

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JAIPUR OFFICE : SB-187, Bapu Nagar, Opp. Rajasthan University, JLN Marg, Jaipur - 302 015

Phone : 0141 4241200, 4241204, Fax : 0141 4241219

NEW DELHI OFFICE : 122-123, Haris Bhawan, 1, Bhadurshah Zafar Marg, New Delhi 110 002

Phone : 011 23370828, 23379218, 23370776, Fax : 011 23370499

CORP. OFFICE : 21, Strand Road, Kolkata 700 001 Phone : 033-22309601-4 Fax : 033 22434226

**FORM - IV**  
(See rule 13)

**ANNUAL REPORT**  
(January-2020 to December-2020)

[To be submitted to the prescribed authority by 30 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 (CBMWTF)]

S. No	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	Rajeev Kumar Jain ( Unit In-charge)
	(ii) Name of HCF or CBMWTF	First Aid Center of M/s U.P. Grinding Unit (A Unit of Shree Cement Ltd.)
	(iii) Address for Correspondence	M/s U.P.Grinding Unit -Shree Cement Ltd, Plot No. 12, Sikandrabad Industrial Area of (UPSIDC), Bulandshahr, U.P
	(iv) Address of Facility	M/s Synergy Waste Management (P) Ltd. (Reg. Office: 517-518, 5th Floor ,D-Mall Rohini West , New Delhi - 110085
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	jainrajeev@shreecement.com
	(vii) URL of Website	www.shreecement.com
	(viii) GPS coordinates of HCF or CBMWTF	Latitude : 28°28'40.4" N to 28°29'0.8" N Longitude : 77°39'28.2" E to 77°39'41.9" E
	(ix) Ownership of HCF or CBMWTF	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorization letter No: 1681/26.06.2019,
(xi). Status of Consents under Water Act and Air Act	Valid up to: 31.12.2022	
2	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: Nil
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Others - First Aid Centre Only.
	(iii) License number and its date of expiry	--
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	Not Applicable
	(ii) No of beds covered by CBMWTF	Not Applicable
	(iii) Installed treatment and disposal capacity of CBMWTF:	Not Applicable
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Not Applicable



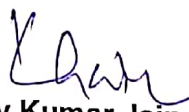
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 9.95 Kg											
		Red Category : Nil											
		White : Nil											
		Blue Category : Nil											
		General Solid waste : Nil											
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the on-site storage facility	Size : In Colored Bags											
		Capacity: --											
		Provision of on-site storage : (cold storage or any other provision) Not Applicable											
	(ii) Disposal facility	Type of treatment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum								
		Incinerators	N.A	N.A	N.A								
		Plasma Pyrolysis											
		Autoclaves											
		Microwave											
		Hydroclave											
Shredder													
Needle tip cutter or destroyer													
Sharps encapsulation or concrete pit													
Deep burial pits:													
Chemical disinfection:													
Any other treatment equipment:													
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc.)-Nil												
(iv) No of vehicles used for collection and transportation of biomedical waste	Nil												
(v) Details of incineration ash and ETP, sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <tr> <td></td> <td>Quantity generated</td> <td>Where disposed</td> </tr> <tr> <td>Incineration ash</td> <td>Nil</td> <td>Nil</td> </tr> <tr> <td>ETP sludge</td> <td>Nil</td> <td>Nil</td> </tr> </table>					Quantity generated	Where disposed	Incineration ash	Nil	Nil	ETP sludge	Nil	Nil
	Quantity generated	Where disposed											
Incineration ash	Nil	Nil											
ETP sludge	Nil	Nil											
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Sent to CBMWTF Bio Medical Treatment Facility, M/s Synergy Waste Management (P) Ltd. (Reg. Office: 517-518, 5th Floor ,D-Mall Rohini West , New-Delhi - 110085												
(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	Contract awarded to party											
7	Details trainings conducted on BMW												
	(i) Number of trainings conducted on BMW Management.	1											
	(ii) Number of personnel trained	05 Nos.											

	(iii) Number of personnel trained at the time of induction	Nil
	(iv) Number of personnel not undergone any training so far	0
	(v) Whether standard manual for training is available?	Yes
	(vi) any other information)	First Aid Centre Only
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Nil
	(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 meet 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?	Not Applicable
12	Any other relevant information	First Aid Centre Only.

Certified that the above report is for the period from January-2020 to December-2020

Date : 18.06.2021

Place : Sikandrabad

  
Rajeev Kumar Jain  
(Unit In-Charge)

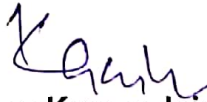
Name and Signature of the Head of the Institution

**FORM – I**  
**[ (See rule 4(o), 5(i) and 15 (2))**  
**ACCIDENT REPORTING**  
**(Period: Jan-20 to Dec-20)**

First Aid Center of M/s U.P. Grinding Unit (A Unit of Shree Cement Ltd.)  
Plot No. 12, UPSIDC, Sikandrabad Industrial Area,  
Sikandrabad, Bulandshahr, (U.P.)-203205

S. No.	Particulars	Detail
1	Date and time of accident:	Nil
2	Type of Accident :	Nil
3	Sequence of events leading to accident :	Nil
4	Has the Authority been informed immediately :	Nil
5	The type of waste involved in accident :	Nil
6	Assessment of the effects of the accidents on human health and the environment:	Nil
7	Emergency measures taken :	Nil
8	Steps taken to alleviate the effects of accidents:	Nil
9	Steps taken to prevent the recurrence of such an accident :	Nil
10	Does your facility have an Emergency Control policy? If yes give details:	Nil

**Date : 18.06.2021**  
**Place : Sikandrabad**

  
**Rajeev Kumar Jain**  
(Unit In-Charge)  
Signature & Designation of authorized person