

Ref No: SRI/EHS/2025/06/05

Date: 25.06.2025

To,
The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Plot No. CP-5B, SIPCOT Industrial Growth Centre,
Oragadam, Kanchipuram District – 602 105

Copy To,
The Chairman,
Tamil Nadu Pollution Control Board,
No 76, Mount Salai, Guindy,
Chennai-600032

Subject : Form IV – Biomedical Waste Annual Returns


Reference : Bio-Medical Waste Management Rules, 2016

Dear Sir,

As stipulated in Bio-Medical Waste Management Rules 2016, we are submitting Form IV for the period of January 2024 to December 2024.

We assure you that we are committed to continuous improvement in all our activities towards environmental protection and management.

Thanking you,
For Asian Paints Limited


Sathish Kumar K M
Associate General Manager

Enclosed: 1. Form IV -Form for Filing Bio-Medical Waste Annual Returns
2. Annexure 1 – List of Trainings Program Conducted



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 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	:	Asian Paints Limited, Plot No E6-F13, SIPCOT Industrial Park, Sriperumbudur, Dist. Kanchipuram, Tamilnadu, 602105						
	(i) Name of the authorized person (occupier or operator of facility)	:	Shri Sathish Kumar K M						
	(ii) Name of HCF		Asian Paints Limited						
	(iii) Address for Correspondence	:	Plot No E6-F13, SIPCOT Industrial Park, Sriperumbudur, Dist. Kanchipuram, Tamilnadu, 602105 PH: 044 67145000/5030						
	(iv) Address of Facility	:	Plot No E6-F13, SIPCOT Industrial Park, Sriperumbudur, Dist. Kanchipuram, Tamilnadu, 602105						
	(v) Tel. No, Fax. No	:	PH: 044 67145000/5030						
	(vi) E-mail ID	:	compliance.sripehs@asianpaints.com						
	(vii) URL of Website		https://www.asianpaints.com/						
	(viii) GPS coordinates of HCF or CBMWTF		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S.No.</th> <th>Latitude</th> <th>Longitude</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>12°55'48.3"N</td> <td>79°54'53.7"E</td> </tr> </tbody> </table>	S.No.	Latitude	Longitude	1.	12°55'48.3"N	79°54'53.7"E
S.No.	Latitude	Longitude							
1.	12°55'48.3"N	79°54'53.7"E							
	(ix) Ownership of HCF or CBMWTF	:	Private						
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Complied. One time authorization obtained. AUTHORISATION No: 24BAC62469354 Dated 04/12/2024						

	(xi). Status of Consents under Water Act and Air Act	:	CTO air & water application (64132216) is submitted on 31.12.2024 in OCMMS portal. Presently the application is under scrutiny by TNPCB.
2.	Type of Health Care Facility	:	OCCUPATIONAL HEALTH CENTRE
	(i) Bedded Hospital	:	NA
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Non bedded clinic
	(iii) License number and its date of expiry	:	NA
3.	Details of CBMWTF		
	(i) Number of 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: 0.1328
			Red Category: 0.241
			White Category: 0.048
			Blue Category: 0.226
			General Solid waste: NA

5.	Details of the Storage, treatment, transportation, processing, and Disposal Facility				
(i) Details of the on-site storage facility	:	Size: NA Capacity: Refrigerator - 17 Litre Provision of on-site storage: (cold storage or any other provision)			
(ii) Disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerator	NA	NA	NA
		Plasma Pyrolysis	NA	NA	NA
		Autoclaves	NA	NA	NA
		Microwave	NA	NA	NA
		Hydroclave	NA	NA	NA
		Shredder	NA	NA	NA
		Needle tip cutter or destroyer-	NA	NA	NA
		Sharps encapsulation or concrete pit	NA	NA	NA
		Deep burial pits:	NA	NA	NA
		Chemical disinfection	NA	NA	NA
Any other treatment equipment:	NA	NA	NA		
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA			
(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA			

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Ash</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>ETP Sludge</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration	NA	NA	Ash	NA	NA	ETP Sludge	NA	NA
	Quantity generated	Where disposed													
Incineration	NA	NA													
Ash	NA	NA													
ETP Sludge	NA	NA													
	(vi) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s. RE SUSTAINABILITY IWM SOLUTIONS LIMITED (FORMERLY KNOWN AS TAMILNADU WASTE MANAGEMENT LIMITED), 29/2,3 Kinar village, Maduranthagam taluk, Kanchipuram District												
	(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.	:	No												
7	Details of trainings conducted on BMW.														
	(i) Number of trainings conducted on BMW Management.	:	Record attached as Annexure 1												
	(ii) number of personnel trained	:	8 no's												
	(iii) number of personnel trained at the time of induction	:	2 no's												
	(iv) number of personnel not undergone any training so far	:	Nil												
	(v) whether standard manual for training is available?	:	No												

Certified that the above report is for the period from January 2024 to December 2024

K.M. Sathish kumar

Date: 25.06.25

Place: Sriperumbudur



Name and Signature of the Head of the Institution

	(vi) any other information) Details of the accident occurred during the year	:	Nil
8	(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
	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	NA
9	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?	:	NA
12	Any other relevant information	:	NA

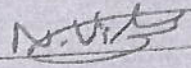




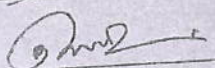
CPR, AMBU BAG TECHNIQUE, First Aid

Dr. Sathya Narayanan

18/04/2024

12:30 PM

OHC

NAME OF THE TRAINING PROGRAM		CPR, AMBU BAG TECHNIQUE, First Aid			
NAME OF THE FACULTY		Dr. Sathya Narayanan			
DATE		18/04/2024			
TIME		12:30 PM			
VENUE		OHC			
NO.	E.CODE	NAME	DEPT.	DESIGNATION	SIGNATURE
74	0078	Vijay	OHC	S/N	
75	0080	Prakash	OHC	S/N	
76	0081	Nandakumar	OHC	S/N	
77	0077	Ramachandran	OHC	S/N	
	0030	Tamil Chandran	OHC	Pilot	
	0056	Sathish	OHC	Pilot	S. Sathish
80	0067	Balaji	OHC	Pilot	
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					

NAME OF THE TRAINING PROGRAM

First Reader Training

NAME OF THE FACULTY

Dr. Elanthandral

DATE

26/12/2024

TIME

1:00 PM

VENUE

OHC

E CODE	NAME	DEPT.	DESIGNATION	SIGNATURE
HA5078	Vijay	OHC	SLN	Vijay
HA0080	Prakash	OHC	SLN	Prakash
HA0081	Nandhakumar	OHC	SLN	[Signature]
HA0079	Ramachandran	OHC	SLN	[Signature]
HA0080	Daniel Jayarasan	OHC	A/P	[Signature]
HA0084	Satish	OHC	A/P	[Signature]
HA0085	Vignesh	OHC	A/P	[Signature]