

June 30, 2025

 Environmental Officer, KSPCB, Regional Office, Bangalore City South, First Floor, Nisarga Bhavana, 7<sup>th</sup> D Main, Thimmaiah Road, Shivanagar, Basveshwarnagar, Bangalore – 560079
Norwich Clinical Services Pvt. Ltd. – Office Copy

## Sub: Annual Report for the year 2024 Ref: Authorization No.204259 Dated 06 Nov 2023

Dear Sir,

With reference to the above subject, we hereby submit below mentioned documents towards annual report for management and handling of 'Bio Medical Waste' for our facility at 147/F, 8<sup>th</sup> Main, 3<sup>rd</sup> block, Koramangala, Bangalore – 560 034.

- 1. Form 4
- 2. Copy of Bio-Medical waste generation and disposal Authorization.
- 3. Copy of contract with Bio-medical waste collector.
- 4. Copy of MOM of the biosafety committee.
- 5. Copy of Bio-waste Collection Log book.
- 6. Copy of Bio-Medical waste management Training log book.
- 7. Copy of Consent for Operation.
- 8. Copy of STP treated water report.

Kindly acknowledge.

For, Norwich Clinical Services Pvt. Ltd.,

BANGALORE Authorized Signatory



NORWICH CLINICAL SERVICES PVT. LTD.

Registered Off : No. 147/F, Ground & First Floor, 8th Main, 3rd Block, Koramangala, Bangalore - 560 034. Ph : 91-80-42772400, Fax : 91-80-42772403, www.norwichclinical.com

## Form – IV (See rule13) ANNUAL REPORT

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

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	Labor (Clinic or Blood Bank or Clinical y Research Institute or Veterinary Hospital other)		or		NA		
	(iii) License number and its date of expiry						
3.	Details of CBMWTF				NA		
	(i) Number healthcare facilities cove CBMWTF	d by	:	NA			
	(ii) No of beds covered by CBMWTF	20	:	NA			
	(iii) Installed treatment and disposal cap of CBMWTF:	ity	:	NA			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF				NA		
4.	Quantity of waste generated or disposed in	:	Yellow Category: Approx. 3 KGS PER MONTH				
	annum (on monthly average basis)		Red Category : Approx. 327 KGS PER MONTH				
			White: Approx. 02 CAN PER MONTH				
			Blue Category : NA				
	a.				General Solid waste: HANDED OVER T BBMP		
5.	Details of the Storage, treatment, transport	tati	on, pro	cessii			
	(i) Details of the site storage :		Size	: 1	NA		
	facility		Capaci	ity : N	IA		
				on of on-site storage : (cold stora ner provision) NA			



disposal facilities		Type of treatment equipment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
		Incinerators 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:		NA NA NA	
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	equipment: Red Category (like plastic NA	, glass	etc.)	
(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		Incineration Quantit Ash gene ETP Sludge	ty rated		here sposed
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		MARIDI BIO INDUSTRIES F SY# 1/37 & 1/38, 35 <sup>TH</sup> MII KANAKAPURA ROAD, RAM	LE STON	IE, GAB	BADI KAVAL, FRICT.
(vii) List of member HCF not handed over bio-medical waste.		NA			
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES	£	5	
Details trainings conducted on BMW (i) Number of trainings conducted on	+	16			AL S

	(ii) number of personnel trained		69
	(iii) number of personnel trained at the time of induction		8
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for Training is available?		YES
	(vi) any other information)		Nil
8	Details of the accident occurred during the year		Nil
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please 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?		Nil
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	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from JANUARY 2024 TO DECEMBER 2024

Name and Signature of the Head of the Institution

Date: 30 Jun 25 Place : BANGALORE

For NORWICH CLINICAL SERVICES PVT. LTD. ot Authorised Signatory