

Ref no. - UML/WR/EMS/BMW/25/01

Dated 26/06/2025

To
The Member Secretary,
Jharkhand State Pollution Control Board,
T.A. Division Building (Ground Floor),
HEC, Dhurwa, RANCHI – 834004

Sub: Annual Return (Form-IV) of Biomedical Waste for year 2024 under Bio-Medical Waste Management Rules, 2016.

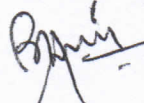

Ref: Rule 13 of the Bio-Medical Waste Management Rules, 2016.

Dear Sir,

We enclose the Form – IV, duly filled in for annual returns of Bio-Medical Waste Management Rules, 2016 and Accident reporting (Form-I) for the period from 1st January-2024 to 31st December-2024 pertaining to our OHC, M/s Usha Martin Limited, Tatisilwai, Ranchi.

Thanking You,

Yours faithfully,
For Usha Martin Limited



(Authorised Signatory)


Enclosure: As Above

CC to: Regional Officer,
JSPCB Regional Office, Ranchi
CIT Colony, HEC, Dhurwa, Ranchi.



USHA MARTIN LIMITED
CIN : L31400WB1986PLC091621

 **Regd. Office:** 2A Shakespeare Sarani, Kolkata - 700071, India | **Works:** Tatisilwai, Ranchi, Jharkhand- 835103, India

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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 Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	: Mr. S B N Sharma
	(ii) Name of HCF or CBMWTF	: M/s OHC cum Dispensary Usha Martin Limited, Ranchi
	(iii) Address for Correspondence	: Usha Martin Limited Wire Ropes & Speciality Products Division Tatisilwai, P.O –Tatisilwai (835103) Dist. - Ranchi
	(iv) Address for facility	: Usha Martin Limited Wire Ropes & Speciality Products Division Tatisilwai, P.O –Tatisilwai (835103) Dist. - Ranchi
	(v) Tel. No, Fax No.	: (0091651) 7180400/2265241
	(vi) E-mail ID	: arup_dutta@ushamartin.co.in
	(vii) URL of Website	: www.ushamartin.com
	(viii) GPS coordinates of HCF or CBMWTF	: Latitude: 23.22° N Longitude: 85.25° E
	(ix) Ownership of HCF or CBMWTF	: Private
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No: JSPCB/HO/RNC/BMW- 1339136/2019/3 Valid up to 29/02/2032
	(xi) Status of Consents under Water Act and Air Act	: Valid up to 30.06.2024 Renewal Applied
2.	Type of Health Care Facility	: Non-Bedded
	(i) Bedded Hospital	: NA

	(ii) Non-Bedded Hospital (Clinic or Blood bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Any Other Occupational Health Center cum Dispensary																
	(iii) License Number and its date of expiry	:	Provisional License																
3.	Details of CBMWTF		Not Applicable																
	(i) Number health care 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: 8.38 kg/month Red Category: 13.6 kg/month White Category: 0.08 kg/month Blue Category: 1.28 kg/month General Solid Waste: 2.0 kg/month																
5.	Details of the storage, treatment, transportation, processing and disposal facility																		
	(i) Details of the on-site storage facility	:	Size: 50 Liters Bins with color code. Capacity : 50 liter each Provision of on-site storage: (Cold storage or any other provision): Designated Area																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No. of Units</th> <th>Capacity (kg/day)</th> <th>Quantity treated or disposed in kg</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No. of Units	Capacity (kg/day)	Quantity treated or disposed in kg	Incinerators				Plasma Pyrolysis				Autoclaves	2		
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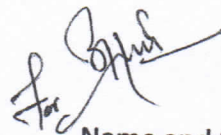
		Microwave			
		Hydroclaves			
		Shredder			
		Needle tip cutter or destroyer	2		2 kg/annum
		Sharp Encapsulation or Concrete pit			
		Deep burial pits			kg/annum
		Chemical disinfection			kg/annum
		Any other treatment equipment			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NIL		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	Incineration Ash ETP Sludge	Quantity Generated NA	Where Disposed NA
	(vi) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Environmental Management Pvt. Ltd Lohardaga, Jharkhand-835304.		

	(vii) List of member 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	:	NA
7.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	NIL
	(ii) Number of personnel trained.	:	NIL
	(iii) Number of personnel trained at the time of induction	:	1
	(iv) Number of personnel not undergone any training so far	:	NIL
	(v) Whether standard manual for training is available?	:	Yes, the Training Module is available.
	(vi) Any other information)	:	NIL
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred.	:	NIL
	(ii) Number of the persons affected.	:	N/A
	(iii) Remedial Action taken (Please attach details if any)		N/A
	(iv) Any Fatality occurred, details.	:	N/A
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 is 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
12.	Any other relevant information	:	

Certified that the above report is for the period from 01st January 2024 to 31st December 2024

Date: 26/06/2025



Name and Signature of the Head of the Institution

Place: Ranchi.

FORM - I

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

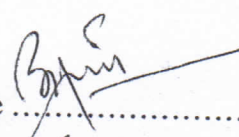
ACCIDENT REPORTING

Period: 01.01.2024 to 31.12.2025

1	Date and time of the accident	NIL
2	Type of Accident	Not Applicable
3	Sequence of events leading to the 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 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, Integrated Management Policy as per ISO 9001:2015, API SPEC Q1, 9th edition, API SPEC 9A, 26th Edition, ISO 14001:2015 & ISO 45001:2018 implemented

Date: 26/06/2025

Place: Ranchi

Signature 

Designation S. DGM