

WH/13/06/2020-21
24th June 2020

The Environmental Officer
Karnataka State Pollution Control Board
Parisara Bhavana, B.M. Road
Ramanagar-562159

Dear Sir

Sub: Submission of Form-IV of Bio-Medical Waste.

With reference to the above subject, hereby we would like to submit the annual returns of Form-IV of Bio –Medical waste for the period of January 2019 to December 2019, kindly acknowledge the same and do the needful.

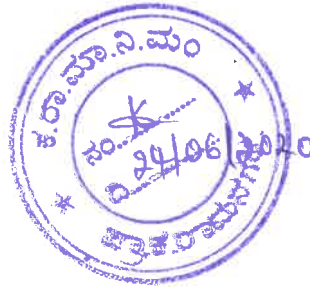
Thanking you,

Yours faithfully,

For Wonderla Holidays Limited


Authorised Signature.

Enclosures: 1) Form -IV
2) Certificate of Treatment copy from Maridi Bio Industries pvt. Ltd.



Branches

Bangalore Park (Reg. Office) : 28th KM, Mysore Road, Bangalore - 562 109 | Ph : +91 80 22010300 | E-mail : mail.blr@wonderla.com

Kochi Park : Pallikkara, Kumarapuram P.O., Kochi : 683 565 | Ph : +91 484 2684001 | E-mail : mail.cok@wonderla.com

Hyderabad Park : ORR Exit No. 13, Ravirala Post, Hyderabad : 501 510 | Ph : +91 40 23490300 | Email : mail.hyd@wonderla.com

Bangalore Resort : 28th KM, Mysore Road, Bangalore - 562 109 | Ph : +91 80 33710333 | E-mail : resort.blr@wonderla.com



MARIDI

BIO INDUSTRIES PVT. LTD

(Bio Medical Waste Management & Handling Services)

CIN : U90001TG2011PTC072453

CERTIFICATE OF TREATMENT

DATE: 31.12.2019

TO

Wonderla Holidays Limited,
28th KM, Mysore Road,
Bangalore-562109.

Dear Sir/Madam,

This is to inform you that, we have collected following quantity of Bio-Medical Waste from your center and the same has been treated and disposed as per K.S.P.C.B guidelines.

Average waste collected from your first aid from January 2019 to Dec 2019

SL.NO	MONTHS	YELLOW	BLUE	RED
1	Jan	35kg	150grm	120grm
2	Feb	35kg500grm	100grm	90grm
3	Mar	30kgs	130grm	120grm
4	April	32kg500grm	230grm	180grm
5	May	40kr400grm	190grm	140grm
6	June	29kg	90grm	130rm
7	July	25kg700grm	80grm	100grm
8	August	10kg 200grm	90grm	110grm
9	September	7kg 800grm	80grm	100grm
10	October	6kg 500grm	90grm	110grm
11	November	6kg 800grm	70grm	110grm
12	December	8kg200grm	180grm	230grm

This is for your kind information.

Thanking you,

Yours truly

For Maridi Bio Industries Pvt. Ltd.

Authorized signature



Regional Office : No. : 8, **Sunaga Arcade**, 4th Floor, 1st Main, 8th Cross, Sampangiramanagar, Bangalore - 560 027.

Ph. : +91-80-4151 2958, Fax : +91-80-2210 3270.

E-mail : maridibmw@gmail.com website : www.maridibmw.com

Plant : Sy. No : 1/37 & 1/38, 35th Milestone, Gabbadi Kaval, Kanakapura Road, Ramanagar Dist.

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)]For the Period from :**(01.01.2019 to 31.12.2019)**

Sl. No.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	Wonderla Holidays Ltd.
	(ii) Name of HCF or CBMWTF	Maridi Bio Industries Pvt. Ltd
	(iii) Address for Correspondence	Wonderla Holidays Ltd. 28 th K M, Mysore Road, Bidadi Hobli, Ramanagara Tq & Dist.- 562109
	(iv) Address of Facility	Maridi Bio Industries Pvt. Ltd, Sy.No.1/37& 38, kanakapura road, 35 th Milestone, Gabbadi kaval, Horohalli, Kanakapura, Ramanagara Dist.
	(v)Tel. No, Fax. No	080- 22010333, 080-22010324
	(vi) E-mail ID	Mail.blr@wonderla.com
	(vii) URL of Website	www.wonderla.com
	(viii) GPS coordinates of HCF or CBMWTF	NA
	(ix) Ownership of HCF or CBMWTF	
	(x). Status of Authorizations under the Bio-Medical Waste (Management and Handling) Rules	Authorization No. - 68/878/04-12-2018, Valid up to life time
	(xi). Status of Consents under Water Act and Air Act	Valid up to: Life time
2.	Type of Health Care Facility	First aid
	(i) Bedded Hospital	No. of Beds: 2no.
	(ii) Non-bedded hospital	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	
	(iii) License number and its date of expiry	
3.	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	1no
	(ii) No of beds covered by CBMWTF	2no
	(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 : 267kgs 600grms Red Category : 1kg 540grams Blue Category : 1kg 480grams White: 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 : NA	
		Capacity : NA	
		Provision of on-site storage : (cold storage or any other provision)	
	(ii) Details of the treatment or disposal facilities	Type of treatment equipment 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:	No of units Capacity Kg/day Quantity treated or disposed in kg per annum - - -
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)	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	Quantity generated	Where disposed

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	NA
	(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	NA
	(i) Number of trainings conducted on BMW Management.	NA
	(ii) number of personnel trained	NA
	(iii) number of personnel trained at the time of induction	NA
	(iv) number of personnel not undergone any training so far	NA
	(v) whether standard manual for training is available?	NA
	(vi) any other information)	NA
8	Details of the accident occurred during the year	NA
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
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?	NA
11	Is the disinfection method or sterilization meeting the log 4	NA

	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)

Certified that the above report is for the period from: **01/01/2019 to 31/12/2019**



[Handwritten Signature]
 Name and Signature of the Head of the Organization

Date: *24/06/2020*
 Place: *Bidadi*