

Ref:WHL/TSPCB/FORM 4/AR/2020-21

Date: 26/05/20

To,
The Environmental Engineer,
Telangana state Pollution Control Board,
Regional Office,
Begumpet ,Hyderabad.

Sub: Submission of FORM 4 (Bio Medical waste Annual returns)

Dear Sir,

We are here with submitting Form-4 for the year 2019-2020 returns

Kindly acknowledge the same

Thanking you Sir,

Yours Faithfully

For Wonderla Holidays Ltd


(BABY JEON T.E)



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

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	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Wonderla Holidays Limited
	(ii) Name of HCF or CBMWTF	:	First aid center
	(iii) Address for Correspondence	:	KongaraRaviryala, Maheswaram Mandal, Rangareddy District
	(iv) Address of Facility	:	GJ Multiclave India Pvt Ltd, Sy No:179,Edulapally,Kothur,MB nagar
	(v)Tel. No, Fax. No	:	040-23490300
	(vi) E-mail ID	:	Hse.hyd@wonderla.com
	(vii) URL of Website	:	www.wonderla.com
	(viii) GPS coordinates of HCF or CBMWTF	:	17.2173 N,78.529 E
	(ix) Ownership of HCF or CBMWTF	:	Public Limited Company
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	AuthorizationNo:Ltr.492/PCB/BMW/RO.I-RRD/2016 valid Up to:31.03.2022.
(xi). Status of Consents under Water Act and Air Act	:	Valid up to:	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 0
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Clinic
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered byCBMWTF	:	One
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	— Kg perday

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	0.1 Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 04.295 Kg Red Category : 04.422 Kg White: Blue Category : General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(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 per annum</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>01</td> <td>0.01</td> <td>3.65</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or Sharps destruction</td> <td>01</td> <td>0.005</td> <td>1.82</td> </tr> <tr> <td>encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	01	0.01	3.65	Microwave				Hydroclave				Shredder				Needle tip cutter or Sharps destruction	01	0.005	1.82	encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	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	:	
	(vii) List of member HCF not handed over bio-medical waste.		—
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		—
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	2	
	(ii) number of personnel trained	6	
	(iii) number of personnel trained at the time of induction	1	
	(iv) number of personnel not undergone any training so far	—	
	(v) whether standard manual for training is available?	Yes	
	(vi) any other information)	—	
8	Details of the accident occurred during the year		—
	(i) Number of Accidents occurred		—
	(ii) Number of the persons affected		—
	(iii) Remedial Action taken (Please attach details if any)		—
	(iv) Any Fatality occurred, details.		—
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		—
	Details of Continuous online emission monitoring systems installed		—
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		—
11	Is the disinfection method or sterilization meeting the log 4		—

	standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

Date: 26/05/20
Place: Hyderabad

Name and Signature of the Head of the Institution

Per

 (805720100-7.2)