

Wonderla Holidays Limited

Rangare Flaviryala P.O., Rangareddy District, Pin: 501 510
Ph : 040-23490300 E-mail : mail.hyd@wonderla.com
Website : www.wonderla.com CIN : L55101 RA2002PLC031221



WHL/TSPCB/Form-IV/BMW/Annual Report/Year 2021

Date: 09-03-2022

To
The Environmental Engineer,
Regional Office,
Telangana State Pollution Control Board,
Begumpet,
Hyderabad - 500 016.

Subject: Submission of Form IV Bio-Medical Waste Annual Report for the
Calendar Year 2021 - Reg.

Dear Sir,

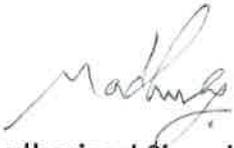
We are herewith submitting Bio-Medical Waste Annual Report in **Form-IV** for the
Calendar Year 2021.

Kindly acknowledge the same.

Thanking You,

Yours faithfully,

For Wonderla Holidays Ltd.


Authorized Signatory



Branches

Red. Office : 28th KM, Mysore Road, Bangalore - 562 109. Ph : +91 80 37230372 ; E-mail : mail.blr@wonderla.com
Bangalore(Reg. Office): 28th KM, Mysore Road, Bangalore - 562 109. Ph : +91 80 37230300; E-mail : mail.blr@wonderla.com
Bangalore Resort : 28th KM, Mysore Road, Bangalore - 562 109, Ph : +91 80 33710333, E-mail : resort.blr@wonderla.com
Kochi : Pallikkara, Kumarapuram P.O., Pin: 683 565, Ph : 0484-2684001-6 Fax: 0484-2684001, E-mail : mail.cok@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	:	SY. No. 274, Kongara Raviryala (V) , Maheswaram (M), Rangareddy District
	(iv) Address of Facility	:	GJ Multiclave India Pvt Ltd. Sy No: 179 & 181, Edulapally (V), Kothur (M), Mahaboobnagar District
	(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	:	Authorization No Lr.No.492/PCB/BMW/RO.I-RRD/2016-938 Valid Up to: 31.03.2022
	(xi). Status of Consents under Water Act and Air Act	:	Consent Order No: 730-RR-I/TSPCB/ZOH/CFO/2021-311 Dt: 17.07.2021 Valid Up to 31.03.2026
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: "0"
	(ii) Non-bedded hospital 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 of health care facilities covered by CBMWTF	:	One
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	--- Kg / day
	(iv) Quantity of bio medical 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: <u>366.153 Kgs</u>			
			Red Category: <u>1.229 Kgs</u>			
			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) Disposal facilities	:	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	3.5
			Microwave			
			Hydroclave			
			Shredder			
			Needle tip cutter or destroyer	01	0.004	1.08
			Sharps			
			Encapsulation or concrete pit			
			Deep burial pits			
			Chemical disinfection:			
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.)			
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:		Quantity Generated	Where disposed	
			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
8	Details of the accident occurred during the year	:	---
	(i) Number of Accidents occurred	:	---
	(ii) Number of 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 **January 01, 2021 To December 31, 2021**

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Name and Signature of the Head of the Institution

Date: 09.03.2022

Place: Hyderabad



FORM – I
(See rule 4(o), 5(i) and 15 (2))
ACCIDENT REPORTING

- | | | |
|----------------------------------------------------------------------------------|---|-----|
| 1. Date and Time of Accident | : | Nil |
| 2. Type of Accident | : | Nil |
| 3. Sequence of Events Leading to Accident | : | Nil |
| 4. Has the Authority been informed immediately? | : | Nil |
| 5. The Type of waste involved in accident | : | Nil |
| 6. Assessment of the effects of the Accidents on human health & the Environment: | | Nil |
| 7. Emergency Measures Taken | : | Nil |
| 8. Steps taken to alleviate the effects of Accidents | : | Nil |
| 9. Steps taken to prevent the recurrence of Such an Accident | : | Nil |
| 10. Does your facility have an Emergency Control Policy? If Yes give details | : | Nil |

Signature _____

Designation _____



Date: 09.03.2022

Place: Hyderabad