

JKLCL/ENV/BMW\_Form4/2026/4251

02<sup>nd</sup> February 2026

To,  
**The Regional Officer,**  
Rajasthan State Pollution Control Board,  
F-470, Madri Industrial Area,  
Udaipur-Rajasthan - 313003

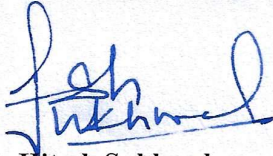
**Sub:** Submission of Annual return in Form-IV for the period **01.01.2025 to 31.12.2025.**  
**Ref:** RSPCB Letter No. – S. No. RPCB/RO Udaipur/BMW-472/081, Dated 08/09/2025.

**Respected Sir/Madam,**

We are submitting herewith-Annual report (**Form-4**) as per Bio Medical Waste Management Rules, 2016 for our **Occupational Health Centre** situated at Shripati Nagar, CFA, P.O. Dabok, Udaipur (Rajasthan) – Pin - 313022, for the period **01<sup>st</sup> January 2025 to 31<sup>st</sup> December 2025.**

We hope you will find the above in order.

Thank you,  
Yours faithfully  
For **JK Lakshmi Cement Ltd., Udaipur Unit.**



**Dr. Hitesh Sukhwai**  
General Manager (Environment)

**Encl:** As Above



**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)]

| S. No. | Particulars                                                                              |   |                                                                                                                                                                   |
|--------|------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Particulars of the Occupier                                                              |   |                                                                                                                                                                   |
|        | (i) Name of the authorized person (occupier or operator of facility)                     | : | <b>Mr. Ram Prakash Bimothi, Chief Medical Officer (OHC)</b>                                                                                                       |
|        | (ii) Name of HCF or CBMWTF                                                               | : | <b>Industrial Occupational Health Centre, M/s JK Lakshmi Cement Ltd., Udaipur Unit.</b>                                                                           |
|        | (iii) Address for Correspondence                                                         | : | M/s JK Lakshmi Cement Ltd., Shripati Nagar, CFA, P.O. Dabok, Dist. Udaipur, Rajasthan, 313022                                                                     |
|        | (iv) Address of Facility                                                                 | : | M/s JK Lakshmi Cement Ltd., Shripati Nagar, CFA, P.O. Dabok, Dist. Udaipur, Rajasthan, 313022                                                                     |
|        | (v) Tel. No, Fax. No                                                                     | : | -                                                                                                                                                                 |
|        | (vi) E-mail ID                                                                           | : | <b>rpbimothi@ucwl.jkmail.com</b>                                                                                                                                  |
|        | (vii) URL of Website                                                                     | : | www.lakshmicement.com                                                                                                                                             |
|        | (viii) GPS coordinates of HCF or CBMWTF                                                  | : | Latitude: 24.650395, Longitude: 73.877552                                                                                                                         |
|        | (ix) Ownership of HCF or CBMWTF                                                          | : | M/s JK Lakshmi Cement Ltd., Udaipur Unit.                                                                                                                         |
|        | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | <b>Authorization No. :- BMW/2021-2022/Udaipur/BMW/5 Valid upto:- 31/03/2026</b>                                                                                   |
|        | (xi). Status of Consents under Water Act and Air Act                                     | : | <b>CtO No. - 2021-2022/Udaipur/8367 under water act &amp; Valid upto: 31/03/2026</b>                                                                              |
| 2      | Type of Health Care Facility                                                             |   |                                                                                                                                                                   |
|        | (i) Bedded Hospital                                                                      | : | <b>No. of Beds: 2</b>                                                                                                                                             |
|        | (ii) Non-bedded hospital                                                                 | : |                                                                                                                                                                   |
|        | Clinical Laboratory or Research Institute or Veterinary Hospital or any other)           |   | Clinical Laboratory                                                                                                                                               |
|        | (iii) License number and its date of expiry                                              | : | -                                                                                                                                                                 |
| 3      | Details of CBMWTF                                                                        | : |                                                                                                                                                                   |
|        | (i) Number of health care facilities covered by CBMWTF                                   | : |                                                                                                                                                                   |
|        | (ii) No. of Beds covered by CBMWTF                                                       | : | NA                                                                                                                                                                |
|        | (iii) Installed treatment and disposal capacity of CBMWTF;                               | : |                                                                                                                                                                   |
|        | (iv) Quantity of bio medical waste treated or disposed by CBMWTF                         | : |                                                                                                                                                                   |
| 4      | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)       | : | <b>Yellow Category: 23.62 Kg</b><br><b>Red Category: 12.07 Kg</b><br><b>White: 1.30 Kg</b><br><b>Blue Category: 27.05 Kg</b><br><b>General Solid Waste: 50 kg</b> |
| 5      | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility      |   |                                                                                                                                                                   |



| (i) Details of the on-site storage facility                                                                         | :           | BMW stored in the colored dust bin as specified.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------|-----------------------------|-------------|-----------------|----------------------------------------------|--------------|--|--|--|------------------|--|--|--|------------|--|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|---|---|--|--------|--|--|--|-------------------------------|--|--|--|------------------|--|--|--|------------------------|--|--|--|--------------------------------|--|--|--|
|                                                                                                                     | :           | Capacity: 15 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
|                                                                                                                     | :           | Provision of on-site storage: BMW waste stored not more than 2 days and hand over to CBMWTF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| (ii) Disposal facilities                                                                                            | :           | <table border="1"> <thead> <tr> <th data-bbox="911 383 1129 613">Type of treatment equipment</th><th data-bbox="1129 383 1230 613">No of Units</th><th data-bbox="1230 383 1331 613">Capacity Kg/day</th><th data-bbox="1331 383 1495 613">Quantity Treated or disposed in kg Per annum</th></tr> </thead> <tbody> <tr><td data-bbox="911 613 1129 674">Incinerators</td><td data-bbox="1129 613 1230 674"></td><td data-bbox="1230 613 1331 674"></td><td data-bbox="1331 613 1495 674"></td></tr> <tr><td data-bbox="911 674 1129 757">Plasma Pyrolysis</td><td data-bbox="1129 674 1230 757"></td><td data-bbox="1230 674 1331 757"></td><td data-bbox="1331 674 1495 757"></td></tr> <tr><td data-bbox="911 757 1129 817">Autoclaves</td><td data-bbox="1129 757 1230 817"></td><td data-bbox="1230 757 1331 817"></td><td data-bbox="1331 757 1495 817"></td></tr> <tr><td data-bbox="911 817 1129 878">Microwave</td><td data-bbox="1129 817 1230 878"></td><td data-bbox="1230 817 1331 878"></td><td data-bbox="1331 817 1495 878"></td></tr> <tr><td data-bbox="911 878 1129 938">Hydroclave</td><td data-bbox="1129 878 1230 938"></td><td data-bbox="1230 878 1331 938"></td><td data-bbox="1331 878 1495 938"></td></tr> <tr><td data-bbox="911 938 1129 999">Shredder</td><td data-bbox="1129 938 1230 999"></td><td data-bbox="1230 938 1331 999"></td><td data-bbox="1331 938 1495 999"></td></tr> <tr><td data-bbox="911 999 1129 1155">Needle tip cutter or destroyer</td><td data-bbox="1129 999 1230 1155">2</td><td data-bbox="1230 999 1331 1155">1</td><td data-bbox="1331 999 1495 1155"></td></tr> <tr><td data-bbox="911 1155 1129 1216">Sharps</td><td data-bbox="1129 1155 1230 1216"></td><td data-bbox="1230 1155 1331 1216"></td><td data-bbox="1331 1155 1495 1216"></td></tr> <tr><td data-bbox="911 1216 1129 1350">Encapsulation or concrete pit</td><td data-bbox="1129 1216 1230 1350"></td><td data-bbox="1230 1216 1331 1350"></td><td data-bbox="1331 1216 1495 1350"></td></tr> <tr><td data-bbox="911 1350 1129 1462">Deep burial pits</td><td data-bbox="1129 1350 1230 1462"></td><td data-bbox="1230 1350 1331 1462"></td><td data-bbox="1331 1350 1495 1462"></td></tr> <tr><td data-bbox="911 1462 1129 1574">Chemical disinfection:</td><td data-bbox="1129 1462 1230 1574"></td><td data-bbox="1230 1462 1331 1574"></td><td data-bbox="1331 1462 1495 1574"></td></tr> <tr><td data-bbox="911 1574 1129 1697">Any other treatment equipment:</td><td data-bbox="1129 1574 1230 1697"></td><td data-bbox="1230 1574 1331 1697"></td><td data-bbox="1331 1574 1495 1697"></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 |  |  |  | Microwave |  |  |  | Hydroclave |  |  |  | Shredder |  |  |  | Needle tip cutter or destroyer | 2 | 1 |  | Sharps |  |  |  | Encapsulation or concrete pit |  |  |  | Deep burial pits |  |  |  | Chemical disinfection: |  |  |  | Any other treatment equipment: |  |  |  |
| Type of treatment equipment                                                                                         | No of Units | Capacity Kg/day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Quantity Treated or disposed in kg Per annum |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Incinerators                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Plasma Pyrolysis                                                                                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Autoclaves                                                                                                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Microwave                                                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Hydroclave                                                                                                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Shredder                                                                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Needle tip cutter or destroyer                                                                                      | 2           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Sharps                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Encapsulation or concrete pit                                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Deep burial pits                                                                                                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Chemical disinfection:                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| Any other treatment equipment:                                                                                      |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| (iii) Quantity of recyclable waste sold to authorized recyclers after treatment in Kg per annum                     | :           | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
| (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 waste in Kg per annum | :           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Quantity Generated                           | Where disposed |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
|                                                                                                                     |             | Incineration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NA                                           | NA             |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
|                                                                                                                     |             | Ash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |
|                                                                                                                     |             | ETP Sludge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                |                             |             |                 |                                              |              |  |  |  |                  |  |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |   |   |  |        |  |  |  |                               |  |  |  |                  |  |  |  |                        |  |  |  |                                |  |  |  |



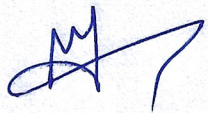
|    |                                                                                                                               |   |                                          |
|----|-------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------|
|    | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of                   | : | M/s En-vision Enviro Engineers Pvt. Ltd. |
|    | (vii) List of members 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   | : | Yes                                      |
| 7  | Details training conducted on BMW                                                                                             | : |                                          |
|    | (i) Number of training courses conducted on BMW Management                                                                    | : | 4                                        |
|    | (ii) Number of personnel trained                                                                                              | : | 4                                        |
|    | (iii) Number of personnel trained at the time of induction                                                                    | : | 5                                        |
|    | (iv) Number of personnel not undergone any training so far                                                                    | : | 5                                        |
|    | (v) Whether standard manual for training is available?                                                                        | : | -                                        |
|    |                                                                                                                               | : | YES                                      |
| 8  | Details of the accident occurred during the year                                                                              | : |                                          |
|    | (i) Number of Accidents occurred                                                                                              | : | Nil                                      |
|    | (ii) Number of persons affected                                                                                               | : | Nil                                      |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                    | : | Nil                                      |
|    | (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 have you met the standards in a year?                   | : | NA                                       |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times have you met the standards in a year? | : | NA                                       |
| 12 | Any other relevant information                                                                                                | : | Nil                                      |

Certified that the above report is for the period from 01/01/2025 to 31/12/2025.

Date: 02.02.2026

Place: M/s JK Lakshmi Cement Ltd.,  
Shripati Nagar, CFA, P.O. Dabok,  
Dist. Udaipur, 313022

Name and Signature of the Head of the Institution

  
**Chief Medical Officer**  
**JK Lakshmi Cement Ltd.**  
**Shripati Nagar, CFA, P.O. Dabok**  
**Udaipur-313022 (Raj.)**



# Occupational Health Centre

Shripati Naga, CFA, P.O. \_Dabok Udaipur

## Minutes of the Meeting held for Proper Disposal of Bio Medical Waste Generate from OHC

Date:- 29.07.2026

The following members were present during discussion-

- I. Dr. R. P. Bimothi- Chief medical Officer
- II. Mr. Manish Upadhyay
- III. Mrs. Priyanka Chhipa
- IV. Mr. Sandeep Kumar Sharma
- V. Mr. Ravi Patidar
- VI. Mr Shiv Pratap Singh

### **The following points were discussed during meeting-**

- The definition of the BMW was shared by Mr. Manish Upadhyay “means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or health camps.
- Dr. Bimothi suggested that OHC members will maintain and update all record (BMW generation) on daily basis.
- The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule-I prior to its storage.

**Yellow** Human Anatomical Waste: Human tissues, organs, body parts, Items contaminated with blood, body fluids like dressings, Expired or Discarded Medicines

**Red:** Contaminated Waste (Recyclable)

**White-** Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts.

**Blue-** Glassware:- Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.

- For chemical treatment of the glassware use at least 10% Sodium Hypochlorite, having 30% residual chlorine for twenty minutes.
- Dr. Bimothi has suggested that;
  - All the members were follow the guideline of the Bio Medical Waste Management Rules, 2016.
  - “Chlorinated plastic bags” shall not include urine bags, effluent bags, abdominal bags and chest drainage bags.”

