

Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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

Application Type: Industry		Submit To SRO-Navi Mumbai I			
i) Unit Name Galaxy Surfactants Limited	ii) Plant Name Galaxy Surfactants Limited				
1) Particulars		•			
i) First Name Pramod	ii) Middle Name Bipracharan	iii) Last Name Sabat			
iv) Designation Factory Manager	v) Aadhaar No	vi) PAN No			
vii) Address as per Aadhaar Card Room No. 3, Neel Kamal Society Satyavinayak HSG, Satayanagar, Sakinaka, Mumbai, Maharashtra – 400072	viii) Tel. No. 0223913550	ix) Fax No. 91-22-27615886			
x) e-mail Pramod.Sabat@galaxysurfactants.co m	xi) URL of website www.galaxysurfactants.com				
2) Details of the Industry					
i) Name of the Industry Galaxy Surfactants Ltd.	ii) Email Pramod.Sabat@galaxysurfactants.com	iii) Name of the contact person Pramod Sabat			
iv) Contact No. 02239135500		<u>, </u>			
3) Address of the Industry					
i) Building Name/Building No./Survey Number C-49/2, TTC Industrial Area	ii) Street / Village Pawne	iii) City / Taluka Navi MUmbai			
iv) District Thane	v) Pin-Code Number 400703	vi) Near by Landmark			
vii) Latitude coordinate 19.0726846	viii) Longitude coordinate 73.0198594	ix) Ownership Private			
4) Status of Authorisation under the	e Bio-Medical Waste (Management and Handlin	ng) Rules			
i)Authorization No. MPCB/SRO NAVI MUMBAI I/BMW/Auth./2001000618	ii)Authorization validity Date 2020-12-31				
5) Status of Consents under Water	Act and Air Act	1			
i)Consent Number RONM/NNB/TTC/ORANGE/O/CC/ C- MPCB/12/01451	ii)Consent validity Date 2022-08-31				
6) Total No of Beds (As per valid A	uthorization)	1			
7) Registration Number (e.g. Bomb		12170721000G-00			

8) Registration Expiry Date					2020-12-	2020-12-31			
9) Faculty of Medicine Medical					•				
0) Name of the Common Bio-Med ####################################		Treatment F	acility Operato	or through whic	h wastes ar	e disposed	of		
1) Details of BMW) Authorized BMW Quantity MT/m	onth (as pe	r valid CCA)				1			
Yellow 0.0010		Red 0.0005 Blue		Blue	3lue White		0.0007		
) Bio Medical Waste Generated ((g/day)	1							
Yellow 0.0130		Red 0.0050			Blue		White		
i) Quantity of Biomedical waste g	iven to CBI	//WTDF (kg/	day)						
Yellow 0.0130 Red 0.005		50	Blue	White	G	General Solid Waste			
2) Details trainings conducted on Number of trainings conducted		nagement.							
Number of personnel trained 2									
i) Number of personnel trained at 2	the time of	induction							
number of personnel not under	gone any tr	aining so fa	ır						
) whether standard manual for tra es	aining is ava	ailable?							
i) any other information									
3) Details of the accident occurre Number of Accidents occurred	d during th	e year							
Number of the persons affected									
Remedial Action taken (Please	attach deta	ils if any)							
O Any Fatality occurred, If yes de	tails.								
4) Liquid waste generated and tre o	eatment me	thods in pla	ce. How many	times you have	e not met the	e standards	in a year?		
5) Is the disinfection method or so	erilization r	neeting the	log 4 standard	s? How many ti	mes you ha	ve not met t	he standards in a year?		
Place	Designa	ation			Date				