



**INNOVATE IN INDIA FOR INCLUSIVENESS (I 3) ENVIRONMENTAL
HEALTH RISK MANAGEMENT PLAN (EHRMP)FORMAT**

- (i) Brief description of the proposed activity

The proposal is to set up a Technology Transfer Office (TTO) at IKP Knowledge Park (IKP). IKP is a 200-acre Life Science Research Park and Incubator located in Genome Valley, Hyderabad. The office of the TTO will be part of the IKP office inside the Sustainability Innovation Centre (SINC), a building within the IKP campus.

- (ii) List of environments related regulatory clearances required for the activity.

The activities to be undertaken by the TTO will be desk/office work, documentation, conducting training, workshops, meetings, client visits and interactions, and promotional activities. It will not involve any laboratory work.

Notification No. S.O. 1533 (E) published in the Gazette of India on 14th September, 2006 by Ministry of Environment and Forests exempts Biotech Parks engaged in R&D activities from the requirement of Environmental Clearance in case Parks are set up in less than 500 hectares of land. The Park has obtained Consent for Establishment (CFE) and Consent for Operations (CFO) from the Govt. of Telangana, as per details given below:

S.No.	Facilities	Approval For	TSPCB Approval Ref. No.	Date of issue	Valid till
1	Phase-I, II & III (Innovation Corridor)	CFE	PCB/ZOH/CFE/2003-1246	16.07.2003	
2		CFO	401-RR-II/TSPCB/ZOH/CFO/AR/2017-2351	28.12.2017	31.12.2022
3	Sustainability	CFE	401-RR-II/TSPCB/ZOH/TS	14.08.2019	5 years

	Innovation Centre (SINC)		iPASS/CFE/2019-247		
4		CFO	401-RR-II/TSPCB/ZOH/CFO/TS iPASS/2019-436	10.10.2019	31.03.2021

The company would obtain renewal permissions from time to time as per extant regulations of Telangana State Pollution Control Board.

Institutional agreement

S.No.		Yes	No	Details	Additional details	Proposed Plan
1	Is there a designated full-time staff for Environment Health and Safety (EHS) issues?	√		Name: Mr. Yuvaraju Design.: Dy. Manager-EHS		
2	Does the EHS staff handle the following?		Any other:			
	Occupational Health and Safety	√				
	Waste Management	√				
	List of consents and regulatory clearances	√				
	Record keeping of accidents and procedures	√				
	EHS trainings for staff	√				
	Environment Management Framework compliance for Innovate in India Project	√				

3	Is there a reporting structure in place regarding EHS issues?	√		Describe:	EHS Deputy Manager reports to COO & CFO through the Operations Head	
4	Are regular EHS trainings provided to staff?	√		Frequency:	Monthly	

General Occupational Health and Safety

5.	Are there Standard Operating Procedures for accidents, hazards, and other emergencies (chemical spills, heat hazards, fire hazards, radioactive hazards etc.)?	√			The Park has formulated Site Emergency Plan with SOP's for handling emergencies chemical spills, fire hazards, heat hazards etc.	
6.	Are the following in place?				The Park ensures each lab maintaining spill kits, eye wash, shower stations, first aid kit, fire extinguishers, register of accidents and injuries by way of periodic interventions through bi-monthly safety committee meetings.	
	Chemical spill kits	√				
	Eye wash	√				
	Shower stations	√				
	First Aid Kit	√				
	Fire Extinguishers	√				
	Register of accidents and injuries	√				
7.	Are proper signage and storage system in place?					
	Display of Material Safety Data Sheet (MSDS) where relevant	√			Being displayed	
	Display of emergency numbers and procedures (Person to Contact, Doctor, Ambulance, Fire	√			Being displayed	

	Emergency, Police) displayed in all critical places					
	Signage across the facility (labs, storage, hazardous areas, etc.)	√			Being displayed	
	Are flammable materials appropriately stored to prevent fire hazards?	√			Being displayed	
8.	Are smoke detectors, fire alarms, automatic safety/shut off systems, overflow preventors, etc. in place and regularly maintained?	√		List:	In place and regularly maintained	
9.	Are there control measures for VOC, air emissions, high operating temperatures, pathogens/vectors etc. in place?	√		List:	Regularly monitored and control measures in place	
10.	Are regular mock drills conducted for emergency preparedness and safety?	√		Frequency (type wise): Half yearly		
11.	Are staff provided with OHS training?	√		Describe:	At monthly intervals	
Bio Medical Waste (BMW)						
12.	Is there generation of biomedical waste (as described in Bio-Medical Waste Management Rules, 2016) in the grantee?	√		<p>If Yes, provide a list of biomedical waste produced in the facility</p> <p>If No, provide a list of all waste produced in the facility.</p>	<p>The Health center at the Park generates</p> <p>a) Yellow category: Dressing, cotton swabs, plaster casts.</p> <p>b) Red category: Syringes, gloves.</p> <p>c) White: Blades, scalpels.</p> <p>d) Blue: Broken glassware, ampules.</p> <p>The resident labs dispose</p>	

					their biomedical waste directly as per TSPCB permissions.											
13.	Is there trained staff to handle biomedical waste in the grantee?	√			Yes. Doctor and EHS Manager are trained to handle the biomedical waste.											
14.	Has the grantee obtained authorization from State Pollution Control Board /Pollution Control Committee?	√			TSPCB Order No. 51/HCF/SMP/TSPCBROM DC/BMWA/2019-331 dated 24.07.2019 Validity: 31.05.2024											
15.	Is the biomedical waste segregated at point of generation in the facility and stored in suitable containers?	√			<table><tr><th colspan="2">Permitted Quantities</th></tr><tr><td>Yellow</td><td>10 kg/month</td></tr><tr><td>Red</td><td>10 kg/month</td></tr><tr><td>White</td><td>5 kg/month</td></tr><tr><td>Blue</td><td>5 kg/month</td></tr></table>	Permitted Quantities		Yellow	10 kg/month	Red	10 kg/month	White	5 kg/month	Blue	5 kg/month	
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16.	Is the bar code system for the segregated waste in place?				TSPCB is yet to operationalize bar code system. However, physical manifest system is in place.											
17.	Is the biomedical waste being sent to an authorized common BMW facility?	√		<table><tr><td>Name and address of CBMWF:</td><td>M/s. Medicare Environmental Management Pvt Ltd Sy. No. 619, Isnapur (V), Patancheruvu (M), Medak (D).</td></tr><tr><td>Distance from facility:</td><td>62 km</td></tr><tr><td>Frequency and Mode of transport:</td><td>Once in 2 days through Medicare vehicle</td></tr><tr><td>Who transports?</td><td>Medicare</td></tr></table>	Name and address of CBMWF:	M/s. Medicare Environmental Management Pvt Ltd Sy. No. 619, Isnapur (V), Patancheruvu (M), Medak (D).	Distance from facility:	62 km	Frequency and Mode of transport:	Once in 2 days through Medicare vehicle	Who transports?	Medicare				
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18.	Does the grantee have an in-house BMW treatment facility?		√	Reason: Authorization: Distance of nearest CBWM from facility: Types of treatment:	Quantity is very minimal	
	Is the treatment facility own (individual)?		√			
	Is the treatment facility a shared facility in an industrial park?		√			
19.	Are lab waste, microbiological waste and chemical liquid waste pre-treated before storing and sending to treatment facilities according to guidelines prescribed in BWM, 2016 regulations?	√		Types of treatment:	Resident labs handle these matters directly	
20.	Is the liquid waste checked for active cells before sending to treatment plant?	√			Resident labs handle these matters directly	
21.	Are necessary waste pre-treatment equipment in place?			List of equipment (autoclaves, shredders, incinerators, etc.): Details of waste pre-treatment:	N.A.	
	Do the equipment adhere to prescribed norms by State Pollution Control Board (SPCB)?				N.A.	
22.	Are non-chlorinated plastic gloves and bags phased out in the grantee?				N.A.	
23.	Are grantee's personnel involved in handling BMW provided with regular training?	√		Frequency: Annual Trainer: External	N.A.	

24.	Are medical examination provided to personnel involved in BMW waste handling and are they provided with relevant immunization like Hepatitis B and Tetanus?	√		Frequency of medical examination: Annual	With regard BMW generated of the health center, the Park gets the medical examination done for the personnel involved. Whereas, in case of resident labs they directly take care of this requirement.	
25.	Is a daily register for biomedical waste maintained including accident reporting record?	√			Being Maintained	
26.	Are annual reports on BWM submitted to SPCB as per required form (see Bio-Medical Waste Rules 2016)?	√			Being submitted	
Hazardous Waste (HW)						
27.	Is there generation of hazardous waste (as per Hazardous Waste Rules, 2016) in the grantee?	√		If Yes, provide a list of hazardous waste produced in the facility If No, provide a list of all waste produced in the facility.	Permissible quantity 1. ETP sludge -5 kg/day category 34.3 of Sch-1 2. Process residues -35 kg/day category 28.1 of Sch-1. 3. STP sludge -80kg/day category 34.3 of Sch-1 4. Used oil -1 KL/Annum Category 5.1 of Sch-1.	
28.	Is there trained staff in the facility to identify and handle hazardous waste?	√			EHS manager trains the dealing persons	
29.	Does the grantee have authorization from SPCB for hazardous waste?	√				
30.	Is there a secure location for storage of HW with proper signage?	√		Describe how each item is stored – platforms, distances from	Park has designated hazardous waste storage place.	

				critical installations/movement areas, spill collectors, gas escape facility, etc.		
31.	Is the hazardous being send to an authorized disposal facility or user?	√		Name and address of facility:	M/s. HWM Project (TSDF), Dundigal (V), Rangareddy (D)	
	Is the disposal facility in house?		√			
	Is the disposal facility external/outsourced?	√				
32.	Is a register maintained on production and treatment, and a manifest system followed for transport of hazardous waste from the grantee to treatment facility?	√			Being Maintained	
E-Waste and Batteries						
33.	Does the grantee generate e-waste, produce or manufacture electrical and electronic equipment?	√			E-waste is in the form of discarded laptops. The Park channelizes the e-waste by handing over to the authorized service centers of the laptop vendors.	
34.	Has the grantee obtained SPCB authorization on e-waste?		√		N.A.	
35.	Does the grantee channelize the e-waste to authorized recycling or disposal facility?	√		Name and address of disposal facility/recycler: Inhouse or outsourced Facility:	Hand over to authorized service centers of the suppliers/vendors.	

36.	Does the manufacturing grantee have Extended Producer Responsibility system and EPR-authorization in place?			Describe:	N.A. The Park is not engaged in manufacturing activities.	
37.	Does the grantee practice reduction in the usage of hazardous substances in the manufacture of electrical and electronic equipment and its parts?				Not applicable	
38.	Does the grantee provide detailed information on the constituents of the equipment and their components/spares and declaration of conformation to Reduction in Hazardous Substances in the product user documentation?				Not applicable	
39.	Does the grantee maintain a record of collection, storage, sale and transport of e-waste?	√			Being Maintained	
40.	Does the grantee submit annual reports on e-waste to SPCB?	√			Being submitted	
41.	Is there accident reporting and records in place?	√				
42.	Are PPEs available to staff?	√				
43.	Is the grantee involved in manufacture of batteries?		√			
44.	Does the grantee generate battery waste?	√			D.G. set batteries and UPS batteries	
45.	Does the grantee deposit the battery waste to registered recycler/dealer/manufacture/re conditioner/collection center?	√		Name and address of battery waste receiving entity:	Batteries discarded are being exchanged with new batteries (Vendor).	
46.	In case of manufacturing, does the grantee comply to				Not applicable	

	Battery Management Rules 2000 and ensure collection of old batteries?					
47.	Does the grantee use any radioactive materials (isotopes tracers, radiation equipment, etc)?		√		Neither the Park nor the resident labs are using any radioactive materials.	
48	Does the grantee have appropriate radioactive material and waste storage and disposal system in place?			Describe:	Not applicable	
	Are radioactive warning signs in place?				Not applicable	
49.	Is the lab/room air regularly checked for microbial contamination?				Not applicable	
50	Are there any odor control measures in place?	√			Scrubbers and blowers installed for exhausting	
51.	Are fume hoods and exhausts regularly checked and maintained?	√				
52.	Does the grantee use DG set > 15 KVA?	√			Monthly monitoring is being done and reports are being submitted to TSPCB.	
	Does the grantee have consent for DG > 15 KVA?	√				
	Are emissions from boilers and DG sets regularly monitored to be within the prescribed norms?	√				
53.	Does the grantee have proper disposal process for solid and plastic waste in compliance to Solid Waste Management Rules, 2016 and Plastic Waste Management Rules, 2016?			Describe		
54.	Is wastewater treated separately by the grantee? (Liquid waste	√		Types of wastewater:	Effluent	

	from laboratory, chemicals, fluids, solvents, medium and cultures, coolants, etc.)			Treatme nt of wastewat er: Chemical management in wastewater treatment plants:	Neutralization is being done at the Park and send the effluent to common effluent treatment plant at Jeedimetla for further treatment. Very minimal quantity of chemicals being used for neutralization.	
	Are there sludge management and cut off drains in place for wastewater?	√				
	Are necessary provisions for noise cancellation in place?	√		Describe:	DG's have acoustic structures and noise is less than 75 dB during day time and less than 70 dB during night time.	
56.	Are there any settlements, water bodies, cultivated land, or any other eco-sensitive areas near the grantee's premises?		√	Describe: Distance from premises:		
57.	Are there any buffers, fire vehicle routes in the grantee's premises?	√			We have sufficient wide roads for free movement of fire vehicle in the Park premises.	