

Environmental Health Risk Management Plan (EHRMP)

Serum Institute of India Private Limited

Proposal entitled: A Multicentre, Phase III, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy of Recombinant BCG VPM1002 in Reducing Infection Incidence and Disease Severity of SARS-COV-2/COVID-19 Among High-Risk Subjects

1. Institutional Arrangements

(i)	Brief description of the proposed activity Phase III, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Duration of Acute Respiratory Symptoms Among Exposed High-Risk Population During Covid-19 Pandemic by Enhanced Trained Immune Response Through VPM1002 RBCG Vaccine
(ii)	List of environment related regulatory clearances required for the activity Consent to Establish and operate from MPCB.

Institutional Arrangement					
Area of Risk		Yes	No	Details	Proposed Plan
1.	Is there a designated full-time staff for Environment Health and Safety (EHS) issues?	Yes		EHS Team is in place and working. Five no. of well qualified and vast experienced persons in safety team.	1. EHS Team is in place and will be working according to the SOP. 2. Well documented EHS policy is in place is reviewed on regular basis 3. Next revision is due on 05.07.22 4. Responsibilities are defined and executed by EHS team.
2.	Does the EHS staff handle the following?			Any other: Celebration of Safety Week and world Environment day to create awareness among the employees	1. Occupational Health Centre (OHC) is in place consisting Five no. of full time qualified doctors.
	Occupational Health and Safety	Yes			
	Waste Management	Yes			
	List of consents and regulatory clearances	Yes			
	Record keeping of accidents and procedures	Yes			
	EHS trainings for staff	Yes			

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	Environment Management Framework compliance for Innovate in India Project	Yes			<p>2. Pre-employment and periodical medical checkup will be carried in OHC. Annual medical check started from October 2020 is in progress.</p> <p>3. Hazardous Waste (HW) generated at site will be disposed to CHWTSDF by filling the Manifest and record for same in maintained.</p> <p>4.HW disposal is planned in December 2020</p> <p>5. Regular training will be carried out to all the employees as per the training schedule.</p> <p>6. SOP for accident reporting is in place and will be reviewed on regular basis.</p>
3.	Is there a reporting structure in place regarding EHS issues?	Yes		<p>Describe: 1.EHS issues are discussed in daily meeting</p> <p>2. Central safety Committee is in place and meeting is carried out in quarterly basis.</p> <p>3. Hierarchy reporting EHS issues as follow.</p> <p>Occupier and</p>	<p>1.EHS issues will be discussed in daily meeting</p> <p>2. Central safety committee meeting is planned in month of December 2020</p> <p>3. Well qualified staff is in place and</p>

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				Director HRD ↓ Sr. Manager -EHS ↓ Manager –EHS ↓ Asst. Manager EHS ↓ Executive EHS ↓ Operating staff	responsibilities defined for each and every staff members will be taken up by them.
4.	Are regular EHS trainings provided to staff?	Yes		Frequency: Monthly	1. Training will be conducted on monthly basis as per the training needs identified and respective training schedule. 2. Induction training will be provided for new employees. 3. External training will be conducted for the EHS staff. 4. Training record will be maintained at EHS department.
5.	Institutional Bio-Safety Committee (IBSC)	Yes		Institutional Bio-Safety Committee (IBSC) meetings are conducted on quarterly basis.	Institutional Bio-Safety Committee (IBSC) meetings will be conducted on quarterly basis.
6.	Ethics Committee (EC)	Yes		The composition of the Ethics Committee will be as per the ICH and NDCT 2019 guidelines.	Ethics committee meetings will be continued in the future to monitor

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					the ethics parameters involved in the project.
General Occupational Health and Safety					
	Area of Risk	Yes	No	Details	Proposed Plan
7.	Are there Standard Operating Procedures for accidents, Hazards, and other emergencies (chemical spills, heat hazards, fire hazards, radioactive hazards etc.)?	Yes		Standard Operating Procedures are in place. SOPs are reviewed on regular basis. Training on SOPs is conducted on regular basis. Radioactive material in not used in any process.	1. Standard Operating Procedures will be followed and reviewed on regular basis. 2. Training on SOPs will be conducted on regular basis. 3. Next training is planned in the month of December 2020 4. Training evaluation procedure is in place will be followed. 5. e-DMS in place for the SOPs documentations will be adhered and followed.
8.	Are the following in place?				
	Chemical spill kits	Yes		1. Chemical spill kits are provided at all identified locations.	1. Chemical spill Functional and general
	Eye wash	Yes		2. Eye wash and showers are provided at all required locations	maintenance of all safety equipment are regularly followed. Mock
	Shower stations	Yes		3. First aid kits are provided to each and every department.	drills and safety training were planned
	First Aid Kit	Yes		4. Register of accidents and dangerous occurrence	periodically to all the staff members.
	Fire Extinguishers	Yes			
	Register of accidents and injuries	Yes			

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			is in place. 5. Fire extinguishers are provided at required location. 6. Training on Handling and operation of fire extinguishers are conducted on regular basis to all the employees. 7. Register of accidents and dangerous occurrence is in place in compliance with legal requirement.	
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9.	Are proper signage and storage system in place?	Yes	Proper signage's are in place. MSDS are provided in relevant locations. Emergency numbers are displayed at gate and emergency control center. Flammable materials are stored on the basis MSDS.	1 Proper equipment will be in place and stock will be maintained as per the guidelines for Environment Health and Safety (EHS) enacted by the legislature.
	Display of Material Safety Data Sheet (MSDS) where relevant	Yes		
	Display of emergency numbers and procedures (Person to Contact, Doctor, Ambulance, Fire Emergency, Police) displayed in all critical Places	Yes		
	Signage across the facility (labs, storage, hazardous areas, etc.)	Yes		
	Are flammable materials appropriately stored to prevent fire hazards?	Yes		
10.	Are smoke detectors, fire alarms, automatic safety/shutoff systems, overflow preventers, etc. in place and regularly maintained?	Yes	List: Attached 1. Servicing of smoke detection system is done on quarterly basis and next due on January 2021. 2. Graphical	1 Smoke detectors, fire alarms, automatic safety/shut off systems will be regularly maintained

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			<p>presentation system is in place at ECC for the fire detection system.</p> <p>3. Separate manpower is in place for servicing and maintenances of fire detection and alarm system</p>	
11.	Are there control measures for VOC, air emissions, high operating temperatures, pathogens/vectors etc. in place?	Yes	<p>List: Attached</p> <p>1. Air emission control systems are provided for all DG sets and the Boilers.</p> <p>2. Regular emission monitoring is done by MOEF and CC approved laboratory.</p> <p>3. CNG and briquettes are used as fuel for some of the boilers and Furnace oil is getting phased out in coming years.</p>	<p>Regular emission monitoring will be done by MOEF and CC approved laboratory.</p>
12.	Are regular mock drills conducted for emergency preparedness and safety?	Yes	<p>Frequency (type wise): Quarterly</p>	<p>1. Mock drills will be conducted on regular basis on various scenarios to check the emergency preparedness plan and review the same.</p> <p>2. On site emergency plan in place will be reviewed on yearly basis next revision is due on January</p>

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					2021. 4. Report will be prepared consisting observations of the observers and the time required for the 4. Short comings of the mock drills will be addressed and rectified.
13.	Are staff provided with OHS training?	Yes		Describe: Monthly	1. Training will be conducted on monthly basis as per the training schedule. 2. Induction training will be provided for new employees. 3. External training will be conducted for the EHS staff. 4. Training record will be maintained at EHS department.
Biomedical Waste (BMW)					
	Area of Risk	Yes	No	Details	Proposed Plan
14.	Is there generation of biomedical waste (as described in Bio-Medical Waste Management Rules, 2016) in the grantee?	Yes		If Yes, provide a list of biomedical waste produced in the facility- 1. Animal waste 2. Microbiology and Biotechnology waste 3. Waste sharp If No, provide a list of all waste produced in the facility.	1. Bio-medical waste will be pretreated at site, segregated and labeled according the category of the waste. 2. Bar coding system in place for which records will be maintained on regular basis. 3. Bio medical waste will be treated in house facility through Incineration. 4. Emission form incinerator stack will be monitored continuously. 5. Dioxin and Furan monitoring will be done through MOEF and CC

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				approved third party. 6. Annual returns will be submitted to MPCB.
15.	Is there trained staff to handle biomedical waste in the grantee?	Yes	Trained staff is in place for handling of biomedical waste 1. Well trained staff is in place for handling of biomedical waste. Training is done on quarterly basis for the staff next training is planned in January 2021. 2. Medical checkup has been carried out on regular basis for the staff. 3. Bio medical waste is disposed using our own treatment facility i.e. Incineration plant 4. SOPs are in place for the operation of incineration and reviewed on regular basis.	Regular training and review will be done for the staff involved in this.
16.	Has the grantee obtained authorization from State Pollution Control Board /Pollution Control Committee?	Yes	Grantee has taken	Necessary Authorizations

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			<p>Authorization from MPCB copy of the same is enclosed as annexure.</p> <p>1. Grantee has taken authorization from MPCB same in valid up to March 2021.</p> <p>2. Grantee is operating the biomedical waste treatment facility as per the condition given by the MPCB.</p> <p>3. Regular monitoring of incinerator stack has been carried through MOEF and CC approved third party and next monitoring is planned in last week of November 2020.</p>	will be taken if required with timely renewals.								
17.	Is the biomedical waste segregated at point of generation in the facility and stored in suitable containers?	Yes	<table border="1"> <tr> <td>Yellow</td> <td>Yes</td> </tr> <tr> <td>Red</td> <td>No</td> </tr> <tr> <td>White</td> <td>Yes</td> </tr> <tr> <td>Blue</td> <td>No</td> </tr> </table>	Yellow	Yes	Red	No	White	Yes	Blue	No	This is an ongoing process which will be followed throughout the Project.
Yellow	Yes											
Red	No											
White	Yes											
Blue	No											
18.	Is the bar code system for the segregated waste in place?	Yes	<p>Bar coding system is in place and records are maintained on regular basis.</p> <p>1. Bio-medical waste is pretreated at site,</p>	Will ensure a proper system is in place adhering to BMW Act during the Project.								

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			<p>segregated and labeled according the category of the waste.</p> <p>2. Bar coding system is in place and records are maintained on regular basis.</p> <p>3. Bio medical waste is treated in house facility through Incineration.</p> <p>4. Grantee has taken authorization from MPCB same in valid up to March 2021.</p>	
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19.	Is the biomedical waste being sent to an authorized common BMW facility?	No	<p>Name and address of CBMWF:</p> <p>Distance from facility:</p> <p>Frequency and Mode of transport:</p> <p>Who transports?</p>	<p>1. Grantee has taken authorization from MPCB same is valid up to March 2021.</p> <p>2. Bio medical waste is treated in house facility through Incineration.</p> <p>3. Bar coding system is in place and records are maintained on regular basis.</p> <p>4. Regular monitoring of incinerator stack has been carried through MOEF and CC approved third party and next monitoring is planned in last week of</p>
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					November 2020.
20.	Does the grantee have an in-house BMW treatment facility?	Yes		Reason: Capacity Of CBWM facility is limited. Authorization: Authorization taken from MPCB. Distance of nearest CBWM from facility:13.4 Km Types of treatment: Incineration	The following process will be monitored and reviewed efficiently throughout the project. 1. Grantee has taken authorization from MPCB same is valid up to March 2021. 2. Bio medical waste is treated in house facility through Incineration. 3. Bar coding system is in place and records are maintained on regular basis. 4. Regular monitoring of incinerator stack has been carried through MOEF and CC approved third party and next monitoring is planned in last week of November 2020.
	Is the treatment facility own (individual)?	Yes			
	Is the treatment facility a shared facility in an industrial park?		No		
21.	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?	Yes		Types of treatment: Autoclaving 1. Autoclaves, shredders for the pretreatment of the west. 2. Autoclaves are operated as per	SOP in place for operation and maintenance of the Autoclaves will be followed. Compliance Calendar shall be maintained.

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				the conditions stipulated in consent to operate.	
22.	Is the liquid waste checked for active cells before sending to treatment plant?	Yes		Liquid waste checked for active cells before sending to treatment plant	SOP in place for checking the active cells in liquid will be followed throughout the project.
23.	Are necessary waste pre-treatment equipment in place?	Yes		List of equipment (autoclaves, shredders, incinerators, etc.):	Regular monitoring shall be done.
	Do the equipment adhere to prescribed norms by State Pollution Control Board (SPCB)?	Yes		<p>Details of waste pre-treatment:</p> <p>1. Autoclaves, shredders for the pretreatment of the west.</p> <p>2. Autoclaves are operated as per the conditions stipulated in consent to operate.</p> <p>3. SOP is in place for operation and maintenance of the Autoclaves.</p>	
24.	Are chlorinated plastic gloves and bags phased out in the grantee?	Yes		Chlorinated plastic gloves and bags phased out	1. Chlorinated plastic gloves and bags phased out.
25.	Are grantee's personnel involved in handling BMW provided with regular training?	Yes		Frequency: Quarterly	This will be a regular process during the project.

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				<p>Trainer: Internal as well as external</p> <p>1. Well trained staff is in place for handling of biomedical waste. Training is done on quarterly basis for the staff next training is planned in January 2021.</p> <p>2. Medical checkup has been carried out on regular basis for the staff.</p> <p>3. SOPs are in place for the operation of incineration and reviewed on regular basis</p>	
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26.	Are medical examination provided to personnel involved in BMW waste handling and are they provided with relevant immunization like Hepatitis B and Tetanus?	Yes		<p>Frequency of medical examination: Annually</p>	<p>1. Medical checkup will be carried out on regular basis for the staff.</p> <p>2. Immunization will be carried out as per the individual schedule for each and every staff involved in handling the BMW.</p>
27.	Is a daily register for biomedical waste maintained including accident reporting record?	Yes		<p>Procedure for accident reporting is in place. No accident has been reported till date.</p>	<p>1. Daily register for biomedical waste in place will be maintained.</p> <p>2. Procedure for accident reporting in</p>

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					place will be followed and maintained. No accident has been reported till date.
28.	Are annual reports on BMW submitted to SPCB as per required form (see Bio-Medical Waste Rules 2016)?	Yes		Annual reports on BMW submitted to SPCB as per required form 1. Annual reports on BMW submitted to SPCB as per required form before 30 th June every year. 2. Record of same is maintained for 5 years.	Timely submission will be done as per MPCB norms.
Hazardous Waste (HW)					
	Area of Risk	Yes	No	Details	Proposed Plan
29.	Is there generation of hazardous waste (as per Hazardous Waste Rules, 2016) in the grantee?	Yes		If Yes, provide a list of hazardous waste produced in the facility 1.ETP sludge 2. Date expired, discarded off specification of chemicals. 3.Used Oil If No, provide a list of all waste produced in the facility.	1.Hazardous waste will be disposed as per Hazardous Waste Rules, 2016 2. Manifest system in place and records will be maintained for the same. 3.Waste generation records will be maintained on monthly basis in Form -3
30.	Is there trained staff in the facility to identify and handle hazardous waste?	Yes		Well trained staff is in place for handling of hazardous waste.	1. Hazardous waste will be disposed as per as per Hazardous Waste Rules, 2016 2. Manifest system in place and records will be maintained for the same. 3. Well trained staff is

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					in place for handling of hazardous waste.
31.	Does the grantee have authorization from SPCB for hazardous waste?	Yes		Grantee has taken authorization from MPCB.	Hazardous waste will be disposed as per as per Hazardous Waste Rules, 2016. Proper and necessary approvals will be taken within timelines.
32.	Is there a secure location for storage of HW with proper signage?	No		Describe how each item is stored – platforms, distances from critical installations/movement areas, spill collectors, gas escape facility, etc. Waste disposal is planned in the month of November 2020.	1. Hazardous waste generation quantity is very low. 2. ETP Sludge is the major hazardous waste which was stored in sun drying bed and same is disposed within 90 days to CHWTSDF. This will be followed throughout the project.
	Are hazardous waste stored for more than 90 days in the grantee’s premises?	No			
33.	Is the hazardous being send to an authorized disposal facility or user?	Yes		Name and address of facility: Maharashtra Enviro Power Limited (MEPL)	1.Hazardous waste will be disposed as per as per Hazardous Waste Rules, 2016 2. Manifest system in place and records will be maintained for the same.
	Is the disposal facility in house?	No			
	Is the disposal facility external/outsourced?	Yes			
34.	Is a register maintained on production and treatment, and a manifest system followed for transport of hazardous waste from the grantee to treatment facility?	Yes		Manifest system is followed for transport of hazardous waste.	1.Hazardous waste will be disposed as per as per Hazardous Waste Rules, 2016 2. Manifest system in place and records will be maintained for the same.

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E-Waste and Batteries					
	Area of Risk	Yes	No	Details	Proposed Plan
35	Does the grantee generate e-waste, produce or manufacture electrical and electronic equipment?	Yes		Grantee generate e-waste	1. Grantee will dispose the e- waste as per the rules. 2. Grantee will submit the Annual returns for the e waste. 3.Grantee will maintain the record for the e-waste
36	Has the grantee obtained SPCB authorization on e-Waste?	Yes		Authorization is obtained for the e waste	1. Grantee has received the e waste Authorization from MPCB. 2. Grantee will dispose the e-waste to authorized recycler
37	Does the grantee channelize the e-waste to authorized recycling or disposal facility?	Yes		Name and addresses of disposal facility / recycler: In-house or outsourced Facility:	1. Grantee will dispose the e-waste to authorized recycler. 2. List of MPCB authorized recyclers is available with grantee.
38	Does the manufacturing grantee have Extended Producer Responsibility system and EPR-authorization in place?		No	Describe:	
39	Does the grantee practice reduction in the usage of hazardous substances in the manufacture of electrical and electronic equipment and its parts?		No		

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40	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?		No		
41	Does the grantee maintain a record of collection, storage, sale and transport of e-waste?	Yes		Records are maintained	1. Grantee will be maintaining the record of e waste. 2. Grantee will maintain the record in Form -2 as specified in the e waste Rules.
42	Does the grantee submit annual reports on e-waste to SPCB?	Yes		Submitted on annually as per prescribed timelines.	1. Grantee will submit the annual report in Form -3 and submission is planned on or before 30 th June 2021. 2. Grantee will maintain the record in Form -2 as specified in the e waste Rules.
43.	Is there accident reporting and records in place?	Yes		Accident reporting form as per the rule is in place.	1. Record is being maintained in the prescribed format.
44.	Are PPEs available to staff?	Yes		PPEs available to staff. SOP for use of PPEs in place.	1. Required PPEs will be made available for the staff. 2.PPE Inventory and records will be maintained by grantee. 3. Training on use PPE will be conducted on regular basis.
45.	Is the grantee involved in manufacture of batteries?		No	Grantee doesn't involve in manufacture of	Will implement appropriate measure as per rules and regulations if needed in future.

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				batteries.	
46.	Does the grantee generate battery waste?	Yes		Grantee generates battery waste.	1. Batteries are purchased on the buyback basis and return back to vendor after use
47.	Does the grantee deposit the battery waste to registered recycler/ dealer/ manufacturer/ reconditioned/ collection center?	Yes		Name and address of battery waste receiving entity: List of authorized recycler is available with grantee.	1. Batteries will be purchased on the buyback basis and returned back to vendor after use. 2. List of authorized recycler is available with grantee. 3. Records for the same will be maintained.
48.	In case of manufacturing, does the grantee comply to Battery Management Rules 2000 and ensure collection of old batteries?		No		Will implement appropriate measures as per rules and regulations if needed in future.
Community Health and Safety and risk mitigation					
		Yes	No	Details	Proposed Plan
49.	Safety Transportation Management System (for transport of hazardous material)		No	At present the Hazardous waste are treated in-house so no transportation required.	In the future, if need arises vendors would be contacted for safe transport.
50.	Emergency preparedness and participation of local authorities and potentially affected communities	Yes		On site emergency plan is in place and	1. On site emergency plan in place whose next revision is due in January 2021

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				same reviewed on regular basis.	<p>2. Regular mock drills will be conducted considering various scenarios and short comings will be addressed.</p> <p>3. Well trained staff will be made available 24x7.</p> <p>4. Fire alarm, Fire Detection and Public address system in place will be maintained.</p> <p>5. SOPs are in place will be reviewed on regular basis.</p>
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Other					
	Area of Risk	Yes	No	Details	Proposed Plan
51.	Does the grantee use any radioactive materials (isotopes, tracers, radiation equipment, etc.)?		No		
	Does the grantee have appropriate radioactive material and waste storage and disposal system in place?		No		
	Are radioactive warning signs in place?		No		
52.	Is the lab/room air regularly checked for microbial contamination?	Yes		Room air regularly checked for microbial contamination.	<p>1. SOPs are in place for the monitoring and reviewed on regular basis.</p> <p>2. Records will be maintained for monitoring.</p>
53	Are there any odor control measures in place?		No		Preventive measure along with maintenance plan will be put in place as and when required.
54.	Are fume hoods and exhausts regularly checked and maintained?	Yes		Ductless fume hoods are provided in QC laboratory.	Filters of fume hoods will be changed and maintained on regular basis.

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55.	Does the grantee use DG set > 15 KVA?	Yes	DG sets are in place and listed in Consent to Operate. Regular monitoring is done through MOEF and CC approved third party and emissions are in the limit.	1. Regular monitoring will be done through MOEF and CC approved third party and emissions are in the limit. 2. Next monitoring is planned in February 2021. 3. CNG and Biomass briquettes will be used as fuel for boilers.
	Does the grantee have consent for DG > 15 KVA?	Yes		
	Are emissions from boilers and DG sets regularly monitored to be within the prescribed norms?	Yes		
56.	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?	Yes	Describe Grantee has proper disposal process for solid and plastic waste in compliance to Solid Waste Management Rules, 2016 and Plastic Waste Management Rules, 2016	1. Grantee has proper disposal process for solid and plastic waste in compliance to Solid Waste Management Rules, 2016 and Plastic Waste Management Rules, 2016 2. Grantee will be collecting the waste under the Adar Poonawalla clean city movement.
57.	Is wastewater treated separately by the grantee? (Liquid waste from laboratory, chemicals, fluids, solvents, medium and cultures, coolants, etc.)	Yes	Types of wastewater: Treatment of wastewater: Waste water is treated in well-established ETP consisting primary, secondary and tertiary treatment units. Chemical management in wastewater treatment plants: 1. Chemicals stored in separate storage shed.	This treatment shall be maintained with proper checks and balances.

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			<p>2. Jar test is conducted for the calculation of required dose of chemicals</p> <p>3. SOPs are in place for the operation of ETP plant.</p> <p>4. Required PPE is provided to ETP staff.</p>	
	Are there sludge management and cut off drains in place for wastewater?	Yes	<p>1. Decanter is provided for the separation of sludge.</p> <p>2. Sludge is disposed to CHWTSDF by filling the Manifest system.</p> <p>3. Records are maintained and annual returns are Submitted on regular basis to MPCB.</p> <p>4. Grantee has taken the membership from CHWTSDF.</p>	Will ensure that they are maintained throughout to treat the wastewater.
58.	Are necessary provisions for noise cancellation in place?	Yes	<p>Describe: Acoustic enclosures are provided to all the DG sets. Maintenance schedule is in place for all the equipment's. Regular noise monitoring is done through MOEF and CC approved third party.</p> <p>Air muffs are provided for boiler operators. Caution Signage's are displayed at the high noise areas.</p>	<p>1. Regular noise monitoring will be done through MOEF and CC approved third party.</p> <p>2. Monitoring will be done on monthly basis and same is planned in next month.</p> <p>3. Maintenance schedule shall be adhered to for the all the equipment at site.</p> <p>4. Air muffs are provided for boiler operators.</p> <p>5. Caution Signage's are displayed at the high noise areas.</p>
59.	Are there any settlements, water bodies, cultivated land, or any other eco-sensitive areas near the grantee's premises?	No		

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60.	Are there any buffers, fire vehicle routes in the grantee's premises?	Yes	1. Grantee has fire water reservoir of 1500 KL capacity. 2. Grantee has mini fire tender of 600 lit capacity. 3. Fire vehicles routes are provided I premises.	Will ensure that the premise is well equipped with these essential services.
COVID Precautions & Guidelines Implementation				
61	Guidelines of CPCB/SPCB/GoI for Handling, Treatment, and Disposal of COVID Waste Generated is whether being followed	Yes	Grantee is strictly following the Guidelines of CPCB/SPCB/GoI for Handling, Treatment, and Disposal of COVID Waste Generated is whether being followed	We will continue to comply with the latest Govt. guidelines
62	SOP on preventive measures to contain spread of COVID-19 issued by ICMR/GoI from time to time is whether being followed	Yes	SOP on preventive measures to contain spread of COVID-19 issued by ICMR/GoI from time to time is being followed. Grantee has prepared separate SOP and same is updated on regular basis.	Employees are trained on COVID - 19 measures regularly.

Notwithstanding the above other risk (relevant to the project activities) that will be identified in the course shall be addressed as per standard mitigation monitoring parameters and manner of records keeping shall be in accordance to the recommendations of the project monitoring committee on subject experts engaged by BIRAC.