HMSI COPY

HONDA

Honda Motorcycle and Scooter India Pvt. Ltd.
Tapukara Industrial Area, Tehsil Tapukara
Distt. Khairtal - Tijara
(Rajasthan) - 301707

Reference No. - HMSI/ENV/26-27/06-04 Date: 11th June'2026

To,
Member Secretary,
Rajasthan State Pollution Control Board
4, Institutional Area, Jhalana Doongri
Jaipur (Rajasthan)

Subject: - Submission of Annual Report (Form – IV) and Accident report (Form – I)

Dear Sir,

With reference of the above subjected matter, we are herewith submitting the Annual Report (Form-IV) and Accident report (Form – I) for said period of 1st January'25 to 31st December'25 as per the Bio-Medical Waste Management (Amendment) Rules, 2019 of our two wheeler manufacturing plant situated at Tapukara Industrial Area, Taluka – Tijara, Distt. Alwar.

Trust the details furnished are in order.

Thanking you,

Yours Truly,

For **Honda Motorcycle and Scooter India Pvt. Ltd.**

Nitin Sharma

Factory Manager

Enclosed: - Annual Report (Form – IV)
Accident Report (Form – I)

Copy to: RSPCB Regional Office- Bhiwadi

TM Sec. Head Dept Head Div Head

Rajasthan State Pollution Control Board ★ Bhiwadi ★ Dt. 23/06/2026 Rec.

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Accident Report (Form – I)

Copy to: RSPCB Regional Office- Bhiwadi

TM Sec. Head Dept Head Div Head

Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority for the period from January to December of the preceding year, by the occupier of **Health Care Facility (HCF)**or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (Occupier or operator of facility)	:	Mr. Nitin Sharma
	(ii) Name of HCF or CBMWTF	:	M/s Honda Motorcycle and Scooter India Pvt. Ltd
	(iii) Address for Correspondence	:	M/s Honda Motorcycle and Scooter India Pvt. Ltd, Plot No. SPL- 2(D), 2(E), 2(F), 2(G), Tapukara Industrial Area, Alwar, Rajasthan
	(iv) Address of Facility		M/s Honda Motorcycle and Scooter India Pvt. Ltd, Plot No. SPL- 2(D), 2(E), 2(F), 2(G), Tapukara Industrial Area, Alwar, Rajasthan
	(v)Tel. No, Fax. No	:	+91 -1493 – 678403, +91 -1493 - 678399
	(vi) E-mail ID	:	nitin.sharma@honda.hmsi.in
	(vii) URL of Website		https://www.honda2wheelersindia.com
	(viii) GPS coordinates of HCF or CBMWTF		Latitude- 28^0 07' 28.64" N Longitude- 76^0 49' 16.75" E
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	The Authorization is valid up to 30.04.2028.
	(xi). Status of Consents under Water Act and Air Act	:	The consent to operate under Water and Air Act is valid up to 30.04.2028. The copy of consent is enclosed herewith under **Annexure-I**.
2.	Type of Health Care Facility		
	(i) Bedded Hospital	:	Health Centre (No. of Beds: 02)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		License No: 2023-2024/Bhiwadi/8665 Date of Expiry: 30.04.2028
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA

	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	0 Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	0 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 11.409 Kg/annum
			Red Category: 11.39 Kg/annum
			White: 2.82 Kg/annum
			Blue Category: 2.885 Kg/annum
			General Solid Waste: 28.81 Kg/annum
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : NA
			Capacity : NA
			Provision of on-site storage : (cold storage or any other provision) NA
	(ii) Disposal facilities		Type of treatment equipment / No of units / Capacity Kg/day / Quantity treated or disposed in per Kg
			Needle tip destroyer — 01 capacity- 330 units/day
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) : NA
	(iv) No. of vehicles used for collection and transportation of biomedical waste	:	345 vehicles of M/s Hoswin Incinerator used for collection and transportation of biomedical waste.
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash — Quantity generated NA — Where disposed
			ETP Sludge — NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Hoswin Incinerator
	(vii) List of member 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		NA

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		02
	(ii) number of personnel trained		12
	(iii) number of personnel trained at the time of induction		NA
	(iv) number of personnel not undergone any training so far		Nil
	(v) Whether standard manual for training is available?		Yes
	(vi) any other information)		-
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		NA
	(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
10	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12.	Any other relevant information	:	We fall under the category of Health Care Facility and we are sending our Biomedical waste to Hoswin Incinerator. So, we are not operating any Incinerator.

Certified that the above report is for the period from Jan'2025 to Dec'2025.

Date: 11.06.2026
Place: HMSI, Tapukara

Nitin Sharma
Factory Manager

TM Sec. Head Dept. Head Div Head

FORM – I
[(See rule 4(o), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : NA
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does you facility has an Emergency Control policy? If yes give details: Yes, Details has been attached.

Date : 11-06-2026
Place: HMSI, Tapukara

Nitin Sharma
Factory Manager

TM Sec. Head Dept. Head Div. Head