

FORM I

(See Rule 8)

APPLICATION FOR AUTHORISATION/RENEWAL OF AUTORISATION UNDER
BIO-MEDICAL WASTE (MANAGEMENT AND HANDLING) RULE, 1998.

(To be submitted in triplicate to Sub-Regional Office/Regional Office/Head Office of the
Board.)

From:

To,

Member Secretary,
Maharashtra Pollution Control Board,
Shri Chhatrapati Shivaji Maharaj Municipal Market Building,
4th floor, Mata Ramabai Ambedkar Marg,
Mumbai 400 001

(1) Particulars of Applicant-

| | | |
|--------------------------------|---|---|
| (i) Name of Applicant | : | |
| (In block letters and in full) | | |
| (ii) Name of the Institution | : | |
| Address | : | . |
| | | . |
| Tel. No. | : | . |
| Fax | : | . |
| Telex/E-Mail | : | . |

(2) Activity for which authorization is sought-

| | | | |
|-----------------------------------|---|---|---|
| (i) Generation | : | (|) |
| (ii) Collection | : | (|) |
| (iii) Reception | : | (|) |
| (iv) Storage | : | (|) |
| (v) Transportation | : | (|) |
| (vi) Treatment | : | (|) |
| (vii) Disposal | : | (|) |
| (viii) Any other form of handling | : | (|) |

(3) Please state whether applying for fresh
authorization or for renewal

(4) (i) Address of the Institution handling :
Bio-Medical Waste.

(ii) Address of the place of treatment facility:

(iii) Address of the place of disposal of waste:

(5) (i) Mode of transportation (if any)
of Bio-Medical Waste. :

(ii) Mode(s) of treatment :

(6) Brief description of method of treatment
and disposal (attach details)

(7) (i) Category (see Schedule I) of waste
to be handled. :

(ii) Quantity of waste (category wise)
to be handled per month. :

(8) Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Signature of the applicant

Designation of the applicant

Date:

Place:

ANNEXURE I

(Accompaniment to Form I for authorization)

Existing:

New :

Altered:

(1) (a) Type of Institution

(b) Is the firm registered? : Hospital/Nursing Home/Clinic
/Dispensary/Veterinary Institute/Animal
House/Pathological Laboratory/Blood
Bank Slaughter House /Others.

c) If yes, give the number and
date of registration and the
authority with whom
registered.

(2) No. of Beds :

(3) No. of patients treated per month : ..

(4) No. of animals treated per month.

(5) No. of animals slaughtered per
month. : .

(6) No. of samples analysed per month. :

(7) Population of the Town/City where
the Institution is located. :

(8) (a) Total capital investment of the
Project. :

(b) Amount of fee paid : ..

' Demand Draft No. and date : .

Bank drawn on : Rs. .

(d) MPCB Receipt No. and Date : .

(9) Total quantity of waste generated per
month. : .

(10) Total quantity of Bio-Medical Waste generated as per Bio-Medical Waste (Management and Handling) Rules, 1989:

| Sr. No | Name of waste | Qty./ Month | Category | Mode of storage | Brief description of method of treatment and disposal (attach details) |
|--------|---------------|-------------|----------|-----------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(11) Quantity and source of water for-

(a) Process (m3/d) : .

(b) Domestic use (m3/d) : ..

' Other (m3/d) : .

(12) Sewage and trade effluent discharge-

(a) Quantum of discharge (m3/d) : .

(b) Is there any effluent treatment plant : .

' If yes, a brief description of unit operations with capacity (attach details).

(d) Is terminal sewage facility provided by Local body? : .

(e) Are facilities available with the applicant for carrying out the following tests of the Waste Water?

| | | ----- | |
|-----------------------|---|---------|----------|
| | | Already | Proposed |
| | | ----- | |
| (i) Physical | : | Yes/No. | Yes/No |
| (ii) Chemical | : | Yes/No | Yes/No |
| (iii) Bacteriological | : | Yes/No | Yes/No |
| (iv) Toxicological | : | Yes/No | Yes/No |

(g) Characteristics of final effluent-

- (i) pH : ..
- (ii) Suspended Solids (mg/l) : ..
- (iii) Total Dissolved Solids (mg/l) : .
- (iv) Oil and Grease (mg/l) :
- (v) Chemical Oxygen Demand (mg/l): .
- (vi) Biochemical Oxygen Demand (BOD) (mg/l) : .
- (vii) Parameters and frequency of self monitoring. :

(h) Mode of disposal and final discharge :
point such as into river, creek, sea, nalla,
municipal sewer or over land (enclose map
showing discharge point).

(13) Pertaining to stack (chimney) and vent emissions

- (a) No. of stacks and vents with height and Diameter.
- (b) Quality and quantity of stack emissions from each of the stacks Particulate matter and Sulphur Dioxide (SO₂) (mg/m³)
- (c) A brief account of the air pollution control unit for emission control.
- (c) Parameters and frequency of self-monitoring.

(14) Incinerator Details

- a) Combustion efficiency :
- b) Temperature of Primary chamber
- c) Temperature of Secondary chamber
- d) Particulate matter (mg/Nm³) at (12% CO₂ Correction).
- e) Nitrogen Oxides
- f) HCL (ppm)
- g) Stack height (Mts)
- h) Stack Diameter (Mts)

(15) Autoclave details

(a)

| Type | Temperature | Pressure | Residence Time |
|---|-------------|----------|----------------|
| Gravity Flow/Vacuum/Others (Please specify) | | | |
| | | | |
| | | | |
| | | | |

:

(b) Results of validation tests

(i) Spore testing : ..

(ii) Routine test : ..

(16) Microwave details

a) Type / Make :

b) Results of efficacy test :

c) Results of routine test : :

(17) Deep Burial Details

a) Dimensions of trench or pit :

b) Location of deep burial site
(attach pictorial details)

(18) If any of the above facility is not existing, give details of the system proposed and time schedule for the same (attach details).

Signature of the applicant

Designation of the applicant.

Date:

Place: