

Form -1
Application for Grant/Renewal of Authorization

To

Member Secretary
Uttarakhand Environment Protection &
Pollution Control Board
Dehradun.

1. Particulars of Applicant

(i) Name of the Applicant
(in block letters & on full)

(ii) Name of the Institute:

Address :

Tele No :

Fax No :

Telex No :

2. Activity for which authorization is sought

(a) Generation :

(b) Collection :

(c) Reception :

(d) Storage :

(e) Transportation :

(f) Treatment :

(g) Disposal :

(h) Any other form of handing :

3. Please state whether applying for fresh authorization or for renewal: (*in case of renewal previous authorization number and date*)

4. (i) Address of the institution handling bio medical wastes.

(ii) Address for the place of the treatment facility.

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

5. (i) Mode of transportation (in 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 1) of waste to be handle

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

8. Declaration

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

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

Date :

Signature of the Applicant

Place :

Designation of the Applicant

Annexure to Form 1

1. Particulars of Applicant

- a) Name of the Applicant
(in block letters & on full)
Address :
 - b) Name of CMS/Director :
Phone No.
Resi No.
Mobile No.
 - c) Name of the Institute
Address:
Tele No.
Fax No.
E-Mail:
 - b) No.of Beds in words & Figures : WordFigure.....
No. of patients treated in a month:
Details of laboratory/animal home.
(in case of research institution)
 - e) Average Occupancy in a month : Nos.....
2. Please state whether applying for fresh authorization or for renewal:
(in case of renewal previous authorization number and date)
3. Whether the hospital is sending its wasres to common treatment storage and disposal facility if yes:
- a) Address of the institution handling BMW:
 - b) Address of the treatment facility:
 - c) Address of Place of disposal:
 - d) Quantity of waste sent to common treatment & storage and disposal facility: Per dayKgs
 - e) Name of Transporter/Agency
 - f) Previous authorization from the Board no. & date
 - g) Date of expiry of authorization
2. Brief description of method of treatment and disposal (attach details):
(Whether Autoclaving, Shredding, Chemical Treatment, Incineration, Deep Burial, Mutilation (Tick the items)
- (i) Give details of the treatment facility with diagram and type of treatment.
 - (ii) Type of containers, size & number :

5.
 - a) Category as per Schedule i of waste to be handled
 - b) Quantity of waste (category-wise) to be handled per month (see annexure-2)
 - c) Method of temporary storage of BMW:

6.
 - a) Availability of Autoclave and its number:
 - b) Capacity of each autoclave:
 - c) Operational condition Temperature CPressure (psi)..... and residence time:
 - d) Method adopted for chemical treatment, give details (or attach separate sheet)
 - % of hypo Chloride if used
 - % of Bleaching Powder, if used.....
 - e) Availability of syringe destroyer facility its number and operational status:
 - f) Availability of shredder facility & quantity of plastic waste Shredded per day.
 - g) Any other treatment method adopted:

7. Disposal of Bio-medical waste.
 - a)
 - i) whether hospital has its own burial system, if yes i Capacity
 - ii) Depth of deep burial system
 - iii) Location & Distance of deep burial system from hospital
 - iv) Whether the bottom of deep burial system is lined by impermeable layer
 - v) The distance of water well river pond or any other water body from the pit.....
 - vi) Whether the pit covered by lid & have the provision of shed:
 - vii) whether disposal area is restricted with fencing, (Attach separate sheet) so give details and the security arrangements:
 - b) Whether the hospital has its own incinerator facility, if yes
 - Capacity of incinerator
 - Temperature maintained in primary and secondary chamber of incinerator
Primary ChamberSecondary chamber.....
 - Residence time given for complete destruction of wastes
 - Disposal practice adopted for incinerator ash
 - Pollution control devices attached to the incinerator
 - Type of fuel used for incinerator

8. Whether complete records are maintained for bio-medical waste, if so a copy of last 2 months should be enclosed.

9. Fee details :

Details of D.D : No.....Date.....

Name of Bank.....Rs.....
10. Annexure attached :.....

Note:

- a) The occupier of unit/operator of facility should fill from-1
- b) The records of bio-medical waste are to be maintained by the applicant.
- c) The applicant has to submit returns on form-iv to UEPPCB.
- d) Any accident during transport to the facility or at the site has to be reported immediately to UEPPCB.

Date:

Signature of the Applicant

Place:

Name & Designation of the Applicant

Annexure II to Form I

Waste Category	Waste class and description	Average quantity generated/month in kg/	Mode of Disposal
Category no1	<u>Human Anatomical Wastes</u> (Human tissues, organs, waste body parts)		
Category no2	<u>Animal Wastes</u> (Wastes consisting of animal tissue, organs, body parts, carcasses, body fluid, blood and blood products, items contaminated with blood and fluids, wastes from surgery treatment and autopsy and wastes of experimental animals used in research, wastes generated by veterinary hospitals, colleges, animal houses and livestock farms.)		
Category no.3	<u>Microbiology & Biotechnology Waste</u> (Wastes from laboratory culture stock or specimens of microorganisms live or attenuated vaccines human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biological dishes and devise used for transfer of cultures.)		
Category no.4	<u>Waste Sharps</u> (Needles, syringes, scalpels, blades glass, etc that are capable of causing puncture and cuts. This includes both used and unused sharps.)		
Category no.5	<u>Discarded Medicines</u> (Wastes comprising of outdated contaminated and discarded medicines.)		
Category no.6	<u>Soiled Waste</u> (Wastes generated from soiled cotton dressings plaster castor casts linens beddings material contaminated with blood including the packaging materials)		
Category no.7	<u>Soiled Waste</u> (Wastes generated from disposable items other than the waste sharps such as		

	tubings catheters intravenous sets etc.)		
Category no.8	Liquid Waste (Wastes generated from Laboratory and washing cleaning housekeeping and disinfecting activities)		
Category no.9	Incineration Ash (ash from incineration of any biomedical Waste)		
Category no.10	Chemical Waste (Chemicals used in production of biological chemicals used in disinfection as insecticides, etc.)		

Dt.....

Sign. of CMS/Occupier.....

Full Name.....