

**APPLICATION FOR AUTHORISATION/RENEWAL FOR GENERATION  
/COLLECTION/ RECEPTION/ STORAGE/TRANSPORT/TREATMENT  
AND DISPOSAL OF BIO-MEDICAL WASTES**

From,

Sri.....  
M/s.....  
.....  
.....

To,

The Member Secretary,  
U.P. Pollution Control Board,  
PICUP Bhawan, IIIrd Floor,  
Vibhuti Khand, Gomti Nagar, Lucknow.

1. Particulars of Applicant

- (i) Name of the Applicant  
(in block letters & in full )
- (ii) Name of the Institution
- (iii) Address
- (iv) Telephone No.: Fax No.; Telex No.

2. Activities for which authorisation is sought;  
(Please tick mark appropriate activity/activities)

- (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 or renewal of Authorisation  
(in case of renewal previous authorisation No.& date )

4. i. Address of the institution handling bio-medical wastes:

ii. Address of the place of treatment facility:

iii. Address of the place of disposal of the waste:

- 5. (i) Mode of transportation (if any) of bio-medical wastes  
(ii) Mode(s) of treatments
- 6. Brief description of method of treatment and disposal  
(attach complete details including operator of facility, site, disposal area)

- 7. (i) Category (see Schedule I )
- (ii) Quantity of wastes (category wise)  
of Bio-medical wastes to be handled & managed

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....

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 U. P. Pollution Control Board in relation to these rules and to fulfill any conditions stipulated by the U. P. Pollution Control Board.

Place :.....

Signature of applicant

Date :.....

Designation

**Annexure to Form 1**

- 1. (a) Details regarding institution
  - (1) Head /Chief Executive
  - (2) Owned by
  - (3) Fixed assets value Rs.
- (b) Important environmental features of the surrounding site  
(Please attach a map of the area ,2.5 km radius with the site at the centre indicating there in water bodies , important human activities, sensitive features, other productive activities)

2.
  - (i) A description of different steps of bio-medical services such as surgery, pathology ,radiography, gynecological, postmortem, drug research, bio-medical studies etc, of the institution which generate biomedical wastes as specified in the Rules.(Please state details )
  - (ii) No of patients treated in a month
  - (iii) No of beds in the hospital/nursing home/institution
  - (iv) Details of laboratories/animal house etc  
(in case of a research institution)
  
3. Description of Bio-medical Wastes
  - (a) Quantum of each type of waste generated per month in terms of Schedule appended to the rules.
  - (b) Physical properties
    - (1) Physical form (solid/semi solid /liquid) with respective quantity in each form
    - (2) Specific gravity
    - (3) Percentage solids
    - (4) Moisture content
    - (5) Loss on ignition
  - (c) Composition (State details for each type)
    - (i) Expected pathogens
    - (ii) Metallic contents
    - (iii) Rubber/Plastics
    - (iv) others (specify)
  - (d) Details of discarded/time barred medicines
  - (e) Details of discarded appliances, accessories, consumables etc
  
5. Method of packaging and labeling of wastes of each type of waste
  - (i) Whether wastes are being segregated according to type of wastes
  - (ii) Type of Containers, size & number
  - (iii) Is the packaging /labeling in accordance with Rules notified under E.P.Act 1986.Please give details
  
6. Method of handling and transport
  - (i) By hand /trolley/tractor/truck/or any other means
  - (ii) Name of transporter/scrap contractor

(iii) RTO number of vehicles

(iv) Is the transport in accordance with Rules If yes, details thereof under Motor vehicles Act 1988?

(v) Is the manifest system being followed If yes, details thereof

(vi) Is the TREM Card being issued If yes, details thereof

7. Method of treatment of wastes

a. Give details of treatment facility with map, diagrams, type of treatment such as physical, chemical, biochemical, incineration, microwave, autoclave etc.

b. Quantity of leachate generated m/d

c. Analysis report of leachate, if available from a laboratory approved under Environment (Protection) Rules

1. pH
2. TOC
3. BOD
4. COD
5. TDS
6. Heavy metals
7. Oil & grease
8. Phenolics
9. Cyanides
10. Pesticides
11. Toxicity
12. others, specify if any

8. Method of Temporary Storage

Give details such capacity, material of construction, covered or open to sky, leachate collection etc

9. Bio-medical waste disposal

1. Give details such as the operator of facility, location and capacity, construction, details, leachate collection and treatment etc.
2. Whether disposal area is restricted with fencing, if so give details and the security arrangements.
3. Whether disposal facility is a common facility or individual, in case of individual site also give details of land, ownership, size etc.

10. Safety measures adopted regarding handling and management of bio-medical wastes. Please furnish activitywise details for all stages as follows:-  
(Please give specific details for each activity)

(i) Generation

(ii) Segregation & collection

- (iii) Treatment at site
- (iv) Temporary storage
- (v) Transportation to common /individual facility
- (vi) Treatment
- (vii) Disposal
- (viii) Any other form of handling

11. Environmental surveillance reports at treatment and disposal facility
  
12. Whether complete records are maintained for bio-medical wastes if so,a copy of last two months shall be enclosed
  
13. Relative percentages of total wastes generated:-
  - i. Pathogenic wastes
  - ii. Infectious wastes
  - iii. General non-infectious wastes
  - iv. Food wastes
  - v. Liquid wastes
  
14. Any other details regarding handling and management of bio-medical wastes

**NOTE:**

1. **The occupier of unit/operator of facility fill Form-1**
2. **The records of bio-medical wastes are to be maintained by the applicant**
3. **The applicant has to submit returns on Form-4 to U. P. Pollution Control Board.**
4. **Any accident during transport to the facility or at the site has to be reported immediately to U.P. Pollution Control Board.**
5. **A demand draft of Rs. payable to U.P. Pollution Control Board towards processing fee of the application has to be enclosed.**
6. **Please attach documents wherever required.**

I .....of M/s..... is authorized by above said institution and the chief executive of the institution have read the Form and annexures attached and that I understand that the above information is correct.

Place :.....

Signature of applicant

Date :.....

Seal