



MAHARASHTRA POLLUTION CONTROL BOARD

Kalpataru Point, 3rd and 4th floor, Opp. CineMax Theatre, Sion (E), Mumbai-400 022

Phone no:022-24020781 / 24014701 / 24010437

website: www.mpcb.gov.in email: enquiry@mpcb.gov.in

Bio-Medical Waste Authorisation Form - III (see rule 10)



MPCB-BMW_AUTH-0000013264

1. File Number : **SRO-PUNE I/BMW_AUTH/1802000004 - 2018**

2. Date of Issue: **01-02-2018 05:54:02**

3. Date of Validity: **31-03-2018**

4. **Mr.Sujit Subhash Deshpande** an occupier of the health care facility located at OFF NO 7/105/106 REGENT PLAZA SR NO 5,1A/1BANER PASHAN LINK ROAD BANER,Baner- Pashan Link Road,Pune,Pune-411045 is hereby granted an authorisation for **Generation, Segregation of** Bio Medical Waste under the provisions of Bio Medical Waste Handling Rules 2016.

5. Terms and Conditions of authorisation:

The authorisation is subject to the condition stated below and to such other condition as may be specified in the rules for the time being in force under the Environment (P) Act, 1986.

i. You are hereby authorized for handling of biomedical waste as stated bellow and in accordance with provisions of **Schedule -I (Part 1 & 2)** of BMWH Rules 2016:

Category of waste	Type of Bag or Container to be used	Quantity permitted for Handling (kg/Month)
Yellow	Yellow coloured non-chlorinated plastic bags	3
Red	Autoclave safe plastic bags or containers	3
White(Translucent)	Puncture proof, Leak proof, tamper proof containers	1
Blue	Cardboard boxes with blue colored marking	1

ii. You shall handover the BMW generated in prescribed bag/container duly labelled with "Barcode" to **Beacon Mediclinic Pvt Ltd.** in compliance of provision of Rule 8 of BMWH Rules 2016.

iii. You shall maintain records related to the generation and handling of bio-medical waste, for a period of **five years**. All records shall be subject to inspection and verification by the prescribed authority.

iv. You shall submit an annual report to the prescribed authority in Form-IV, on or before the 30th June of every year. Accidents and remedial steps taken shall be provided in the annual report.

v. In case of any change for which authorisation is granted, you shall forthwith intimate about the change and shall submit a fresh application in Form II for modification of the conditions of authorisation. Any unauthorised change in location, personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.

vi. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior written permission of the prescribed authority.

vii. You shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under

viii. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by MPCB.

ix. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.

x. You shall be liable for all the damages caused to the environment or the public due to improper handling of bio-medical wastes and shall also be liable for action under section 5 and section 15 of the Act, in case of any violation

Shri. Nitin R. Shinde
Sub-Regional Officer
(For and on behalf of Prescribed Authority, MPCB)