# MAHARASHTRA POLLUTION CONTROL BOARD

**Phone no:**
**website: www.mpcb.gov.in email:**

## Combined Consent and Bio-Medical Waste Authorization (CCA)

(under the provisions of Water (P&CP) Act, 1974, Air (P&CP) Act, 1981, Enviornment (P) Act, 1986 and rules made there under including BMW Management Rules, 2016, Ammendment Rules, 2018)

1. Unique Application Number : **MPCB-BMW_AUTH-0000052394**
2. File Outward Number : **SRO-SATARA/BMW_AUTH/2409000133 - 2024**
3. Date of Issue: **28-Sep-2024**
4. CCA Validity: **28-Sep-2027**
   **(subject to having valid membership of Common BMW Treatment Facility in the jurisdiction authorized by MPCB)**
5. **Dr.MADHUKAR SADASHIV JANGAM** an Authorized Person (occupier) of the health care facility located at **1567,RAVIWAR PETH WAI,Wai (M Cl),Satara-412803** is hereby granted an Combined Consent and Bio Medical Waste Authorization for **Generation, Segregation of** Bio Medical Waste under the provisions of Bio Medical Waste Management Rules, 2016, as ammended time to time.
6. Terms and Conditions of Combined Consent and BMW Authorization (CCA):
   The CCA is subject to the condition stated below and to such other condition as may be specified under provisions of Water (P&CP act 1974), Air (P&CP act 1981, Enviornment (P) act) 1986 and Rules made there Under including BMW Management Rules, 2016,
   1. You are hereby authorized for Generation and Handling of Bio Medical Waste as stated below in accordance with provisions of **Schedule –I (Part 1 & 2)** of BMWM Rules 2016:

| ***Category of Waste*** | ***Type of Bag or Container to be used*** | ***Quantity (Kg/Month)*** |
|---|---|---|
| ***Yellow*** | Yellow coloured non-chlorinated plastic bags | .2 |
| ***Red*** | Autoclave safe plastic bags or containers | .2 |
| ***White(Translucent)*** | Puncture proof, Leak proof, tamper proof containers | 0 |
| ***Blue*** | Puncture proof, Leak proof boxes or containers with blue colored marking | .2 |

   2. You shall handover the BMW generated in specified bag/container duly labelled with “Barcode” to **Surya Enviro Waste Management Pvt. Ltd.** in compliance of provision of Rule 8 of BMWM Rules 2016.
   3. 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.
   4. You shall submit an Annual Report to the prescribed authority i.e. the authority granting this CCA every year before 30th June for Jan-Dec of the preceeding year.
   5. In case of any change for which CCA is granted, you shall forthwith inform in writing about the change and shall submit a fresh CCA application in Form II for modification of the conditions of CCA. Any unauthorised change in location, personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of this CCA, and shall be deemed to be invalid.
   6. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior written permission of the prescribed authority.
   7. You shall comply with the provisions of Water (P&CP act 1974), Air (P&CP act 1981, Enviornment (P) act) 1986 and Rules made there under including BMW Management Rules, 2016, as ammended.
   8. You shall produce duly signed and sealed copy of CCA for inspection on request of an officer authorised by MPCB.
   9. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and to comply with such other terms and conditions stipulated by the prescribed authority.
   10. In case of any violation, Authorized Person and/or Health Care Establishment 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 33A of Water (P&CP) Act, 1974 and Section 31A of Air (P&CP) Act, 1981 and Section 5 and Section 15 of the E(P) Act, as applicable.

***Amol A.Satpute***
***Sub-Regional Officer***
***(For and on behalf of Prescribed Authority, MPCB)***