

MAHARASHTRA POLLUTION CONTROL BOARD
SUB REGIONAL OFFICE, SOLAPUR

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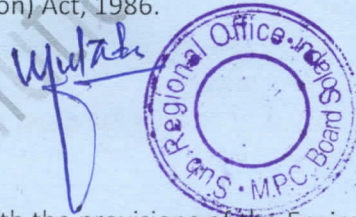
LETTER OF BIO-MEDICAL WASTE AUTHORISATION

[Authorization for Generation, Storage, Disposal of Bio-Medical Wastes under Rule 7(4)]

- I. File number of authorization and date of issue
MPCB/SROSOL/1804000184/413 Date: 05/04/2018.
- II. M/S. NAVRATNA LAHAN MULANCHE HOSPITAL (DR. SAKHARE PRAVIN NAVNATH) is hereby granted an authorization for generation of biomedical waste on the premises situated at **INFRONT OF HOTEL JAY MALHAR, KURDUWADI ROAD, TEMBHURNI.**
- III. This authorization shall be in force for a period upto **31/07/2018.**
An application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorization.
- IV. This authorization is issued subject to compliance of the conditions stated below and to such other conditions as may be specified in the Rules for the time being in force under the Environment (Protection) Act, 1986.
- V. No of Beds: 05 (Five Beds).

Terms and Conditions of authorization

1. The authorized Person shall comply with the provisions of the Environment (Protection) Act, 1986, and the Rules made there under.
2. The authorization shall be produced for inspection at the request of an officer authorized by the prescribed authority.
3. i) The authorized person shall not rent, lend or sell the biomedical waste or facility.
ii) The authorized person can transfer the BMW generated at above premises to the "Transporter" or "Operator of Facility" authorized by MPCB under Bio-Medical Waste (Management and Handling) Rules, 1998 for collection, transportation, treatment and/or disposal of BMW generated.
4. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility.
6. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste categories and quantities listed here in below :



- (iii) a temperature of not less than 149 C° and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.
- (II) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of one pre-vacuum pulse to purge the autoclave of all air. The waste shall be subjected to the following.
- (i) a temperature of not less than 121 C° and a pressure of 15 psi for an autoclave residence time of not less than 45 minutes; or
- (ii) a temperature of not less than 135 C° and a pressure of 31 psi for an autoclave residence time of not less than 30 minutes; or
- (II) Medical waste shall not be considered properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.
- (IV) *Recording of operational parameters*, - Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor and record dates, time of day, load identification number and operating parameters throughout the entire length of the autoclave cycle.
- (V) *Validation test: Spore testing*. - The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be Bacillus stearothermophilus spores using vials or spore strips, with at least 1×10^4 spores per milliliter. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, regardless of temperature and pressure, a temperature less than 121 C° or a pressure, less than 15 psi.
- (VI) *Routine Test*. - A chemical indicator strip/tape that changes color when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different location to ensure that the inner content of the package has been adequately autoclaved.
11. Every 'Authorized Person' shall submit an Annual Report to the prescribed authority in Form-II by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
12. (i) Every 'Authorized Person' shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal and/or any form of handling of BMW in accordance with these Rules and any guidelines issued.
- (ii) All records shall be subject to inspection and verification by the prescribed authority at any time.
13. When any accident occurs at any institution or facility or any other site where BMW is handled or during transportation of such waste, the authorized person shall report the accident in Form III to the prescribed authority forthwith.



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M. S. Navratna

14. The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
16. You shall obtain and renew the membership of CBMWTSDf from time to time and shall dispose the Bio-Medical Waste regularly.
17. You shall obtain and submit the copy of 'Certificate of Registration Under Section 5 of Bombay Nursing Homes Registration Act, 1949' for 5 Beds within 3 months time period, failing which this Authorization shall be treated as cancelled.

For and on behalf of the
Maharashtra Pollution Control Board



Y. S. Awatade

(N. S. Awatade)
I/c. Sub-Regional Officer
Maharashtra Pollution Control Board
Solapur.

To

M/S. NAVRATNA LAHAN MULANCHE HOSPITAL
(DR. SAKHARE PRAVIN NAVNATH)
at INFRONT OF HOTEL JAY MALHAR, KURDUWADI ROAD, TEMBHURNI.

Copy submitted to:

1. The Member Secretary, MPC Board, Mumbai.
2. The Regional Officer, MPC Board, Pune.
3. The Chief Account Officer, MPC Board, Mumbai.

Authorization Fees Received:-

Sr. No.	Amount	TXN.No.	Date	Status
01	Nil	--	--	--