

MAHARASHTRA POLLUTION CONTROL BOARD

Phone : 0253/2365150
Fax : 0253/2365140
Email : sronashik@mpcb.gov.in
Visit At : <http://mpcb.gov.in>



Udyog Bhavan, First Floor
Trimbak Road, Near ITI, Satpur,
Nashik - 422007

LETTER OF BIO-MEDICAL WASTE AUTHORISATION

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

- I. File number of authorisation and date of issue
SRO-NASHIK/BMW_AUTH/1802000245 Date: 15-02-2018
- II. M/s. MATOSHRI CLINIC HOSPITAL is hereby granted an authorisation for generation of biomedical waste on the premises situated at NEAR VITTHAL MANDIR, WADANGALI, TAL- SINNAR, DIST- NASHIK.
- III. This authorization shall valid for a period up to 30.03.2020. An application shall be made by the occupier/operator for renewal 3 Months before expiry of earlier authorisation.
- IV. This authorisation 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 (As per Certificate of registration of Nashik Municipal Corporation, Nashik).

Terms and Conditions of authorization

1. The "authorized Person" DR.MANIK BHAUSAHEB ADSARE. 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 i.e. Member Secretary, MPCB.
3. Any unauthorized change in equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
4. The authorization is granted for generation of Bio-Medical Waste (BMW) in waste Categories and quantities listed here in below:

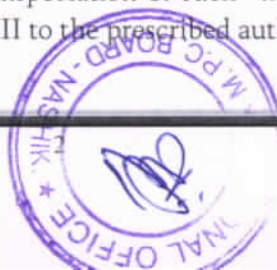
Sr. No.	Category	Quantity	UOM	Treatment & Disposal
1	Yellow	3.5	Kg/M	CBMWTSDF, Nashik.
2	White	0.5	Kg/M	CBMWTSDF, Nashik.
3	Red	0.5	Kg/M	CBMWTSDF, Nashik.
4	Blue	0.5	Kg/M	CBMWTSDF, Nashik.

No onsite treatment of BMW is permitted. The above mentioned Bio Medical Waste shall be sent to Common BMW Treatment and Disposal facility authorized by MPCB for Nashik.

5. The liquid / solid waste generated from the treatment activity (from laboratory and washing, cleaning, housekeeping and disinfecting activities) shall be treated suitably by providing effluent treatment facility to conform the standards prescribed in Schedule V of said Rules and the Environment (Protection) Act, 1986.



6.
 - i) BMW shall not be mixed with other wastes or reused or solid in any form.
 - ii) BMW shall be segregated into containers / bags at the point of generation in accordance with Schedule-II prior to storage, treatment and disposal. The containers shall be labeled according to Schedule III.
 - iii) If a container containing BMW is to be transported from the premises where BMW is generated to any waste treatment facility outside the premises, the container shall, apart from the Label prescribed in Schedule III, also carry information prescribed in Schedule IV and shall be transported by authorized Transporter only.
 - iv) Notwithstanding anything contained in the Motor Vehicles Act, 1988 or Rules there under, BMW shall be transported only in such vehicle as may be authorized for the purpose by the competent authority as specified by the Government.
 - v) No untreated BMW shall be kept stored beyond a period of 48 hours.
 - vi) Necessary protective gear for the waste handlers shall be provided by the hospital authority.
 - vii) You shall ensure proper collection of mercury spillage arising mainly due to breakage of the monometer pressure gauges (sphygmomanometers) other equipments used in health care facilities as well as its storage in accordance with the Hazardous waste (Management & Handling) Rules (presently these Rules has to be read as 'Hazardous Waste (Management & Handling and Transboundry Movement)Rule, 2008) and returning it to the instrument manufactures apart from necessary taking steps to ensure that the spilled mercury does not become as part of bio-medical or other solid waste generated from the HCFs.
 - viii) Authorized person shall obtain prior permission from MPCB for generation & disposal, of Bio-Medical waste quantity of category specified exceed the limits authorized at condition No. 4 above.
7.
 - i) You shall submit an Annual Report to the prescribed authority in Form- by 31st January every year including information about the categories and quantities of BMW handled during the preceding year.
 - ii) You 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.
 - iii) All records shall be subject to inspection and verification by the prescribed authority at any time.
8. 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.



9. This authorization is issued subject to condition as mentioned below.

- i) You shall submit compliance of authorization conditions every six months to Sub-Regional Office Nashik.
- ii) You shall provide Annual report in Form-II duly certified by facility operator.
- iii) You shall provided valid copy of registration under Bombay Nursing Home Act.
- iv) You shall obtain Consent to Operate from Board under Water (P &CP) Act, 1974 and Air (P &CP) Act, 1981, forthwith.
- v) The Occupier will obey all the lawful instructions issued by the Board Officers from time to time.
- vi) The Hospital shall not carry any expansion, change, Addition, Modification, Modernization in the existing set up till to obtain prior permission from the Board.

10.The Hospital Authority shall obtained Valid membership copy of CBMWTSDF.

11.The Hospital Authority shall obtained Valid membership copy of Bombay Nursing Home Certificate.



(A.J. Kude)

Sub-Regional Officer, Nashik

To,
M/s. MATOSHRI CLINIC HOSPITAL,
NEAR VITTHAL MANDIR, WADANGALI, TAL- SINNAR, DIST- NASHIK.

Authorization Fees Received:-

Sr. no	Description	Payment added	Transaction number	Transaction Date	Status
-----	-----	-----	-----	-----	-----