

# MAHARASHTRA POLLUTION CONTROL BOARD

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Sub-Regional Office,  
Plot No. P-3/1 & P-3/2,  
Jalna-Aurangabad Road,  
MIDC Area, Jalna.

## LETTER OF BIO-MEDICAL WASTE AUTHORISATION

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



Your Service is Our Duty

- I. File number of authorisation and date of issue  
SRO-JALNA/BMW-AUTH/2104000262 Date: 15/04/2021
- II. M/s. Shivkamal Hospital is hereby granted an authorization for generation of biomedical waste on the premises situated at At. Old Dhanora Road, Near Old Sarswati School, Beed, Tal. & Dist- Beed.
- III. This authorization shall valid for a period up to 28.02.2022 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

### Terms and Conditions of authorization

1. The "authorized Person" **Dr. Abhijeet Shivajirao Pandit**, 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:

| Category | Type of Waste   | Type of Bag or Container to be used          | Quantity Kg/Month | Treatment and Disposal options |
|----------|---|--|-------------------|--------------------------------|
| 1        | 2   | 3  | 4                 | 5                              |
| Yellow   | (a) Human Anatomical Waste:<br>Human tissues, organs, body parts and fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to | Yellow coloured non-chlorinated plastic bags | ---               | ---                            |

|  |  |  |     |   |
|--|--|--|-----|---|
|  | time).   |  |     |   |
|  | <b>(b) Animal Anatomical Waste :</b><br>Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary hospitals or colleges or animal houses.  |  | --  |   |
|  | <b>(c) Solid Waste:</b><br>Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.  |  | 1.8 | CBMWTSDF  |
|  | <b>(d) Expired or Discarded Medicines:</b><br>Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.  | Yellow coloured non-chlorinated plastic bags or containers       | --  |   |
|  | <b>(e) Chemical Waste:</b><br>Chemicals used in production of biological and used or discarded disinfectants.  | Yellow coloured containers or non-chlorinated plastic bags       |     |   |
|  | <b>(f) Chemical Liquid Waste :</b><br>Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X-ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfecting activities etc. | Separate collection system leading to effluent treatment system  | --  | After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule-II |
|  | <b>(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.</b>  | Non-chlorinated yellow plastic bags or suitable packing material | --  |   |
|  | <b>(h) Microbiology, Biotechnology and</b>   | Autoclave  |     |   |

|  |  |   |     |          |
|--|--|---|-----|----------|
|  | <b>other clinical laboratory waste:</b><br>Blood bags, Laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures. | safe plastic bags or containers                         |     |          |
| <b>Red</b>   | <b>Contaminated Waste (Recyclable)</b><br>(a) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and <i>fixed needle syringes</i> ) and vaccutainers with their needles cut) and gloves.                         | Red coloured non-chlorinated plastic bags or containers | 0.5 | CBMWTSDF |
| <b>White (Translucent)</b>   | <b>Waste sharps including Metals:</b><br>Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps                       | Puncture proof, Leak proof, tamper proof containers     | 1.0 | CBMWTSDF |
| <b>Blue</b>  | <b>(a) Glassware:</b><br>Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.   | Cardboard boxes with blue colored marking               |     |          |
|  | <b>(b) Metallic Body Implants</b>  | Cardboard boxes with blue colored marking               |     |          |
| 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 Aurangabad- <b>M/s - Champavati Waste Management, At Pali, Tal. &amp; Dist:- Beed.</b> |  |   |     |          |

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

*Pyogini*



- 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 gauzes (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 are to be read as 'Hazardous Waste ( Management & Handling and Transboundary 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.
  - vii) 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 Jalna.
  - 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, and Modernization in the existing set up till to obtain prior permission from the Board.
10. The Board reserves the right to review, amend, suspend, revoke etc. this authorization and same shall be binding on the hospital authority.
11. This authorization should not be construed as exemption from obtaining necessary NOC/permission from any other Government agencies.

For and on behalf of the  
Maharashtra Pollution Control Board



*Byogini*  
(Dr. Y. A. Balankhe)  
Sub-Regional Officer, Jalna

To,  
M/s. Shivkamal Hospital,  
At. Old Dhanora Road, Near Old Sarswati School,  
Tal. & Dist- Beed.

Authorization Fees Received:-

| Sr no | Amount | Transaction number | Date |
|-------|--------|--------------------|------|
| --    | --     | --                 | --   |