

FORM I

[See rules 10(1) and 10(4)]

**APPLICATION FOR REGISTRATION OF A UNIT FOR MANUFACTURE OF
PLASTIC CARRY BAGS AND CONTAINERS**

From.....

.....

.....(Name and full address of the occupier)

To

The Member Secretary,

..... Pollution Control Board

.....

.....

Sir,

I/we hereby apply for registration under rule 10 of the Plastics
Manufacture, Sale and Usage Rules, 1999.

**PART - A
GENERAL**

1. (a)	Name of the unit and location of activity	
(b)	Address of the unit	
(c)	Registration required Manufacturing of: (i) Carry bags virgin (ii) Carry bags recycled (iii) Containers virgin (iv) Containers recycled	
(d)	Manufacturing capacity	
(e)	In case of renewal of Registration previous Registration number and date	
2. (a)	Is the unit Registered with DCSSI or Department of Industries of the State Government /Union Territory Administration?	
(b)	If yes, attach a copy	

3. (a)	Total capital invested on the project	
(b)	Year of commencement of production	
4. (a)	List and quantum of products and byproducts	
(b)	List and quantum of raw materials used	
5.	Furnish a flow diagram of manufacturing process showing input and output in terms of products and waste generated including for captive power generation & de-mineralized water	
6.	Minimum sizes of carry bag to be manufactured, (in any case it should not be less than 8" x 12")	
7.	Status of compliance with rules 5, 6, 7 and 8	

**PART B
PERTAINING TO LIQUID EFFLUENT AND GASEOUS EMISSIONS**

8.	(a) Does the unit have a valid consent under the Water (Prevention and Control of Pollution) Act 1974 (6 of 1974) If yes, attach a copy	
	(b) Does the unit have a valid consent under the Air (Prevention and Control of Pollution) Act 1981 (14 of 1981) If yes, attach a copy	

**PART C
PERTAINING TO WASTE**

9.	Solid Wastes: (a) Total quantum of generation (b) Mode of storage within the plant (c) Provision made for disposal	
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Place:
Date:

Signature:
Designation:

Bio-Medical Waste (Management and Handling) Rules, 1998

**FORM II
(see rule 10)
ANNUAL REPORT**

(To be submitted to the prescribed authority by 31 January every year).

1. Particulars of the Applicant:

- (i) Name of the authorized person (occupier/operator):
- (ii) Name of the institution:
 - Address
 - Tel. No.
 - Telex No.
 - Fax No.

2. Categories of waste generated and quantity on a monthly average basis:

3. Brief details of the treatment facility:

In case of off-site facility:

- (i) Name of the operator:
- (ii) Name and address of the facility:
 - Tel. No., Telex No., Fax No.

4. Category-wise quantity of waste treated:

5. Mode of treatment with details:

6. Any other information:

7. Certified that the above report is for the period
from.....

Date:
Place:

Signature.....
Designation.....

FORM-4
[See rule9(2)]
Form For Filing Returns Regarding Handling Of Hazardous Wastes
[To be submitted to the State Pollution Board/Committee by 31st January of every year]

1. Name and address of the Occupier/Operator of Facility:
2. Categories of Waste generated and quantity (in metric tones):
3. Details of Waste treatment operations:
4. Details of Waste disposal operations:

Sr No.	Date of issuance of authorization for the disposal of hazardous waste and its reference number	Description of Hazardous Waste		Total Volume of the hazardous waste disposed with No. of Packages	Mode of Transportation to the site of disposal	Site of disposal (attach a sketch showing the location(s) of disposal)	Brief description of the method of disposal	Date of disposal	Remarks (if any)
		Physical Form and Contents	Chemical Form						

5. Details of environmental surveillance:

Date of other measurement details	Analysis of ground water samples			Analysis of soil sample			Analysis of air sampling		
	Location of sampling	Depth of Sampling	Data Sampling	Location of sampling	Depth of Sampling	Data Sampling	Location of sampling	Data Sampling	Analysis of any samples (give details)

Date:
Place:

Signature.....
Designation.....

FORM – VIII
[see rule 10 (2) (ii)]

[To be submitted by the bulk consumer to the State Board by 30th June (for the period October- March) and 31st December (for the period April-September) every year]

1.	Name and Address of the bulk consumer	
2.	Name of the Authorised person and full Address of with telephone and fax number	
3.	Number of new batteries of different categories purchased from the manufacturer/importer/dealer or any other agency during October-March and April-September Category: (i) Automative (a) Four wheelers (b) Two wheelers (ii) Industrial (a) UPS (b) Motive Power (c) Stand-by (iii) Others	(i) No. of Batteries (ii) Approximate weight (in Metric Tonnes)
4.	Number of used batteries of categories mentioned in Sl. No.3 and Tonnage of scrap sent to manufacturer/dealer/importer/registered recycler/or any other agency to whom the used batteries scrap was sent*.	

- Enclose list of manufacturer/dealer/importer/registered recyclers/or any other agency to whom the used batteries scrap was sent.

Date:
Place:

Signature of the authorized person

FORM-I
APPLICATION FOR AUTHORISATION

(To be submitted in duplicate)

To, The Prescribed Authority : Goa State Pollution Control Board
#243, Patto, Panaji-Goa. Fax-432740

1. Particulars of Applicant

(i) Name of the Applicant (Occupier):
(in block letters & in full)

(ii) Name of the Institution:

Address:

Tele. No.:

Fax No./Telex No.

Tel.:

2. Activity for which Authorisation is sought: (pl. indicate by Tick mark)

- (i) Generation
- (ii) Collection
- (iii) Reception
- (iv) Storage
- (v) Transportation
- (vi) Treatment
- (vii) Disposal
- (viii) Any other form of handling

3. Please state whether applying for fresh authorization or for renewal:
(New Authorisation)

4. (i) Address of the institution handling bio-medical wastes:*
- (ii) Address of the place of the treatment facility:
- (iii) Address of the place of disposal of the waste:

5. (i) Mode of transportation (in any) of bio-medical waste:
- (ii) Mode(s) of treatment:

6. Brief description of method of treatment and disposal (attach details in the enclosed format)

7. (i) Category of waste to be handled(see Schedule I)
- (ii) Quantity of waste (category-wise) to be handled per month.

8. **Declaration**

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information. I do also hereby undertake to provide any further information sought by the Prescribed Authority in relation to these rules and to fulfill any condition stipulated by the Prescribed Authority.

Date:
Place:

Signature of the applicant.
Designation of the applicant

* To be clarified whether an external agency receives the wastes for treatment & disposal.

The application should accompany a fee of Rs. 200/- in the form of Demand Draft payable to Goa State Pollution Board at Panaji / or by cash.

SUMMARY OF 'THE BIO-MEDICAL WASTE (MANAGEMENT AND HANDLING) RULES, 1998'

(Efforts are made to provide simplified comprehension of the rules. The comprehension is not expected to cover all aspects of the rules. Interested persons may refer to the rules in detail for clarification of doubts.)

These rules are framed by Govt. of India under the Environment (Protection) Act 1986. They were first notified in July, 1998, and amended in June 2000.

These rules are applicable to all persons who generate , collect , receive, store, transport, treat ,dispose or handle Bio-medical waste in any form.

As defined in these rules, 'Bio-medical' waste means any waste generated during diagnosis, treatment or immunization of human beings or animals. A person who has control over hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathology laboratory, blood bank is an 'Occupier', who is required to take all steps to ensure that Bio-medical waste produced by his institution is handled without any adverse effect to human health and environment. These rules have categorized the Bio-medical waste in ten categories, identifying suitable mode of disposal for the waste of the individual category (schedule I).

A time schedule is given for setting up appropriate facilities for disposal of Bio-medical waste as per the size of the institution. (Schedule VI)

SCHEDULE VI **

SCHEDULE FOR WASTE MANAGEMENT FACILITIES LIKE INCINERATION / AUTOCLAVE / MICROWAVE SYSTEM

A.	Hospitals and nursing homes in towns with population of 30 lakhs and above	By 30 th June, 2000 or earlier
B.	Hospitals and nursing homes in towns with population of below 30 lakhs	
	(a) with 500 beds and above	By 30 th June, 2000 or earlier
	(b) with 200 beds and above but less than 500 beds	By 31 st December , 2000 or earlier
	(c) with 50 beds and above but less than 200 beds	By 31 st December , 2001 or earlier
	(d) with less than 50 beds	By 31 st December , 2002 or earlier
C.	All other institutions generating bio-medical waste not included in A and B above	By 31 st December , 2002 or earlier

As per Rule 8, the 'Occupier' of the institution is required to obtain authorization for handling of Bio-medical waste from the Prescribed Authority (State Pollution Control Board). The application for authorization should be in form I and accompanied with the fee prescribed by the State Govt. (Rs. 200/-). An application for authorization is required to be made for all hospitals, nursing homes, veterinary institutions, and animal houses. The Occupier of the clinics dispensaries, pathological laboratories and blood banks where treatment/ service is provided to more than (1000) patients per should also apply for the authorization. Even the Occupier who is not required to apply for authorization, (the clinics, dispensaries, pathological laboratories and blood banks where treatment/ service is provided to less than one thousand patients per month) will be an offender of these Rules, if it is found that he/she has not taken all steps to ensure that the Bio-medical waste produced by his/ her institution is handled without adverse effect to human health and the environment.

Offence under these Rules shall attract the penalties stipulated under the Environment (Protection) Act.1986. Section 15 of the said Act stipulates the penalty of imprisonment which may extend upto 5 years of fine upto Rs. 1 lakh or both.

The authorization granted shall be valid for a period of 3 years. The occupier needs to apply for renewal thereafter. The Occupier is required to submit annual report to the Prescribed Authority by 30th January every year, giving details of the quantity and mode of treatment of Bio-medical waste generated by his institution. He is also required to report accidents if any to the Prescribed Authority.

Vide the amendment rules dated 2nd June,2000, responsibility has been laid on local municipal authorities for providing suitable common disposal/ incineration site for Bio-medical waste generated in the area under their jurisdiction. However, this provision is without prejudice to the rules pertaining to the responsibility of the Occupier, which means that it is the responsibility of the Occupier to make his/her own arrangement for disposal of Bio-medical waste generated by his/her institution, till such time the local municipal authorities make an arrangement for providing common disposal site.

SCHEDULE I
(See Rule 5)
CATEGORIES OF BIO-MEDICAL WASTE

* Waste Category No.	Waste Category Type *	Treatment and Disposal Option+*
Category No. 1	<u>Human Anatomical Waste</u> (human tissues, organs, body parts)	Incineration @/deep burial♠
Category No. 2	<u>Animal Waste</u> (animal tissues, organs, body parts, carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals, colleges, discharge from hospitals, animal houses)	Incineration @/deep burial♠
Category No. 3	<u>Microbiology & Biotechnology Waste</u> (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures)	Local autoclaving / microwaving incineration @
Category No. 4	<u>Waste Sharps</u> (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and unused sharps)	Disinfection (chemical treatment @@/autoclaving/ microwaving and mutilation/ shredding”##
Category No. 5	<u>Discarded Medicines & Cytotoxic drugs</u> (wastes comprising of outdated, contaminated and discarded medicines)	Incineration@ /destruction and drugs disposal in secured landfills
Category No. 6	<u>Soiled Waste</u> (items contaminated with blood and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood.	Incineration @ autoclaving/ microwaving
Category No. 7	<u>Solid Waste</u> (wastes generated from disposable items other than waste sharps such as tabings, catheters, intravenous sets etc.)	Disinfection by chemical treatment @@ autoclaving/ microwaving and mutilation/ shredding”##

Category No.8	Liquid Waste (waste generated from laboratory and washing, cleaning, house- keeping and disinfecting activities)	Disinfection by chemical treatment @@and discharge into drains
Category No.9	<u>Incineration Ash</u> (ash from incineration of any bio-medical waste)	Disposal in municipal landfill
Category No.10	Chemical Waste (chemicals used in production of biologicals, chemicals used in disinfection, as insecticides, etc.)	chemical treatment @@and discharge into drains for liquids and secured landfill for solids.

+ Options given above are based on available technologies. Occupier / Operator wishing to use other State-of-the art technologies shall approach the Central Pollution Control Board to get the standards laid down to enable the Prescribed Authority to consider grant of authorization.

@@ Chemical treatment using atleast 1%hypochlorite solution or any other equivalent chemical reagent.

Mutilation / Shredding must be so as to prevent unauthorized reuse.

@ There will be no chemical pretreatment before incineration.
Chlorinated plastic shall not be incinerated.

♠ Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas.

FORM-I

[See rules, 3(2),5(2) (3) and (6) (ii)]

Application for obtaining Authorisation for Collection / Reception / Treatment / Transport / Storage / Disposal of Hazardous Waste*

From:

To,
The Member Secretary,
Goa State Pollution Board,
Panaji,Goa.

1.
I, (.....) Prop. of (M/s
do hereby apply for authorization under sub-rule (2) and clause (ii) of sub-rule (6) of rule 5 of the Hazardous Wastes (Management and Handling.)Rules, 1989 for collection / reception / transport / disposal of hazardous wastes.

2.

For Office Use Only

Code No.:

Whether the unit is situated in a critically polluted area as identified by Ministry of Environment and Forests;

To be filled by Applicant

Part- A : General

3.

(a) Name and Address of the unit and location of activity:

- (b) Authorisation required for (Please tick mark appropriate activity/activities):.
- (i) Collection
 - (ii) Reception
 - (iii) Transport
 - (iv) Disposal
- (c) In case of renewal of authorization of previous authorization number and date:
4. (a) Whether the unit is generating hazardous waste as defined in the Hazardous Wastes (Management and Handling) Rules, 1989 and amendments made there under:
(b) If so the type and quantity of wastes:
5. (a) Total capital invested on the project:
(b) Year of commencement of production:
(c) Whether the industry work general/2 shifts/ round the clock:
6. (a) List and quantum of products and by-products:
(b) List and quantum of raw material used:
7. Furnish a flow diagram of manufacturing process showing inputs and output in terms of products and waste generated including for captive power generation and demineralised water:

Part- B : Sewage and Trade Effluent

8. Quantity and source of water for:
- (a) Cooling m³/d
 - (b) Process m³/d
 - (c)Domestic use m³/d
 - (d)Others m³/d
9. Sewage and trade effluent discharge:
- (a)Quantum of discharge m³/d:
 - (b)Is there any effluent treatment plant:
 - (c)If yes, a brief description of unit operations with capacity:

(d) Characteristics of final effluent:

pH

Suspended solids

Dissolved solids

Chemical Oxygen Demand (COD)

Bio-chemical Oxygen Demand a $\{(BoD5/20C)/BoD3/27C\}$

Oil & grease

(additional parameters as specified by the concerned Pollution Control Board)

(e) Mode of disposal & final discharge point:

(enclose map showing discharge point)

(f) Parameters & frequency of self monitoring:

{*} Read BOD (3 days at 27°C)

PART- C: Stack (Chimney) and Vent Emissions

10. (a) No. of stacks and vents with height & diameter(m):
- (b) Quality & quantity of stack emissions from each of the above stacks particulate matter & SO₂ (additional parameters as specified by the concerned Pollution Control Board):
- (c) A brief account of the Air Pollution unit to deal with the emission:
- (d) Parameters & frequency of self monitoring:

PART – D: Hazardous Waste

Hazardous Wastes:

(a) Type of hazardous wastes generated as defined under the Hazardous Wastes (Management & Handling) Rules, 1989:

(b) Quantum of hazardous waste generated:

(c) Mode of storage within the plant, method of disposal & capacity:

(d) Hazardous chemicals as defined under the Manufacture, Storage & Import of Hazardous Chemicals Rules, 1989:

(e) Whether any isolated storage is involved (if yes, attach details):

PART – E: Treatment, Storage & Disposal Facility

Detailed proposal of the facility (to be attached) to include

- (i) Location of site (provide map)
- (ii) Name of waste processing technology
- (iii) Details of processing technology
- (iv) Type and Quantity of waste to be processed per day
- (v) Site clearance (from local authority, if any)
- (vi) Utilization programme for waste processed (Product Utilization)
- (vii) Method of disposal (details in brief be given)
- (viii) Quantity of waste to be disposed per day
- (ix) Nature & composition of waste
- (x) Methodology & operational details of landfilling/incineration
- (xi) Measures to be taken for prevention & control of environment pollution including treatment of leachates
- (xii) Investment on project & expected returns
- (xiii) Measures to be taken for safety of workers in the plant

Signature:.....

Designation:.....

Annexure A

S. No.	Waste Category No.	Type of waste	Quantity	Treatment	Disposal

a) :

- (i) Collection
- (ii) Reception
- (iii) Transport
- (iv) Disposal