

FORM - II

(See rule10)

**APPLICATION FOR AUTHORISATION OR RENEWAL OF
AUTHORISATION**

(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To

Member Secretary
Goa State Pollution Control Board
Dempo Towers, 1st Floor, Patto Plaza,
Panaji-Goa. Fax-432740.

1. Particulars of Applicant:

(i) Name of the Applicant:

(In block letters & in full)

(ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF) :

(iii) Address for correspondence:

(iv) Tele No:

Fax No.:

(v) Email:

(vi) Website Address:

2. Activity for which authorisation is sought:

Activity

Please tick

Generation, segregation

Collection,

Storage

Packaging

Reception

Transportation

Treatment or processing or conversion

Recycling

Disposal or destruction use

Offering for sale, transfer

Any other form of handling

3. Application for fresh or renewal of authorisation (please tick whatever is applicable):

(i) Applied for CTO/CTE Yes/No

(ii) In case of renewal previous authorisation number and date:

(iii) Status of Consents: _____

(a) under the Water (Prevention and Control of Pollution) Act, 1974

(b) under the Air (Prevention and Control of Pollution) Act, 1981:

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

(i) Number of beds of HCF:

(ii) Number of patients treated per month by HCF:

(iii) Number healthcare facilities covered by CBMWTF: _____

(iv) No of beds covered by CBMWTF: _____

(v) Installed treatment and disposal capacity of CBMWTF: _____ Kg per day

(vi) Quantity of biomedical waste treated or disposed by CBMWTF: _____ Kg/ day

(vii) Area or distance covered by CBMWTF: _____

(Please. attach map a map with GPS locations of CBMWTF and area of coverage)

(viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:		
	(b) Animal Anatomical Waste :		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste :		
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other clinical laboratory waste:		
Red	Contaminated Waste (Recyclable)		
White (Translucent)	Waste sharps including Metals:		
Blue	Glassware:		
	Metallic Body Implants		

6. Brief description of arrangements for handling of biomedical waste (attach details):

(i) Mode of transportation (if any) of bio-medical waste:

(ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

No of units

Capacity of each unit

Incinerators:

Plasma Pyrolysis:

Autoclaves:

Microwave:

Hydroclave:

Shredder:

Needle tip cutter or
destroyer

Sharps encapsulation or
concrete pit:

Deep burial pits:

Chemical disinfection:

Any other treatment
equipment:

7. Contingency plan of common bio-medical waste treatment facility (CBWTF)
(Attach documents):

8. Details of directions or notices or legal actions if any during the period of earlier
authorisation

9. 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 fulfil any conditions stipulated by the
prescribed authority.

Date:

Signature of the Applicant

Place:

Designation of the Applicant

In exercise of the powers conferred by sub-rule 3 of Rule 8 of the Bio-Medical Waste (Management and Handling) Rules, 1998, the Government of Goa prescribes the following fees to be accompanied with every application in Form I for grant of authorization by the Goa State Pollution Control Board, namely:-

Sr. No.	Application for grant of Authorization to	Amount of Fees (in Rs.)
1.	HOSPITAL AND NURSING HOME including Government Hospital/Private Hospitals/Charitable Hospitals/Private Nursing Home and Health Care Establishment	
	With minimum 1 but upto 5 beds	500/- per annum.
	With minimum 6 to but upto 25 beds	1,250/- per annum.
	With minimum 26 to but upto 50 beds	2,000/- per annum.
	With minimum 51 to but upto 200 beds	5,000/- per annum.
	With minimum 201 to but upto 500 beds	10,000/- per annum.
	With more than 500 beds	15,000/- per annum.
2.	Health care Institution including clinic, dispensary, pathological laboratory, veterinary clinics and blood banks generating bio-medical waste and providing treatment/service	1,250/- per annum.
3.	Veterinary college and hospital	5,000/- per annum.
4.	Animal Research Institution	1,000/- per annum.
5.	Animal Houses	
	(a) Dairy Farms (more than 100 cows)	2,000/- per annum
	(b) Poultry Farms (more than 10,000 birds)	5,000/- per annum
	(c) Poultry Hatchery (more than 10,000 birds)	1,000/- per annum
	(d) Piggery (more than 200 pigs)	1,000/- per annum
	(e) Goat/Sheep Farms (more than 300 goats and/or sheeps)	1,000/- per annum
6.	Medical Research Institution	1,000/- per annum.
7.	Bio-medical waste transporter	2,000/- per annum
8.	Operator of common treatment/disposal facility of bio-chemical waste	5,000/- per annum
9.	Forensic laboratories	1,000/- per annum.
10.	EVERY INSTITUTION AND OPERATOR CONNECTED WITH MANAGEMENT AND HANDLING OF BIO-MEDICAL WASTE	
	a) The operators having an incinerator with capacity up to 50 kgs. per hour	10,000/- per annum
	b) Waste operators having an incinerator with capacity of more than 50 kgs. per hour	20,000/- per annum
	c) Operators having facilities other than incinerator	1,000/- per annum