



**WEST BENGAL POLLUTION CONTROL BOARD**  
*Paribesh Bhawan, 10A, Block – LA, Sector III, Salt Lake*  
Kolkata – 700 098, INDIA; Ph 335 9088, & Fax : (0091) (33) 335 8073

[Prescribed Authority in the State of West Bengal for implementation of  
Bio-medical Waste (Management and Handling) Rules, 1998]

**FORM I**  
[See Rule 8]

**APPLICATION FOR AUTHORISATION**

[To be submitted in duplicate]

To

**The Prescribed Authority-West Bengal**  
**West Bengal Pollution Control Board**  
Paribesh Bhawan  
10A, Block - LA, Sector - III, Salt Lake City  
Kolkata - 700 098

1. Particulars of the Applicant

(i) Name of the Applicant : .....  
[in block letters & in full]

(ii) Name of the Institution : .....

Address of the Institution : .....

Telephone Number : .....

Fax Number : .....

Telex Number : .....

2. Activity for which Authorization is sought [Please put tick (✓) mark in the appropriate box/boxes]

- |                          |                                   |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | (i) Generation                    |
| <input type="checkbox"/> | (ii) Collection                   |
| <input type="checkbox"/> | (iii) Reception                   |
| <input type="checkbox"/> | (iv) Storage                      |
| <input type="checkbox"/> | (v) Transportation                |
| <input type="checkbox"/> | (vi) Treatment                    |
| <input type="checkbox"/> | (vii) Disposal                    |
| <input type="checkbox"/> | (viii) Any other form of handling |

3. Please state whether applying for fresh authorization, or for renewal: [Please put tick (✓) mark in the appropriate box]

<input type="checkbox"/>	Fresh application	<input type="checkbox"/>	Renewal application
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In case of renewal, please mention previous authorization number and date:

Number

Date

\_\_\_\_\_



- 4. (i) Name and address of the institution : .....  
handling bio-medical waste .....
- (ii) Address of place of the treatment facility: .....
- (iii) Address of the place of disposal of waste: .....
- 5. (i) Mode of transportation (if any) of : .....  
bio-medical waste .....
- (ii) Mode(s) of treatment : .....
- 6. Brief description of method of treatment and disposal (attach details):
- 7. (i) Category (see Schedule I of the Rules) of waste to be handled **[Please use the following table**  
(ii) Quantity of Waste (category-wise) to be handled per month **to provide these information]**

	<i>Category of Waste</i>	<i>Quantity of Waste (per month)</i>
	Category No. 1	
	Category No. 2	
	Category No. 3	
	Category No. 4	
	Category No. 5	
	Category No. 6	
	Category No. 7	
	Category No. 8	
	Category No. 9	
	Category No. 10	

[Please put tick (✓) mark in the appropriate box/boxes]

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 further information sought by the Prescribed Authority in relation to these Rules and fulfill any conditions stipulated by the Prescribed Authority.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

Place \_\_\_\_\_

\_\_\_\_\_  
(Designation of Applicant)



### Attachment to Form -I

[Only the establishments generating Bio-medical Waste are required to fill up this questionnaire]

#### Item 1

##### Types of Health Care Establishments-

[Please put tick mark (✓) in the appropriate box]

Govt. Hospital/Govt. Institution falling under any of the following categories

Govt. Hospital and Medical College

State General Hospital

District Hospital

Sub-Divisional Hospital

T B Hospital

ESI Hospital

Leprosy Home

Mental Asylum

Cancer Care / Research Institute

Primary Health Care

Hospital runs by Indian Railway

Hospital runs by Steel Authority of India Limited

Hospital runs by Coal India Limited

Army Hospital

Hospital runs by local bodies

Others, please specify the type of your health care unit  
(which does not fall in any of the above types)

Private Hospital

Private Nursing Home

Private Institution meant for providing health care for specific disease/disorder  
(like Cancer, Leprosy, etc.)

Hospital runs by Trustees, NGOs, etc. (like Ramakrishna Mission, etc.)

Private Blood Bank

Private Pathological/Diagnostic Laboratory

Others, Please specify the type of your health care unit  
(which does not fall in any of the above types)



**Item 2**

Capital Investment (Rs.)

(Actual investment inclusive of land, building, equipment & infrastructure)

Rs.

.....

[To be supported by an undertaking, affidavit, annual, report or certificate from Chartered Accountant]

**Item 3**

[Please answer the questions by put tick mark (✓) in the appropriate box/boxes. Depending upon the type of health care establishment and the services provided by it, more than one questions may have to be answered]

**Nature of services provided by your health care unit -**

1	Provides health care treatment to out-patients if yes, number of out-patients attended during last financial year	Yes	No
.....			
2	Provides health care treatment to in-patients if yes, (i) Bed Capacity (ii) Number of in-patients treated during last financial year	Yes	No
.....			
3	Provides pathological and diagnostic services If yes, number of patients provided with such services during last financial year	Yes	No
.....			
4	Provides health care to patients suffering from infectious diseases /T B	Yes	No
5	Provides health care to cancer patients	Yes	No
6	Provides health care to patients by using cytotoxic drugs	Yes	No
7	Provides health care to patients by using radio active materials	Yes	No
8	Runs a Blood Bank if Yes, number of persons dealt with during last financial year	Yes	No
.....			
9	Carry out research in medical science / allied fields If yes, does the research activities generate	Yes	No
	<input type="checkbox"/> Cytotoxic Drug Waste		
	<input type="checkbox"/> Radio-active Waste		
	<input type="checkbox"/> Animal Waste		
	<input type="checkbox"/> Others, Please specify		



**Item 4**

[Please put tick mark (✓) in the appropriate box]

Do you have any facility to store bio-medical waste within your premises

	Yes
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	No
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If 'yes' (i) Maximum storage capacity is available for .....days

(ii) Actual duration of storage within the premises .....days

[i.e. the time span between generation of waste and its subsequent reception/collection for off-site transportation for further treatment and/or disposal]

(iii) Please specify present mode of disposal .....

If 'no' Please specify present mode of disposal .....

**Item 5**

[Please put tick mark (✓) in the appropriate box]

Do you have any facility for treatment of bio-medical waste within your premises (i.e. on-site treatment facility)

	Yes
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	No
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If yes, please describe the treatment procedure .....

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**Item 6**

Any other pertinent information you wish to furnish which neither feature in Form-I, nor in this 'Attachment'.

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Office  
Seal

.....  
(signature of Applicant)

Name and Designation .....  
of the Applicant .....

Name and Location of the Establishments .....  
.....



**SCHEDULE-I of the Bio-Medical Waste (Management and Handling) Rules, 1998**  
**CATEGORIES OF BIO-MEDICAL WASTE**

<b>Option</b>	<b>Waste Category</b>	<b>Treatment &amp; Disposal</b>
Category No. 1	<b>Human Anatomical Waste</b> (human tissues, organs, body parts)	incineration@ / deep burial#
Category No. 2	<b>Animal Waste</b> (animal tissues, organs, body parts carcasses, bleeding parts, fluid blood and experimental animal used in research, waste generated by veterinary hospitals /colleges, discharge from hospitals, animal houses)	incineration@ / deep burial#
Category No. 3	<b>Microbiology &amp; Biotechnology Waste</b> (wastes from laboratory cultures, stocks or specimens of microorganisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biological, toxins, dishes and devices used for transfer of cultures)	local autoclaving / micro-waving / incineration@
Category No. 4	<b>Waste sharps</b> (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	disinfections (chemical) treatment@@ / autoclaving “microwaving and mutilation / shredding”
Category No. 5	<b>Discarded Medicines and Cytotoxic drugs</b> (waste comprising of outdated, contaminated and discarded medicines)	Incineration / destruction and drugs disposal in secured landfills
Category No. 6	<b>Solid Waste</b> (items contaminated with blood and body fluids including cotton, dressing, soiled plaster casts, lines, beddings, other material contaminated with blood)	Incineration@ /autoclaving / micro waving
Category No. 7	<b>Soiled Waste</b> (waste generated from disposable items other than the waste sharps such as tubings, catheters, intravenous sets etc.)	Disinfection by chemical treatment@@ / autoclaving / microwaving and mutilation / shredding##
Category No. 8	<b>Liquid Waste</b> (waste generated from laboratory and washing, cleaning, housekeeping and disinfecting activities)	disinfection by chemical treatment@@ and discharge into drains.
Category No. 9	<b>Incineration Ash</b> (ash from incineration of any bio-medical waste)	disposal in municipal landfill
Category No. 10	<b>Chemical Waste</b> (Chemical used in production of biological, chemicals used in disinfection as insecticides etc.)	chemical treatment@@ and discharge into drains for liquid and secured landfill for solids.



- @ There will be no chemical pretreatment before incineration. Chlorinated plastics shall not be incinerated..
- @@ Chemical treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection.
- # Deep burial shall be an option available only in towns with population less than five lakhs and in rural areas
- ## Multilation / shredding must be such so as to prevent unauthorized reuse.