



Duly completed form alongwith necessary attachments are to be submitted in single copy

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

APPLICATION FORM FOR

Recognition of Laboratories under provisions of the Water (Prevention & Control of Pollution) Act, 1974 and the Air (Prevention of Control of Pollution) Act, 1981.

01.		Name of the Laboratory	:	
02.		Type of Organisation	:	
		(Please tick(✓) the appropriate box)		<input type="checkbox"/> Government
				<input type="checkbox"/> Autonomous
				<input type="checkbox"/> Private
03.		Year of Establishment	:	Day Month Year
04.		Mailing Address with phone and Fax numbers	:	
05.		Objective and scope of Organisation (Attach a separate sheet if needed)	:	
06.	a.	Is your organisation presently recognised by any Pollution Control Board or other Govt. Department ? (Please tick(✓) the appropriate box)	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	If yes, name of such Board or Department (Attach most recent documentary evidence)	:	
07.		Head of organisation	:	
	a.	Name & Qualification	:	



	b.	Address	:	
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08.	A.	Laboratory Incharge	:	
	i.	Name and Designation	:	
	ii.	Address	:	
	iii	Qualification	:	
	Iv	Experience	:	
	B.	Details of Officers/Scientific and analytical personnel/Staff (Attach separate sheet if needed according to the following format)	:	

Sl. No.	Name & Designation	Qualification/ Experience & Year of joining	Whether employed full time or part time	Monthly pay and scale/contract pay
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09.		Floor area available for Laboratory (Also attach a drawing showing Laboratory layout)	:	
10	a.	Area of expertise pertaining to environment monitoring	:	<input type="checkbox"/> Water & Waste Water
				<input type="checkbox"/> Air
				<input type="checkbox"/> Noise
				<input type="checkbox"/> Soil
10	b.	Type of analytical test carried out in the laboratory	:	<input type="checkbox"/> Physical
				<input type="checkbox"/> Chemical
				<input type="checkbox"/> Biological
				<input type="checkbox"/> Bacteriological
				<input type="checkbox"/> Radioactivity
				<input type="checkbox"/> Toxicology
10	c.	Number of Samples analysed during the last one year and parameters monitored mentioning some typical measurements with standard errors (Attach separate sheet, if required)	:	

11. Mark the parameters which can be analysed in the laboratory in liquid and gaseous effluents and ambient air giving the name of the methods followed :
(A short description of the method actually followed for each parameter to be submitted as annexure with appropriate references)



		Name of parameters	Methods followed	References
<u>Physical Tests</u>	<input type="checkbox"/>	Colour		
	<input type="checkbox"/>	Conductivity		
	<input type="checkbox"/>	pH		
	<input type="checkbox"/>	Total Suspended solids		
	<input type="checkbox"/>	Total Dissolved Solids		
	<input type="checkbox"/>	Sludge Volume Index		
	<input type="checkbox"/>	Temperature		
	<input type="checkbox"/>	Turbidity		
	<input type="checkbox"/>	Density		
	<input type="checkbox"/>	Flow rate		
	<input type="checkbox"/>	Viscosity		
<u>Chemical Tests</u>	<input type="checkbox"/>	Total Acidity		
	<input type="checkbox"/>	Total Alkalinity		
	<input type="checkbox"/>	Ammonia		
	<input type="checkbox"/>	Ammonia Nitrogen		
	<input type="checkbox"/>	B.O.D.		
	<input type="checkbox"/>	Bromide		
	<input type="checkbox"/>	Carbon dioxide		
	<input type="checkbox"/>	Chloride		
	<input type="checkbox"/>	Chlorine (total)		
	<input type="checkbox"/>	Chlorine (residual)		
	<input type="checkbox"/>	Chlorine Demand		
	<input type="checkbox"/>	C.O.D.		
	<input type="checkbox"/>	Cyanide		
	<input type="checkbox"/>	Dissolved Oxygen		
	<input type="checkbox"/>	Fluoride		
	<input type="checkbox"/>	Hardness (total and calcium)		
	<input type="checkbox"/>	Iodide (traces)		
	<input type="checkbox"/>	Kjeldahl Nitrogen (total)		
	<input type="checkbox"/>	Nitrate Nitrogen		
	<input type="checkbox"/>	Oil & Grease		
	<input type="checkbox"/>	Phosphate		
	<input type="checkbox"/>	Silica		
	<input type="checkbox"/>	Sulfate		
<input type="checkbox"/>	Sulfite			
<input type="checkbox"/>	Sulfide			



		Name of parameters	Methods followed	References
<u>Chemical Tests</u>				
	<input type="checkbox"/>	Tanin & Lignin		
	<input type="checkbox"/>	Urea Nitrogen		
<u>Metals</u>				
	<input type="checkbox"/>	Aluminium		
	<input type="checkbox"/>	Arsenic		
	<input type="checkbox"/>	Barium		
	<input type="checkbox"/>	Beryllium		
	<input type="checkbox"/>	Boron		
	<input type="checkbox"/>	Calcium		
	<input type="checkbox"/>	Cadmium		
	<input type="checkbox"/>	Chromium (as chromate)		
	<input type="checkbox"/>	Chromium (total)		
	<input type="checkbox"/>	Copper		
	<input type="checkbox"/>	Iron		
	<input type="checkbox"/>	Lead		
	<input type="checkbox"/>	Lithium		
	<input type="checkbox"/>	Manganese		
	<input type="checkbox"/>	Mercury		
	<input type="checkbox"/>	Nickel		
	<input type="checkbox"/>	Potassium		
	<input type="checkbox"/>	Selenium		
	<input type="checkbox"/>	Silver		
	<input type="checkbox"/>	Sodium		
	<input type="checkbox"/>	Strontium		
	<input type="checkbox"/>	Tin		
<input type="checkbox"/>	Uranium			
<input type="checkbox"/>	Vanadium			
<input type="checkbox"/>	Zinc			
<u>Organics</u>	<input type="checkbox"/>	Hydrocarbons		
	<input type="checkbox"/>	All common Pesticide & Insecticides		
	<input type="checkbox"/>	Phenols		



		Name of parameters	Methods followed	References
<u>Microbiological Parameters</u>	<input type="checkbox"/>	Total Plate Count		
	<input type="checkbox"/>	Total Coliform (MPN)		
	<input type="checkbox"/>	Faecal Coliform (MPN)		
	<input type="checkbox"/>	E. Coli		
	<input type="checkbox"/>	Saprophytic Identification		
	<input type="checkbox"/>	Pathogens		
	<input type="checkbox"/>	Faecal Streptococci		
<u>Biological Parameters</u>	<input type="checkbox"/>	Benthic Organisms Counts		
	<input type="checkbox"/>	Chlorophyll Estimation		
	<input type="checkbox"/>	Estimation of Various Diversity indices		
	<input type="checkbox"/>	Microphytic Identification		
	<input type="checkbox"/>	Planktonic Count		
<u>Bioassay of Toxic Pollutants</u>	<input type="checkbox"/>	Bioaccumulation, Biomagnification and Biotransformation Studies		
	<input type="checkbox"/>	Estimation of Effects at Tissue Level		
	<input type="checkbox"/>	Estimation of EC 50 ^a on Fish or Other Organisms like Daphnia, Algae etc.		
	<input type="checkbox"/>	Estimation of LC 50 ^b on Fish		
<u>Radioactivity Tests</u>	<input type="checkbox"/>	Gross Alpha & Gross Beta Radioactivity		



		Name of parameters	Methods followed	References
Any other test of water and wastewater (please specify)				
Ambient Air/ Fugitive Emissions				
	<input type="checkbox"/> Suspended Particulate Matter			
	<input type="checkbox"/> Sulfur dioxide			
	<input type="checkbox"/> Nitrogen Oxide (N ₂ O, NO and NO ₂)			
	<input type="checkbox"/> Carbon Monoxide			
	<input type="checkbox"/> Hydrogen Sulfide			
	<input type="checkbox"/> Ammonia			
	<input type="checkbox"/> Ozone			
	<input type="checkbox"/> Velocity			
	<input type="checkbox"/> Flow Rate			
	<input type="checkbox"/> Acid Mist			
	<input type="checkbox"/> Sulfur Trioxide			
	<input type="checkbox"/> Hydrofluoric Acid			
	<input type="checkbox"/> Total Fluoride			
	<input type="checkbox"/> Particulate Fluoride			
	<input type="checkbox"/> Gaseous Fluoride			
	<input type="checkbox"/> Chlorine dioxide			
	a. Effective Concentration			
	b. Lethal Concentration			
	<input type="checkbox"/> Hypochlorite			
	<input type="checkbox"/> Sulfuric Acid Aerosol			
<input type="checkbox"/> Aldehydes				
<input type="checkbox"/> Organic Amino compounds and Amines				
<input type="checkbox"/> Volatile Organic Compounds (VOC)				
<input type="checkbox"/> Any other test of air (please specify)				



		Name of parameters	Methods followed	References
<u>Stack Gases</u>	<input type="checkbox"/>	Suspended Particulate Matter		
	<input type="checkbox"/>	Sulfur dioxide		
	<input type="checkbox"/>	Nitrogen Oxides (N ₂ O, and NO ₂)		
	<input type="checkbox"/>	Carbon Monoxide		
	<input type="checkbox"/>	Hydrogen Sulfide		
	<input type="checkbox"/>	Ammonia		
	<input type="checkbox"/>	Ozone		
	<input type="checkbox"/>	Velocity		
	<input type="checkbox"/>	Flow Rate		
	<input type="checkbox"/>	Acid Mist		
	<input type="checkbox"/>	Sulfur Trioxide		
	<input type="checkbox"/>	Hydrofluoric Acid		
	<input type="checkbox"/>	Total Fluoride		
	<input type="checkbox"/>	Particulate Fluoride		
	<input type="checkbox"/>	Gaseous Fluoride		
	<input type="checkbox"/>	Chlorine dioxide		
	<input type="checkbox"/>	Hypochlorite		
	<input type="checkbox"/>	Hypochlorite		
	<input type="checkbox"/>	Sulfuric Acid Aerosol		
	<input type="checkbox"/>	Aldehydes		
<input type="checkbox"/>	Organic Amino compounds and Amines			
<input type="checkbox"/>	Any other test of air (Please specify)			
<u>Micro Meteorological Parameters</u>				
	<input type="checkbox"/>	Temperature		
	<input type="checkbox"/>	MixingDepth/ Inversion Hight		
	<input type="checkbox"/>	Wind Speed		
	<input type="checkbox"/>	Wind Direction		



		Name of parameters	Methods followed	References
<u>Vehicular Emission</u>				
	<input type="checkbox"/>	Smoke Density		
	<input type="checkbox"/>	Carbon Monoxide		
	<input type="checkbox"/>	Oxides Nitrogen		
	<input type="checkbox"/>	Sulfur Dioxide		
	<input type="checkbox"/>	Lead		
	<input type="checkbox"/>	Cadmium		
	<input type="checkbox"/>	Total Hydrocarbons		
	<input type="checkbox"/>	Poly Aromatic Hydrocarbons		

12		Name of Equipment/Instrument available with the Laboratory : (Submit as per the format given below)	:	
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Name	Make and year of manufacture	Specification (With range and sensitivity)	Year of Purchase	How many in working condition

Office Seal	Signature of Head of the Organisation
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