**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

The Member Secretary,

Mizoram Pollution Control Board,

Mizoram New Capital Complex (MINECO)

Aizawl, Mizoram

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:

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(iii) Status of Consents:

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

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

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(viii) Quantity of Biomedical waste handled, treated or disposed: (Refer Schedule-I)

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Type of Waste | Quantity Generated or Collected, kg/day | Method of Treatment and Disposal |
| (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 authorization

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 fulfill any conditions stipulated by the prescribed authority.

Date : Signature of the Applicant

Place : Designation of the Applicant