

[To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-Section (i)]

MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE  
NOTIFICATION

New Delhi, dated ..... 2015

G.S.R ..... (E).-Whereas the Bio-Medical Waste (Management and Handling) Rules, 1998 published vide notification of the Government of India in the erstwhile Ministry of Environment and Forests, notification number S.O. 630 (E), dated the 20<sup>th</sup> July, 1998, as amended from time to time, provided a regulatory frame work for management of bio-medical waste generated in the country;

And whereas, the Central Government considers it necessary in the public interest and to address environmental and health concerns, to review the rules published earlier, to enable the prescribed authorities to implement the rules more effectively, thereby, reducing the bio-medical waste generation and also for its proper treatment and disposal and to ensure environmentally sound management of these wastes;

And whereas, the draft rules, namely, the Bio-Medical Waste (Management and Handling) Rules, 2011 were published by the Central Government in the erstwhile Ministry of Environment and Forests vide notification number S. O. 1955 (E), dated the 24<sup>th</sup> August, 2011 in the Gazette of India, Extraordinary of the same date inviting objections or suggestions from all persons likely to be affected thereby, before the expiry of the period of sixty days from the date on which copies of the Gazette containing the said notification were made available to the public;

And whereas, copies of the said Gazette were made available to the public on the 24<sup>th</sup> day of August, 2011;

And whereas, the objections and suggestions received within the said period from the public in respect of the said draft rules have been duly considered by the Central Government;

And whereas,, the said draft rules could not be finalised pending consensus on certain issues relating to categorisation of bio-medical waste and emission standards for bio-medical waste incinerators;

And whereas, the Central Government intends to notify again the revised version of the said draft rules in the public interest;

Now, therefore, the following draft of certain rules, which the Central Government proposes to make in exercise of the powers conferred by sections 6, 8 and section 25 of the Environment (Protection) Act, 1986 (29 of 1986), and in supersession of the Bio-Medical Waste (Management and Handling) Rules, 1998, is hereby published for information of the public likely to be affected thereby; and notice is hereby given that the said draft rules will be taken into consideration by the Central Government after expiry of a period of sixty days from the date on which copies of this notification as published in the Official Gazette are made available to public ;

Any person desirous of making any objection or suggestion with respect to the said draft rules may forward the same, within the period so specified to the Secretary, Ministry of Environment, Forest and Climate Change , Indira Paryavaran Bhavan, Jorbagh Road, New Delhi – 110003, or electronically e-mail to [bnsinha@gov.in](mailto:bnsinha@gov.in), [shard.sapra@nic.in](mailto:shard.sapra@nic.in);

The objections or suggestions which may be received from any person and institution in respect of the said draft rules before the period specified above will be taken into consideration by the Central Government.

## **DRAFT RULES**

1. **Short title and commencement.**- These rules may be called the Bio-Medical Waste (Management and Handling) Rules, 2015.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. **Application.**- These rules shall apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio-medical waste in any form and shall not apply to -

(a) radioactive wastes as covered under the provisions of the Atomic Energy Act, 1962(33 of 1962) and the rules made there under;

(b) hazardous chemicals covered under the Manufacture, Storage and Import of Hazardous Chemicals Rules, 1989 made under the Environment (Protection) Act, 1986, (29 of 1986) (herein referred to as the Act);

(c) wastes covered under the Municipal Solid Wastes (Management and Handling) Rules, 2000 made under the Act;

(d) the lead acid batteries covered under the Batteries (Management and Handling) Rules, 2001 made under the Act;

(e) hazardous wastes covered under the Hazardous Wastes (Management, Handling and Transboundary Movement) Rules, 2008 made under the Act;

(f) waste covered under the E-Waste (Management and Handling) Rules, 2011 made under the Act; and

(g) hazardous microorganisms, genetically engineered microorganisms and cells covered under the Manufacture, Use, Import, Export and Storage of Hazardous Microorganisms, Genetically Engineered Microorganisms or Cells Rules, 1989 made under the Act.

**3. Definitions.-** In these rules, unless the context otherwise requires, -

(a) "Act" means the Environment (Protection) Act, 1986 (29 of 1986);

(b) "animal house" means a place where animals are reared/kept for the purpose of experiments or testing;

(c) "authorisation" means permission granted by the authority for the generation, collection, reception, storage, transportation, treatment, disposal or any other form of handling of bio-medical waste in accordance with these rules and guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board;

(d) "authorised person" means an occupier or operator authorised by the prescribed authority to generate, collect, receive, store, transport, treat, dispose or handle bio-medical waste in accordance with these rules and the guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board;

(e) "bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or in research activities pertaining thereto or in the production or testing of biologicals, including the categories mentioned in Schedule I to these rules;

(f) "biologicals" means any preparation made from organisms or micro-organisms or product of metabolism and biochemical reactions intended for use in the diagnosis, immunisation or the treatment of human beings or animals or in research activities pertaining thereto;

(g) "bio-medical waste treatment and disposal facility" means any facility wherein treatment, disposal of bio-medical waste or processes incidental to such treatment and disposal is carried out, and includes common treatment facilities;

(h) "occupier" means a person having administrative control over the institution and the premises generating bio-medical waste, which includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, health care facility and clinical establishment, irrespective of their system of medicine and by whatever name they are called;

(i) "operator of a common bio-medical waste treatment facility" means a person who owns or controls or operates a common facility for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste;

(j) "Schedule" means Schedule annexed to these rules;

(k) "Form" means Form annexed to these rules;

#### **4. Duties of the occupier.-**

It shall be the duty of every occupier to-

(a) take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment in accordance with these rules;

(b) provide training for all its health care workers and others involved in handling of bio medical waste at the time of induction and at least once a year thereafter;

(c) immunise all its health care workers and others involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste;

(d) ensure segregation of bio-medical waste at the point of generation in accordance with these rules;

(e) ensure occupational safety of all its health care workers and others involved in handling of bio- medical waste by providing appropriate and adequate personal protective equipments;

(f) conduct health check up at the time of induction and at least once in a year for all its health care workers and others involved in handling of bio- medical waste and maintain the records for the same;

(g) install necessary equipments and regular supply of materials required for proper in house handling of bio-medical waste;

(h) maintain and update every day the bio-medical waste management register according to the bio-medical waste generated in terms of colour coding as specified in Schedule-I;

(i) develop a system of reporting of unintended accidents like sharp injuries, mercury spills, fire hazards, which are likely to occur during handling of bio-medical waste and the remedial action taken and the records relevant thereto shall be maintained and reported (including nil report) in Form IV to the prescribed authority along with the annual report;

(j) inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed schedule;

(k) establish a bio-medical waste management committee, if the health care facility has thirty or more than thirty beds, to review and monitor the activities related to bio-medical waste management, which shall meet once in six months and the record of the minutes of such meetings shall be submitted along with the annual report to the prescribed authority: Provided that the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment.

**5. Duties of the operator of a common bio-medical waste treatment facility.-** It shall be the duty of every operator to -

(a) take all necessary steps to ensure that the bio-medical waste collected from the occupier is transported, handled, stored, treated and disposed of, without any adverse effect to the human health and the environment, in accordance with these rules and guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board from time to time;

(b) ensure timely collection of bio-medical waste from the occupier as prescribed under these rules;

(c) inform the prescribed authority immediately regarding the health care establishments or health care facilities, which are not handing over the segregated bio-medical waste in accordance with these rules in Form-VII;

(d) provide training for all its workers involved in handling of bio-medical waste at the time of induction and at least once a year thereafter;

(e) undertake appropriate medical examination at the time of induction and at least once in a year and immunise all its workers involved in handling of bio-medical waste for protection against diseases, including Hepatitis B and Tetanus, that are likely to be transmitted while handling bio-medical waste and maintain the records for the same;

(f) ensure occupational safety of all its workers involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments;

(g) develop a system of reporting of unintended accidents like sharp injuries, mercury spills, fire hazards, which are likely to occur during handling of bio-medical waste and the remedial action taken, and the records relevant thereto shall be maintained and reported (including nil report) in Form-IV to the prescribed authority along with the annual report;

(h) maintain a log book for each of its treatment equipment according to weight of batch; categories of waste treated; time, date and duration of treatment cycle and total hours of operation.

**6. Duties of authorities.-** The Authority specified in column (2) of Schedule-V shall perform the duties as specified in column (3) thereof in accordance with the provisions of these rules.

**7. Treatment and disposal.-** (1) Bio-medical waste shall be treated and disposed of in accordance with Schedule I, and in compliance with the standards provided in Schedule IV.

(2) Any person including an occupier or operator of a common bio medical waste treatment facility, intending to use new technologies for treatment of bio medical waste other than those listed in Schedule I, shall request the Central Government for laying down the standards or operating parameters.

(3) On receipt of a request referred to sub-rule (2), the Central Government shall determine the standards and operating parameters for new technology and shall be notified by the Central Government and the Schedules I and IV shall stand modified accordingly.

(4) Every occupier, shall either set up his own requisite bio-medical waste treatment equipments like autoclave or microwave, shredder for treatment of bio-medical waste generated in his premises as a part of on-site treatment, prior to commencement of its operation or ensure requisite treatment of bio-medical waste through an authorised common bio-medical waste treatment facility or any other authorised bio-medical waste treatment facility:

Provided that the prescribed authority may authorise the occupier having five hundred or more bed capacity to install an incinerator, depending on the recipient environment and the location warranting such a course of action, where the services of common bio-medical treatment facility are not available.

(5) Every Operator of a common bio-medical waste treatment facility shall set up requisite biomedical waste treatment equipments like incinerator, autoclave or microwave, shredder and effluent treatment plant as a part of treatment, prior to commencement of its operation.

(6) Use of chlorinated plastic bags for handling of bio-medical waste shall be prohibited and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration.

(7) The occupier or operator of a common bio-medical waste treatment facility shall dispose of the treated recyclable bio-medical wastes such as plastics and glass through recyclers having valid consent, authorisation or registration from the respective State Pollution Control Board or Pollution Control Committee of the Union territory, after ensuring treatment by autoclaving or microwaving followed by mutilation or shredding, whichever is applicable.

(8) The occupier shall maintain a record of recyclable wastes referred to in sub-rule (7) which are auctioned or sold and the same shall be submitted to the prescribed authority.

(9) In the event of breakage of mercury containing medical instruments, necessary precautions shall be taken by the occupier to segregate such waste to the extent possible and also for its proper collection, storage and disposal as per rules and the guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board in order to avoid or minimize mercury releases into the environment.

**8. Segregation, packaging, transportation and storage.-** (1) No untreated bio-medical waste shall be mixed with other wastes.

(2) The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule I prior to its storage, transportation, treatment and disposal.

(3) The containers or bags referred to in sub-rule (2) shall be labeled as specified in Schedule II.

(4) The transporter shall transport the bio-medical waste from the premises of an occupier to any off-site bio-medical waste treatment facility only with the label as provided in Schedule II along with the necessary information as specified in Schedule III.

(5) Notwithstanding anything contained in the Motor Vehicles Act, 1988, (59 of 1988) or the rules made there under, untreated bio-medical waste shall be transported only in such vehicle as may be authorised for the purpose by the competent authority specified by the Government.

(6) Untreated bio-medical waste of categories human anatomical waste, animal anatomical waste, soiled waste and microbiology, biotechnology and other clinical laboratory waste shall not be stored beyond a period of forty-eight hours:

Provided that in case for any reason it becomes necessary to store such waste beyond such a period, the authorised person shall inform the reasons for doing so in writing to the

prescribed authority, obtain permission of the prescribed authority and take appropriate measures to ensure that the waste does not adversely affect human health and the environment.

(7) The municipal body of the area shall continue to pickup and transport segregated non bio-medical solid waste generated in hospitals and nursing homes, as well as duly treated bio-medical wastes, for disposal in accordance with the rules notified by the Central Government for management of municipal solid wastes.

**9. Prescribed authority.-** (1) The prescribed authority for implementation of the provisions of these rules shall be the State Pollution Control Boards in respect of States and Pollution Control Committees in respect of Union territories.

(2) The prescribed authority for enforcement of the provisions of these rules in respect of all health care establishments including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories and blood banks of the Armed Forces under the Ministry of Defence shall be the Director General, Armed Forces Medical Services, who shall function under the supervision and control of the Ministry of Defence.

(3) The prescribed authorities shall comply with the responsibilities as stipulated in Schedule V of these rules.

**10. Procedure for authorisation.-** (1) Every occupier or operator involved in generating or collecting or receiving or storing or transporting or treating or disposing treatment bio-medical waste, irrespective of the quantum of bio-medical waste generation shall make an application in Form I to the prescribed authority for grant of authorisation in Form V:

Provided that such authorisation shall be required on one time basis for occupier providing treatment or services to less than thousand patients per month and the authorisation in such cases shall be deemed to have been granted, if not objected to within a period of ninety days from the date of receipt of duly completed application along with such necessary documents.

(2) The prescribed authority shall, on receipt of application, make necessary enquiry and if it is satisfied that the applicant possesses the capacity to handle bio-medical waste in accordance with these rules, may grant or renew an authorisation, as the case may be.

(3) In case of the occupier providing treatment or service to more than thousand patients per month or the operator of common biomedical waste treatment facility, the first authorisation shall be granted for a trial period of one year, to enable, them to demonstrate the adequacy of their waste management system and on satisfactory performance, the authorisation may be renewed up to a period of five years at a time.

(4) The prescribed authority may after giving reasonable opportunity of being heard to the applicant and for the reasons to be recorded in writing, refuse to grant or renew authorisation.

(5) Every application for authorisation shall be disposed of by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents, failing which it shall be deemed that the authorisation is duly granted under these rules.

(6) The prescribed authority may cancel or suspend an authorisation, if for reasons, to be recorded in writing, the occupier or operator has failed to comply with any provision of the Act or these rules:

Provided that no authorisation shall be cancelled or suspended without giving a reasonable opportunity to the occupier or operator of being heard.

(7) Every occupier or operator shall intimate to the prescribed authority about any change or variation in the activity relating to bio-medical waste generation, handling, treatment and disposal, for which authorisation was earlier granted, and shall submit a fresh application in Form-I for modification of the conditions of authorisation.

**11. Advisory Committee.-** (1) Every State Government or Union territory Administration shall constitute an advisory committee under the chairmanship of the respective Health Secretary.

(2) The advisory committee shall include representatives from the departments of health, environment, urban development, animal husbandry and veterinary sciences of that State Government or Union territory Administration, State Pollution Control Board or Pollution Control Committee, local bodies or urban or municipal corporation, representatives from Indian Medical Association, common bio-medical waste treatment facility and non-governmental organisation.

(3) The advisory committee shall meet once in six months and review all matters related to implementation of the provisions of these rules.

(4) Notwithstanding anything contained in sub-rule (1), the Ministry of Defence shall constitute in that Ministry, an Advisory Committee consisting of the following, in respect of all health care facilities of the Armed Forces under the Ministry of Defence, to advise the Director General, Armed Forces Medical Services and the said Ministry in matters relating to implementation of these rules, namely:-

- |   |              |
|---|--------------|
| (i) Additional Director General of<br>Armed Forces Medical Services | ... Chairman |
|---|--------------|

- (ii) A representative of the Ministry of Defence ... Member  
(not below the rank of Deputy Secretary,  
to be nominated by that Ministry)
- (iii) A representative of the Ministry of Environment,  
Forest and Climate Change ... Member  
(not below the rank of Deputy Secretary,  
to be nominated by that Ministry)
- (iv) A representative of the Ministry of Health  
and Family Welfare .. Member  
(not below the rank of Deputy Secretary,  
to be nominated by that Ministry)
- (v) A representative of the Armed  
Forces Medical College or Command Hospital ... Member  
(To be nominated by Director General Armed Forces Medical Services)

(5) The Ministry of Defense may co-opt representatives from the other governmental and non-governmental organisations having expertise in the field of bio-medical waste management.

(6) The advisory committee shall meet once in six months and review all matter related to implementation of the provisions of these rules in the Armed Forces Health Care Facilities.

## **12. Monitoring of implementation of the rules in Armed Forces health care facilities.-**

(1) The Central Pollution Control Board shall monitor the implementation of these rules in respect of all the Armed Forces health care establishments under the Ministry of Defence;

(2) After giving prior notice to the Director General Armed Forces Medical Services, the Central Pollution Control Board along with one or more representatives of the Advisory Committee constituted under sub-rule (2) of rule 11 may inspect any Armed Forces health care establishments.

(3) Every State Government or Union territory Administration shall constitute District Level Monitoring Committee in the districts under the chairmanship of District Medical Officer or his nominee, to monitor the compliance of the provisions of these rules in the health care facilities generating bio-medical waste and in the common bio-medical waste treatment and disposal facilities, where the bio-medical waste is treated.

(4) The District Level Monitoring Committee constituted under sub-rule (3) shall submit its report once in six months to the State Advisory Committee and a copy thereof shall also be forwarded to State Pollution Control Board or Pollution Control Committee concerned for taking further necessary action.

(5) The District Level Monitoring Committee shall comprise of Chief Medical Officer or District Health Officer, representatives from State Pollution Control Board or Pollution Control Committee, Public Health Engineering Department, local bodies or municipal corporation, Indian Medical Association, common bio-medical waste treatment facility and registered non-governmental organisations working in the field of bio-medical waste management, headed by the District Medical Officer or his nominee; and the committee may co-opt other members and experts, if necessary.

**13. Annual report.-** (1) Every occupier or operator of common bio-medical waste treatment facility shall submit an annual report to the prescribed authority in Form II and III, respectively, by the 31<sup>st</sup> day of January of every year, to include information about the categories and quantities of bio-medical wastes handled during the preceding year.

(2) The prescribed authority shall send this information in a compiled form to the Central Pollution Control Board on or before the 31<sup>st</sup> day of March of every year.

(3) The Central Pollution Control Board shall send this information in a compiled form to the Ministry of Environment, Forest and Climate Change on or before 30<sup>th</sup> June of every year.

**14. Maintenance of records.-** (1) Every authorised person shall maintain records related to the generation, collection, reception, storage, transportation, treatment, disposal or any other form of handling of bio-medical waste in accordance with these rules and guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board.

(2) All records shall be subject to inspection and verification by the prescribed authority at any time.

**15. Accident reporting.-** (1) When any accident occurs at any institution or facility or any other site, where bio-medical waste is handled or during transportation of such waste, the authorised person shall intimate in writing to the prescribed authority about such accident forthwith.

(2) The authorised person shall forward a report on the accident in Form IV within one month from the date of the accident to the prescribed authority.

(3) The relevant information about the accidents shall be included in the Annual Report to be submitted to the prescribed authority in accordance with rule 13.

**16. Appeal.-** (1) Any person aggrieved by an order made by the prescribed authority under these rules may, within a period of thirty days from the date on which the order is communicated to him, prefer an appeal in Form VI to the Secretary (Environment) of the State Government or Union territory administration.

(2) Any person aggrieved by an order of the Director General Armed Forces Medical Services under these rules may, within thirty days from the date on which the order is communicated to him, prefer an appeal in Form VI to the Central Government in the Ministry of Environment, Forest and Climate Change :

Provided that the authority may entertain the appeal after the expiry of the said period of thirty days, if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time.

(3) The appeal shall be disposed of within a period of ninety days from the date of its filing.

**17. Site for common bio-medical waste treatment and disposal facility.-** (1) Without prejudice to rule 5 of these rules, the municipal corporation, municipal council or other similar local bodies, as the case may be, shall be responsible for providing suitable site for setting up of common biomedical waste treatment and disposal facility in the area under their jurisdiction.

(2) The selection of site for setting up of such facility shall be made in consultation with the prescribed authorities and in accordance with guidelines published by the Central Pollution Control Board.

**18. Liability of the occupier, operator of a facility.-** (1) The occupier or operator of a common bio- medical waste treatment facility shall be liable for all the damages caused to the environment or the public due to improper handling of bio- medical wastes or disposal of bio-medical wastes.

(2) The occupier shall be liable to pay user fee to municipal corporation, municipal council or other similar local bodies for collection and disposal of solid waste as notified by the urban local bodies in accordance to rules for solid waste management notified under the Act.

(3) The occupier or operator of common bio-medical waste treatment facility shall be liable for action under sections 5 and 15 of the Act.

**SCHEDULE I**  
(See rules 3(e), 4(h), 7(1), 7(1) and 8(2))

**Biomedical wastes categories and their treatment and disposal options**

| Category | Type of Waste   | Type of Bag/Container to be used                                 | Treatment and Disposal options   |
|----------|---|--|--|
| (1)      | (2)   | (3)  | (4)  |
| Yellow   | <p><b>(a) Human Anatomical Waste</b><br/>Human tissues, organs and body parts.</p>  | Yellow coloured non-chlorinated plastic bags                     | Incineration   |
|          | <p><b>(b) Animal Anatomical Waste</b><br/>Experimental animal carcasses, body parts, organs, tissues, including the waste generated from animals used in experiments or testing in veterinary hospitals or colleges or animal houses.</p> |  |  |
|          | <p><b>(c) Soiled Waste</b><br/>Items contaminated with blood, body fluids like gloves, dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.</p>                                   |  |  |
|          | <p><b>(d) Expired or Discarded Medicines</b> including all items contaminated with Cytotoxic drugs.</p>   | Yellow coloured non-chlorinated plastic bags or containers       | Incineration   |
|          | <p><b>(e) Chemical Waste</b><br/>Chemicals used in production of biologicals and used/discarded disinfectants.</p>  | Yellow coloured containers or non-chlorinated plastic bags       | After treatment liquid waste shall be discharged into drains complying to the discharge norms. Solids shall be disposed in secured landfills or by incineration. |
|          | <p><b>(f) Discarded linen, beddings</b> contaminated with blood or body fluid.</p>  | Non-chlorinated yellow plastic bags or suitable packing material | Incineration or chemical disinfection followed by disposal in municipal sanitary landfill.   |
|          | <p><b>Microbiology, Biotechnology and other clinical laboratory</b></p>   | Yellow coloured non-chlorinated                                  | Incineration/Autoclaving / micro-waving/   |

|                     |   |   |  |
|---------------------|---|---|--|
|                     | <p><b>waste</b><br/>Laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biologicals, residual toxins, dishes and devices used for cultures.</p> | plastic bags or containers                              | hydroclaving/chemical disinfection followed by shredding /mutilation or combination of shredding and sterilization. After the treatment final disposal in secured landfill or disposal through registered or authorized recyclers, whichever is applicable.  |
| Red                 | <p><b>Contaminated Waste (Recyclable)</b><br/>(a) Wastes generated from disposable items such as tubings, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles).</p>   | Red coloured non-chlorinated plastic bags or containers | Autoclaving / micro-waving/ hydro-claving/chemical disinfection followed by shredding /mutilation or combination of shredding and sterilization. After the treatment final disposal in secured / sanitary landfill or disposal through registered or waste to energy plant or authorized recyclers, whichever is applicable. In case the occupier does not wish to opt for recycling, the incineration may be opted. |
| White (Translucent) | <p><b>Waste sharps including Metals</b><br/>Needles, syringes with fixed needles, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated sharps</p>                                   | Puncture proof containers                               | Chemical disinfection/ Autoclaving followed by shredding/mutilation/sterilisation by encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; destruction by needle and tip cutters; whichever is applicable and final disposal through registered or authorized recyclers or secured/ sanitary landfill or designated concrete waste sharp pit                                |
| Blue                | <p><b>Glass</b><br/>Broken or discarded and contaminated glass</p>  |   |  |

*Notes:*

(1) Chemical treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical solution has adequate strength to disinfect all the time during the chemical treatment.

(2) Mutilation/shredding must be such that so as to prevent unauthorized reuse.

(3) There will be no chemical pretreatment before incineration. Chlorinated plastics/bags shall not be incinerated.

(4) Disposal of bio-medical waste by deep burial shall be prohibited in Towns and Cities. Disposal by deep burial is permitted only in rural areas where there is no access to common bio-medical waste treatment facility, with prior approval from the prescribed authority. The deep burial facility shall be located as per provisions and guidelines issued by Central Pollution Control Board from time to time.

(5) Liquid waste generated from laboratory, washing, cleaning, house keeping and disinfecting activities shall be treated along with other effluent generated from premises of the occupier or the facility operator so as to meet the discharge standards stipulated under these rules.

(6) Incineration ash (ash from incineration of any bio-medical waste) shall be disposed through secured landfill, if toxic or hazardous constituents are present beyond the prescribed limits as given in the Hazardous Waste (Management, Handling and Transboundary Movement) Rules, 2008.

All upcoming Common Bio-medical Waste Treatment Facilities having incineration facility or captive incinerator shall comply with standards for dioxins and furans.

**SCHEDULE II**  
**(See rule 8(3) and (4))**

**LABEL FOR BIO-MEDICAL WASTE CONTAINERS/BAGS**



**CYTOTOXIC HAZARD SYMBOL**



HANDLE WITH CARE

Note: Label shall be non-washable and prominently visible.

**SCHEDULE III**  
**(See rule 8 (4))**

**LABEL FOR TRANSPORT OF BIO-MEDICAL WASTE CONTAINERS OR BAGS**

Day ..... Month .....  
Year .....  
Date of generation .....

Waste category No .....  
Waste quantity.....

Sender's Name and Address  
Phone No .....  
Telex No ....  
Fax No .....  
Contact Person .....

Receiver's Name and Address  
Phone No .....  
Telex No .....  
Fax No .....  
Contact Person .....

In case of emergency please contact

Name and Address :  
Phone No.

Note :  
Label shall be non-washable and prominently visible.

**SCHEDULE IV**  
(See rule 7(1) and 7(2))

**STANDARDS FOR TREATMENT AND DISPOSAL OF  
BIO-MEDICAL WASTES**

All incinerators shall meet the following operating and emission standards

**A. Operating Standards**

1. Combustion efficiency (CE) shall be at least 99.00%.
2. The Combustion efficiency is computed as follows:

$$\text{C.E.} = \frac{\% \text{CO}_2}{\% \text{CO}_2 + \% \text{CO}} \times 100$$

3. The temperature of the primary chamber shall be a minimum of 800 °C and the secondary chamber shall be minimum of 1050 °C.
4. The secondary chamber gas residence time shall be at least two seconds.

**B. Emission Standards**

| S. No. | Parameter   | Standards  |   |
|--------|---|--|---|
|        |   | 3.   | 4.  |
|        |   | <b>Limiting concentration in mg/Nm<sup>3</sup> unless stated</b> | <b>Sampling Duration in minutes, unless stated</b>                            |
| (1)    | Particulate matter  | 100  | 30 or 1Nm <sup>3</sup> of sample volume (or sample volume), whichever is more |
| (2)    | Nitrogen Oxides NO and NO <sub>2</sub> expressed as NO <sub>2</sub> | 400  | 30 for online sampling or grab sample   |
| (3)    | HCl   | 50   | 30 or 1Nm <sup>3</sup> of sample volume, whichever is more                    |
| (4)    | Total dioxins and furans**  | 0.1ngTEQ/Nm <sup>3</sup> (at 11% O <sub>2</sub> )                | 8 hours or 5Nm <sup>3</sup> of sample volume, whichever is more               |
| (5)    | Hg and its compounds  | 0.05   | 2 hours or 1Nm <sup>3</sup> of sample volume, whichever is more               |

C. Stack Height: Minimum stack height shall be 30 meters above the ground.

Note:

- (a) \*\* The existing incinerators shall comply with the standards for Dioxins and Furans as  $0.1\text{ngTEQ/Nm}^3$  within two years from the date of commencement of these rules.
- (b) Suitably designed pollution control devices shall be installed or retrofitted, if necessary, with the incinerator to achieve the emission limits.
- (c) Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants.
- (d) Chlorinated plastics shall not be incinerated.
- (e) Ash from incineration of biomedical waste shall be disposed off through common hazardous waste treatment and disposal facility. However it may be disposed off in municipal landfill, if the toxic metals in incineration ash are within the regulatory quantities as defined under the Hazardous Waste (Management and Handling and Transboundary Movement) Rules, 2008.
- (f) Only low sulphur fuel like Light Diesel Oil or Low Sulphur Heavy Stock or Diesel shall be used as fuel in the incinerator.
- (g) The occupier or operator of a common bio-medical waste treatment facility shall monitor the stack gaseous emissions (under optimum capacity of the incinerator) once in three months through a laboratory approved under the Environment (Protection) Act, 1986 and record of such analysis results shall be maintained and submitted to the prescribed authority. In case of dioxins and furans, monitoring should be done once in a year.
- (h) All monitored values shall be corrected to 11% oxygen on dry basis.
- (i) Incinerators (combustion chambers) shall be operated with such temperature, retention time and turbulence, as to achieve Total Organic Carbon (TOC) content in the slag and bottom ashes less than 3% or their loss on ignition shall be less than 5% of the dry weight.
- (j) The occupier or operator of a common bio-medical waste incinerator shall use combustion gas analyzer to measure  $\text{CO}_2$ ,  $\text{CO}$  and  $\text{O}_2$ .

## 2. STANDARDS FOR WASTE AUTOCLAVING.-

The autoclave should be dedicated for the purposes of disinfecting and treating bio-medical waste.

(1) When operating a gravity flow autoclave, medical waste shall be subjected to:

(i) a temperature of not less than 121° C and pressure of 15 pounds per square inch (psi) for an autoclave residence time of not less than 60 minutes; or

(ii) a temperature of not less than 135° C and a pressure of 31 psi for an autoclave residence time of not less than 45 minutes; or

(iii) a temperature of not less than 149° C and a pressure of 52 psi for an autoclave residence time of not less than 30 minutes.

(2) When operating a vacuum autoclave, medical waste shall be subjected to a minimum of three pre-vacuum pulse to purge the autoclave of all air. The air removed during the pre-vacuum, cycle should be decontaminated by means of HEPA and activated carbon filtration, steam treatment, or any other method to prevent release of pathogen. The waste shall be subjected to the following:

(i) a temperature of not less than 121°C and pressure of 15 psi per an autoclave residence time of not less than 45 minutes; or

(ii) a temperature of not less than 135°C and a pressure of 31 psi for an autoclave residence time of not less than 30 minutes;

(3) Medical waste shall not be considered as properly treated unless the time, temperature and pressure indicators indicate that the required time, temperature and pressure were reached during the autoclave process. If for any reasons, time temperature or pressure indicator indicates that the required temperature, pressure or residence time was not reached, the entire load of medical waste must be autoclaved again until the proper temperature, pressure and residence time were achieved.

(4) Recording of operational parameters:

Each autoclave shall have graphic or computer recording devices which will automatically and continuously monitor and record dates, time of day, load

identification number and operating parameters throughout the entire length of the autoclave cycle.

#### (5) Validation test

The validation test shall use four biological indicator vials or strips; one shall be used as a control and left at room temperature, and three shall be placed in the approximate center of three containers with the waste. Personal protective equipment (gloves, face mask and coveralls) shall be used when opening containers for the purpose of placing the biological indicators. At least one of the containers with a biological indicator should be placed in the most difficult location for steam to penetrate, generally the bottom center of the waste pile. The occupier or operator shall conduct this test three consecutive times to define the minimum operating conditions. The temperature, pressure and residence time at which all biological indicator vials or strips for three consecutive tests show complete inactivation of the spores shall define the minimum operating conditions for the autoclave. After determining the minimum temperature, pressure and residence time, the occupier or operator of a common biomedical waste treatment facility shall conduct this test at least once in three months and records in this regard shall be maintained.

#### Spore testing:

The autoclave should completely and consistently kill the approved biological indicator at the maximum design capacity of each autoclave unit. Biological indicator for autoclave shall be *Geobacillus stearothermophilus* spores using vials or spore Strips; with at least  $1 \times 10^4$  spores per milli litre. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, regardless of temperature and pressure, a temperature less than  $121^\circ \text{C}$  or a pressure less than 15 psi. The occupier or operator of a common bio medical waste treatment facility shall conduct this test at least once in three months and records in this regard shall be maintained.

#### (6) Routine Test

A chemical indicator strip or tape that changes colour when a certain temperature is reached can be used to verify that a specific temperature has been achieved. It may be necessary to use more than one strip over the waste package at different locations to ensure that the inner content of the package has been adequately autoclaved. The occupier or operator of a common bio medical waste treatment facility shall conduct this test during autoclaving of each batch and records in this regard shall be maintained.

### 3. STANDARDS FOR LIQUID WASTE.-

The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment facility, before discharge should conform to the following limits.

| PARAMETERS       | PERMISSIBLE LIMITS                                    |
|------------------|---|
| pH               | 6.5-9.0   |
| Suspended solids | 100 mg/l  |
| Oil and grease   | 10 mg/l   |
| BOD              | 30 mg/l   |
| COD              | 250 mg/l  |
| Bio-assay test   | 90% survival of fish after 96 hours in 100% effluent. |

### 4. STANDARDS OF MICROWAVING.-

(1) Microwave treatment shall not be used for cytotoxic, hazardous or radioactive wastes, contaminated animal carcasses, body parts and large metal items.

(2) The microwave system shall comply with the efficacy test or routine tests and a performance guarantee may be provided by the supplier before operation of the limit.

(3) The microwave should completely and consistently kill the bacteria and other pathogenic organisms that are ensured by approved biological indicator at the maximum design capacity of each microwave unit. Biological indicators for microwave shall be *Bacillus atrophaeus* spores using vials or spore strips with at least  $1 \times 10^4$  spores per milliliter. The biological indicator shall be placed with waste and exposed to same conditions as the waste during a normal treatment cycle.

### 5. STANDARDS FOR DEEP BURIAL.-

(1) A pit or trench should be dug about 2 meters deep. It should be half filled with waste, then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.

(2) It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.

(3) On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.

- (4) Burial must be performed under close and dedicated supervision.
- (5) The deep burial site should be relatively impermeable and no shallow well should be close to the site.
- (6) The pits should be distant from habitation, and located so as to ensure that no contamination occurs to surface water or ground water. The area should not be prone to flooding or erosion.
- (7) The location of the deep burial site shall be authorised by the prescribed authority.
- (8) The institution shall maintain a record of all pits used for deep burial.
- (9) The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

**Schedule V**  
**[See rule 6]**

**List of Authorities and the Corresponding Duties**

| Sl. No. | Authority  | Corresponding Duties  |
|---------|--|---|
| 1       | Ministry of environment, forest and climate change , Government of India   | (i) Policies concerning Bio-medical waste Management in the Country including notification of Rules and amendments to the Rules as and when required.<br>(i) Financial assistance for training and awareness programmes on bio-medical Waste Management related activities for the State Pollution Control Boards or Pollution Control Committees.<br>(ii) Financial assistance for setting up of common bio-medical waste treatment and disposal facilities. |
| 2       | Central or State Ministry of Health and Family Welfare, Central or State Ministry of Veterinary and Animal Husbandry | (i) Grant of license for Health Care Facilities or Nursing Homes or Veterinary Establishments subject to obtaining of authorization from the prescribed authority.<br>(ii) Refusal or Cancellation of license for Health Care Facilities or Nursing Homes or Veterinary Establishments for violations of conditions of authorisation or provisions under these Rules.   |

|    |                                 |   |
|----|---------------------------------|---|
|    |                                 | <ul style="list-style-type: none"> <li>(iii) Publication of National Inventory of Health Care Facilities with regard to bio-medical waste generation, treatment and disposal.</li> <li>(iv) Assessment with reference to risks to environment and health due to bio-medical waste.</li> <li>(v) Constitution of Advisory Committees at National or State level for overall review and promotion of clean technologies for bio-medical waste management.</li> <li>(vi) Organizing or Sponsoring of trainings for the regulatory authorities on bio-medical waste management related activities.</li> <li>(vii) Sponsoring of mass awareness campaigns in electronic media and print media.</li> </ul>  |
| 3  | Ministry of Defence             | <ul style="list-style-type: none"> <li>(i) Grant and renewal of authorisation to Armed Forces Health Care Establishments or Common Bio-Medical Waste Treatment and Disposal Facilities (Rule 8).</li> <li>(ii) Conduct training courses for authorities dealing with management of bio-medical wastes in Armed Forces Health Care Establishments or Treatment Facilities in association with State Pollution Control Boards or Pollution Control Committees or Central Pollution Control Board or Ministry of Environment and Forest.</li> <li>(iii) Review of management of bio-medical waste generation in the Armed Forces Health Care Facilities through its Advisory Committee (Rule 9)</li> <li>(iv) Publication of inventory on bio-medical waste generation from Armed Forces Health Care Establishments and submission of the annual report to Central Pollution Control Board within the stipulated time period (Rule 10).</li> </ul> |
| 4. | Central Pollution Control Board | <ul style="list-style-type: none"> <li>(i) Co-ordination of activities of State Pollution Control Boards or Pollution Control Committees.</li> <li>(ii) Conduct training courses for authorities dealing with management of bio-medical waste.</li> <li>(iii) Lay down standards for of new technologies for treatment and disposal of bio-medical waste (Rule 5) and prescribe specifications</li> </ul>   |

|    |  |   |
|----|--|---|
|    |  | <p>for treatment and disposal of bio-medical wastes (Rule 5).</p> <p>(iv) Random inspection or monitoring of health care facilities and Common Bio-Medical Waste Treatment and Disposal Facilities.</p> <p>(v) Submission of compiled annual report information to Ministry of environment, forest and climate change .</p> <p>(vi) Inspection and monitoring of Health Care Facilities operated by the Director General, Armed Forces Medical Services (Rule 9)</p> <p>(vii) Undertake or support research or operational research regarding bio-medical waste.</p>  |
| 5. | State Government or Union Territory Government or Administration | <p>(i) Allocation of adequate funds to Government Health Care Facilities for bio-medical waste management.</p> <p>(ii) Procurement and allocation of treatment equipments for bio-medical waste management in Government Health Care Facilities.</p> <p>(iii) Advise State Pollution Control Boards or Pollution Control Committees on implementation of these Rules.</p> <p>(iv) Implementation of recommendations of the Advisory Committee.</p>  |
| 6. | State Pollution Control Boards or Pollution Control Committees   | <p>(i) Inventorisation of Health Care Facilities and bio-medical waste generation and submission of annual report to Central Pollution Control Board within the stipulated time period.</p> <p>(ii) Grant and renewal or refusal cancellation or suspension of authorization under these Rules (Rule 7, 8 and 10).</p> <p>(iii) Monitoring of compliance of various provisions and conditions of authorization.</p> <p>(iv) Action against Health Care Facilities or Common Bio-Medical Waste Treatment and Disposal Facilities for violation of these Rules (Rule 15).</p> <p>(v) Organizing training programmes to staff of Health Care Facilities or Common Bio-Medical Waste Treatment and Disposal Facilities and State Pollution Control Boards or Pollution Control Committees staff on segregation, collection, storage, transportation, treatment and disposal of bio-</p> |

|   |  |  |
|---|--|--|
|   |  | <p>medical wastes.</p> <p>(vi) Undertake or support research or operational research regarding bio-medical waste management.</p> <p>(vii) Any other function under these Rules assigned by Ministry of environment, forest and climate change or Central Pollution Control Board from time to time.</p> <p>(viii) Implementation of recommendations of the Advisory Committee.</p> |
| 7 | Local Bodies such as Gram Panchayat, Municipalities or Corporations. | <p>(i) Provide or allocate suitable land for development of Common Bio-medical Waste Treatment and Disposal Facility for safe treatment and disposal of bio-medical waste in their respective jurisdictions.</p> <p>(ii) Any other function stipulated under these Rules</p>   |

**FORM - I**  
**(See rule 10)**

**APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION**

(To be submitted in duplicate.)

To

The Prescribed Authority  
(Name of the State or UT Administration)  
Address.

1. Particulars of Applicant

- (i) Name of the Applicant  
(In block letters & in full)
- (ii) Name of the Institution:
- (iii) Address:
- (iv) Tele No., Fax No. Telex No.
- (v) Email

2. Activity for which authorisation is sought:

- (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 authorisation or for renewal:

- (i) In case of renewal previous authorisation-number and date:
- (ii) Status of Consent granted under the Water (Prevention and Control of Pollution) Act, 1974 and the Air (Prevention and Control of Pollution) Act, 1981:

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(s):

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

(ii) Mode(s) of treatment:

6. Brief description of arrangements for segregation of biomedical waste, arrangements for storage of bio-medical waste, method of treatment and disposal (attach details):

7. (i) Number of beds in the health care facility:

(ii) Number of patients treated per month in the health care facility:

(iii) Category (see Schedule 1) of waste to be handled

(iv) 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 conditions stipulated by the prescribed authority.

Date :

Signature of the Applicant

Place :

Designation of the Applicant

**Form - II**  
**(See rule 13)**  
**ANNUAL REPORT**

(To be submitted to the prescribed authority on or before 31<sup>st</sup> January every year for the period from January to December of the preceding year, by the Health Care Facility or Health Care Establishment i.e., Occupier )

| Sl. No. | Particulars  |   |   |
|---------|--|---|---|
| 1.      | Particulars of the Occupier  | : |   |
|         | (i) Name of the authorised person (occupier)   | : |   |
|         | (ii) Name of the institution   | : |   |
|         | (iii) Address  | : |   |
|         | (iv) Tel. No, Fax. No  | : |   |
|         | (v) E-mail ID  | : |   |
|         | (vi) Ownership of the Health Care Facility   | : | (State Government or Private or Semi Govt. or any other)            |
|         | (vii). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.:<br>.....<br>.....valid up to .....               |
|         | (viii). Status of Consents under Water Act and Air Act                                     | : | Valid up to:  |
| 2.      | Type of Health Care Facility   | : |   |
|         | (i) Bedded Hospital  | : | No. of Beds:.....   |
|         | (ii). Non-bedded hospital  | : | Clinic/Blood Bank or Laboratory or Veterinary Hospital or any other |
|         | (iii). License number and its date of expiry   | : |   |
| 3.      | Categories of Bio-medical waste generated (please indicate category as per the Schedule I  | : |   |
| 4.      | Quantity of waste generated in Kg or Tones per annum (on monthly average basis)            | : | Yellow Category :<br>Red Category :<br>White:<br>Blue Category :    |
| 5       | Additional Details :   |   |   |
|         | (i) Brief details of the on-site storage facility  | : | Size :<br>Capacity :  |

|  |   |  |
|--|---|--|
|  |   | Provision of on-site storage : (cold storage or any other provision) |
| (ii). Brief details of the on-site treatment facilities  | : | Incineration (Yes/No)  |
|  |   | Autoclaving (Yes/No)   |
|  |   | Microwaving (Yes/No)   |
|  |   | Shredding (Yes/No)   |
|  |   | Needle destroyer and Cutter : ( Yes/No)                              |
|  |   | Needle destroyer : .....Nos  |
|  |   | Needle Cutter : .....Nos.  |
|  |   | Liquid Waste Effluent Treatment Plant (Yes /No)                      |
| (iii) Installed capacity of on-site treatment facility   | : | Incineration: .....Kg/hr   |
|  |   | Autoclaving:.....Kg/batch  |
|  |   | Microwaving:.....Kg/batch  |
|  |   | Shredding: .....kg/batch   |
|  |   | Liquid Waste Effluent Treatment Plant: .....in KL                    |
| (iv) Actual quantity of wastes treated in kg or Tons per annum (on monthly average basis) at on-site waste treatment facility            | : | Incineration:.....   |
|  |   | Autoclaving :.....   |
|  |   | Microwaving:.....  |
|  |   | Shredding :.....   |
|  |   | Liquid Waste Treatment : .....in KL                                  |
| (v) Actual quantity of recyclable wastes sold to authorized recyclers after treatment in kg or Tons per annum (on monthly average basis) | : | Red Category (like plastic, glass etc.)                              |
| (vi) Actual quantity of wastes disposed through common facility operator in Kg or Tons per annum (on monthly average basis)              | : | Yellow category:   |
|  |   | Red Category :   |
|  |   | Blue Category:   |
|  |   | White Category   |
| (a) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                                | : |  |
| (b) Name and address of the Treatment facility with Telephone, Fax and E-mail ID   | : |  |
| (vii). Mode of transportation of wastes to the Common Treatment  | : |  |

|    |  |   |  |
|----|--|---|--|
|    | Facility   |   |  |
| 6. | Any other relevant information   | : | (pl. attach schematic diagram of liquid waste effluent treatment plant, Air Pollution Control Devices attached with the Incinerator) |
| 7. | Certified that the above report is for the period from<br>.....<br>.....<br>.....<br>..... |   |  |

Name and Signature of the Head of the Institution

Date:

Place

**Form –III**  
**(See rule 13)**  
**ANNUAL REPORT**

(To be submitted to the prescribed authority on or before the 31<sup>st</sup> January every year for the period from January to December of the preceding year, by the Operator of a Common Bio-Medical Waste Treatment and Disposal Facility)

| Sl. No.  | Particulars   | :            |  |
|--|---|--------------|--|
| 1.   | Particulars of the Operator of the Facility   | :            |  |
|  | (i) Name of the authorized person (operator of the facility)  | :            |  |
|  | (ii) Name of the Common Bio-Medical Waste Treatment and Disposal Facility   | :            |  |
|  | (iii) Address of the Facility   | :            |  |
|  | (iv) Tel. No. Fax. No   | :            |  |
|  | (v) E-mail ID   | :            |  |
|  | (vi) Ownership of the Common Bio-Medical Waste Treatment and Disposal Facility  | :            | (State Government or Private or Semi Govt. or any other) |
|  | (vii). Authorization under Bio-Medical Waste (Management and Handling) Rules  | :            | Authorization No.:<br>..... Validity up<br>to.....       |
| (viii). Status of Consents under Water Act and Air Act | :   | Valid up to: |  |
| 2.   | Bio-medical waste Categories  |              |  |
|  | (i). Waste categories received from the member Health Care Facilities or Health Care Establishments (pl. indicate category numbers as per Schedule I) | :            |  |
|  | (ii). Waste Categories generated (pl. indicate category number as per Bio-Medical Waste (Management and Handling) Rules)                              | :            |  |
| 3.   | Quantity of Waste Received in Kg or Tons per annum  | :            | Yellow category:   |
|  |   | :            | Red Category:  |
|  |   | :            | Blue Category:   |
|  |   | :            | White Category   |
| 4.   | No. of vehicles used for collection and transportation of bio-medical waste   | :            |  |

| 5. Additional Details   |   |   |
|---|---|---|
| (i) Brief details of the treatment units in the Common treatment facility   | : | Waste Storage Room<br>(Yes/No)                              |
|   |   | Incineration (Yes/No)                                       |
|   |   | Autoclaving (Yes/No)  |
|   |   | Microwaving (Yes/No)  |
|   |   | Shredding (Yes/No)  |
|   |   | Liquid waste effluent treatment plant (Yes/No)              |
|   |   | Vehicle Washing Facility (Yes/No)                           |
|   |   | DG Set provision (Yes/No)                                   |
| (ii) Installed Capacity of the treatment units of the Biomedical Waste Treatment and Disposal Facility                                    | : | Storage and the provision of storage:                       |
|   |   | Incineration : kg/hr  |
|   |   | Autoclaving :.....<br>Kg/batch                              |
|   |   | Microwaving:.....<br>Kg/batch                               |
|   |   | Shredding: .....kg/batch                                    |
|   |   | ETP for liquid waste: KL                                    |
| (iii) Category-wise quantity of bio-medical waste treated in kg or tons per annum ( on monthly average basis)                             | : | Yellow category:  |
|   |   | Red Category:   |
|   |   | Blue Category:  |
| (iv) Actual quantity of recyclable wastes sold to authorized recyclers after treatment in kg or tons per annum (on monthly average basis) | : | White Category  |
|   |   | Red Category: (indicate item-wise details and the quantity) |
| (v) Quantity of waste generated during the treatment of wastes in Kg or Tons per annum (on monthly average basis)                         | : | Incineration ash:   |
|   |   | Effluent Treatment Plant Sludge :                           |
| (vi) Actual quantity of wastes disposed in secured landfill in Kg or Tons per annum (on monthly average basis)                            | : | Incineration ash:   |
|   |   | Effluent Treatment Plant Sludge :                           |
| (a) Name and location of the secured landfill where disposable wastes are disposed of   | : |   |
| (vii) Mode of transportation of bio-medical wastes from Occupier to the common treatment facility   | : |   |

|    |  |   |  |
|----|--|---|--|
| 6. | (i) Number of accidents occurred during the period of reporting<br><br>9ii) Number of accidents reported to the prescribed authority in accordance to the rule 12 during the period of reporting | : |  |
| 7. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period  | : |  |
| 8. | Any other relevant information   | : | (pl. attach map of the Biomedical Waste Treatment and Disposal Facility indicating locations of various units, flow diagram of liquid waste effluent treatment plant, schematic diagram of incinerator with Air Pollution Control Devices) |
| 9. | Certified that the above report is for the period from<br>.....<br>.....   |   |  |

Name and Signature of the Head of the Institution

Date:

Place

**FORM - IV**  
**(See rule 4(i), 5(g) and 15 (2))**  
**ACCIDENT REPORTING**

1. Date and time of accident :
2. Sequence of events leading to accident :
3. The waste involved in accident :
4. Assessment of the effects of the accidents on human health and the environment:
5. Emergency measures taken :
6. Steps taken to alleviate the effects of accidents :
7. Steps taken to prevent the recurrence of such an accident :

Date : .....

Signature .....

Place: .....

Designation .....

**FORM - V**  
**(See rule 10)**

(Authorization for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes.)

1. File number of authorisation and date of issue.....

2. ....of ..... is hereby granted an authorization to operate a facility for collection, reception, treatment storage, transport and disposal of biomedical waste on the premises situated at .....  
.....

3. This authorisation shall be in force for a period of ..... Years from the date of issue.

4. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Date .....

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

Terms and conditions of authorisation \*

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility.

---

\* Additional terms and conditions may be stipulated by the prescribed authority.

**FORM -VI**  
**(See rule 16)**

Application for filing appeal against order passed by the prescribed authority.

1. Name and address of the person applying for appeal :
2. Number, date of order and address of the authority which passed the order, against which appeal is being made (certified copy of order to be attached)
3. Ground on which the appeal is being made.
4. List of enclosures other than the order referred in para 2 against which appeal is being filed.

Signature .....

Date :

Name and Address.....

**Form –VII**  
(see rule 5 (c))

**Report of the Operator of the Common Bio-medical Waste Treatment and Disposal Facility on the Health Care Facility or Health Care Establishment not handing over Bio-Medical Wastes for the dates \_\_\_\_\_ the month of \_\_\_\_\_ , the Year of \_\_\_\_\_.**

(To be informed immediately to the prescribed authority and also to be submitted to the prescribed authority by first week of every month for the previous month, by the Operator of the Common Bio-Medical Waste Treatment Facility)

| Sl. No. | Particulars  |   |   |              |                          |
|---------|--|---|---|--------------|--------------------------|
| 1.      | Particulars of the Operator of the facility  | : |   |              |                          |
|         | (i) Name of the authorized person (occupier/operator)  | : |   |              |                          |
|         | (ii) Name of the Common Bio-medical Waste Treatment and Disposal Facility  | : |   |              |                          |
|         | (iii) Address  | : |   |              |                          |
|         | (iv) Tel. No, Fax. No  | : |   |              |                          |
|         | (v) E-mail ID  | : |   |              |                          |
| 2.      | Total number of Health Care Facility or Health Care Establishment taken membership   |   | Government  | Private      | Semi-Government          |
|         |  |   |   |              |                          |
|         |  |   |   |              |                          |
| 3.      | Total Average Quantity of Bio-medical Waste Generated from the member Health Care Facility (HCF) or Health Care Establishment (HCE) in a day/month (based on authorization issued by State Pollution Control Boards /Pollution Control Committees) | : | ..... In Kgs/Tons                                   |              |                          |
|         |  |   | Type of HCF or HCE or Category of bio-medical waste | Govt. in kgs | Private in kgs           |
|         |  |   |   |              | Semi - Government In kgs |
|         |  |   | Yellow  |              |                          |
|         |  |   | Red   |              |                          |
|         |  |   | Blue  |              |                          |
|         |  |   | White   |              |                          |

|    |  |   |                  |
|----|--|---|------------------|
| 4. | Bio-medical waste received during the month for the period in kg or tons per month   | : | Yellow category: |
|    |  | : | Red category:    |
|    |  | : | Blue Category    |
|    |  | : | White Category   |
| 5. | List of member Health Care Facility (HCF) or Health Care Establishment (HCE) not sent bio-medical waste for the month of .....of the..... year | : |                  |

Certified that the above report is based on the records available with this Common Bio-medical Waste Treatment and Disposal Facility

Date :  
Place:

Name and signature  
of the Head of the Institution

\*\*\*\*\*

[F. No. 3-1/2000-HSMD]  
(Biswanath Sinha)  
Joint secretary to the Government of India.