

S.L No. 170

X

**BEFORE THE NATIONAL GREEN TRIBUNAL
EASTERN ZONE BENCH KOLKATA**

IN

Original Application No. 239/2024/EZ

**IN THE MATTER OF:
SUBHAS DATTA**

...APPLICANTS

VERSUS

STATE OF WEST BENGAL & OTHERS

...RESPONDENTS

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Mrinal Kanti Biswas
Mrinal Kanti Biswas

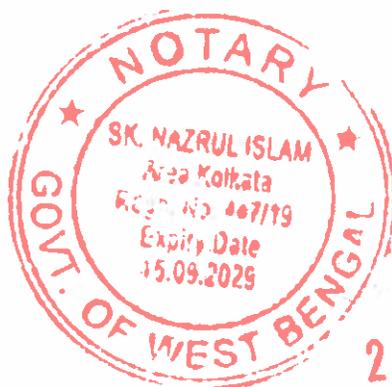
Regional Director & Scientist 'E'

CPCB, Kolkata

Filed through

Suvendra Kumar
Counsel

Dated: 23/07/2025
Place: Kolkata

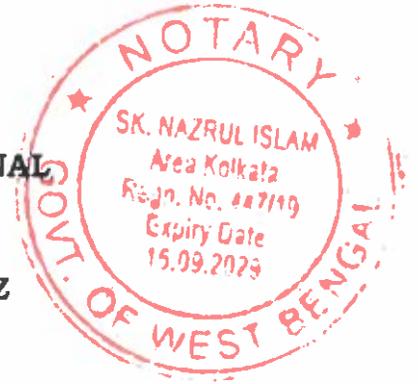


23 JUL 2025

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**REPLY ON BEHALF OF THE RESPONDENT NO. 07 i.e. CENTRAL
POLLUTION CONTROL BOARD (CPCB)**

1. That Hon'ble NGT vide order dated 02.01.2025 in the instant matter sought the reply of respondents, including Central Pollution Control Board (hereinafter referred to as "CPCB"). Thereby, the reply is made in succeeding paragraphs.
2. That, the Answering Respondent, CPCB is constituted under the Water (Prevention and Control) Act, 1974. It performs the functions under The Water (Prevention and Control) Act, 1974, The Air (Prevention and Control) Act, 1981 and The Environment (Protection) Act, 1986.
3. That under the averments made at present Original Application, the Applicant alleged that on 11.05.2024 while visiting North West Bengal he had gone to Malbazar town in Jalpaiguri where he had observed biomedical wastes and the other general wastes dumped together in the backyard of Malbazar Super Facility Hospital, Jalpaiguri. The Applicant also alleged that biomedical waste management is not proper in the State of West Bengal.

PARA WISE REPLY:

4. That under the averments made at Para A to C, the Applicant mentioned about the notices of this application served to the respondents and also mentioned that the present application is regarding inappropriate disposal of biomedical waste in State of West Bengal. These are introductory in nature and hence, need no comments from this Answering Respondent.
5. That the averments made under Paras 1 to 7 are regarding applicants past activities in the field of environment are introductory in nature, and hence need no comments from this Answering Respondent.



6. That under the averment made at Para 8, the Applicant mentioned that on 11.05.2024 while visiting North West Bengal he had gone to Malbazar town in Jalpaiguri where he had observed biomedical wastes and the other general wastes dumped together in the backyard of Malbazar Super Facility Hospital, Jalpaiguri. In this regard, it is humbly submitted that as per Biomedical Waste Management Rules, 2016 (hereafter will be referred as BMWM Rules, 2016), every occupier is required to take all necessary steps to ensure that biomedical waste is handled without any adverse effect to human health and the environment and in accordance with these Rules. It is also to humbly submit that following information regarding Jalpaiguri District is submitted by West Bengal SPCB in the Annual Report information on biomedical waste management for year 2023:

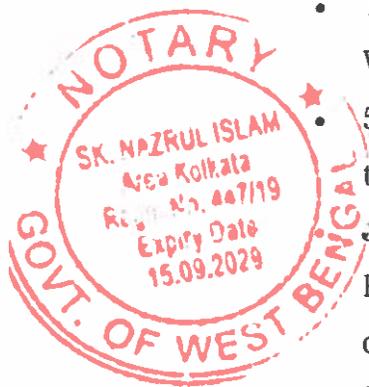
- There are 96 no. of Health Care Facilities in Jalpaiguri District of West Bengal.
- 534.82 Kg/day of biomedical waste generated in the District are treated and disposed of.

Jalpaiguri District is covered by CBWTF namely M/s Green Zen Bio Pvt. Ltd., Mouza, Fulbari, Jalpaiguri for collection, treatment and disposal of biomedical waste. The CBWTF has treatment capacity of 8,784 Kg/day and 4,795 Kg/day of biomedical waste was treated by the CBWTF during year 2023.

Further, State Pollution Control Board (hereinafter referred as 'SPCB')/Pollution Control Committee (hereinafter referred as 'PCC') is the prescribed authority for implementation of the Biomedical Waste Management Rules, 2016 (hereafter will be referred as BMWM Rules, 2016) in respective State/Union Territory. Accordingly, CPCB vide letter dated 04.02.2025 requested West Bengal SPCB to examine the matter and submit the report. However, report is not yet received by CPCB. It is respectfully prayed that the Hon'ble Tribunal may consider the response filed by West Bengal SPCB for adjudication of the instant matter.

Copy of Biomedical Waste Management Rules, 2016 and CPCB letter dated 04.02.2025 are annexed herewith as **Annexure-I and Annexure II** respectively.

7. That the averments made at Para 9 is regarding Annual Report on biomedical waste management for year 2023 submitted by West Bengal SPCB to CPCB. In this regard, it is humbly submitted that as per Rule 13(2) of BMWM Rules, 2016, the prescribed authority i.e. SPCB/PCC shall



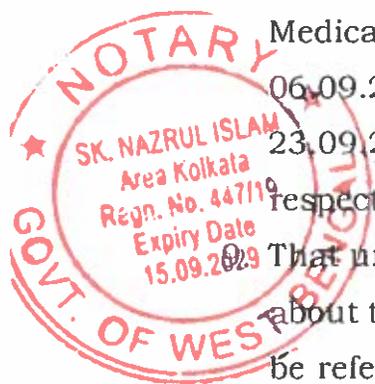
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compile, review and analyse the information received from occupiers and operators of Common Biomedical Waste Treatment Facilities and send the information to the CPCB of the preceding calendar year in Form IV(A). Accordingly, Annual Report information on biomedical waste management for the year 2023 has been received by CPCB from all SPCBs/PCCs including West Bengal SPCB.

8. That under the averments made at Para 10 to 13, the Applicant alleged that actual biomedical waste generation is more than the biomedical waste generation reported by State Pollution Control Board. The Applicant also mentioned about the newspaper articles regarding improper biomedical waste management in R.G. Kar Medical College Hospital, West Bengal. In this regard, it is humbly submitted that CPCB vide letter dated 06.09.2024 forwarded the news article dated 02.09.2024 titled "CBI probing biomedical waste scam flagged in Kolkata's R.G. Kar Medical College earlier" to West Bengal SPCB to submit action taken report to CPCB. Accordingly, West Bengal SPCB submitted the action taken report to CPCB vide letter dated 23.09.2024 indicating direction issued to R. G. Kar Medical College & Hospital on 27.08.2024. Copy of said CPCB letter dated 06.09.2024 and Action taken Report of West Bengal SPCB dated 23.09.2024 are annexed here as **Annexure III and Annexure-IV**, respectively.

That under the averments made at Para 14 to 18, the Applicant mentioned about the report of Comptroller and Auditor General of India (hereafter will be referred as CAG) on General and Social sector for years April 2013 to March 2018, Govt. of West Bengal which also covers status of biomedical waste management in the State of West Bengal. In this regard, it is humbly submitted that CPCB was in receipt of representation of the Applicant dated 14.11.2024. The same was forwarded to West Bengal SPCB vide letter dated 02.01.2024 to examine the matter. Copy of CPCB letter dated 02.01.2024 is annexed here as **Annexure-V**.

10. That under the averments made at Para 19 to 24, the Applicant mentioned that improper disposal of biomedical waste can create health hazard. The Applicant also mentioned about representations made by applicant to the authorities about the same. In this regard, the reply made at Para 9 of this reply affidavit may be referred.
11. That under the averments made at Grounds Para (i) to (ix), the reply made in preceding Paragraphs of this reply affidavit may be referred. The same are not repeated for sake of brevity.



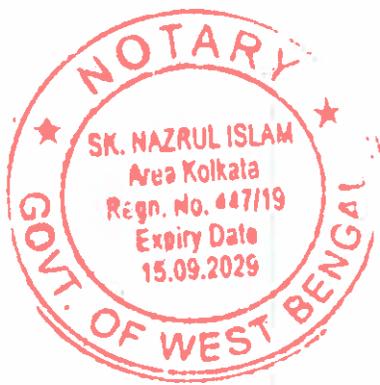
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12. That, in light of the above submissions, it is respectfully submitted that this Answering Respondent, i.e., CPCB, shall abide by any order(s) or direction(s) passed by this Hon'ble Tribunal in this Original Application.

Mrinal Kanti Biswas

Regional Director & Scientist 'E'

CPCB, Kolkata

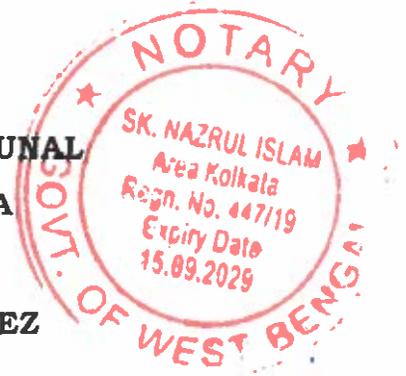


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...RESPONDENTS

REPLY ON BEHALF OF THE RESPONDENT NO. 07: CENTRAL POLLUTION CONTROL BOARD (CPCB)

AFFIDAVIT

I, Mrinal Kanti Biswas aged about 43 years, S/o Shri Saroj Kumar Biswas having office at the Regional Directorate, Central Pollution Control Board, Southend Conclave' Block No.502, 5th& 6th Floor, 1582, Rajdanga Main Road, Kolkata-700107, do hereby solemnly affirm and sincerely state as follows: -

1. That the deponent is authorized representative to represent the Respondent CPCB in the present case, and as such, I am well conversant with the facts and circumstances of the present case on the basis of the information derived from the official records, and hence, I am competent and authorized to verify, sign and swear this affidavit on behalf of the Respondent CPCB.
2. That the accompanying reply may be read part and parcel of the present affidavit as I am competent to swear this affidavit.
3. That the accompanying reply has been drafted and filed under my instructions and authority the contents thereof are true and correct on the basis of the record maintained during ordinary course of business of CPCB and available records and documents and the contents of the same are read over and explained to me and are not repeated herein for the sake of brevity.

Identified by me

Susandasya Khan
Advocate

Solemnly Affirmed and
Declared before me on the
Identification of the Advocate

Notary
SK. Nazrul Islam
Notary, Govt. of W.B.
Govt. No. 447/19
City Civil Court, Calcutta

Adas Das
DEPONENT

23 JUL 2025

*

VERIFICATION

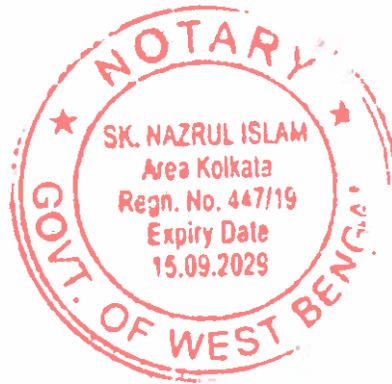
Verified at Kolkata on this day of 23/07 2025 that the contents of the
 The above replies are correct and true on the basis of the record of the cases as
 mentioned in the day-to-day affairs of the CPCB. Nothing has been concealed
 therefrom or mis-stated.

Verified at Kolkata on this the...Day of _____ 2025.

Identified by me

Surindran
Advocate

[Signature]
DEPONENT



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Annexure I

प्ररूप 5

(नियम 16 देखें)

विहित प्राधिकारी द्वारा जारी आदेश के विरुद्ध अपील दायर करने के लिए आवेदन

1. अपील हेतु आवेदन करने वाले व्यक्ति का नाम और पता :
2. आदेश की संख्या, तारीख और आदेश पारित करने वाले प्राधिकारी का पता जिसके विरुद्ध अपील की जा रही है (आदेश की प्रमाणित प्रति संलग्न करें)
3. अपील किए जाने का आधार
4. पैरा 2 में निर्दिष्ट ऐसे आदेश से भिन्न, जिनके विरुद्ध अपील की गई है, संलग्नकों की सूची।

तारीख

हस्ताक्षर

नाम और पता

[फा. सं.3-1/2000-एचएमएमडी]

विश्वनाथ मिन्हा, संयुक्त सचिव

MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

NOTIFICATION

New Delhi, the 28th March, 2016

G.S.R. 343(E).—Whereas the Bio-Medical Waste (Management and Handling) Rules, 1998 was published *vide* notification number S.O. 630 (E) dated the 20th July, 1998, by the Government of India in the erstwhile Ministry of Environment and Forests, provided a regulatory frame work for management of bio-medical waste generated in the country;

And whereas, to implement these rules more effectively and to improve the collection, segregation, processing, treatment and disposal of these bio-medical wastes in an environmentally sound management thereby, reducing the bio-medical waste generation and its impact on the environment, the Central Government reviewed the existing rules;

And whereas, in exercise of the powers conferred by sections 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), the Central Government published the draft rules in the Gazette *vide* number G.S.R. 450 (E), dated the 3rd June, 2015 inviting objections or suggestions from the public within sixty days from the date on which copies of the Gazette containing the said notification were made available to the public;

And whereas, the copies of the Gazette containing the said draft rules were made available to the public on the 3rd June, 2015;

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

Now, therefore, in exercise of the powers conferred by section 6, 8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986), and in supersession of the Bio-Medical Waste (Management and Handling) Rules, 1998, except as respects things done or omitted to be done before such suppression, the Central Government hereby makes the following rules, namely:-

1. Short title and commencement.- (1) these rules may be called the Bio-Medical Waste Management Rules, 2016.

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

2. Application.-

(1) These rules shall apply to all persons who generate, collect, receive, store, transport, treat, dispose, or handle bio medical waste in any form including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, ayush hospitals, clinical establishments, research or educational institutions, health camps, medical or surgical camps, vaccination camps, blood donation camps, first aid rooms of schools, forensic laboratories and research labs.

(2) These rules 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 Act;



- (c) solid wastes covered under the Municipal Solid Waste (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 micro organisms, genetically engineered micro organisms 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 or kept for the purpose of experiments or testing;
- (c) "authorisation" means permission granted by the prescribed authority for the generation, collection, reception, storage, transportation, treatment, processing, disposal or any other form of handling of bio-medical waste in accordance with these rules and guidelines issued by the Central Government or Central Pollution Control Board as the case may be;
- (d) "authorised person" means an occupier or operator authorised by the prescribed authority to generate, collect, receive, store, transport, treat, process, dispose or handle bio-medical waste in accordance with these rules and the guidelines issued by the Central Government or the Central Pollution Control Board, as the case may be;
- (e) "biological" 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;
- (f) "bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunisation of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps, including the categories mentioned in Schedule I appended to these rules;
- (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 bio-medical waste treatment facilities;
- (h) "Form" means the Form appended to these rules;
- (i) "handling" in relation to bio-medical waste includes the generation, sorting, segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal of such waste;
- (j) "health care facility" means a place where diagnosis, treatment or immunisation of human beings or animals is provided irrespective of type and size of health treatment system, and research activity pertaining thereto;
- (k) "major accident" means accident occurring while handling of bio-medical waste having potential to affect large masses of public and includes toppling of the truck carrying bio-medical waste, accidental release of bio-medical waste in any water body but exclude accidents like needle prick injuries, mercury spills;
- (l) "management" includes all steps required to ensure that bio- medical waste is managed in such a manner as to protect health and environment against any adverse effects due to handling of such waste;
- (m) "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;
- (n) "operator of a common bio-medical waste treatment facility" means a person who owns or controls a Common Bio-medical Waste Treatment Facility (CBMWTF) for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste;
- (o) "prescribed authority" means the State Pollution Control Board in respect of a State and Pollution Control Committees in respect of an Union territory;
- (p) "Schedule" means the Schedule appended 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 and in accordance with these rules;
 - (b) make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I, to ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I;
 - (c) pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDS Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;
 - (d) phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;
 - (e) dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;
 - (f) not to give treated bio-medical waste with municipal solid waste;
 - (g) provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;
 - (h) 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, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;
 - (i) establish a Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose within one year from the date of the notification of these rules;
 - (j) ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care facilities;
 - (k) ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);
 - (l) 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;
 - (m) 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;
 - (n) maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I;
 - (o) report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
 - (p) make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of these rules;
 - (q) 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 time;
 - (r) establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and 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 and submit the annual report;

- (s) maintain all record for operation of incineration, hydro or autoclaving etc., for a period of five years;
- (t) existing incinerators to achieve the standards for treatment and disposal of bio-medical waste as specified in Schedule II for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification.

5. Duties of the operator of a common bio-medical waste treatment and disposal 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) establish bar coding and global positioning system for handling of bio- medical waste within one year;
- (d) inform the prescribed authority immediately regarding the occupiers which are not handing over the segregated bio-medical waste in accordance with these rules;
- (e) 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;
- (f) assist the occupier in training conducted by them for bio-medical waste management;
- (g) 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;
- (h) ensure occupational safety of all its workers involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipment;
- (i) report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
- (j) 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;
- (k) allow occupier, who are giving waste for treatment to the operator, to see whether the treatment is carried out as per the rules;
- (l) shall display details of authorisation, treatment, annual report etc on its web-site;
- (m) after ensuring treatment by autoclaving or microwaving followed by mutilation or shredding, whichever is applicable, the recyclables from the treated bio-medical wastes such as plastics and glass, shall be given to recyclers having valid consent or authorisation or registration from the respective State Pollution Control Board or Pollution Control Committee;
- (n) supply non-chlorinated plastic coloured bags to the occupier on chargeable basis, if required;
- (o) common bio-medical waste treatment facility shall ensure collection of biomedical waste on holidays also;
- (p) maintain all record for operation of incineration, hydro or autoclaving for a period of five years; and
- (q) upgrade existing incinerators to achieve the standards for retention time in secondary chamber and Dioxin and Furans within two years from the date of this notification.

6. Duties of authorities.—The Authority specified in column (2) of Schedule-III 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-II by the health care facilities and common bio-medical waste treatment facility

(2) Occupier shall hand over segregated waste as per the Schedule-I to common bio-medical waste treatment facility for treatment, processing and final disposal:

Provided that the lab and highly infectious bio-medical waste generated shall be pre-treated by equipment like autoclave or microwave.

1X

- (3) No occupier shall establish on-site treatment and disposal facility, if a service of common bio-medical waste treatment facility is available at a distance of seventy-five kilometer.
- (4) In cases where service of the common bio-medical waste treatment facility is not available, the Occupiers shall set up requisite biomedical waste treatment equipment like incinerator, autoclave or microwave, shredder prior to commencement of its operation, as per the authorisation given by the prescribed authority.
- (5) 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.
- (6) On receipt of a request referred to in sub-rule (5), the Central Government may determine the standards and operating parameters for new technology which may be published in Gazette by the Central Government.
- (7) Every operator of 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.
- (8) Every occupier shall phase out use of non-chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier or operator of a common bio-medical waste treatment facility shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2011.
- (9) After ensuring treatment by autoclaving or microwaving followed by mutilation or shredding, whichever is applicable, the recyclables from the treated bio-medical wastes such as plastics and glass shall be given to such recyclers having valid authorisation or registration from the respective prescribed authority.
- (10) The Occupier or Operator of a common bio-medical waste treatment facility shall maintain a record of recyclable wastes referred to in sub-rule (9) which are auctioned or sold and the same shall be submitted to the prescribed authority as part of its annual report. The record shall be open for inspection by the prescribed authorities.
- (11) The handling and disposal of all the mercury waste and lead waste shall be in accordance with the respective rules and regulations.
- 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 IV.
- (4) Bar code and global positioning system shall be added by the Occupier and common bio-medical waste treatment facility in one year time.
- (5) The operator of common bio-medical waste treatment facility shall transport the bio-medical waste from the premises of an occupier to any off-site bio-medical waste treatment facility only in the vehicles having label as provided in part 'A' of the Schedule IV along with necessary information as specified in part 'B' of the Schedule IV.
- (6) The vehicles used for transportation of bio-medical waste shall comply with the conditions if any stipulated by the State Pollution Control Board or Pollution Control Committee in addition to the requirement contained in the Motor Vehicles Act, 1988 (59 of 1988), if any or the rules made there under for transportation of such infectious waste.
- (7) Untreated human anatomical waste, animal anatomical waste, soiled waste and, biotechnology 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 occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the prescribed authority along with the reasons for doing so.



(8) Microbiology waste and all other clinical laboratory waste shall be pre-treated by sterilisation to Log 6 or disinfection to Log 4, as per the World Health Organisation guidelines before packing and sending to the common bio-medical waste treatment facility.

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 III of these rules.

10. Procedure for authorisation.-Every occupier or operator handling bio-medical waste, irrespective of the quantity shall make an application in Form II to the prescribed authority i.e. State Pollution Control Board and Pollution Control Committee, as the case may be, for grant of authorisation and the prescribed authority shall grant the provisional authorisation in Form III and the validity of such authorisation for bedded health care facility and operator of a common facility shall be synchronised with the validity of the consents.

(1) The authorisation shall be one time for non-bedded occupiers and the authorisation in such cases shall be deemed to have been granted, if not objected by the prescribed authority within a period of ninety days from the date of receipt of duly completed application along with such necessary documents.

(2) In case of refusal of renewal, cancellation or suspension of the authorisation by the prescribed authority, the reasons shall be recorded in writing:

Provided that the prescribed authority shall give an opportunity of being heard to the applicant before such refusal of the authorisation.

(3) 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 granted under these rules.

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

11. Advisory Committee.-(1) Every State Government or Union territory Administration shall constitute an Advisory Committee for the respective State or Union territory under the chairmanship of the respective health secretary to oversee the implementation of the rules in the respective state and to advise any improvements and 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, urban local bodies or local bodies or Municipal Corporation, representatives from Indian Medical Association, common bio-medical waste treatment facility and non-governmental organisation.

(2) Notwithstanding anything contained in sub-rule (1), the Ministry of Defence shall constitute the Advisory Committee (Defence) under the chairmanship of Director General of Health Services of Armed Forces consisting of representatives from the Ministry of Defence, Ministry of Environment, Forest and Climate Change, Central Pollution Control Board, Ministry of Health and Family Welfare, Armed Forces Medical College or Command Hospital.

(3) The Advisory Committee constituted under sub-rule (1) and (2) shall meet at least once in six months and review all matters related to implementation of the provisions of these rules in the State and Armed Forces Health Care Facilities, as the case may be.

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

12. Monitoring of implementation of the rules in health care facilities.- (1) The Ministry of Environment, Forest and Climate Change shall review the implementation of the rules in the country once in a year through the State Health Secretaries and Chairmen or Member Secretary of State Pollution Control Boards and Central Pollution Control Board and the Ministry may also invite experts in the field of bio-medical waste management, if required.

(2) 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.



- (3) 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 after prior intimation to the Director General Armed Forces Medical Services.
- (4) Every State Government or Union territory Administration shall constitute District Level Monitoring Committee in the districts under the chairmanship of District Collector or District Magistrate or Deputy Commissioner or Additional District Magistrate 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 and disposed of.
- (5) The District Level Monitoring Committee constituted under sub-rule (4) 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.
- (6) The District Level Monitoring Committee shall comprise of District 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 and the Committee may co-opt other members and experts, if necessary and the District Medical Officer shall be the Member Secretary of this Committee.
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-IV, on or before the 30th June of every year.
- (2) The prescribed authority shall compile, review and analyse the information received and send this information to the Central Pollution Control Board on or before the 31st July of every year.
- (3) The Central Pollution Control Board shall compile, review and analyse the information received and send this information, along with its comments or suggestions or observations to the Ministry of Environment, Forest and Climate Change on or before 31st August every year.
- (4) The Annual Reports shall also be available online on the websites of Occupiers, State Pollution Control Boards and Central Pollution Control Board.
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, for a period of five years, in accordance with these rules and guidelines issued by the Central Government or the Central Pollution Control Board or the prescribed authority as the case may be.
- (2) All records shall be subject to inspection and verification by the prescribed authority or the Ministry of Environment, Forest and Climate Change at any time.
15. **Accident reporting.**-(1) In case of any major accident at any institution or facility or any other site while handling bio-medical waste, the authorised person shall intimate immediately to the prescribed authority about such accident and forward a report within twenty-four hours in writing regarding the remedial steps taken in Form I.
- (2) Information regarding all other accidents and remedial steps taken shall be provided in the annual report in accordance with rule 13 by the occupier.
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 V 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 V to the Secretary, Ministry of Environment, Forest and Climate Change.
- (3) The authority referred to in sub-para (1) and (2) as the case may be, 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.
- (4) 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 department in the business allocation of land assignment shall be responsible for providing suitable site for setting up of common biomedical waste treatment and disposal facility in the State Government or Union territory Administration.



- (2) The selection of site for setting up of such facility shall be made in consultation with the prescribed authority, other stakeholders and in accordance with guidelines published by the Ministry of Environment, Forest and Climate Change or Central Pollution Control Board.

18. **Liability of the occupier, operator of a facility.**— (1) The occupier or an 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.

- (2) The occupier or operator of common bio-medical waste treatment facility shall be liable for action under section 5 and section 15 of the Act, in case of any violation.

SCHEDULE I

[See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2)]

Part-1

Biomedical wastes categories and their segregation, collection, treatment, processing and disposal options

Category	Type of Waste	Type of Bag or Container to be used	Treatment and Disposal options
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste: Human tissues, organs, body parts and fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time).	Yellow coloured non-chlorinated plastic bags	Incineration or Plasma Pyrolysis or deep burial
	(b) Animal Anatomical Waste : 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.		
	(c) Soiled Waste: Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.		Incineration or Plasma Pyrolysis or deep burial In absence of above facilities, autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.



	<p>(d) Expired or Discarded Medicines: Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.</p>	Yellow coloured non-chlorinated plastic bags or containers	<p>Expired cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature $>1200^{\circ}\text{C}$ or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at $>1200^{\circ}\text{C}$ Or Encapsulation or Plasma Pyrolysis at $>1200^{\circ}\text{C}$.</p> <p>All other discarded medicines shall be either sent back to manufacturer or disposed by incineration.</p>
	<p>(e) Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants.</p>	Yellow coloured containers or non-chlorinated plastic bags	Disposed of by incineration or Plasma Pyrolysis or Encapsulation in hazardous waste treatment, storage and disposal facility.
	<p>(f) Chemical Liquid Waste: Liquid waste generated due to use of chemicals in production of biological and used or discarded disinfectants, Silver X-ray film developing liquid, discarded Formalin, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfecting activities etc.</p>	Separate collection system leading to effluent treatment system	After resource recovery, the chemical liquid waste shall be pre-treated before mixing with other wastewater. The combined discharge shall conform to the discharge norms given in Schedule- III.
	<p>(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.</p>	Non-chlorinated yellow plastic bags or suitable packing material	<p>Non-chlorinated chemical disinfection followed by incineration or Plasma Pyrolysis or for energy recovery.</p> <p>In absence of above facilities, shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery or incineration or Plasma Pyrolysis.</p>
	<p>(h) Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of micro-organisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of</p>	Autoclave safe plastic bags or containers	Pre-treat to sterilize with non-chlorinated chemicals on-site as per National AIDS Control Organisation or World Health Organisation guidelines thereafter for Incineration.



	biological, residual toxins, dishes and devices used for cultures.		
Red	Contaminated Waste (Recyclable) (a) Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and <i>fixed needle syringes</i>) and vacutainers with their needles cut) and gloves.	Red coloured non-chlorinated plastic bags or containers	Autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent to registered or authorized recyclers or for energy recovery or plastics to diesel or fuel oil or for road making, whichever is possible. Plastic waste should not be sent to landfill sites.
White (Translucent)	Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps	Puncture proof, Leak proof, tamper proof containers	Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or encapsulation in metal container or cement concrete; combination of shredding cum autoclaving; and sent for final disposal to iron foundries (having consent to operate from the State Pollution Control Boards or Pollution Control Committees) or sanitary landfill or designated concrete waste sharp pit.
Blue	(a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.	Cardboard boxes with blue colored marking	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite treatment) or through autoclaving or microwaving or hydroclaving and then sent for recycling.
	(b) Metallic Body Implants	Cardboard boxes with blue colored marking	

* Disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility. This will be carried out with prior approval from the prescribed authority and as per the Standards specified in Schedule-III. The deep burial facility shall be located as per the provisions and guidelines issued by Central Pollution Control Board from time to time.

Part -2

- (1) All plastic bags shall be as per BIS standards as and when published, till then the prevailing Plastic Waste Management Rules shall be applicable.
- (2) Chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate Log₁₀-4 reduction efficiency for microorganisms as given in Schedule- III.
- (3) Mutilation or shredding must be to an extent to prevent unauthorized reuse.



- (4) There will be no chemical pretreatment before incineration, except for microbiological, lab and highly infectious waste.
- (5) Incineration ash (ash from incineration of any bio-medical waste) shall be disposed through hazardous waste treatment, storage and disposal facility, if toxic or hazardous constituents are present beyond the prescribed limits as given in the Hazardous Waste (Management, Handling and Transboundary Movement) Rules, 2008 or as revised from time to time.
- (6) Dead Fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or healthcare establishment.
- (7) Cytotoxic drug vials shall not be handed over to unauthorised person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolysis at temperature >1200 °C.
- (8) Residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.
- (9) On-site pre-treatment of laboratory waste, microbiological waste, blood samples, blood bags should be disinfected or sterilized as per the Guidelines of World Health Organisation or National AIDS Control Organisation and then given to the common bio-medical waste treatment and disposal facility.
- (10) Installation of in-house incinerator is not allowed. However in case there is no common biomedical facility nearby, the same may be installed by the occupier after taking authorisation from the State Pollution Control Board.
- (11) Syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage. Wherever the occupier is not linked to a disposal facility it shall be the responsibility of the occupier to sterilize and dispose in the manner prescribed.
- (12) Bio-medical waste generated in households during healthcare activities shall be segregated as per these rules and handed over in separate bags or containers to municipal waste collectors. Urban Local Bodies shall have tie up with the common bio-medical waste treatment and disposal facility to pickup this waste from the Material Recovery Facility (MRF) or from the house hold directly, for final disposal in the manner as prescribed in this Schedule.

SCHEDULE II

[See rule 4(1), 7(1) and 7(6)]

STANDARDS FOR TREATMENT AND DISPOSAL OF BIO-MEDICAL WASTES

1. STANDARDS FOR INCINERATION.-

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 ± or - 50 °C.



4). The secondary chamber gas residence time shall be at least two seconds.

B. Emission Standards

Sl. No.	Parameter	Standards	
		(3)	(4)
(1)	(2)	Limiting concentration in mg Nm ³ unless stated	Sampling Duration in minutes, unless stated
1.	Particulate matter	50	30 or 1NM ³ of sample volume, whichever is more
2.	Nitrogen Oxides NO and NO ₂ expressed as NO ₂	400	30 for online sampling or grab sample
3.	HCl	50	30 or 1NM ³ of sample volume, whichever is more
4.	Total Dioxins and Furans	0.1ngTEQ/Nm ³ (at 11% O ₂)	8 hours or 5NM ³ of sample volume, whichever is more
5.	Hg and its compounds	0.05	2 hours or 1NM ³ of sample volume, whichever is more

C. Stack Height: Minimum stack height shall be 30 meters above the ground and shall be attached with the necessary monitoring facilities as per requirement of monitoring of 'general parameters' as notified under the Environment (Protection) Act, 1986 and in accordance with the Central Pollution Control Board Guidelines of Emission Regulation Part-III.

Note:

- (a) The existing incinerators shall comply with the above within a period of two years from the date of the notification.
- (b) The existing incinerators shall comply with the standards for Dioxins and Furans of 0.1ngTEQ/Nm³, as given below within two years from the date of commencement of these rules.
- (c) All upcoming common bio-medical waste treatment facilities having incineration facility or captive incinerator shall comply with standards for Dioxins and Furans.
- (d) The existing secondary combustion chambers of the incinerator and the pollution control devices shall be suitably retrofitted, if necessary, to achieve the emission limits.
- (e) Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants.
- (f) Ash from incineration of biomedical waste shall be disposed of at common hazardous waste treatment and disposal facility. However, it may be disposed of 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 as amended from time to time.
- (g) Only low Sulphur fuel like Light Diesel Oil or Low Sulphur Heavy Stock or Diesel, Compressed Natural Gas, Liquefied Natural Gas or Liquefied Petroleum Gas shall be used as fuel in the incinerator.
- (h) 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.
- (i) The occupier or operator of the common bio-medical waste treatment facility shall install continuous emission monitoring system for the parameters as stipulated by State Pollution Control Board or Pollution Control Committees in authorisation and transmit the data real time to the servers at State Pollution Control Board or Pollution Control Committees and Central Pollution Control Board.
- (j) All monitored values shall be corrected to 11% Oxygen on dry basis.
- (k) Incinerators (combustion chambers) shall be operated with such temperature, retention time and turbulence, as to achieve Total Organic Carbon content in the slag and bottom ashes less than 3% or their loss on ignition shall be less than 5% of the dry weight.



(1) The occupier or operator of a common bio-medical waste incinerator shall use combustion gas analyzer to measure CO₂, CO and O₂.

2. Operating and Emission Standards for Disposal by Plasma Pyrolysis or Gasification:

A. Operating Standards:

All the operators of the Plasma Pyrolysis or Gasification shall meet the following operating and emission standards:

- 1) Combustion Efficiency (CE) shall be at least 99.99%.
- 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 combustion chamber after plasma gasification shall be 1050 ± 50 ° C with gas residence time of at least 2(two) second, with minimum 3 % Oxygen in the stack gas.

4) The Stack height should be minimum of 30 m above ground level and shall be attached with the necessary monitoring facilities as per requirement of monitoring of 'general parameters' as notified under the Environment (Protection) Act, 1986 and in accordance with the CPCB Guidelines of Emission Regulation Part-III.

B. Air Emission Standards and Air Pollution Control Measures

- (i) Emission standards for incinerator, notified at Sl No.1 above in this Schedule, and revised from time to time, shall be applicable for the Plasma Pyrolysis or Gasification also.
- (ii) Suitably designed air pollution control devices shall be installed or retrofitted with the 'Plasma Pyrolysis or Gasification to achieve the above emission limits, if necessary.
- (iii) Wastes to be treated using Plasma Pyrolysis or Gasification shall not be chemically treated with any chlorinated disinfectants and chlorinated plastics shall not be treated in the system.

C. Disposal of Ash Vitrified Material: The ash or vitrified material generated from the 'Plasma Pyrolysis or Gasification shall be disposed off in accordance with the Hazardous Waste (Management, Handling and Transboundary Movement) Rules 2008 and revisions made thereafter in case the constituents exceed the limits prescribed under Schedule II of the said Rules or else in accordance with the provisions of the Environment (Protection) Act, 1986, whichever is applicable.

3. STANDARDS FOR AUTOCLAVING OF BIO-MEDICAL WASTE.-

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 for autoclave:** The validation test shall use four biological indicator 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 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.

(7) **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 *Geobacillusstearothermophilus* spores using vials or spore Strips; with at least 1×10^6 spores. Under no circumstances will an autoclave have minimum operating parameters less than a residence time of 30 minutes, a temperature less than 121°C or a pressure less than 15 psi. The occupier or operator of a common bio medical waste treatment and disposal facility shall conduct this test at least once in every week and records in this regard shall be maintained.

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 1×10^4 spores per detachable strip. 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 two 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.

6. STANDARDS FOR EFFICACY OF CHEMICAL DISINFECTION

Microbial inactivation efficacy is equated to "Log₁₀ Kill" which is defined as the difference between the logarithms of number of test microorganisms before and after chemical treatment. Chemical disinfection methods shall demonstrate a 4 Log₁₀ reduction or greater for *Bacillus Subtilis* (ATCC 19659) in chemical treatment systems.



7. STANDARDS FOR DRY HEAT STERILIZATION

Waste sharps can be treated by dry heat sterilization at a temperature not less than 185°C, at least for a residence period of 150 minutes in each cycle, which sterilization period of 90 minutes. There should be automatic recording system to monitor operating parameters.

(i) Validation test for Sharps sterilization unit

Waste sharps sterilization unit should completely and consistently kill the biological indicator *Geobacillus Stearothermophilus* or *Bacillus Atropheauspoers* using vials with at least \log_{10} 6 spores per ml. The test shall be carried out once in three months

(ii) 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 to ensure that the inner content of the sharps has been adequately disinfected. This test shall be performed once in week and records in this regard shall be maintained.

8. STANDARDS FOR LIQUID WASTE.-

(1) The effluent generated or treated from the premises of occupier or operator of a common bio medical waste treatment and disposal facility, before discharge into the sewer 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.

(2) Sludge from Effluent Treatment Plant shall be given to common bio-medical waste treatment facility for incineration or to hazardous waste treatment, storage and disposal facility for disposal.

Schedule III

[See rule 6 and 9(3)]

List of Prescribed Authorities and the Corresponding Duties

Sl. No. (1)	Authority (2)	Corresponding Duties (3)
1	Ministry of Environment, Forest and Climate Change, Government of India	(i) Making Policies concerning bio-medical waste Management in the Country including notification of Rules and amendments to the Rules as and when required. (ii) Providing financial assistance for training and awareness programmes on bio-medical waste management related activities to for the State Pollution Control Boards or Pollution Control Committees. (iii) Facilitating financial assistance for setting up or up-gradation of common bio-medical waste treatment facilities. (iv) Undertake or support operational research and assessment with reference to risks to environment and health due to bio-medical waste and previously unknown disposables and wastes from new types of equipment. (v) Constitution of Monitoring Committee for implementation of the rules. (vi) Hearing Appeals and give decision made in Form- V against order passed by the prescribed authorities. (vii) Develop Standard manual for Trainers and Training.

		(viii) Notify the standards or operating parameters for new technologies for treatment of bio medical waste other than those listed in Schedule- I.
2	Central or State Ministry of Health and Family Welfare, Central Ministry for Animal Husbandry and Veterinary or State Department of Animal Husbandry and Veterinary.	<p>(i) Grant of license to health care facilities or nursing homes or veterinary establishments with a condition to obtain authorisation from the prescribed authority for bio-medical waste management.</p> <p>(ii) Monitoring, 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.</p> <p>(iii) Publication of list of registered health care facilities with regard to bio-medical waste generation, treatment and disposal.</p> <p>(iv) Undertake or support operational research and assessment with reference to risks to environment and health due to bio-medical waste and previously unknown disposables and wastes from new types of equipment.</p> <p>(v) Coordinate with State Pollution Control Boards for organizing training programmes to staff of health care facilities and municipal workers on bio-medical waste.</p> <p>(vi) Constitution of Expert Committees at National or State level for overall review and promotion of clean or new technologies for bio-medical waste management.</p> <p>(vii) Organizing or Sponsoring of trainings for the regulatory authorities and health care facilities on bio-medical waste management related activities.</p> <p>(viii) Sponsoring of mass awareness campaigns in electronic media and print media.</p>
3	Ministry of Defence	<p>(i) Grant and renewal of authorisation to Armed Forces health care facilities or common bio-medical waste treatment facilities (Rule 9).</p> <p>(ii) Conduct training courses for authorities dealing with management of bio-medical wastes in Armed Forces health care facilities or treatment facilities in association with State Pollution Control Boards or Pollution Control Committees or Central Pollution Control Board or Ministry of Environment, Forest and Climate Change.</p> <p>(iii) Publication of inventory of occupiers and bio-medical waste generation from Armed Forces health care facilities or occupiers</p> <p>(iv) Constitution of Advisory Committee for implementation of the rules.</p> <p>(v) Review of management of bio-medical waste generation in the Armed Forces health care facilities through its Advisory Committee (Rule 11).</p> <p>(vi) Submission of annual report to Central Pollution Control Board within the stipulated time period (Rule 13).</p>
4.	Central Pollution Control Board	<p>(i) Prepare Guidelines on bio-medical waste Management and submit to the Ministry of Environment, Forest and Climate Change.</p> <p>(ii) Co-ordination of activities of State Pollution Control Boards or Pollution Control Committees on bio-medical waste.</p>



		<ul style="list-style-type: none"> (iii) Conduct training courses for authorities dealing with management of bio-medical waste. (iv) Lay down standards for new technologies for treatment and disposal of bio-medical waste (Rule 7) and prescribe specifications for treatment and disposal of bio-medical wastes (Rule 7). (v) Lay down Criteria for establishing common bio-medical waste treatment facilities in the Country. (vi) Random inspection or monitoring of health care facilities and common bio-medical waste treatment facilities. (vii) Review and analysis of data submitted by the State Pollution Control Boards on bio-medical waste and submission of compiled information in the form of annual report along with its observations to Ministry of Environment, Forest and Climate Change . (viii) Inspection and monitoring of health care facilities operated by the Director General, Armed Forces Medical Services (Rule 9). (ix) Undertake or support research or operational research regarding bio-medical waste.
5.	State Government of Health or Union Territory Government or Administration	<ul style="list-style-type: none"> (i) To ensure implementation of the rule in all health care facilities or occupiers. (ii) Allocation of adequate funds to Government health care facilities for bio-medical waste management. (iii) Procurement and allocation of treatment equipments and make provision for consumables for bio-medical waste management in Government health care facilities. (iv) Constitute State or District Level Advisory Committees under the District Magistrate or Additional District Magistrate to oversee the bio-medical waste management in the Districts. (v) Advise State Pollution Control Boards or Pollution Control Committees on implementation of these Rules. (vi) Implementation of recommendations of the Advisory Committee in all the health care facilities.
6.	State Pollution Control Boards or Pollution Control Committees	<ul style="list-style-type: none"> (i) Inventorisation of Occupiers and data on bio-medical waste generation, treatment & disposal. (ii) Compilation of data and submission of the same in annual report to Central Pollution Control Board within the stipulated time period. (iii) Grant and renewal, suspension or refusal cancellation or of authorisation under these rules (Rule 7, 8 and 10). (iv) Monitoring of compliance of various provisions and conditions of authorisation. (v) Action against health care facilities or common bio-medical waste treatment facilities for violation of these rules (Rule 18). (vi) Organizing training programmes to staff of health care facilities and common bio-medical waste treatment facilities and State Pollution Control Boards or Pollution Control Committees Staff on segregation, collection, storage, transportation, treatment and disposal of bio-medical wastes.

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		<ul style="list-style-type: none"> (vii) Undertake or support research or operational research regarding bio-medical waste management. (viii) Any other function under these rules assigned by Ministry of Environment, Forest and Climate Change or Central Pollution Control Board from time to time. (ix) Implementation of recommendations of the Advisory Committee. (x) Publish the list of Registered or Authorised (or give consent) Recyclers. (xi) Undertake and support third party audits of the common bio-medical waste treatment facilities in their State.
7	Municipalities or Corporations, Urban Local Bodies and Gram Panchayats	<ul style="list-style-type: none"> (i) Provide or allocate suitable land for development of common bio-medical waste treatment facilities in their respective jurisdictions as per the guidelines of Central Pollution Control Board. (ii) Collect other solid waste (other than the bio-medical waste) from the health care facilities as per the Municipal Solid Waste (Management and handling) Rules, 2000 or as amended time to time. (iii) Any other function stipulated under these Rules.

SCHEDULE IV

[See rule 8(3) and (5)]

Part A

LABEL FOR BIO-MEDICAL WASTE CONTAINERS or BAGS



HANDLE WITH CARE

CYTOTOXIC HAZARD SYMBOL



HANDLE WITH CARE

Part B

LABEL FOR TRANSPORTING BIO-MEDICAL WASTE BAGS OR CONTAINERS

DayMonth

Year

Date of generation

Waste category Number

Waste quantity

Sender's Name and Address

Phone Number

Receiver's Name and Address:

Phone Number

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[भाग II-खण्ड 3(i)]

भारत का राजपत्र : असाधारण

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Fax Number.....

Fax Number

Contact Person

Contact Person

In case of emergency please contact :

Name and Address :

Phone No.

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

FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident :
2. Type of Accident :
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately :
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment:
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has an Emergency Control policy? If yes give details:

Date :

Signature

Place:

Designation

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

I. 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 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	Please tick
--	-------------

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

(i) Applied for CTO/CTE Yes/No

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

(iii) Status of Consents:

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

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

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

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

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

(i) Number of beds of HCF:

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

(iii) Number healthcare facilities covered by CBMWTF: _____

(iv) No of beds covered by CBMWTF: _____

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

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

(vii) Area or distance covered by CBMWTF: _____

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

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

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste:		
	(b) Animal Anatomical Waste :		
	(c) Soiled Waste:		
	(d) Expired or Discarded Medicines:		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste :		

	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.		
	(h) Microbiology, Biotechnology and other clinical laboratory waste:		
Red	Contaminated Waste (Recyclable)		
White (Translucent)	Waste sharps including Metals:		
Blue	Glassware:		
	Metallic Body Implants		

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

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

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

	No of units	Capacity of each unit
Incinerators :		
Plasma Pyrolysis:		
Autoclaves:		
Microwave:		
Hydroclave:		
Shredder:		
Needle tip cutter or destroyer		
Sharps encapsulation or concrete pit:		
Deep burial pits:		
Chemical disinfection:		
Any other treatment equipment:		

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

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

9. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Date :

Place :

Signature of the Applicant

Designation of the Applicant

FORM -III

(See rule 10)

AUTHORISATION

(Authorisation 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. M/s _____ an occupier or operator of the facility located at _____ is hereby granted an authorisation for:

Activity
Generation, segregation
Collection,
Storage
packaging

Please tick

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- Reception
- Transportation
- Treatment or processing or conversion
- Recycling
- Disposal or destruction
- use
- offering for sale, transfer
- Any other form of handling

3. M/s _____ is hereby authorized for handling of biomedical waste as per the capacity given below:

- (i) Number of beds of HCF: _____
- (ii) Number healthcare facilities covered by CBMWTF: _____
- (iii) Installed treatment and disposal capacity: _____ Kg per day
- (iv) Area or distance covered by CBMWTF: _____
- (v) Quantity of Biomedical waste handled, treated or disposed:

Type of Waste Category	Quantity permitted for Handling
Yellow	
Red	
White (Translucent)	
Blue	

- 4. This authorisation shall be in force for a period of Years from the date of issue.
- 5. 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

Place:

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 authorisation 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 and such other terms and conditions may be stipulated by the prescribed authority.

Form - IV

(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

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Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	
	(v) Tel. No. Fax. No	:	
	(vi) E-mail ID	:	
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:valid up to
(xi). 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 or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :
		:	Red Category :
		:	White:
		:	Blue Category :
		:	General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size :
		:	Capacity :
		:	Provision of on-site storage : (cold storage or any other provision)

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THE GAZETTE OF INDIA : EXTRAORDINARY

[PART II—SEC. 3(i)]

	disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		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:			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)		
	(iv) No of vehicles used for collection and transportation of biomedical waste	:			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
			Incineration Ash ETP Sludge		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:			
	(vii) List of member HCF not handed over bio-medical waste.				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.				
	(ii) number of personnel trained				
	(iii) number of personnel trained at the time of induction				
	(iv) number of personnel not undergone any training so far				
	(v) whether standard manual for training is available?				
	(vi) any other information				
8	Details of the accident occurred during the year				

3X2

[भाग II-खण्ड 3(i)]

भारत का राजपत्र : असाधारण

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	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....

Date:

Place

Name and Signature of the Head of the Institution

FORM -V

(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

Name and Address.....

Date :

[F. No. 3-1/2000-HSMD]

BISHWANATH SINHA, Jt. Secy.



केन्द्रीय प्रदूषण नियंत्रण बोर्ड
CENTRAL POLLUTION CONTROL BOARD
(पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार)
(Ministry of Environment, Forest & Climate Change, Govt. of India)
क्षेत्रीय निदेशालय, कोलकाता
Regional Directorate, Kolkata



Date: 04.02.2025

To,
The Member Secretary
West Bengal Pollution Control Board
Paribesh Bhawan, 10A Block L.A, Sec-III
Salt Lake, Bidhannagar Kolkata – 700106

Subject- Hon'ble NGT Original Application No. 239/2024/EZ in the matter of Subash Datta vs State of West Bengal & Ors. -reg

Sir.

This has reference to the Hon'ble NGT order dated 02.01.2025 in Original Application No-239/2024/EZ in the matter of Subash Datta vs State of West Bengal & Ors. The matter pertains to the improper dumping of medical and other wastes at backyard of Malbazar Super Speciality Hospital, District Jalpaiguri, West Bengal.

In this regard, it is requested to kindly examine the matter regarding Waste Management (BMW & other Waste) pertains to Malbazar Super Speciality Hospital, and also provide a factual report of the matter to CPCB by 10.02.2025 for onward submission to Hon'ble NGT.

Matter is listed on 21.02.2025.

Your faithfully.

(M. K. Biswas)
Regional Director

Copy to:

1. The Divisional Head, WM-I, CPCB-Delhi
2. The Divisional Head, Law Division, CPCB-Delhi
3. PS to Member Secretary, CPCB-Delhi
4. Regional Office, Siliguri, WBPCB

For kind information please

(M. K. Biswas)

मुख्यालय/Head Office:

पारिवेश भवन/Parivesh Bhawan,
पूर्वी अर्जुन नगर/East Arjun Nagar
दिल्ली/Delhi-110 032

दूरभाष/Tel: 011-43102030, 22305792

वेबसाइट/Website: www.cpcb.nic.in

क्षेत्रीय निदेशालय/Regional Directorate:

502, साउथएंड कॉन्क्लेव/502, South
1582, राजडांगा मेन रोड/ 1582, Rajdanga
कोलकाता/Kolkata

दूरभाष/Tel: 033 2333 2333

ई-मेल/e-mail: rdkolkata.cpcb@nic.in

Annexure III

3X1

By Speed Post

F.No. B-31011/BMW (133)/2024/WMD-I/ 3967

September 06, 2024

To,

The Member Secretary,
West Bengal Pollution Control Board,
Paribesh Bhawan, 10A, Block- LA, Sector III,
Salt Lake City, Calcutta- 700106,
West Bengal

Sub: News article published in Times of India on 02.09.2024 related improper disposal of biomedical waste by RG Kar Hospital, Kolkata-reg.

Sir,

This has reference to a news article published in Times of India on 02.09.2024 titled "CBI probing biomedical waste scam flagged in Kolkata's RG Kar Medical College earlier". In the said article, it is alleged that the quantity of biomedical waste generation is getting reduced each day and biomedical waste is not properly management by RG Kar Hospital, Kolkata. Copy of the news article is enclosed herewith for ready reference.

In view of the above, it is requested to kindly examine the matter raised in the news article and take necessary action in line with Biomedical Waste Management Rules, 2016 and CPCB guidelines. The action taken in this matter may please be informed to the CPCB within a week.

Yours faithfully,



(V. P. Yadav)

Director & Head

Waste Management Division -I

Encl. As above

Copy to:

- (i) The Regional Director, : For follow-up, please
Regional Directorate
Central Pollution Control Board
South end Conclave,
Block-502, 5th & 6th Floors
1582, Razidanga, Main Road
Kolkata - 700 107



(V. P. Yadav)

कीर्तिय प्रदूषण नियंत्रण बोर्ड
दिनांक 10/9/2024
N. S. Singh

9/c

3X5

By Speed Post

F.No. B-31011/BMW (133)/2024/WMD-I/ 3968

September 06, 2024

To,

The Member Secretary,
Telangana Pollution Control Board
Paryavaran Bhawan, A-III
Institutional Estate, Sanathnagar
Hyderabad – 500018

Sub: Complaint related to dumping of biological waste in public places and agricultural land by pharmaceutical companies in Yadadri Bhongir district, Telangana-reg.

Sir,

This has reference to a complaint raised under Rule 377 in the Lok Sabha by Hon'ble Member of Parliament, Shri Chamala Kiran Kumar Reddy related to dumping of biological waste in public places and agricultural land in Dhotigudem Village, Choutuppal, Yadadri Bhongir District, Telangana by pharmaceutical companies. Copy of the complaint is enclosed herewith for ready reference.

In view of the above, it is requested to kindly examine the matter raised by Hon'ble Member of Parliament, Shri Chamala Kiran Kumar Reddy and take necessary action in line with Biomedical Waste Management Rules, 2016 and CPCB guidelines. The action taken in this matter may please be informed to the CPCB within a week.

Yours faithfully,



(V. P. Yadav)

Director & Head

Waste Management Division -I

Encl: As above

Copy to:

- (i) The Regional Director,
Regional Directorate,
Central Pollution Control Board,
Second Floor, 77-A, South Avenue Road,
Ambattur Industrial Estate,
Chennai, Tamilnadu-600058

: For follow-up, please



(V. P. Yadav)

केन्द्रीय प्रदूषण नियंत्रण बोर्ड %
निर्गत... 10/9/2024
दिनांक... 10/9/2024

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By Speed Post

F.No. B-31011/BMW/F. No. 10.9/ C.N.133/2024/WMD-I 4031 September 11, 2024

To

The Member Secretary,
Madhya Pradesh Pollution Control Board
Paryavaran Parisar, Sector E-5,
Arcra Colony, Bhopal – 462 016.

**Sub: Complaint regarding violation of Bio-Medical Waste Management Rules, 2016 by
Common Bio-Medical Waste Treatment Facility at Satna, M.P –reg.**

Sir,

This has reference to a complaint dated 09.08.2024 received through email from Shri Rajeev Narayan Tripathi regarding violation of BMW Rules, 2016 by CBWTF namely M/s Indo Water Management and Pollution Control Corporation at Badkheda, Tehsil Uchehara, District Satna, M.P. As informed by complainant, aforesaid CBWTF has not obtained Environment Clearance (EC) and the location of the CBWTF is just 50 meter away from tribal habitation and near to school, whereby many people are suffering from tuberculosis and hepatitis. A copy of the complaint is enclosed herewith for ready reference.

In view of the above, it is requested to kindly examine the matter as raised by complainant and take necessary action in line with Bio-Medical Waste Management Rules, 2016 and CPCB guidelines. The action taken in this matter may please be informed to the complainant with a copy endorsed to this office.

Yours faithfully,



(V. P. Yadav)

Director & Head

Waste Management Division -I

Encl: As above

O/C
केन्द्रीय प्रदूषण नियंत्रण बोर्ड
निर्गत... 12/9/24
दिनांक... 12/9/24

Annexure IV

3X



WEST BENGAL POLLUTION CONTROL BOARD
(Department of Environment, Govt. of West Bengal)

Paribesh Bhawan, 10 A, Block-LA, Sector-III,

Bidhannagar, Kolkata – 700 106

Tel : 2202-3000 Fax : 2202-3099

Website : www.wbpcb.gov.in, e-mail : net.wbpcb-wb@bangla.gov.in

Memo No. 296/1S-74/2001(Pt. IX)

Date: 23.09.2024

To
Mr. V. P. Yadav
Director & Head, Waste Management Division- I
Central Pollution Control Board
Parivesh Bhawan, East Arjun Nagar,
Delhi- 110032

Ref.: Your letter F. No. B-31011-BMW(133)/2024/WMD-I/3967 dated 06/09/2024 received by this office on 13/09/2024

Sir,

Enclosed please find herewith the Direction bearing memo no. 10018-2S(BM)-1147/2001 dated 27/08/2024 issued by the State Board which speaks for itself for your perusal please.

Yours faithfully,

[Handwritten Signature] 23.09.2024

Chief Engineer
Waste Management Cell

Encl.: As stated above



LIFE
Lifestyle for
Environment

~~38~~

WEST BENGAL POLLUTION CONTROL BOARD
(Department of Environment, Government of West Bengal)
Paribesh Bhawan, 10-A, Block - LA, Sector III, Bidhannagar
Kolkata - 700 106, Ph. No.: 2202-3097/3096
Website: www.wbpcb.gov.in, Email: net.wbpcb-wb@bangla.gov.in

Memo No. 10018 — -25(BM)-1147/2001

Date: 27/08/2024

DIRECTION

WHEREAS, R.G. Kar Medical College & Hospital (hereinafter referred to as the health care unit) located at 1, Khudiram Bose Sarani, Kolkata-700004 is a Govt. medical college & hospital with 1385 nos. bed capacity.

AND WHEREAS, the health care unit (HCU) was inspected by the West Bengal Pollution Control Board (hereinafter referred to as the State Board) official on 31/01/2024. The Technical Committee has observed the following non-compliances of Bio-medical Waste Management Rules, 2016 and its subsequent amendments and Guidelines for Management of Health Care Waste as per Bio-medical Waste Management Rules, 2016 published by Central Pollution Control Board in the inspection report:

- Bio-medical Wastes (BMWs), made of plastic, glass & rubber, packed in yellow bag which was kept in a black bag and placed beside the general waste disposal vat located near public toilet instead of designated intermediate storage room for storage of BMWs. Black bag is designated for disposal of general wastes i, e non-bio-medical wastes only. All are violation of Rule 4(a) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- BMWs, made of plastic, glass & rubber, were also found kept in general container placed beside the general waste disposal vat located near public toilet instead of designated intermediate storage room for storage of BMWs. BMWs were also found to be disposed into the said general waste disposal vat instead of designated intermediate storage room for storage of BMWs. All are violation of Rule 4(a) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- Non mutilated disposable syringes, plastic made saline bottles, tubings etc. were observed during inspection which is violation of Schedule I, Part-2 (3) of the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- Intermediate storage room for storage of BMWs before handing over to the common bio medical waste treatment facility was found. However, BMW containing bags were found kept outside the BMW storage room and under open sky which is violation of Rule 4(a) and 4(b) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- During inspection Bar Code system of BMW bags/containers was found not to be maintained which is violation of Rule 4(i) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- During inspection it was informed that pre-treatment was not carried out of highly infectious BMWs generated from clinical laboratory of the hospital before disposal through the operator of Common Bio-medical Waste Treatment Facility (CBMWTF) which is violation of Rule 4(c) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
- Bio-medical waste generation/disposal record was found maintained without following the Guidelines for Management of Healthcare Waste as per Bio-medical Waste Management Rules 2016 published by the Central Pollution Control Board.

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- There was violation of 'Direction' issued by the Hon'ble National Green Tribunal against the hospital vide O.A. No 120/2015/EZ (M.A. No. 1187/2016/EZ) dated 22/07/2021 regarding installation effluent treatment plant (ETP).
- Uploading of Monthly report for the month of December 2023, November 2023, September 2023, and May 2023 only was found in the website of the hospital. Annual Report on BMWs of the hospital was found uploaded in the website of the hospital for the year 2021 only. All are violation of Rule 4(n) & 4(p) under the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.

AND WHEREAS, non-compliances regarding improper management of in-house bio-medical including disposal of BMWs into the municipal vat were also observed during earlier inspection on 22/08/2022 and 18/05/2023. Subsequently letters were issued by the State Board on 25/08/2022 and 31/05/2023 and the HCU submitted the reply.

AND WHEREAS, there is an order of Hon'ble High Court, Calcutta against the Writ Petition being W.P.A.(P) No 615 of 2023 in connection with a complaint regarding dumping and transporting of bio-medical waste in an illegal manner etc.

AND WHEREAS, the Consent to Operate and Bio-medical Waste Authorization of the HCU are valid upto 30/06/2027.

AND WHEREAS, the health care unit was called for a hearing on 05/03/2024 at the Head office of the Board for violation of BMW Rules, 2016 and its subsequent amendments, Guidelines for Management of Health Care Wastes as per Bio-medical Waste Management Rules, 2016 of the Central Pollution Control Board and 'Direction' of the Hon'ble National Green Tribunal vide O.A. No 120/2015/EZ (M.A. No. 1187/2016/EZ) dated 22/07/2021 and also in connection with order of Hon'ble High Court, Calcutta against the Writ Petition being W.P.A.(P) No 615 of 2023.

AND WHEREAS, the representatives of the HCU appeared in the hearing and submitted that they have trained all the nurses and staffs who are involved in handling of bio-medical wastes and they are also immunized. They informed that they have intermediate storage room for BMWs and no BMWs are being kept under open sky and they would install an ETP to treat its waste water and bar code system will be implemented shortly. They also informed that chemical disinfection will be introduced shortly for pre-treatment of highly infectious BMWs of pathological laboratory and microbiological laboratory. During the course of hearing, a copy of inspection report dated 31.01.2024 was handed over to the representatives of the hospital for compliance of BMW Rules, 2016 and its subsequent amendments, Guidelines for Management of Health Care Wastes as per Bio-medical Waste Management Rules, 2016 of the Central Pollution Control Board and 'Direction' of the Hon'ble National Green Tribunal vide O.A. No 120/2015/EZ (M.A. No. 1187/2016/EZ) dated 22/07/2021.

NOW THEREFORE, considering the above, R.G. Kar Medical College & Hospital located at 1, Khudiram Bose Sarani, Kolkata-700004 is hereby directed as follows:-

1. That, the HCU shall strictly abide by all the provisions of the Bio-medical Waste Management Rules, 2016 and its subsequent amendments, Guidelines for Management of Health Care Wastes as per Bio-medical Waste Management Rules, 2016 published by the Central Pollution Control Board and 'Direction' of the Hon'ble National Green Tribunal vide O.A. No 120/2015/EZ (M.A. No. 1187/2016/EZ) dated 22/07/2021.
2. That, the HCU shall segregate different categories of bio-medical wastes at the point of generation and keep the same in colour-coded bags/containers as per the BMW Management Rules.

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3. That, the HCU shall not dispose any bio medical wastes into the municipal vat and its surrounding areas under any circumstances. All type of BMWs should be disposed through authorized Common Bio-medical Waste Treatment Facility only.
 4. That, the HCU shall mutilate used disposable needles and syringes. All the plastic disposable items like plastic made saline bottles, Tubings etc. shall be mutilated before disposal through authorized Common Bio-medical Waste Treatment Facility only.
 5. That, the HCU shall keep the bio-medical wastes containing bags and containers into intermediate BMW storage room. BMWs containing bags and containers should not be kept under open sky and outside the BMW storage room under any circumstances.
 6. That, the HCU shall maintain Bar code system of BMW bags/containers in compliance with the Bio medical Wastes Management Rules, 2016 & its subsequent amendments and Guidelines for Bar Code System for Effective Management of Bio-Medical Waste published by the Central Pollution Control Board.
 7. That, the HCU shall take necessary steps for pre-treatment of highly infectious bio-medical wastes generated from the pathological laboratory and microbiological laboratory before disposal through authorized Common Bio-medical Waste Treatment Facility.
 8. That, the HCU shall maintain Bio-medical waste generation/disposal record following the Annexure 2 of Guidelines for Management of Healthcare Waste as per Bio-medical Waste Management Rules 2016 published by the Central Pollution Control Board.
 9. That, the HCU shall immediately install an effluent treatment plant (ETP) within the unit premises in compliance with the 'Direction' of Hon'ble NGT dated 22.07.2021.
 10. That, the HCU shall display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I of the Bio-medical Waste Management Rules, 2016 and its subsequent amendments.
 11. That, the HCU shall make available the annual report of bio-medical wastes on its web-site.
 12. That, the HCU shall submit a compliance report to the State Board in regard to the above directions within 30th September, 2024.
 13. That, the HCU shall execute a **Bank Guarantee (BG)** (proforma enclosed) of Rs. 20,00,000/- (Rupees twenty lakhs) only valid for twelve (12) months within fifteen [15] days from the date of issuance of this direction in favour of the **WEST BENGAL POLLUTION CONTROL BOARD (Union Bank of India IFSC Code UBIN0906638)** as an assurance to comply with the Bio-medical Waste Management Rules, 2016 and its subsequent amendments, Guidelines for Management of Health Care Wastes as per Bio-medical Waste Management Rules, 2016 published by Central Pollution Control Board, 'Direction' of the Hon'ble National Green Tribunal vide O.A. No 120/2015/EZ (M.A. No. 1187/2016/EZ) dated 22/07/2021 and also Board's Direction.

The Director of Medical Education, Dept. of Health & Family Welfare, Govt. of West Bengal is requested to investigate the matter regarding improper management of bio-medical wastes in the hospital and take appropriate action from your end.

The operator of Common Bio-medical Waste Treatment Facility (CBMWTF) namely M/s. Medicare Environmental Management Pvt. Ltd., Plot No.-41, 'F' Road, P.O.- Howrah, P.S.-Liluah, Dist.-Howrah, Pin-711 105 is also hereby directed as follows:-

1. That, the CBMWTF shall take all necessary steps to ensure that the bio-medical waste collected from the HCU is transported, handled, stored, treated and disposed of, without any adverse effect to the human health and the environment, in accordance with the rules and guidelines issued by the Central Government or, as the case may be, the Central Pollution Control Board from time to time.
2. That, the CBMWTF shall ensure timely collection of bio-medical wastes from the HCU.
3. That, the CBMWTF shall ensure collection of biomedical waste on holidays also as prescribed under these rules.

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4. That, the CBMWTF shall inform the State Board immediately in case the HCU not handing over the segregated bio-medical waste in accordance with the rules.
5. That, the CBMWTF shall assist the HCU in training conducted by them for bio-medical waste management.

The Chief Engineer, Waste Management Cell of the State Board is requested to oversee the compliance of Board's direction.

This direction is issued in exercise of the powers conferred under the provision of Section 33A of Water (Prevention & Control of Pollution) Act, 1974, Section 31A of Air (Prevention & Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986 and Rules made thereunder after being approved by the Competent Authority.

By Order,


Officer-on-Special Duty
(Operation & Execution)
West Bengal Pollution Control Board

Memo No. 10018 (1-12)-2S(BM)-1147/2001

Date: 27/08/2024

Copy forwarded for information and necessary action to:-

1. R.G. Kar Medical College & Hospital, 1, Khudiram Bose Sarani, Kolkata-700004
2. The Director of Medical Education, Govt. of West Bengal, Swasthya Bhawan, GN-29, Sector-V. Bidhannagar, Kolkata – 700 091
3. M/s. Medicare Environmental Management Pvt. Ltd., Plot No.-41, 'F' Road, P.O.- Howrah, P.S.- Liluah, Dist.- Howrah, Pin-711 105
4. The Chief Engineer, Planning & EIM Cell, WBPCB
5. The Chief Engineer, Waste Management Cell, WBPCB
6. The Senior Law Officer, WBPCB
7. The FAM, WBPCB
8. T.A. to the Member Secretary, WBPCB
9. P.A. to the Chairman, WBPCB
10. Technical Cell, WBPCB for updating the website
11. Environment Officer- Communication, WBPCB – for circulation through float file
12. Guard file of O & E Cell


Officer-on-Special Duty
(Operation & Execution)
West Bengal Pollution Control Board

Annexure V

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By Speed Post

F.No. B-31011/BMW (133)/2024/WMD-I/7981

January 02, 2024

To

The Member Secretary,
West Bengal Pollution Control Board,
Paribesh Bhavan, 10A, Block-L.A., Sector III,
Bidhan Nagar, Kolkata - 700 106.

Sub: Representation regarding appropriate disposal of bio-medical waste as per the BMW Rules, 2016 and implementation of NGT's order, passed on 22/07/2021 in OA 120/2015/EZ-reg.

Sir

This has reference to a representation dated 14.11.2024 received from Sh. Subhash Datta, Chartered Accountant, Environmental Activist, Howrah, Calcutta regarding disposal of bio-medical waste in West Bengal and implementation of NGT's order, passed on 22/07/2021 in OA 120/2015/EZ. A copy of the aforesaid representation which is self-explanatory is enclosed herewith for ready reference.

In view of the above, it is requested to kindly examine the matter in line with Bio-Medical Waste Management Rules, 2016 and CPCB guidelines. The action taken in this matter may please be informed to the complainant with a copy endorsed to this office.

Yours faithfully,



(V. P. Yadav)

Director & Head
Waste Management Division -I

Encl: As above

केन्द्रीय प्रदूषण नियंत्रण बोर्ड

निर्गत.....

दिनांक...02/01/2025

o/c

Subhas Datta
Chartered Accountant
Environmental Activist

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Resi: 25/1, Guitendal Lane, Howrah-711 101
55/2, Panchanantala Road, Howrah-711 101
Office: S. R. Dutt Associates
17, Sagar Dutta Lane, Calcutta-700 073

Contact: (033) 2638 3526, 9830752752 (M)
Email: subhasdatta@rediffmail.com

To
The Chief Secretary,
Govt. of West Bengal,
Nabanna,
325, Sarat Chatterjee Road,
Howrah- 711102

14.11.2024

Sir,

Sub:- Appropriate disposal of Bio- medical wastes as per Bio-Medical Waste Management (Amendment Rules) 2018 and implementation of NGT's order, passed on 22nd July 2021 in OA 120/2015/EZ

1. That Hon'ble National Green Tribunal, vide order dated 22nd July 2021 in OA 120/2015 EZ, had given few directions with regard to proper disposal of Bio-Medical Wastes, which were primarily based on the inspection report of the Joint Committee comprising of CPCB and State PCB undertaking the environmental audit of the six Government run hospitals and other organizations. Certain other shortcomings had also been reported on which the Hon'ble Tribunal had given several orders/directions from time to time.
2. That in the order of disposal of the matter, dated 22nd July 2021, the Hon'ble Tribunal it has recorded as follows:-

"It is evident from the report of the Joint Committee of CPCB and State PCB that the liquid waste generated from these medical colleges are within the standard limit prescribed except for BOD which is slightly on the higher side. However, it is also stated in the report that the provisions of Rules, 2016 were amended on 16th March, 2018 and Bio-Medical Waste Management (Amendment) Rules, 2018 were promulgated wherein in Rule 8(2), there is a provision that "for discharge into public sewers with terminal facilities, the general standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable and the 19 general standard of BOD for discharge into public sewer as notified under the Environment (Protection) Act, 1986 (29 of 1986) is 350 mg/l, which is much above the level of discharge for BOD

19 NOV 2024

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as reported in the Joint Committee for the hospitals concerned."

"In view of the above submissions and since the directions given by the Tribunal in its various orders have been complied with except the assessment of Environmental Compensation for the Government run hospitals for their past violations, we feel that the matter can be disposed of by giving certain directions which are as under:-

i) The Central Pollution Control Board and the State Pollution Control Board shall assess the Environmental Compensation of six Government run hospitals mentioned in para 7 hereinabove for their past violations and take steps to recover the same;

ii) Even though the Bio-medical Waste Management (Amendment) Rules, 2018 (amended on 16th March, 2018) lays down the standard of discharge of BOD at the outlet point to 350 mg/l and the value observed in all the six Government run hospitals at the outlet point of untreated waste is below the said prescribed limit and since the other values (pH, TSS, COD, O&G) are within the prescribed standards, a question is raised as to whether it is necessary to install Effluent Treatment Plants (ETPs) in the hospitals. We are of the considered opinion that as a precautionary measure, the ETPs which were directed to be established and for which considerable work has already been done shall be completed and installed in all the six Government run hospitals within the timeline provided. This will ensure that no untreated liquid waste is discharged in future and will help in remedying the situation in an environmental friendly manner. More so, with regard to the implementation of Bio-Medical Waste Management Rules, 2016, installation of ETPs is mandatory for above 10 (ten) bed hospitals.

iii) The State Pollution Control Board is directed to monitor the working of the Government run hospitals as well as the private run hospitals with regard to the compliance of the Bio-Medical Waste Management Rules periodically and if any violation is



found in the hospitals, it shall take appropriate action against the concerned erring hospital in accordance with law.

iv) Disposal of bio-medical waste in general bins so as to be part of municipal waste or unscientific handling sewage and other liquid waste without safeguards can also be hazardous. The PCB must ensure the need to incorporate best practices in the light of further experience and new thoughts emerging from time to time, apart from continued supervision and monitoring, compiling data in an outline format, use of electronic/digital manifest system to track and log bio-medical waste from all sources, preventing its accidental spillage, analyzing the data for strategic planning and the feedback by creating necessary software, to the extent viable, as per the directions given by the National Green Tribunal, Principal Bench, New Delhi in Original Application No. 72/2020 (Re: Scientific Disposal of Bio-Medical Waste arising out of COVID-19 treatment-compliance of BMW Rules, 2016)."

3. That it has been gathered from the reliable sources that there are non-compliances as follows:-

- a) No Environmental Compensation has been assessed as yet.
- b) The constructions and operations of the ETPs in Govt. hospitals have not yet been done.
- c) The best protection and monitoring in the disposal of the bio-medical wastes are yet to be adopted.
- d) Bio-Medical wastes are mixed with other general wastes in many places (HCF).

4. That from the Annual Report on Bio-Medical Wastes Management for the year 2023 (submitted by the State Pollution Control Board to the Central Pollution Control Board, vide Memo No. 262/18-74/2001 (Pt-IX), dated 24.07.2024 it has been evident as follows:-

<u>Description</u>	
I Bedded Hospitals and Nursing Homes (bedded)	3209 Nos
II Clinics, dispensaries	6718 "
Total Non-bedded units	
III Total No of Beds	1,68,323 "

IV Quantity of Bio-medical wasted generations (kg, day)	43120.87 kgs
V Bio-medical waste generation by bedded hospital (kg, day)	35603.29 kgs
VI Bio-medical waste generation by non-bedded hospital (kg day)	7517.58 kgs
VII Bio-medical waste treatment and disposal (kg day)	43120.87 kgs

5. That in the Govt. hospitals/health centers in order to cope with the arising situations, in the General Wards of such hospitals more than one patient are accommodated on a single bed. Thus the total number of admitted patients become much more than the total no of beds in such health organizations.
6. That other than the hospitals, various types of health service facilities are provided to the people requiring indoor bed facilities. Other types of health service centers, which generate Bio-Medical Waste are the as follows:-
 - a) OPD in the Hospitals.
 - b) MCS in the Hospitals.
 - c) Mobile Medical Camps.
 - d) Blood Banks totalling 106 (State Govt. 58, Private 31 and Central Govt. 17)
 - e) Diagnostic Centers in the State (total number 1521)
 - f) Veterinary Hospitals (total number 3372 as per CAG Report No. 1 of 2020)
 - g) Various Health Research Institutions
 - h) AYUSH Hospitals
7. That other than in-door health services, the out-door health services of various nature also generate huge quantity of Bio-Medical Wastes. Thus it is expected that the generation of bio-medical wastes per day will be much more than the generation and disposal as found and submitted by the State Pollution Control Board. It is, therefore apprehended that the gap in generations and disposal of bio-medical waste finds its way to the gray-market, which is a matter of serious health hazards to the people at large.
8. That the media report has also stated such gap in the whole process, indicating the position that the best practices for disposal of bio-medical waste are not yet followed.

9. That in respect of the gap between the generation and disposal of Biomedical wastes, the Report of the Comptroller and Auditor General of India on General and Social Sector for the years April 2013 to March 2018, Government of West Bengal Report No. 1 of 2020 (as available from the "public domain"), the Executive Summary, page 10), may be referred, which states as follows:-

"In the Annual Report of 2016, WBPCB understated the quantity of BMW generation (26,859 kg per day) to match the figure of BMW shown as treated (26,859 kg per day) by the CBMWTFs so that no BMW was shown as remaining un-treated in the State. WBPCB was intentionally understating and manipulating the BMW generation figure to make it appear that all generated BMW was being treated before disposal."

10. That with regard to the understatement of Bio-Medical Waste, the Audit Report of Comptroller and Auditor General, (page 18) as detailed in earlier paragraph, may be reproduced below:

"An Audit analysis of the extent of understatement using average BMW generation figure of 0.231 kg per bed per day showed that BMW generation was understated atleast by 49.52 percent considering bed strength of the State as per H&FW Department data (Appendix 2.3). Thus, the efficacy of the efforts for BMW management was compromised by lack of reliable data. What appeared to be even more worrisome was that the WBPCB was intentionally understating and manipulating the BMW generation figure to make it appear that all generated BMW was being treated before disposal."

11. That inappropriate biomedical waste management may lead to serious health hazards through spreading infections and other diseases and may cause severe environmental problems by polluting the air, soil, ground and surface water. Even there are several media reports that the gap between the biomedical wastes generated and processed goes to the gray market.
12. That in the absence of correct total figures of daily generation and disposal of biomedical wastes, it may be guessed that about 25% to 40% of the total such waste in the State is a major source of various types of diseases, which the doctors may fail to treat appropriately and timely.
13. That in the process of bio-medical generation the concerned CEO of all the health units, generating bio-medical wastes, should submit before the appropriate authorities on affidavit about the total quantity of bio-medical wastes generated in

the unit under his/her control for every quarter.

XS

Regards and best wishes,

Yours Faithfully,

Subhas Datta
(Subhas Datta)

C.c. To,

1. Principal Secretary,
Health & Family Welfare Deptt.
Govt. of West Bengal,
Swasthya Bhavan,
GN 29, Sector V,
Salt Lake, Calcutta – 700091
2. Principal Secretary,
Public Health & Engineering Deptt.,
Govt. of West Bengal,
NIJALAY, Janaswastha Karigari Bhawan,
Plot No. CN 8, Block CN, Street No. 18,
Sector V, Calcutta – 700091
3. Principal Secretary,
Public Works Department,
Govt. of West Bengal,
Nabanna, 8th Floor,
325, Sarat Chatterjee Road,
Howrah – 711102
4. Principal Secretary,
Environment Department,
Govt. of West Bengal,
5th Floor, Pranisampad Bhawan,
Block, LB II, Sal Lake,
Sector – III, Calcutta – 700106
5. Member Secretary,
West Bengal Pollution Control Board,
Paribesh Bhawan, 10A Block L.A, Sec-III,
Salt Lake, Bidhannagar, Kolkata - 700106
6. Additional Chief Secretary,
Animal Resources Development Department,
Prani Sampad Bhawan,
LB 21, Sector – III,
Salt Lake, Calcutta – 700106
7. Member Secretary,
Central Pollution Control Board,
Parivesh Bhawan,
East Arjun Nagar,
Delhi - 110032