

**BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL,
Principal Bench, New Delhi**

Miscellaneous Application No. 98/2022

In

Original Application No. 180/2021

In the Matter of:

Mukul Kumar

Applicant

Versus

State of Uttar Pradesh & Ors.

Respondent(s)

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Filed By:



Vikrant Pachnanda/ Mukul Katyal

Advocate for Central Pollution Control Board (CPCB)

Place: Delhi

Date: 13.11.2025

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Reply in compliance to orders dated 18.08.2025 passed in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 filed by Mukul Kumar

A. The Hon'ble National Green Tribunal (hereinafter referred to as "NGT") has been reviewing the implementation of Biomedical Waste Management Rules, 2016 (hereinafter referred to as "**BMW Rules, 2016**") in the matter of M.A. No. 98/2022 filed in Original Application No. 180/2021. The matter was heard by Hon'ble NGT on 18.08.2025 and during the hearing following order was passed:

3.0 A perusal of this chart reveals that in some of the States/UTs no CB WTF is available and deep burial practice is adopted. It has not been disputed by the counsel for the CPCB that deep burial practice is only a temporary measure and finally the CB WTF is provided at all the places.

5.0 Shri V.P. Yadav, Scientist appearing virtually could not disclose if the CPCB has the responsibility ensuring compliance of the BMW Rules, 2016 or any action by any authority or CPCB is taken if the 9 points disclosed in



the reply are not followed by the Authorities in the States/UTs where the treatment facility is not available and deep burial practice is adopted.

6.0 We have also found from the chart quoted above that some of the States/UTs have not provided the requisite information to the CPCB. We find that against 719 Tons per day generation of bio-medical waste, treatment facilities are existing to treat 1592 tons per day but, actual utilization has not been disclosed. CPCB and SPCBs needs to carry out assessment on creation of adequately required facilities for their proper utilization rather than mushrooming excessive facilities.

7.0 Learned counsel appearing for the CPCB/Scientist appearing virtually could not disclose, if any action has been taken against the States/its Authorities which have not provided the requisite information and found to be non-compliant. In such circumstances, learned counsel appearing for the CPCB seeks four weeks' time to file further affidavit keeping in view of the observations made above.

Copy of order dated **18.08.2025** is attached herewith as **Annexure-1**.

PRELIMINARY SUBMISSIONS:

1. That, CPCB is constituted under Section 3 of the Water (Prevention and Control of Pollution) Act, 1974 (hereinafter referred to as "Water Act, 1974"). It performs the functions under the Water Act, 1974, The Air (Prevention and Control of Pollution) Act, 1981 (hereinafter referred to as "Air Act, 1981") and The Environment (Protection) Act, 1986 (hereinafter referred to as "E (P) Act, 1986").
2. It is humbly submitted that Biomedical Waste Management Rule, 2016 (hereinafter referred to as "**BMW Rules, 2016**") has been notified by the



Ministry of Environment, Forest & Climate Change (hereinafter referred to as “MoEF & CC”) for ensuring proper management of biomedical waste in an environmentally sound manner.

3. That as per Rule 9 of the BMW Rules, 2016, the prescribed authority for implementation of the provisions of these rules is be the State Pollution Control Boards in respect of States and Pollution Control Committees in respect of Union territories. The prescribed authorities shall comply with the responsibilities as stipulated in Schedule III of these rules.
4. That as per Schedule III of the BMW Rules, 2016 as amended, State Pollution Control Boards or Pollution Control Committees are entrusted with duties:
 - 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,

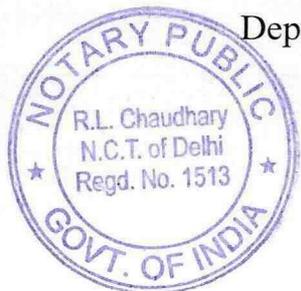


collection, storage, transportation, treatment and disposal of bio-medical wastes.

- 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.
5. That as per Schedule III of the BMW Rules, 2016 as amended, CPCB is entrusted with duties:
- i. Prepare Guidelines on bio-medical waste Management and submit to the Ministry of Environment, Forest and Climate Change.
 - ii. Co-ordination of activities of State Pollution Control Boards or Pollution Control Committees on biomedical waste.
 - 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 biomedical 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.
6. The CPCB has issued directions under Section 5 of the Environment (Protection) Act, 1986, to all SPCBs/PCCs to immediately initiate appropriate action against HCFs operating without authorization and to take necessary action against HCFs and CBWTFs for violations of the BMWM Rules, 2016. Copy of CPCB direction dated 11.12.2024 is annexed as **Annexure-2**.
7. That, to oversee the implementation of the rules in the respective state and to advice any improvements, provisions of an Advisory Committee by State Government or Union territory Administration in the respective State or Union territory have been stipulated under Rule 11 of BMW Rules 2016. The Advisory Committee is to be constituted by the every State Government or Union territory Administration having 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.

8. That, disposal by deep burial is permitted only in rural or remote areas where there is no access to common bio-medical waste treatment facility as per the BMW Rules, 2016 under Schedule -I. 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. CPCB has issued Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016. Copy of the said Guidelines is annexed as **Annexure-3**.
9. That as per Schedule I of the BMW Rules, 2016, following categories of biomedical waste can be disposed of through deep burial where there is no access to Common Bio-Medical Waste Treatment Facilities (hereinafter referred to as “**CBWTF**”):
 - Yellow (a): human anatomical waste
 - Yellow (b): animal anatomical waste
 - Yellow (c): soiled waste
10. That as per Schedule II of the BWM Rules, 2016, following are the standards for deep burial:
 - a. A pit or trench should be dug about two meters deep.



- b. 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.
- c. It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.
- d. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
- e. The deep burial site should be relatively impermeable and no shallow well should be close to the site.
- f. 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.
- g. The location of the deep burial site shall be authorized by the prescribed authority.
- h. The institution shall maintain a record of all pits used for deep burial.
- i. The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

Copy of the Bio-medical Waste Management Rules, 2016 is annexed as **Annexure-4.**

11. That, with regard to deep burial, it is humbly submitted that CPCB issued direction under Section 5 of the Environment (Protection) Act, 1986 to the Chairman of all SPCBs/PCCs on 11.12.2024 wherein it has also been directed to ensure that deep burial disposal system is adopted by HCFs located only in rural or remote areas where there is no access to CBWTF



with prior approval from SPCB/PCC and in compliance with standards prescribed under Schedule-II of BMWM Rules, 20L6;

Copy of CPCB direction dated 11.12.2024 is annexed as **Annexure-2**.

Action taken by CPCB as per order dated 18.08.2025:

12. That CPCB also conducted meeting with the concern State Pollution Control Board (hereinafter referred to as “**SPCB**”) on 15.10.2025 for submission of ATR. In meeting the need for phase out of deep burial and installation of adequate bio-medical treatment facilities were emphasized. The SPCBs/PCCs were also requested to submit Action Taken Report (ATR) as per Hon'ble NGT order, along with their detailed implementation plan. Minutes of meeting is annexed as **Annexure-6**.
13. That in accordance with the aforesaid CPCB letter dated 10.09.2025, the SPCBs/Pollution Control Committees (hereinafter referred to as “**PCCs**”) have submitted ATRs on instances of non-compliance by the Occupiers/Health Care Facilities (hereinafter referred to as “**HCFs**”) with respect to the prescribed standards for deep burial. The summarized details of the ATRs are provided in Table-1.

Table -1: State/UT wise status of submission of ATR on compliance/non-compliance by the occupiers/Health Care Facilities (HCFs) w.r.t. the prescribed standards for deep burial

S.No.	Name of State/UTs	Status
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1.	Andaman and Nicobar Islands	ANPCC submitted that due to absence of a CBWTF in the Andaman & Nicobar Islands and the geographical isolation of many remote HCFs, major HCFs are managing the biomedical waste including the some small HCFs in the 07 captive Biomedical incinerators and whereas, most remotely located HCFs are managing their biomedical waste through the deep burial pit method as per the BMW Rules, 2016. Also, directions have been issued to the concerned stakeholders, HCF units including Directorate of Health Services, Andaman and Nicobar Administration to ensure compliance with the standards specified under Schedule-II of the BMW Rules, 2016, and as per the directions of the Hon'ble NGT. Andaman and Nicobar Pollution Control Committee (ANPCC) is regularly monitoring the HCFs with the compliance of Biomedical Waste Management Rules, 2016 during the inspections and necessary action is being taken in case of any non-compliances observed, to ensure adherence to the standards specified under Schedules of the Biomedical Waste Management Rules, 2016.
2.	Arunachal Pradesh	SPCB submitted that notice was issued to 40 unauthorized HCFs.



3.	Assam	SPCB submitted that two CBWTFs are presently operational in Assam. HCFs that are not presently covered under the service area of these two CBWTFs are disposing of biomedical waste through deep burial methods. The SPCB had initiated physical verification of these deep burial facilities and has completed verification in most districts. No violations have been observed with respect to the prescribed standards for deep burials so far. Furthermore, two additional CBWTFs are currently under construction and are expected to be commissioned by the second quarter of 2026. Upon commissioning of these two facilities, only six districts in the State will remain without access to CBWTFs.
4.	Bihar	SPCB submitted that approval for deep burial has not been provided by the SPCB to any occupier/HCFs as the entire state is being covered by Common Bio-medical Waste Treatment Facilities.
5.	Chhattisgarh	SPCB submitted that the deep burial system is being phased out in a systematic manner. M/s Aroma Social Service Institute (deep burial-based CBWTF), Bade Rampur, Raigarh, has been completely closed. The concerned medical institutions have initiated the process of entering into agreements with M/s V.M. Technosoft (incineration-based CBWTF), Punjipathra, Raigarh, for the collection and disposal of biomedical waste.



		<p>M/s V.M. Technosoft was granted consent under the Water and Air Acts vide letter no. 1582 dated 16.10.2024, and authorization under the BMW Rules, 2016 vide letter no. 8132 dated 11.12.2024. The Chhattisgarh Environment Conservation Board (CECB) directed all the medical institutions to ensure that biomedical waste generated by them is collected and disposed of exclusively through M/s V.M. Technosoft, Punjipathra, Raigarh, by 20.03.2025, and not through M/s Aroma Social Service Institute.</p> <p>CECB also impose Environment Compensation of amount 52,500/- to Shaheed Mahendra Karma Smriti Chikitsalaya, Dimrapal, Bastar, Chatisgarh for voilation of deep burial. The HCF has submitted Environment Compensation.</p>
6.	Himachal Pradesh	SPCB submitted that there is no instance of Non-compliance by HCFs with respect to prescribed standards for deep burial.
7.	J &K	J & K PCC submitted that verification of deep burial pits is under process.
8.	Jharkhand	SPCB submitted that there is no instance of non-compliance by HCFs with respect to prescribed standards for deep burial as deep burial facility is not practiced in state.



9.	Karnataka	SPCB submitted that there is no instance of Non-compliance by HCFs with respect to prescribed standards for deep burial.
10.	Kerala	The SPCB submitted that currently no HCF is practicing deep burial.
11.	Ladakh	The Ladakh Pollution Control Committee (LPCC) has issued instructions to all Health Care Facilities (HCFs) in the Union Territory of Ladakh regarding non-compliance with Schedule-II (Standards for Deep Burial) under the Bio-Medical Waste Management Rules, 2016. All HCFs are in the process of obtaining the required authorization/consent. A meeting was convened on 15.10.2025 under the chairmanship of the Member Secretary, LPCC, to discuss the feasibility of establishing a Common Bio-Medical Waste Treatment Facility (CBWTF) in Ladakh, in line with CPCB's communication dated 09.10.2025. LPCC also conducts inspections to assess compliance with the BMW Rules, 2016, and grants authorization/consent only upon satisfactory adherence to Schedule-II standards.
12.	Lakshadweep	UT submitted that no HCFs are using Deep Burial practice.
13.	Madhya Pradesh	There is no instance of non-compliance by HCFs with respect to prescribed standards for deep burial as deep burial facility is not practiced in Madhya Pradesh.



14.	Maharashtra	Maharashtra Pollution Control Board directed the respective Regional Officer to take necessary actions against the PHC (primary health centers) those are utilizing deep burial facility. Further, The PHC using deep burial facility are directed to join the CBWTF for disposal of Bio Medical Waste of their jurisdiction through notices and District Level Monitoring committee meetings.
15.	Manipur	SPCB submitted that Deep Burial facilities are established in conformity with the provisions and guidelines (Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016) issued by CPCB.
16.	Meghalaya	SPCB submitted that there is no instance of non-compliance by HCFs with respect to prescribed standards for deep burial.
17.	Mizoram	SPCB submitted that no instances of non-compliance have been found in Mizoram.
18.	Nagaland	SPCB submitted that no CBWTFs facility is operational in state. Therefore, all the HCFs were directed to install/construct deep burials as per the standards and in compliance with the BMW Rules, 2016. At present there are 2 operational captive incinerators and 474 no. of deep burial pits in the State.



19.	Odisha	SPCB submitted that Health and Family Welfare Department, Govt. of Odisha has come up with a new notification to discourage disposal through deep burial pits and to treat the Bio-medical waste of the State in cluster wise in agreement with 5 Nos. of CBWTFs Also, Odisha SPCB issued letter to HCFs on 15.07.2025 to dispose bio-medical waste at nearest CBWTFs.
20.	Rajasthan	The SPCB submitted that out of 291 Health Care Facilities (HCFs) utilizing deep burial facilities, 205 were found to be non-compliant with the prescribed standards for deep burial as per Schedule-II of the Bio-Medical Waste Management Rules, 2016. The SPCB further informed that the concerned HCFs have been directed to take corrective measures to ensure compliance with the specified standards.
21.	Sikkim	The SPCB submitted that 188 authorized deep burial pits are in operation in rural areas in Government HCFs and no instances of non-compliance are reported with respect to deep burial pits.
22.	Tripura	State submitted that all the Bio Medical Wastes generated in the State are being collected, processed and disposed through existing CBWTFs. However, the SPCB will regularly monitor and take appropriate action against any health care facilities in case of violation of environmental norms.



23.	Uttar Pradesh	The SPCB submitted currently 106 HCFs are practicing deep burial. The Department of Medical and Health Education, Uttar Pradesh has issued directions to all district-level authorities to phase out the deep burial method for biomedical waste disposal. A tender process has been initiated for ensuring that biomedical waste generated from hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs) (both block-level and urban), Adarsh Maternal and Child Health Wings, sub-centres (where deliveries are conducted), and trauma centres is managed and disposed of through authorized Common Bio-Medical Waste Treatment Facilities (CBWTFs).It is also informed that verification of compliance by deep burial is under process by UPPCB.
24	Uttarakhand	The SPCB submitted that no instances of non-compliance have been found in Uttarakhand.

A copy of the reply received from the SPCBs/PCCs is annexed as **Annexure-7**.

14. That, the CPCB also issued letters dated 10.09.2025 to four States, namely Jharkhand, Karnataka, Maharashtra, and Uttar Pradesh, directing them to furnish information regarding the deep burial system being adopted by the respective States/UTs. The said information had not been submitted earlier in compliance with the Hon'ble NGT order dated 16.12. 2024. Copy of letter is annexed as **Annexure-8**.



That, in accordance with the aforesaid CPCB letter dated 10.09.2025; the States of Jharkhand, Karnataka, Maharashtra, and Uttar Pradesh have submitted the requisite information to the CPCB. The summarized details of their respective statuses are provided in Table-2 below:

Table-2: Details of Captive treatment facilities and deep burials:

S. No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials
1.	Karnataka	74.44	107.52	1	1580	Deep Burial facilities are used by HCF's mainly Primary health centres, veterinary institutions which are located in rural areas only , as per BMW Rules,2016.
2.	Uttar Pradesh	1.045 Lakh	2.65 Lakh	05	106	<ul style="list-style-type: none"> • 05 HCFs having Captive treatment facilities. • 106 HCFs (all are Govt. rural PHC) having burial pits because



						non- allotment of CBWTFs
3.	Jharkhand	6.76	6.44	02	NIL	The HCFs had installed an Incineration facility prior to the implementation of the Bio-Medical Waste Management Rules, 2016.
4.	Maharashtra	77.70	Incinerator-114 Autoclave-90	00	134	All are Primary Health Care Centers of Public Health Department, Government of Maharashtra situated in remote rural area.

Reply received from the SPCBs/PCCs is annexed as **Annexure-9**.

15. That with regard to need to carry out assessment on creation of adequately required facilities for their proper utilization rather than mushrooming excessive facilities, it is humbly submitted that:

- a. CPCB has prepared Guidelines for Common Bio-medical Waste Treatment and Disposal Facilities in April, 2025. The the prescribed authority (SPCB/PCC) is required to give authorization for the collection, reception, storage, transportation, treatment, processing, disposal or any other form of handling of bio-medical waste, in accordance with provisions under the BMW Rules, 2016, and



guidelines issued by the Central Government or Central Pollution Control Board as the case may be, as stipulated under the Rule 3 (c) of the BMW Rules, 2016 .

- b. Section 2 of the said CPCB guideline prescribes “Criteria for development of a new Common Bio-medical Waste Treatment and Disposal Facility for a locality or region”. The said criteria address assessment on creation of adequately required facility for their proper utilization rather than mushrooming excessive facilities as the criteria stipulate that SPCB in the respective State and PCC in the respective UT is required to conduct adequacy of existing treatment capacity of the CBWTF in each coverage area of radius 75 km. Further, SPCB/PCC is also required to prepare an inventory or review with regard to the bio-medical waste generation at least once in five years in the coverage areas of the existing bio-medical waste treatment and disposal facility. The prescribed authority is also required to extrapolate the coverage-area wise bio-medical waste generation for the next ten years. Format for conducting aforesaid gap analysis and methodology for the same have also been prescribed as Annexure-1 and Appendix -I in the said CPCB guidelines.

Decision to allow any new facility or expansion of existing facility has been prescribed therein and to be taken by the concerned SPCB/PCC based on the aforesaid gap analysis and adequacy of existing treatment capacity of the CBWTF in each coverage area of radius 75 Km. Adequacy of the existing facility to handle quantum of biomedical waste and/or compliance with the norms prescribed under BMW Rules, 2016 shall also be taken into account. Copy of the CPCB Guidelines for Common Bio-medical



Waste Treatment and Disposal Facilities issued in April, 2025 is available at CPCB website (<https://cpcb.nic.in/openpdffile.php?id=TGF0ZXN0RmlsZS80NDBfMTc0NDgwMDgzMI9tZWVpYXBob3RvMTA1MjUucGRm>) and is also given at **Annexure -10** for ready reference.

Thus, it is humbly submitted that BMW Rules, 2016 read with the aforesaid provision of CPCB guideline address assessment on creation of adequately required facility for their proper utilization rather than mushrooming excessive facilities and the respective SPCB/PCC is required to implement provision in this regard as above.

16. That CPCB has communicated to all SPCBs/PCCs vide letter on 16.04.2025 to ensure implementation of the said CPCB guideline issued on April 2025. Copy of the said letter dated 16.04.2025 is annexed as **Annexure-11**.
17. That, CPCB has also issued direction under Section 5 of the Environment (Protection) Act, 1986 to the Chairman of all SPCBs/PCCs on 11.12.2024 to ensure that there is no gap in biomedical waste generation and treatment by ensuring adequate numbers/capacity of treatment facilities in the State/UT and submit gap analysis report to CPCB with respect to biomedical waste generation and treatment of biomedical waste. Copy of CPCB direction dated 11.12.2024 is annexed as **Annexure-2**.
18. That in addition to the aforesaid submissions, it is therefore submitted that this answering Respondent shall abide by any/all orders or directions passed by this Hon'ble Tribunal.




(Runa Oraon)
Scientist 'E'
(Central Pollution Control Board)

BEFORE THE HON'BLE NATIONAL GREEN TRIBUNAL,

Principal Bench, New Delhi

Miscellaneous Application No. 98/2022

In

Original Application No. 180/2021

In the Matter of:

Mukul Kumar

Applicant

Versus

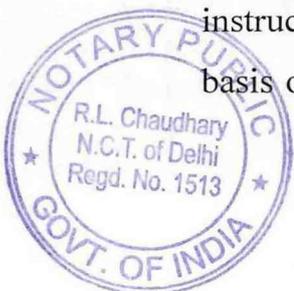
State of Uttar Pradesh & Ors.

Respondent(s)

AFFIDAVIT

I, **Runa Oraon**, working as Scientist 'E' in the Central Pollution Control Board, Parivesh Bhawan, East Arjun Nagar, Delhi, the Respondent No. 08 in the above matter, do hereby solemnly affirm, declare on oath and state as under:

1. That I, the deponent herein is 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 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.

रुना उरॉव / Runa Oraon
 वैज्ञानिक 'ई' / Scientist 'E'
केंद्रीय प्रदूषण नियंत्रण बोर्ड
Central Pollution Control Board
 (पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार)
 (M/o Environment, Forest & Climate Change, Govt. of India)
 परिवेश भवन, पूर्वी अर्जुन नगर, दिल्ली-110032
 Parivesh Bhawan, East Arjun Nagar, Delhi-110032

VERIFICATION

10 NOV 2025

Verified at Delhi on this day of _____ 2025 that the contents of the above reply are correct and true on the basis of the records of the case as mentioned in the day-to-day affairs of the CPCB. Nothing has been concealed therefrom or mis-stated.



ATTESTED
Rm
NOTARY PUBLIC
GOVT. OF INDIA

10 NOV 2025

DEPONENT

Runa
रुना उरॉव / Runa Oraon
 वैज्ञानिक 'ई' / Scientist 'E'
केंद्रीय प्रदूषण नियंत्रण बोर्ड
Central Pollution Control Board
 (पर्यावरण, वन एवं जलवायु परिवर्तन मंत्रालय, भारत सरकार)
 (M/o Environment, Forest & Climate Change, Govt. of India)
 परिवेश भवन, पूर्वी अर्जुन नगर, दिल्ली-110032
 Parivesh Bhawan, East Arjun Nagar, Delhi-110032

Item No. 04

Court No. 1

**BEFORE THE NATIONAL GREEN TRIBUNAL
PRINCIPAL BENCH, NEW DELHI**

M.A. No. 98/2022
In
Original Application No. 180/2021

Mukul Kumar

Versus

Applicant

State of Uttar Pradesh & Ors.

Respondent(s)

Date of hearing: 18.08.2025

CORAM: **HON'BLE MR. JUSTICE PRAKASH SHRIVASTAVA, CHAIRPERSON**
 HON'BLE DR. A. SENTHIL VEL, EXPERT MEMBER
 HON'BLE MR. ISHWAR SINGH , EXPERT MEMBER

Respondents: Mr. Raj Kumar, Adv. with Mr. V.P. Yadav, Scientist, CPCB (Through VC)
Mr. Rahul Khurana, Adv. for the State of Haryana & HSPCB
Mr. Bhanwar Pal Singh Jadon, Mr. Harsh Vardhan Singh Rajawat, Ms.
Gargi Chaturvedi & Ms. Anjali Sharma, Advs. for the State of UP
Mr. Pradeep Misra & Mr. Daleep Dhyani, Advs. for UPPCB

ORDER

1. The CPCB has filed the compliance affidavit dated 15.04.2025 disclosing the status of generation of bio-medical waste (BMW) and available Common Bio-medical Waste Treatment Facilities (CBWTFs) in 12 States/UTs which are not utilizing Captive and Deep Burial treatment facilities, as under:-

S. No.	Name of State/UT	BMW Generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)
1.	Andhra Pradesh	16	62.5
2.	Chandigarh	6.35	7
3.	Dadar Nagar Haveli	0.36	Utilising CBWTF of Gujarat
4.	Delhi	31.2	62.8
5.	Goa	2.13	16
6.	Gujarat	51.82	86.8
7.	Haryana	25.27	67.3
8.	Punjab	22.55	26.9
9.	Puducherryd	4.75	48.1
10.	Tamil Nadu	49.7	98.6
11.	Telangana	26.32	71.9

12.	West Bengal	43.12	108.2
	Total	280	656

2. The CPCB has disclosed the treatment facilities and deep burial being done in remaining 24 States/UTs as follows:-

S. No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials
1.	Andaman and Nicobar Islands	0.73	No CBWTF	7	50	CBWTF is not available
2.	Arunachal Pradesh	0.46	No CBWTF	8	416	CBWTF is not available
3.	Assam	8.08	25.6	21	597	Deep burials used by HCFs not covered by CBWTF
4.	Bihar	26.1	42.4	1	0	Captive incinerator is established before 2016. It is submitted that HCF would be directed to join nearby CBWTF.
5.	Chhattisgarh	7.50	28.9	1	1734	Though available treatment capacity of CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are being used in remote areas where CBWTFs are not available and development of new CBWTFs is under process.
6.	Himachal Pradesh	3.77	12.8	1	4618	Though available treatment capacity of

						CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are being used in remote areas where CBWTFs are not available.
7.	J&K	8.82	13.4	0	1128	Deep burials are used in remote areas.
8.	Jharkhand	6.59	16.3	2	2	Information not provided
9.	Karnataka	76	149.4	1	1581	Information not provided
10.	Kerala	68.12	85	12	29	SPCB is under process of stopping deep burial and captive treatment facilities. The process is being delayed due to HCFs approached Court.
11.	Ladakh	0.08	No CBWTF	3	400	CBWTF is not available
12.	Lakshdweep	0.06	No CBWTF	1	Information not provided	CBWTF is not available
13.	Madhya Pradesh	16.68	120.5	Information not provided	PHCs & veterinary Inst. Which are located in rural areas is using deep burial pits for disposal of biomedical waste	Though available treatment capacity of CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are being used in remote areas where CBWTFs are not available.
14.	Maharashtra	75.71	162.9	0	255	Information not provided
15.	Manipur	1.68	0.6	2	419	State submitted that captive

						<i>treatment facilities are being used in hilly areas CBWTF is not available.</i>
16.	<i>Meghalaya</i>	<i>2.26</i>	<i>2</i>	<i>0</i>	<i>781</i>	<i>State submitted that captive treatment facilities are being used in hilly areas CBWTF is not available.</i>
17.	<i>Mizoram</i>	<i>0.62</i>	<i>No CBWTF</i>	<i>3</i>	<i>386</i>	<i>State submitted that captive treatment facilities are being used in hilly areas CBWTF is not available.</i>
18.	<i>Nagaland</i>	<i>1.04</i>	<i>No CBWTF</i>	<i>2</i>	<i>614</i>	<i>CBWTF is not available</i>
19.	<i>Odisha</i>	<i>12.24</i>	<i>7</i>	<i>3</i>	<i>821</i>	<i>Though available treatment capacity of CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are being used in remote areas where CBWTFs are not available. Development of new CBWTFs is under process.</i>
20.	<i>Rajasthan</i>	<i>19.91</i>	<i>39.4</i>	<i>0</i>	<i>398</i>	<i>Though available treatment capacity of CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are</i>

						<i>being used in remote areas where CBWTF is not available.</i>
21.	<i>Sikkim</i>	<i>0.59</i>	<i>No CBWTF</i>	<i>7</i>	<i>188</i>	<i>CBWTF is not available</i>
22.	<i>Tripura</i>	<i>1.79</i>	<i>32.5</i>	<i>4</i>	<i>116</i>	<i>State submitted that captive treatment facilities are being used in hilly areas CBWTF is not available.</i>
23.	<i>Uttar Pradesh</i>	<i>91.0</i>	<i>170.8</i>	<i>2</i>	<i>319</i>	<i>Information not provided</i>
24.	<i>Uttarakhand</i>	<i>8.77</i>	<i>26.4</i>	<i>1</i>	<i>2748</i>	<i>Though available treatment capacity of CBWTFs is greater than the generation of biomedical waste. State submitted that captive treatment facilities are being used in remote areas.</i>
<i>Total</i>		<i>439</i>	<i>936</i>	<i>82</i>	<i>17800</i>	

3. A perusal of this chart reveals that in some of the States/UTs no CB WTF is available and deep burial practice is adopted. It has not been disputed by the counsel for the CPCB that deep burial practice is only a temporary measure and finally the CB WTF is provided at all the places.

4. In respect of the deep burial practice, the affidavit discloses following 9 points/standards which are to be observed in terms of the Schedule II of the Bio-Medical Waste Rules, 2016.

- *1. A pit or trench should be dug about two meters deep.*
- 2. 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.*

3. *It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.*
4. *On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.*
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 authorized 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."*

5. Shri V.P. Yadav, Scientist appearing virtually could not disclose if the CPCB has the responsibility ensuring compliance of the BMW Rules, 2016 or any action by any authority or CPCB is taken if the 9 points disclosed in the reply are not followed by the Authorities in the States/UTs where the treatment facility is not available and deep burial practice is adopted.

6. We have also found from the chart quoted above that some of the States/UTs have not provided the requisite information to the CPCB. We find that against 719 Tons per day generation of bio-medical waste, treatment facilities are existing to treat 1592 tons per day but, actual utilization has not been disclosed. CPCB and SPCBs needs to carry out assessment on creation of adequately required facilities for their proper utilization rather than mushrooming excessive facilities.

7. Learned counsel appearing for the CPCB/Scientist appearing virtually could not disclose, if any action has been taken against the States/its Authorities which have not provided the requisite information and found to be non-compliant. In such circumstances, learned counsel

appearing for the CPCB seeks four weeks' time to file further affidavit keeping in view of the observations made above.

8. List on 10.11.2025.

Prakash Shrivastava, CP

Dr. A. Senthil Vel, EM

Ishwar Singh, EM

August 18, 2025
M.A. No. 98/2022 in
Original Application No. 180/2021
A



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.

By Registered Post

F. No. CP-23/78/2021-WM-I-HO-CPCB-HO- 19698

December 11, 2024

To,

The Chairman,
(All SPCBs/PCCs)

DIRECTION UNDER SECTION 5 OF THE ENVIRONMENT (PROTECTION) ACT, 1986 – FOR COMPLIANCE TO BIOMEDICAL WASTE MANAGEMENT RULES, 2016

WHEREAS the Central Government has notified the Biomedical Waste Management Rules, 2016 (herein after referred as BMW Rules, 2016) in suppression of the Bio-medical Waste (Management & Handling) Rules, 1998 and amendments thereof under the Environment (Protection) Act, 1986 to improve the collection, segregation, processing, treatment and disposal of the biomedical wastes in environmentally sound manner and thereby reducing its impact on the environment; and

WHEREAS as per Rule 9 (1) of BMW Rules, 2016, "The prescribed authority for ensuring implementation of the provisions of Rules is the State Pollution Control Board (SPCB) in respect of State and Pollution Control Committee (PCC) in respect of Union territory"; and

WHEREAS as per Rule 10 of BMW Rules, 2016, "Every occupier or operator handling bio-medical waste, irrespective of the quantity shall make an application in Form II to the prescribed authority 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."; and

WHEREAS in the matter of Miscellaneous Application No. 98 of 2022 in Original Application No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors., Hon'ble National Green Tribunal (Hon'ble NGT) reviewed implementation of BMW Rules, 2016 in the country. In the said matter, Hon'ble NGT directed all States/UTs to submit report on implementation of BMW Rules, 2016. Further, Central Pollution Control Board (CPCB) was directed to prepare a consolidated report indicating the compliance of various provisions of the BMW Rules, 2016 by each State/UT. Accordingly, the as per the information submitted by SPCBs/PCCs, CPCB submitted the compiled report to Hon'ble NGT; and

WHEREAS Hon'ble NGT heard the aforesaid matter on 02.09.2024 and directed that CPCB shall update the report by taking updated information from all SPCBs/PCCs on implementation to BMW Rules, 2016; and

WHEREAS CPCB has received updated information from 34 nos. of SPCBs/PCCs and while examining the reports it is observed that there are gaps in implementation of BMW Rules, 2016 such as operating Health Care Facilities (HCFs) without having authorisation under BMW Rules, 2016, action not being initiated against violating HCFs/CBWTFs, gap between biomedical waste generation and treatment, captive treatment facility (deep burial) in practice etc.; and

WHEREAS the Central Government vide notification S.O. 730 (E) dated July 10, 2002, has delegated the powers under Section 5 of the Environment (Protection) Act, 1986 to the Chairman, Central Pollution Control Board (CPCB), to issue directions for violation of the standards and rules relating to BMW notified under the Environment (Protection) Act, 1986; and

'परिवेश भवन' पूर्वी अर्जुन नगर, दिल्ली - 110032.

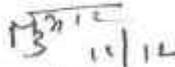
Parivesh Bhawan, East Arjun Nagar, Delhi - 110 032.

दूरभाष /Tel : 43102030, 22305792, वेबसाइट /Website: www.cpcb.nic.in

NOW, THEREFORE, in exercise of the powers vested under Section 5 of the Environment (Protection) Act, 1986, it is directed herewith to:

- a. Initiate appropriate action immediately against the HCFs which are operational without having authorisation;
- b. Take appropriate action against HCFs and CBWTFs for violation of BMW Rules, 2016;
- c. Ensure that there is no gap in biomedical waste generation and treatment by ensuring adequate numbers/capacity of treatment facilities in the State/UT;
- d. Ensure deep burial disposal system is adopted by HCFs located only in rural or remote areas where there is no access to CBWTF with prior approval from SPCB/PCC and in compliance with standards prescribed under Schedule-III of BMW Rules, 2016;
- e. Submit gap analysis report to CPCB with respect to biomedical waste generation and treatment of biomedical waste;

Action taken report on above be submitted to the Central Pollution Control Board within 15 days from the date of receipt of these directions.


(Tanmay Kumar)
Chairman

Copy for information to:

- i. The Additional Secretary, HSM Division,
Ministry of Environment, Forest & Climate Change,
Indira Paryavaran Bhawan,
Jorbagh Road, New Delhi - 110 003. : For kind information
- ii. Regional Directorates CPCB : For kind information and follow-up
{As per jurisdiction}
- iii. I/c IT Division : For information and necessary
action


(Bharat Kumar Sharma)
Member Secretary



Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016



**Directorate General of Health Services
Ministry of Health & Family Welfare**



**Central Pollution Control Board
Ministry of Environment, Forest & Climate Change**

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ABBREVIATIONS

HCF	: <i>Health Care Facility</i>
BMW	: <i>Bio Medical Waste</i>
CBWTF	: <i>Common Bio Medical Waste Treatment Facility</i>
NHSRC	: <i>National Health System Resource Centre</i>
AYUSH	: <i>Ayurveda Yoga Unani, Sidha and Homoeopathy</i>
CPCB	: <i>Central Pollution Control Board</i>
SPCB	: <i>State Pollution Control Board</i>
MS	: <i>Medical Superintendent</i>
CMO	: <i>Chief Medical Officer</i>
SMO	: <i>Senior Medical Officer</i>
PMO	: <i>Principal Medical Officer</i>
CHC	: <i>Community Health Centre</i>
PHC	: <i>Primary Health Centre</i>
MO I/C	: <i>Medical Officer In charge</i>
PPE	: <i>Personal Protective Equipment</i>
IEC	: <i>Information Education and Communication</i>
ETP	: <i>Effluent Treatment Plant</i>
SMTAC	: <i>State Monitoring cum Technical Advisory Committee</i>
DMTAC	: <i>District Monitoring cum Technical Advisory Committee</i>
DQT	: <i>District Quality Team</i>
ANM	: <i>Auxiliary Nurse Midwife</i>
HCW	: <i>Health Care Worker</i>
WHO	: <i>World Health Organization</i>
C&D	: <i>Construction & Demolition</i>
E-waste	: <i>Electronic Waste</i>
EEE	: <i>Electrical and Electronic Equipment</i>
PRO	: <i>Producer Responsibility Organization</i>

CHAPTER 1

HEALTHCARE WASTE

1.1 Definitions

"Authorization" 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

"Authorized person" means an occupier or operator authorized 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

"Biological" means any preparation made from organisms or micro-organisms or product of metabolism and biochemical reactions intended for use in the diagnosis, immunization or the treatment of human beings or animals or in research activities pertaining thereto

"Bio-medical waste" means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps

"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

"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

"Health care facility" means a place where diagnosis, treatment or immunization of human beings is provided irrespective of type and size of health treatment system, and research activity pertaining thereto. In pretext to these guidelines these health care facilities includes District Hospitals, Sub Divisional Hospitals, Community Health Centres, Primary Health Centres and Sub centres

"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;

"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;

"Operator of a common bio-medical waste treatment facility" means a person who owns or controls a Common Bio-medical Waste Treatment Facility (CBWTF) for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste.

"Prescribed authority" mean the State Pollution Control Board in respect of State and Pollution Control Committee in respect of Union Territory.

"Point of Generation" means the location where wastes initially generate, accumulate and is under the control of the operator of the waste-generating process.

"Storage" means the holding of bio medical waste for a temporary period at the end of which the bio-medical waste is treated or disposed.

"Treatment" means any method, technique, or process, including neutralization, designed to change the physical, chemical, or biological characteristics or composition of any hazardous waste

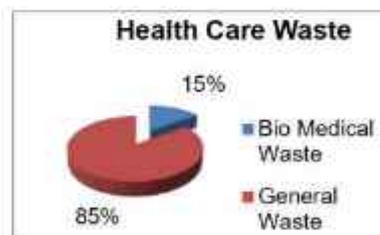
1.2 Classification of Healthcare Waste

Health Care Facilities (HCFs) are primarily responsible for management of the healthcare waste generated within the facilities, including activities undertaken by them in the community. The health care facilities, while generating the waste are responsible for segregation, collection, in-house transportation, pre-treatment of waste and storage of waste, before such waste is collected by Common Bio-medical Waste Treatment Facility (CBWTF) Operator. Thus, for proper management of the waste in the healthcare facilities the technical requirements of waste handling are needed to be understood and practiced by each category of the staff in accordance with the BMW Rules, 2016.

Waste generated from the healthcare facility is classified as:

- Bio Medical Waste
- General Waste
- Other Wastes

Figure 1 Percentage-wise classification of waste generated from the Health Care Facility



a) Bio Medical Waste

Bio-medical waste means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps. Bio-Medical waste includes all the waste generated from the Health Care Facility which can have any adverse effect to the health of a person or to the environment in general if not disposed properly. All such waste which can adversely harm the environment or health of a person is considered as infectious and such waste has to be managed as per BMW Rules, 2016.

The quantity of such waste is around 10% to 15% of total waste generated from the Health Care Facility. This waste consists of the materials which have been in contact with the patient's blood, secretions, infected parts, biological liquids such as chemicals, medical supplies, medicines, lab discharge, sharps metallic and glassware, plastics etc.

Bio Medical Waste Management Rules, 2016 categorises the bio-medical waste generated from the health care facility into four categories based on the segregation pathway and colour code. Various types of bio medical waste are further assigned to each one of the categories, as detailed below:

1. Yellow Category
2. Red Category
3. White Category
4. Blue Category

These categories are further divided as per the type of waste under each category as follows:

Table 1: Categories of Biomedical Waste

CATEGORY	TYPE OF WASTE
YELLOW	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).
	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.
	Soiled Waste Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components.
	Discarded or Expired Medicine Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.
	Chemical Waste Chemicals used in production of biological and used or discarded disinfectants
	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
	Discarded linen, mattresses, beddings contaminated with blood or body fluid, routine mask & gown.

CATEGORY	TYPE OF WASTE
	Microbiology, Biotechnology and other clinical laboratory waste (Pre-treated) Microbiology, Biotechnology and other clinical laboratory waste: Blood bags, Laboratory cultures, stocks or specimens of microorganisms, live or attenuated vaccines, human and animal cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures.
RED	Wastes generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes without needles, fixed needle syringes with their needles cut, vaccutainers and gloves
WHITE	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
BLUE	Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.

b) General Waste

General waste consists of all the waste other than bio-medical waste and which has not been in contact with any hazardous or infectious, chemical or biological secretions and does not include any waste sharps. This waste consists of mainly:

- (i) News paper, paper and card boxes (dry waste)
- (ii) Plastic water bottles (dry waste)
- (iii) Aluminium cans of soft drinks (dry waste)
- (iv) Packaging materials (dry waste)
- (v) Food Containers after emptying residual food (dry waste)
- (vi) Organic / Bio-degradable waste - mostly food waste (wet waste)
- (vii) Construction and Demolition wastes

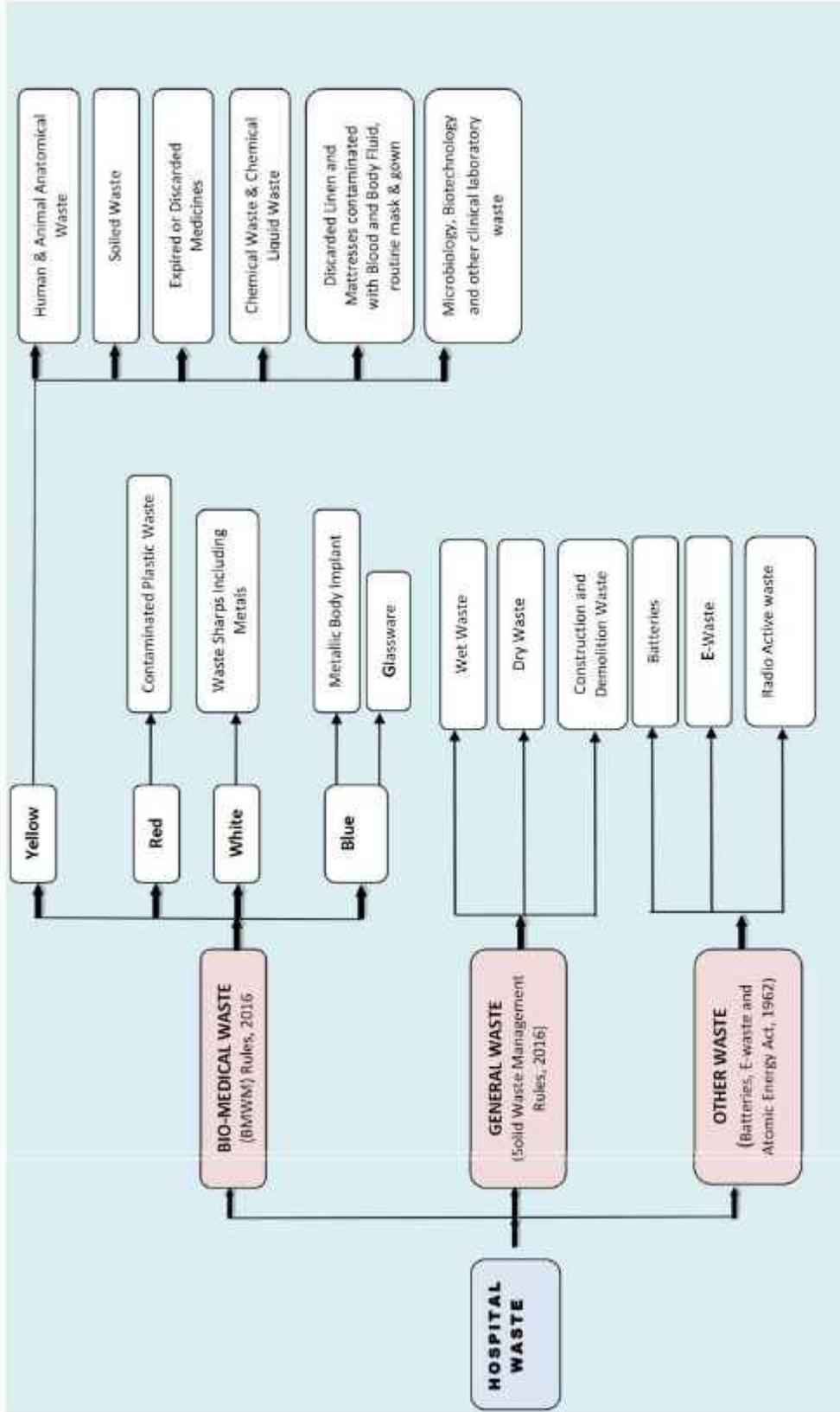
These general wastes are further classified as dry wastes and wet wastes and should be collected separately.

This quantity of such waste is around 85 % to 90 % of total waste generated from the facility. Such waste is required to be handled as per Solid Waste Management Rules, 2016 and Construction & Demolition Waste Management Rules, 2016, as applicable.

c) Other Wastes

Other wastes consist of used electronic wastes, used batteries, and radio-active wastes which are not covered under biomedical wastes but have to be disposed as and when such wastes are generated as per the provisions laid down under E-Waste (Management) Rules, 2016, Batteries (Management & Handling) Rules, 2001, and Rules/guidelines under Atomic Energy Act, 1962 respectively.

Figure 2: Categorization & Classification of Wastes in Health Care Facilities.



CHAPTER 2

BIO-MEDICAL WASTE MANAGEMENT

2.1 Steps involved in Bio-medical Waste Management

First five steps (Segregation, Collection, pre-treatment, Intramural Transportation and Storage) is the exclusive responsibility of Health Care Facility. While Treatment and Disposal is primarily responsibility of CBWTF operator except for lab and highly infectious waste, which is required to be pre-treated by the HCF. Following are the responsibility of HCF for management and handling of bio-medical waste:

1. Biomedical Waste should be segregated at the point of generation by the person who is generating the waste in designated colour coded bin/ container
2. Biomedical Waste & General Waste shall not be mixed. Biomedical Waste & General Waste shall not be mixed. Storage time of waste should be as less as possible so that waste storage, transportation and disposal is done within 48 hours.
3. Phase out use of chlorinated plastic bags (excluding blood bags) and gloves by 27/3/2019.
4. No secondary handling or pilferage of waste shall be done at healthcare facility. If CBWTF facility is available at a distance of 75 km from the HCF, bio-medical waste should be treated and disposed only through such CBWTF operator.
5. Only Laboratory and Highly infectious waste shall be pre-treated onsite before sending for final treatment or disposal through a CBWTF Operator.
6. Provide bar-code labels on all colour coded bags or containers containing segregated bio-medical waste before such waste goes for final disposal through a CBWTF.

The management of bio-medical waste can overall be summarized in the following steps;

- Waste Segregation in color coded and barcode labeled bags/ containers at source of generation
- Pre-treat Laboratory and Highly infectious waste
- Intra-mural transportation of segregated waste to central storage area
- Temporary storage of biomedical waste in central storage area
- Treatment and Disposal of biomedical waste through CBWTF or Captive facility

2.2 Bio Medical Waste Segregation

Bio- medical waste generated from a healthcare facility is required to be segregated at the point of generation as per the colour coding stipulated under Schedule-I of BMWM Rules, 2016. Following activities to be followed to ensure proper waste segregation:

- Waste must be segregated at the **point of generation** of source and not in later stages. As defined earlier too, "**Point of Generation**" means the location where wastes initially generate, accumulate and is under the control of doctor / nursing staff etc. who is providing treatment to the patient and in the process generating bio-medical waste.

- Posters / placards for bio-medical waste segregation should be provided in all the wards as well as in waste storage area.
- Adequate number of colour coded bins / containers and bags should be available at the point of generation of bio-medical waste.
- Colour coded plastic bags should be in line with the Plastic Waste Management Rules, 2016. Specifications for plastic bags and containers given at Annexure 1.
- Provide Personnel Protective Equipment to the bio-medical waste handling staff.

2.2.1 Color Coding and Type of Container/ Bags to be used for Waste Segregation & Collection

As per Schedule I of the Bio Medical Waste Management Rules, 2016 following colour coding and type of container/bags is needed to be used by the HCFs for segregation and collection of generated Bio Medical Waste from the facility.

Table 2: Storage of Biomedical Waste

S. No.	Category	Type of waste	Colour & Type of Container
1.	Yellow Category	<ul style="list-style-type: none"> - Human Anatomical Waste - Animal Anatomical Waste - Soiled Waste - Discarded or Expired Medicine - Microbiology, Biotechnology and other clinical laboratory waste - Chemical Waste (yellow-e) - Chemical Liquid Waste 	Yellow coloured non-chlorinated Plastic Bags  <p>Note: (i) Chemical waste (yellow-e) comprising of un-used, residual or date expired liquid chemicals including spent hypo of X-Ray, should be stored in yellow container</p>
2.	Red Category	Contaminated Waste (Recyclable)	Red Coloured Non Chlorinated Plastic Bags (having thickness equal to more than 50 μ) and Containers 

3.	White Category	Waste Sharps including metals	<p>White Coloured translucent, puncture proof, leak proof, Temper Proof containers</p> 
4.	Blue Category	<ul style="list-style-type: none"> • Glassware • Metallic Implants <p>Body</p>	<p>Puncture proof, leak proof boxes or containers with blue coloured marking</p>  <p>Cardboard Box with Blue marking</p>

2.3 Bio Medical Waste Collection

2.3.1 Time of Collection

- Bio-medical waste should be collected on daily basis from each ward of the hospital at a fixed interval of time. There can be multiple collections from wards during the day.
- HCF should ensure collection, transportation, treatment and disposal of bio-medical waste as per BMW Rules, 2016 and HCF should also ensure disposal of human anatomical waste, animal anatomical waste, soiled waste and biotechnology waste within 48 hours.
- Collection times should be fixed and appropriate to the quantity of waste produced in each area of the health-care facility.
- General waste should not be collected at the same time or in the same trolley in which bio-medical waste is collected.
- Collection should be daily for most wastes, with collection timed to match the pattern of waste generation during the day. For example, in an IPD ward where the morning

routine begins with the changing of dressings, infectious waste could be collected mid-morning to prevent soiled bandages remaining in the area for longer than necessary.

- General waste collection, must be done immediately after the visiting hours of the HCFs, as visitors coming to facility generate a lot of general waste and in order to avoid accumulation of such general waste in the HCF. The collection timings must enable the HCF to minimize or nullify the use of interim storage of waste in the departments.
- Bio-medical waste collected by the staff, should be provided with PPEs.

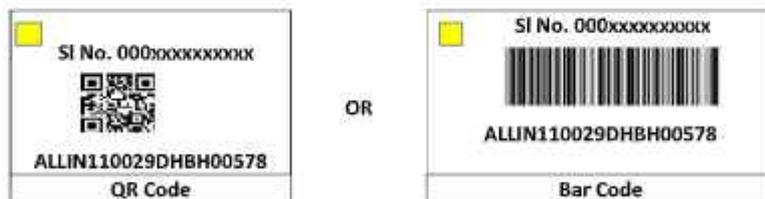
2.3.2 Packaging

- Bio-medical waste bags and sharps containers should be filled to no more than three quarters full. Once this level is reached, they should be sealed ready for collection.
- Plastic bags should never be stapled but may be tied or sealed with a plastic tag or tie.
- Replacement bags or containers should be available at each waste-collection location so that full ones can immediately be replaced.
- Colour coded waste bags and containers should be printed with the bio-hazard symbol, labelled with details such as date, type of waste, waste quantity, senders name and receivers details as well as bar coded label to allow them to be tracked till final disposal.
- Ensure that Bar coded stickers are pasted on each bag as per the guidelines of CPCB by 27 March, 2019

2.3.3 Labeling

All the bags/ containers/ bins used for collection and storage of bio-medical waste, must be labelled with the Symbol of Bio Hazard or Cytotoxic Hazard as the case may be as per the type of waste in accordance with the BMWM Rules, 2016.

Bio-medical waste bags / containers are required to be provided with bar code labels in accordance with CPCB guidelines for "Guidelines for barcode System for Effective Management of Biomedical Waste".





Bio-Hazard Label



Cyto-Toxic Label

2.3.4 Interim Storage

- Interim storage of bio medical waste is discouraged in the wards / different departments of HCF.
- If waste is needed to be stored on interim basis in the departments it must be stored in the dirty utility/sections.
- No waste should be stored in patient care area and procedures areas such as Operation Theatre. All infectious waste should be immediately removed from such areas.
- In absence of dirty utilities/ sections such BMW must be stored in designated place away from patient and visitor traffic or low traffic area.

2.4 In House Transportation of Bio Medical Waste

2.4.1 Transportation Trolleys

In house transportation of Bio Medical Waste from site of waste generation/ interim storage to central waste collection centre, within the premises of the hospital must be done in closed trolleys / containers preferably fitted with wheels for easy manoeuvrability. Such trolleys or carts are designated for the purpose of Bio Medical Waste Collection only. Patient trolleys must not be used for BMW transportation. Size of such waste transport trolleys should be as per the volume of waste generated from the HCFs.



Typical waste collection trolley for Red category of BMW

2.4.2 Route of intramural transportation of bio-medical waste

Bio-Medical Waste Generated from different wards or laboratories in the Health care facilities must be transported in the covered trolleys/carts through a route which has low traffic flow of patients and visitors.

Route of transportation preferably be planned in such a way that:

- Transportation does not occur through high risk areas
- Supplies and waste are transported through separate routes.
- Waste is not transported through areas having high traffic of patients and visitors
- Central Waste collection area can be easily accessed through this route
- Safe transportation of waste is undertaken to avoid spillage and scattering of waste

2.5 Central Waste Collection Room for Bio-medical Waste

Each Healthcare facility should ensure that there is a designated central waste collection room situated within its premises for storage of bio-medical waste, till the waste is picked and transported for treatment and disposal at CBWTF. Such room should be under the responsibility of a designated person and should be under lock & key. The following points may be considered for construction of central waste collection room:

- The location of central waste collection room must be away from the public/ visitors access.
- The space allocation for this room must be as per the quantity of waste generated from the hospital.
- The planned space must be sufficient so as to store at least two days generation of waste.
- Central waste collection room must be roofed and manned and should be under lock and key under the responsibility of designated person.
- The entrance of this centre must be accessible through a concrete ramp for easy transportation of waste collection trolleys.
- Flooring should be of tiles or any other glazed material with slope so as to ease the cleaning of the area.
- Exhaust fans should be provided in the waste collection room for ventilation.
- It is to be ensured by the health care facility that such central storage room is safety inspected for potential fire hazard and based on such inspection preventive measure has to be taken by the health care facility like installation of fire extinguisher, smoke detector etc.
- There should also be provision for water supply adjacent to central waste storage area for cleaning and washing of this station and the containers. The drainage from the storage and washing area should be routed to the Effluent Treatment Plant.
- Sign boards indicating relevant details such as contact person and the telephone number should be provided.
- The entrance of this station must be labelled with "Entry for Authorized Personnel Only" and Logo of Bio Medical Waste Hazard.
- It is to be ensured that no general waste is stored in the central waste collection area.



Other Considerations for Central Waste Collection Area

- To ensure there is no pilferage of recyclables, it is to be ensured that central storage area is under lock & key, guarded by a designated person.
- Healthcare facilities need to maintain the record of waste generated and handed over to the authorized recyclers.
- To ensure protection from the animals, it is to be ensured by the health care facility that there is no stray animal in the health care facility premises and health care facility has installed cattle traps at the entrance of the health care facility.
- To ensure protection against the pests it is to be ensured by the HCFs that it has engagement of the pest control agency for taking the pest control measures in the central storage area on regular basis.

2.5.1 Central Storage for HCFs Having Captive Treatment and Disposal System

For the health care facilities which are having captive treatment facility for treatment and disposal of biomedical waste through incinerators, autoclaves/microwaves, shredders etc. within its premises must ensure that waste generated from the HCF is stored in this central waste collection area till it is transported to reception area of captive waste treatment facility within the premises.

For HCFs having its own treatment and disposal facility through use of deep burial pits i.e. Primary Health Centres (PHCs) which doesn't fall under coverage area of any CBWTF, interim Storage area used for daily waste collection will serve as Central Waste Collection Area. The collected waste is needed to be store in this place before it is disposed of by the deep burial pits as per the specifications given under the BMW Rules, 2016.

2.6 Record Keeping

1. Every healthcare facility need to maintain the records w.r.to category wise bio-medical waste generation and its treatment disposal (either by captive facility or through CBWTF) on daily basis. (Please Refer to Annexure 2: Format for Bio Medical Waste Register / Record)
2. Category wise quantity of waste generated from the facility must be recorded in Bio Medical Waste Register/logbook being maintained at central waste collection area under the supervision of one designated person.
3. A weighing machine as per the specifications given in CPCB guidelines for bar code system needs to be kept in central waste collection centre of the HCF having 30 or more than 30 nos. of beds for weighing the quantity of Bio Medical Waste.
4. HCFs having less than 30 beds shall maintain records of receipts printed by the CBWTF.
5. Records on Annual Report on bio-medical waste management submitted to SPCB/PCC
6. Records w.r.t Accident Report submitted to SPCB/PCC including "NILL" report.
7. Records shall be maintained on training on BMW Management including both Induction and in service training records.

8. Maintain records for Annual Health check-up of all the employees.
9. Maintain record on Immunisation of all the employees.
10. Records shall be maintained w.r.t. minutes of meeting of Bio Medical Waste Management committee
11. Records shall be maintained indicating details of accident occurred including preventive and corrective actions taken by the HCFs in relation to such accidents.
12. Records for the operation of the biomedical treatment equipment installed, if any for the treatment of biomedical waste. Please refer Annexure 9 for format of logbook/records maintained for incinerator/plasma pyrolysis and autoclave/hydroclave.
13. Records of testing of Effluent generated from health care facility
14. Record of recyclable waste (plastic/glass) handed over to the authorized recycler in kg/annum.

The records related to the handling of BMW by healthcare facilities needs to be retained for a period of five years.

2.7 Updating of Information in Website

All bedded healthcare facilities as prescribed under BMW Rules, 2016 shall develop a separate page/web link in its website for displaying the information pertaining to their hospital by 15/03/2020. The following information should be uploaded and updated time to time:

1. Contact Address and details of the Healthcare Facility :
2. No. of beds :
3. Details of :
 - a) Authorisation under BMW Rules, 2016:
 - b) Consent under Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981 :
4. Quantity of bio-medical waste generation (in kg/day):
5. Mode of disposal of bio-medical waste (through CBWTF or through captive treatment facility):
6. Name and address of the CBWTF through which waste is disposed off (as applicable) :
7. In case, HCF is having captive treatment facility,
 - a) bio-medical waste treated (in kg/day)
 - b) Details of treatment equipment
 - c) Total nos. and capacity of each treatment equipment (in kg/day)
 - d) Operating parameters of the treatment equipment as per BMW Rules, 2016
8. Monthly records of bio-medical waste generation (category wise):
9. No. of trainings conducted on Bio-medical Waste Management in the current year:
10. Stats of immunization of Health Care Workers involved in handling of BMW:

CHAPTER 3

SEGREGATION, TREATMENT AND DISPOSAL OF BMW

3.1 Treatment Option for Bio-medical Waste

As per BMW Rules, 2016 the treatment and disposal of BMW generated from the HCF must be carried out in accordance with Schedule I, and in compliance with the standards provided in Schedule II of BMW Rules, 2016.

It is also emphasized in the rules that no healthcare facility shall establish on-site treatment and disposal facility for BMW, if a service of CBWTF is available within 75 kilometre of travelling distance of the facility. All the public healthcare facilities within reach of 75 kilometres of CBWTF needs to dispose of the BMW through such CBWTF only and are not allowed to establish its own treatment and disposal facility. For the public health care facilities especially in rural areas where there is no CBWTF within range of 75 kilometres, the disposal of BMW can still be made through a CBWTF who is willing to provide treatment services and authorized by the concerned SPCB/PCC to operate in an area beyond 75 Km radial distance. In case of no reach to any CBWTF, the BMW generated from HCFs should be disposed in captive treatment and disposal facility or by deep burial pit as authorised by the respective SPCB/and as specified in these guidelines

The collection, treatment, processing and disposal options for both the categories of healthcare facilities; having linkage with CBWTF or not having linkage with CBWTF, are detailed here as per Schedule I of BMW Rules. 2016

3.1.1 Yellow Category

Type of Waste: Yellow (a): Human Anatomical Waste

Segregation

Human tissues, organs, body parts and fetus below the viability period. This includes, placenta and extracted tooth.

Type of bag and container

Collect the waste in yellow colored non chlorinated plastic bag and store in yellow coloured container

Treatment and Disposal:

For HCF having linkage with CBWTF

No treatment of waste is required to be carried out at the health care facility except pre-treatment (sterilization) of Yellow (h) category waste by autoclaving/ microwaving/ hydroclaving or sterilize as per methods prescribed in WHO Blue book 2014. Yellow category waste along with pre-treated waste should be stored in central storage point and must be handed over to CBWTF. It is mandatory for each health care facility that dead fetus waste should be handed over to CBWTF in yellow bag with a copy of the

official Medical Termination of Pregnancy (MTP) certificate from the Obstetrician or the Medical Superintendent/ SMO/ CMO of the HCF.

For HCF without linkage to CBWTF

This waste should be disposed through Plasma Pyrolysis unit or twin chambered compact incinerator with 2 seconds retention time in secondary combustion chamber and adequate air pollution control devices to comply with revised emission norms prescribed under BMW Management Rules, 2016.

Disposal of the waste in the deep burial pit should not be practiced unless the hospital is located in rural or remote isolated place. Use of deep burial pit should be as authorised by the respective SPCB/PCC.

Copy of official MTP certificate from the MO I/C for fetus below the vitality period must be kept with the HCF.

Type of Waste: Yellow (b): Animal Anatomical Waste

Segregation

This waste include 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.

Type of bag and container

Collect the waste in yellow coloured non chlorinated plastic bag and store in yellow coloured container.

Treatment and Disposal:

For HCF having linkage with CBWTF

No treatment of waste is required to be carried out at veterinary hospital except pre-treatment (sterilization) of Yellow (h) category waste (if applicable) by autoclaving/ microwaving/ hydroclaving or sterilize as per methods prescribed in WHO Blue book 2014. Yellow category waste along with pre-treated waste should be stored in central storage point and must be handed over to CBWTF.

For HCF having own treatment and Disposal facility

Animal anatomical waste should be disposed through Plasma Pyrolysis unit or twin chambered compact incinerator with 2 seconds retention time in secondary combustion chamber and adequate air pollution control devices to comply with revised emission norms prescribed under BMW Management Rules, 2016.

Animal anatomical waste can also be disposed in captive deep burial pits only in case of those veterinary hospitals located in rural or remote isolated place. Use of deep burial pit should be as authorised by SPCB/PCC.

Type of Waste: Yellow (c) - Soiled Waste**Segregation:**

Items contaminated with blood/body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components. This includes used infectious material such as caps, shoe-cover, blotting paper/gauze, wooden swab stick, paraffin blocks, indicators tapes and disposable (single use non-linen based) masks and gowns.

Type of bag and container: Collect the waste in yellow coloured non chlorinated plastic bag and store in yellow coloured container

Treatment and Disposal:**For HCF having linkage with CBWTF**

No treatment of waste is required to be carried out at the health care facility. Waste must be handed over to CBWTF

For HCF having own treatment and Disposal facility

Soiled waste should be disposed through Plasma Pyrolysis unit or in twin chambered compact incinerator with 2 seconds retention time in secondary combustion chamber and adequate air pollution control devices to comply with revised emission norms prescribed under BMW Management Rules, 2016. In absence of above, soiled waste can also be treated by autoclaving or micro-waving/ hydroclaving followed by shredding or mutilation or combination of sterilization and shredding for ultimate disposal through waste to energy plants.

Soiled waste can also be disposed in captive deep burial pits only in case of the hospitals located in rural or remote isolated place. Use of deep burial pit should be as authorised by SPCB/PCC.

Type of Waste: Yellow (d) - Expired and Discarded Medicine

Segregation: Pharmaceutical waste like antibiotics, cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc.. This includes cytotoxic drugs dispensed in dextrose / saline bottles and disposables used in delivery of cytotoxic drugs.

Type of bag and container: Collect all the expired and discarded medicines except for cytotoxic drugs waste in a separate yellow colored non chlorinated plastic bag (different form being used for human anatomical waste) and store in yellow colored container.

All the cytotoxic drugs including all items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc must be collected in separate yellow colored non chlorinated plastic bag labeled as cytotoxic hazard.

Treatment and Disposal:**For HCF having linkage with CBWTF**

No treatment of waste is required to be carried out at the health care facility. As per BMW Rules, 2016 all the expired and discarded medicines including cytotoxic drugs expired cytotoxic drugs are either returned back to the manufacturer or are handed over to the CBWTF to be disposed of through incineration at temperature > 1200°C.

For healthcare facilities where there no established system for returning the drugs to the manufacturer it is recommended that the expired and discarded medicines are handed over only to CBWTF for disposing of through incineration.

For HCF having own treatment and Disposal facility

Expired and discarded medicines are required to be sent back to manufacturer or can be disposed through nearest common biomedical Waste or Hazardous waste incinerators with prior intimation to SPCBs/PCCs.

This waste can also be disposed through twin chambered captive incinerator with 2 seconds retention time in secondary combustion chamber, which can withstand a temperature of 1200°C and having adequate air pollution control devices to comply with emission norms.

Type of Waste: Yellow (e) - Chemical Waste**Segregation:**

This waste comprises of chemicals used in production of biological, discarded containers of chemicals and disinfectants etc. This includes solid or liquid residual chemicals used in HCFs.

Type of bag and container: Collect solid chemical waste in yellow coloured containers or non-chlorinated yellow plastic bag. Collect un-used, residual or date expired liquid chemicals in yellow container.

Treatment and Disposal:**For HCF having linkage with CBWTF**

No treatment is required to be carried out at the facility. The chemical waste (liquid or solid chemicals) should be collected into different yellow coloured plastic containers, whereas empty chemical containers with residual chemicals should be collected in yellow bags and handover to CBWTF operator for final disposal by incineration. It is required to specify the name of chemical on the yellow containers so that it would help CBWTF operator to decide whether to incinerate or transfer to Hazardous Waste TSDF for final disposal.

For HCF having own treatment and Disposal facility

This waste should be incinerated in captive incinerator or it can be sent to nearby Hazardous Waste TSDF for final disposal

Type of Waste: Yellow (f) - Chemical Waste

Segregation:

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. Leftover, unused, residual or date expired liquid chemicals shall not be discharged as chemical liquid waste.

Type of bag and container: Not applicable since this liquid waste containing waste chemicals is collected and pre-treated prior to disposal through Effluent Treatment Plant. However, recyclable liquid chemicals such as spent X-ray hypo should be collected in yellow containers and sold or given to only authorised recyclers for resource recovery.

Treatment and Disposal:

As per the BMWM Rules 2016, the chemical liquid waste of the hospital must be collected through a separate collection system for pre-treatment. Hospitals with large standalone labs shall install separate drainage system leading to pre-treatment unit prior to mixing the same with rest of the wastewater from hospital for further treatment. For middle and small healthcare facilities having no system of separate drainage/collection system, the liquid waste is required to be collected on-site in containers for pre-treatment before mixing the same with other wastewater. Silver X ray film developing fluid should be given or sold to the authorized recyclers for resource recovery, else it should be handed over to CBWTF as yellow(e) chemical waste.

Depending on type of chemical effluent generated, pre-treatment should comprise of neutralization/precipitation, followed by disinfection prior to mixing with rest of the wastewater from hospital. Prior to mixing with rest of the hospital effluent, disinfection should be done preferably by passing the effluent through UV sterilizer rather than using disinfecting chemicals since use of chemicals may affect performance of biological treatment in down-stream.

Type of Waste: Yellow (g) - Discarded Linen, Mattresses, beddings contaminated with Blood, body fluids, routine mask and gown.

Segregation

This includes discarded linen from bedsheets, beddings, re-usable routine masks and gowns.

Type of bag and container:

Collect the waste in yellow coloured non-chlorinated plastic bag and store in yellow coloured container

Treatment and Disposal:

For HCF having linkage with CBWTF

Disinfect the waste linen with non-chlorinated chemical disinfection and hand over to the CBWTF operator for final disposal by incineration. The waste mattresses should be cut into pieces and disinfected and can be sent to the CBWTF operator for final disposal by incineration. Alternatively, waste mattresses can be cut into pieces and disinfected with non-chlorinated chemicals for disposal as general waste (dry-waste) for energy recovery in cities having waste to energy plants or RDF (Refuse Derived Fuel) plants.

The waste mattresses shall not be sold or auctioned. Used bed sheets that are not soiled and re-usable can be sold or auctioned only after washing and disinfection. Disposable (single use non-linen based) masks and gowns, after use shall be treated as yellow-c (soiled waste).

For HCF having own treatment and Disposal facility

The waste mattresses after cutting into pieces and disinfected with non-chlorinated chemicals and can be incinerated in captive incinerator or can be disposed as General waste in dry bins in cities having RDF or waste to Energy Plants.

Type of Waste: Yellow (h) Microbiology, Biotechnology and Other Clinical Laboratory Waste:

Segregation:

Microbiology, Biotechnology and other clinical laboratory waste, waste blood bags (containing date expired or contaminated blood), Laboratory cultures, stocks or specimen of micro-organisms, live or attenuated vaccines, human cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures. This includes plastic culture plates and other highly infectious wastes.

Type of bag and container: Collect the waste in yellow coloured non chlorinated plastic bag and store in yellow coloured container

Treatment and Disposal:

For HCF having linkage with CBWTF

Pre-treatment by disinfection before handing over the waste to CBWTF operator. Pre-treatment can be done by autoclave / microwave / Hydroclave.

Pre-treatment can also be done by using non-chlorinated chemical disinfectants like aldehydes, lime based powders or solutions, ozone gas, ammonium salts and phenolic compounds.

The pre-treated waste bags should be handed over to CBWTF operator on daily basis.

For HCF having own treatment and Disposal facility

Pre-treated waste should be disposed off by a HCF by installing twin chambered compact incinerator with 2 seconds retention time in secondary combustion chamber and adequate air pollution control devices to comply with revised emission norms prescribed under BMW Management Rules, 2016.

Pre-treated waste can be disposed in captive deep burial pits in case of the hospitals located in remote in rural or isolated places. Use of deep burial pit should be as authorised by SPCB/PCC.

3.1.2. Red Category

Segregation:

Red category waste is contaminated recyclable waste containing primarily plastics generated from disposable items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes with their needles cut), vacutainers and gloves. This includes waste pipette tips, plastic pipette, eppendorf, rubber teats, drains, oxygen mask, thick plastic splash proof gowns, rubber apron, ICT test cards, ELISA plate and vials not containing blood samples.

Type of bag and container: Collect the waste in red coloured non chlorinated plastic bag and store in red coloured container

Treatment and Disposal:

For HCF having linkage with CBWTF

Contaminated recyclable waste containing mainly plastics and rubber shall be put in red coloured non chlorinated plastic bags and containers. Syringes after removing/cutting the needles should also be put in this category. Vacutainers/vials with blood samples should be pre-treated as given at section 3.1.1.h and disposed as yellow-h category waste.

No onsite treatment of Red category waste is required. All such waste is needed to be sent to CBWTF for final treatment and disposal

For HCF having own treatment and Disposal facility

All the recyclable waste generated from the HCF must be sterilised using autoclaving/microwaving / hydro-calving followed by shredding or mutilation or combination of sterilisation and shredding. Recyclable waste must never be disposed of along with general waste in dry stream and same is required to be disposed of only through registered or authorised recyclers or to waste to energy plants or plastics to diesel or fuel oil or for road making, whichever is possible.

3.1.3 White Category

Segregation

This waste comprises of 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 waste sharps such as lumbar puncture needle, trocar cannula, IABP cannula, arthroscopy blade, insulin pen needle, lancet needle, removac needle, eye needle, Cardioplegia needle and surgical stab knife

Type of bag and container:

Collect the waste in white translucent, puncture proof, leak proof, tamper proof container.

Treatment and Disposal:

For HCF having linkage with CBWTF

After collection in puncture proof, leak proof, tamper proof container, handover the waste to CBWTF without any alteration or onsite treatment.

For HCF having own treatment and Disposal facility

Sharps waste should be disinfected either with autoclaving or dry-heat sterilization or a combination of autoclaving cum shredding; for each of these options, the methods for disposal are as below;

Method of Disinfection	Treatment	Options for final disposal
Autoclaving	Shredding; or Mutilation; or Encapsulation in cement concrete	Concrete pit; or sanitary landfill or steel foundry
Dy-heat sterilization	encapsulation in metal container	
Autoclaving cum shredding as single unit operation	None	

In case there is difficulty in sending treated sharps waste to sanitary landfills for final disposal (such as apprehension of local bodies to pick such waste), it is recommended to adopt the option of final disposal either through concrete pit or sending for recycling in steel furnace/foundry.

3.1.4 Blue Category

Type of Waste: Blue (a) Glassware

Segregation:

Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes. This includes glass slides and glass pipettes.

Type of bag and container:

Puncture proof, leak proof boxes or containers with blue coloured marking

Treatment and Disposal:**For HCFs having linkage with CBWTF**

Dispose of the empty glass bottles by handing over to CBWTF without any onsite treatment. The residual chemicals in glass bottle should be collected as chemical waste in yellow coloured container / bags and over to CBWTF as yellow(e) waste.

For HCFs having own treatment and Disposal facility

The waste glass bottles / broken glass has to be sterilized or disinfected (either by autoclaving or microwaving or hydroclaving or by Sodium Hypochlorite Solution) followed by soaking & washing with detergent prior to sending it for recycling. Broken glass should also be disinfected and if the same cannot be given/or sold for recycling it can be disposed in sharps pit. The residual chemical in glass bottle should be collected as chemical waste in yellow coloured container / bags as yellow(e) waste and send the same to either a CBWTF or common hazardous waste Treatment and Disposal Facility.

Glass vials with positive controls should be pre-treated and disposed as yellow(h) waste.

Type of Waste: Blue (b) Metallic Body Implants**Segregation**

Implants used for orthopaedic surgeries. This include metal sternal wire, Gigli saw wire and Orthopaedic Splint.

Type of bag and container:

Puncture proof, leak proof boxes or containers with blue coloured marking.

Treatment and Disposal: Dispose of the waste by handing over to CBWTF. In case of no access to CBWTF, metallic body implants should be disinfected (either by autoclaving or microwaving or hydroclaving or by Sodium Hypochlorite Solution) and later washed with detergent prior to sending/sold to metal recyclers.

Important Considerations

- The treatment of BMW must meet the standards for treatment of bio medical waste as specified in Schedule II of BMW Rules, 2016.
- The autoclave used for sterilization of waste blood bags, microbiology waste, including vials containing vaccine / positive controls must be dedicated for treatment of bio-medical waste only.

- HCF must follow the standards for autoclaving of biomedical waste as listed in Schedule II of BMW Rules, 2016
- ETP will be necessary if discharge from HCF is connected with City's/Town's public sewerage network not having any terminal sewage treatment plant or if the HCF is not connected to public sewerage network. Treated wastewater from healthcare facility should conform to the standards of liquid waste as listed in Schedule II of BMW Rules, 2016.

Bedded HCFs with > 10 beds should establish suitable Effluent Treatment Facility with immediate effect, while HCFs with <10 beds, ETP should be installed by 31st December, 2019.

- Chemical disinfection is to be performed by 1 - 2% Hypochlorite Solution or equivalent disinfectant like aldehydes, lime, ammonium salts, phenolic compounds etc. (refer: WHO guidelines for Infection Control in Healthcare Facilities). Chemical disinfection performed must meet the standard of chemical disinfection as listed in Schedule II of BMWM Rules, 2016. Refer to Annexure 6: Preparation of Hypochlorite Solution.
- HCFs may provide Bio-medical wastes such as pleural fluid, ascetic fluid, HBsAG positive blood, placenta etc. only to the authorised vendors / pharmaceutical industry involved in utilization of the same for production of drugs, reagent chemicals, markers, etc. An intimation in this regard shall be provided to concerned SPCBs.

3.2 Spill Management Procedures:

Healthcare Facilities have to ensure environmentally sound management of mercury or other chemical spills:

In case of mercury spill, the following steps as given in CPCB guidelines on "Environmentally Sound Techniques for Mercury Waste Generated from Healthcare Facilities" shall be followed;

- Evacuate area: As far as possible, keep people who are not involved in the cleanup away from spill area to limit exposures and to prevent the spread of contamination.
- Put on face mask: In order to prevent breathing of mercury vapour, wear a protective face mask.
- Remove jewelry so that the mercury cannot combine (amalgamate) with the precious metals.
- Put on rubber or latex gloves. If there are any broken pieces of glass or sharp objects, pick them up with care. Place all broken objects on a paper towel, fold the paper towel and place in a puncture proof yellow bag or container. Secure the plastic bag/container and label it as items contaminated with mercury.
- Locate all mercury beads and look for mercury in any surface cracks or in hard-to-reach areas of the floor. Check a wide area beyond the spill. Use the flashlight to

locate additional glistening beads of mercury that may be sticking to the surface or in small cracked areas. Cardboard sheets may be 'used to push the spilled beads of mercury together'.

- (vi) A syringe (without a needle) shall be used to suck the beads of mercury. Collected mercury should be placed slowly and carefully into an unbreakable plastic container/glass bottle with an airtight lid half filled with water. After removing larger beads, use sticky tape to collect smaller hard-to-see beads. Place the sticky tape in a punctured proof yellow bag and secure properly. Commercially available powdered sulfur or zinc stains mercury a darker colour and can make smaller beads easier to see (powder sulfur may be used because (i) it makes the mercury easier to see since there may be a color change from yellow to brown and (ii) it binds the mercury so that it can be easily removed and suppresses the vapourization of any missing mercury).
- (vii) Place all the materials used during the cleanup, including gloves, mercury spills collected from the spill area into a yellow plastic bag or container with lid and sealed properly and labeled as mercury containing waste.
- (viii) Sprinkle sulphur or zinc powder over the area. Either powder will quickly bind any remaining mercury. In case, zinc powder is used, moisten the powder with water after it is sprinkled and use a paper towel to rub it into cracks in the flooring. Use the cardboard and then dampened paper towels to pick up the powder and bound mercury. Place all towels and cardboard in a yellow plastic bag and seal all the bags that were used and store in a designated area. All the mercury spill surfaces should be decontaminated with 10 % sodium thiosulfate solution. Keep a window open to ventilate after the cleanup. After ensuring all the mercury has been removed, resume normal vacuuming and utilize the cleaned area for routine operation.
- (ix) All the bags or containers containing items contaminated with mercury should be marked properly and labeled as waste mercury containing. This waste shall be categorized as yellow-e chemical waste and shall be disposed as per the options given in flowchart (Figure 3).

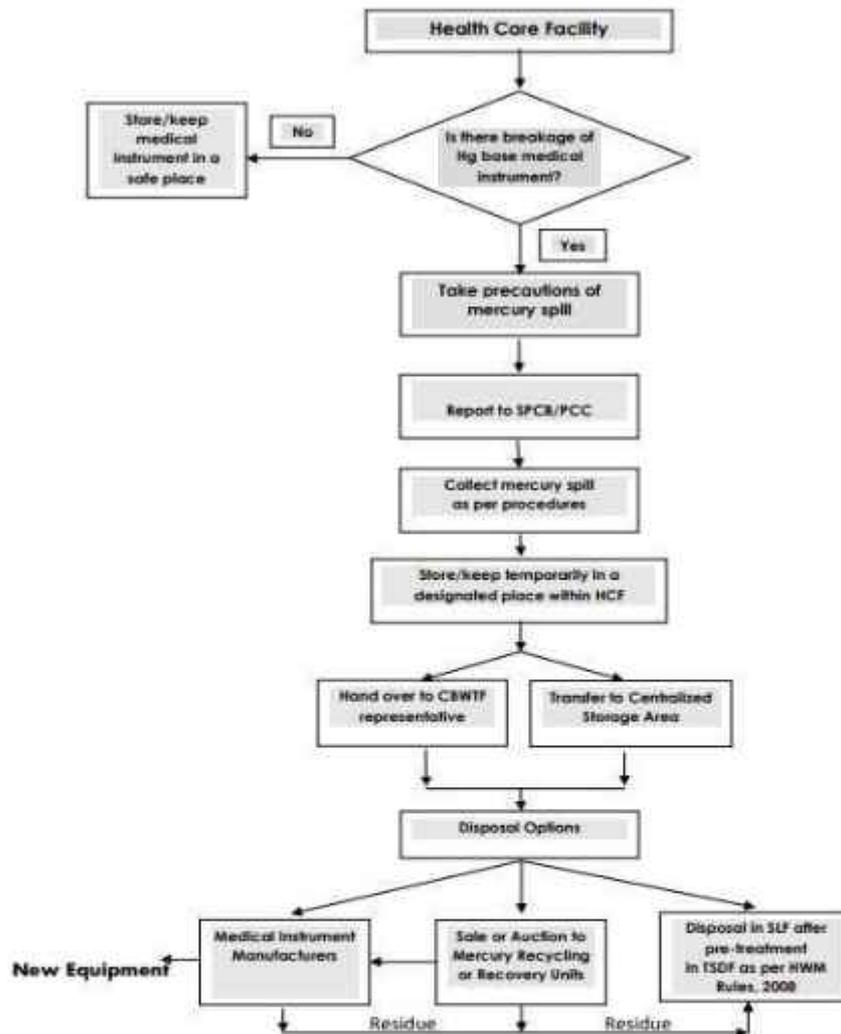


Figure 3: Flow chart showing management of mercury spills

Other chemical spills should be absorbed in suitable absorption media such as dry sand, proprietary booms, absorbent pads etc. and collected separately. Waste collected from chemical spills has to be categorized as yellow-e waste, which shall be collected in separate yellow bag and handed over to operator of CBWTF or Hazardous Waste TSDF (in case of captive facility).

3.3 Standards for Treatment and Disposal as per BMW Rules, 2016

3.3.1 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:

$$C.E. = \frac{\%CO_2}{\%CO_2 + \%CO} \times 100$$
3. The temperature of the primary chamber shall be a minimum of 800 0C and the secondary chamber shall be minimum of 10500C + or - 500C.
4. The secondary chamber gas residence time shall be at least two seconds.

B. Emission Standards

S. 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 asNO 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	0.1ng TEQ/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.

Important considerations for Captive Incinerators

- a. The existing incinerators shall comply with the above revised emission norms within a period of two years from the date of notification.
- b. The existing captive incinerators shall comply with the standards for Dioxins and Furans of 0.1ngTEQ/Nm³, within two years from the date of commencement of these rules. To achieve the same, the existing secondary combustion chambers

of the incinerator and the pollution control devices shall be suitably retrofitted if required to achieve the emission limits.

- c. Wastes to be incinerated shall not be chemically treated with any chlorinated disinfectants.
- d. Ash from incineration of biomedical waste shall be disposed of at common hazardous waste treatment and disposal facility. However, it can also 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.
- e. 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.
- f. Shall monitor the stack gaseous emissions (during optimum operational 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.
- g. Shall install continuous emission monitoring system for parameters as stipulated by State Pollution Control Board or Pollution Control Committees in authorization and transmit the real time data should be transmitted to the servers at State Pollution Control Board or Pollution Control Committees and Central Pollution Control Board.
- h. 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.
- i. Shall use combustion gas analyzer to measure CO₂, CO and O₂ periodically so as to operate incinerator at suitable conditions to achieve desired combustion efficiency.

3.3.2 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.

$$\% \text{ CO}_2 \text{ C.E} = \frac{\text{.....}}{(\% \text{ CO}_2 + \% \text{ CO})} \times 100$$
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 combustion based incinerator 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
- III. Pyrolysis or Gasification to achieve the above emission limits, if necessary.
- IV. 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 at common hazardous waste treatment and disposal facility. However, it can also be disposed of in municipal landfill, if the toxic metals in incineration ash are within the regulatory quantities as defined at Schedule II under Hazardous and Other Waste Management and Handling Rules, 2016. Vitrified slag may be utilized as sub-surface material for road making with permission from concerned SPCB/PCCs.

3.3.3 Standards for Autoclave

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 *Geobacillus-thermophilus* 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.

3.3.4 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.

3.3.5 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 4Log₁₀ reduction or greater for *Bacillus Subtilis* (ATCC19659) in chemical treatment systems.

3.3.6 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 Atropheaus* spores using vials with at least log₁₀⁶ 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.

3.3.7 Standards for Liquid Waste

- 1) The effluent generated or treated from the premises of bedded HCFs 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.
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- 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

Note –

- 1) Above limits are applicable to all bedded Health Care Facilities in case their;
- discharge line is connected to public sewerage network, which is not having terminal sewage treatment plant; or
 - discharge line is not connected to public sewers.

Health Care Facilities meeting above criteria but having less than ten beds are given time till 31st December, 2019 to set up suitable effluent treatment plants and to comply with above standards.

- 2) In case discharge from HCF is connected to a public sewerage network having terminal Sewage Treatment Plant, then general discharge standards as notified under the Environment (Protection) Act, 1986 (29 of 1986) shall be applicable (as given at Annexure 8);
- 3) Non-bedded occupiers shall dispose infectious liquid wastes only after treatment by disinfection as per Schedule – II (6) of the principal rules.\

3.4 Standards for Deep Burial

- Yellow (a), (b) and (c) wastes namely human anatomical, animal anatomical and soiled waste are permitted for deep burial only in rural or remote areas where there is no access to common bio-medical waste treatment facility after obtaining authorization from SPCB/PCCs.
- A pit or trench should be dug about two meters deep. It should be half filled with waste, and then covered with lime within 50 cm of the surface, before filling the rest of the pit with soil.
- It must be ensured that animals do not have any access to burial sites. Covers of galvanized iron or wire meshes may be used.
- On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
- Burial must be performed under close and dedicated supervision.
- The deep burial site should be relatively impermeable and no shallow well should be close to the site.

- 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.
- The location of the deep burial site shall be authorized by the prescribed authority i.e CPCB/ SPCB or District Pollution Control Board Office.
- The institution shall maintain a record of all pits used for deep burial.
- The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

3.5 Suggested method for design of concrete pit for waste sharps.

If required, a sharp pit must be constructed within the hospital premise to dispose of the sharp waste generated from the facility. Prior to disposal in concrete pit, sharps waste should be disinfected and treated in following methods;

- Autoclaving along with sharp containers followed by shredding or mutilation; or
- Combination of shredding cum autoclaving along with sharp containers
- Sharp pit must be a 1m ×1m×1m concrete lined circular or rectangular pit as shown in figure 4.
- Pit can be dug and lined with brick, masonry or concrete rings.
- The pit should be covered with a heavy concrete slab, in which a galvanized steel pipe of about 1.0m height and suitable diameter is fixed to feed the shredded or mutilated sharps waste.
- The top opening of the steel pipe shall have a provision of locking after the treated waste sharps has been disposed in.
- Once the pit filled up to 3/4th capacity, it can be encapsulation with binding material like cement. Once encapsulated mass is dry, sharp pit is sealed and another sharp pit is created for further use.

- For high water table regions where water table is less than 6m beneath bottom of the pit, a tank with above mentioned arrangements shall be made above the ground.

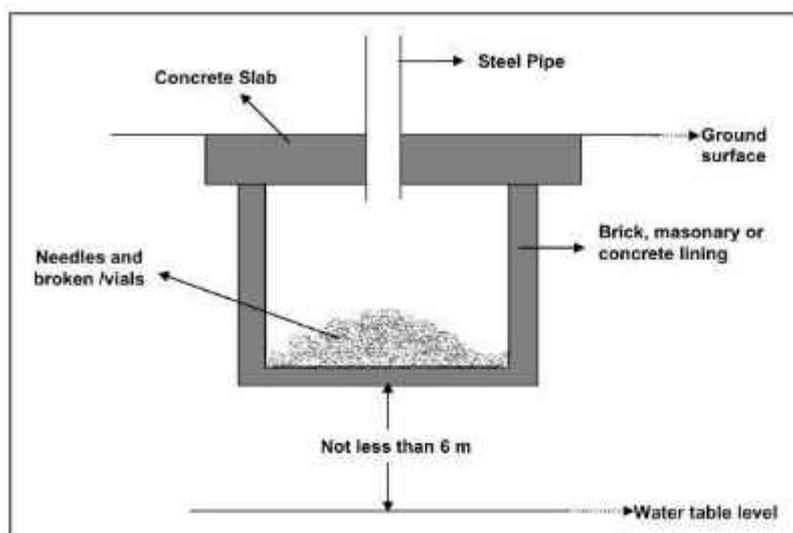


Figure 4: Layout of Sharp Pit for disposal for Sharp Waste

3.6 Effluent Treatment Plant

Effluent Treatment Plant should be provided in every HCF to treat the wastewater generated from the hospital in order to comply with the effluent standards prescribed under the BMW Rules, 2016. Sources of wastewater generation from the hospital are wards, laboratories, used disinfectants, floor washing, washing of patients area, hand washing, laundry, discharge of accidental spillage, firefighting, bathroom/toilet etc. Liquid waste generated due to use of chemicals or discarded disinfectants, infected secretions, aspirated body fluids, liquid from laboratories and floor washings, cleaning, house-keeping and disinfecting activities should be collected separately and pre-treated prior to mixing with rest of the wastewater from HCF.

The combined wastewater should be treated in the ETP having three levels of treatment; primary, secondary and tertiary;

- Primary Treatment: equalisation, neutralization, precipitation and clarification
- Secondary Treatment: High rate aerobic biological treatment, secondary settling tank
- Tertiary Treatment: Pressure Filtration, Disinfection and disposal to drain/sewer

Typical flow chart for the Effluent Treatment Plant is given below:

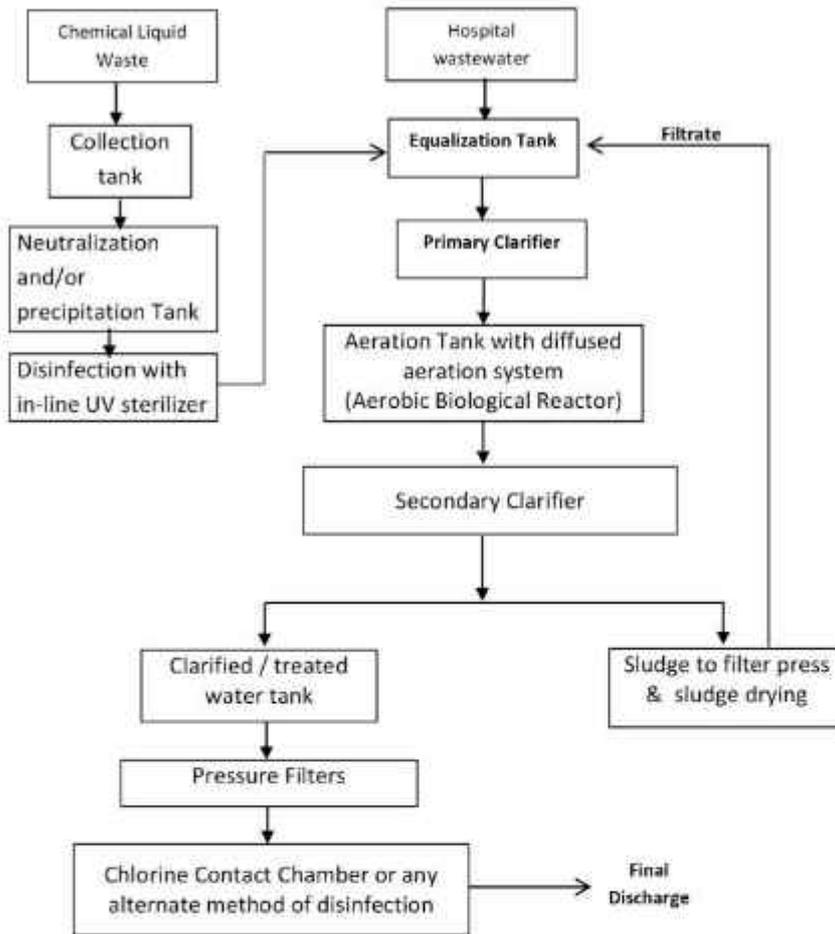


Figure 4: Scheme for Wastewater

Options for reuse of treated wastewater: Wastewater generated from the HCF is treated in the ETP and shall be disposed into drain / sewer or could be reused in: Flushing, Horticulture, and Scrubber.

CHAPTER 4

BMW MANAGEMENT AT OUTREACH ACTIVITIES AND BY OCCASIONAL GENERATORS

In public health care facilities, each HCF is performing some outreach activities by providing services to the population outside the premises of HCF. Some of such activities like immunization programmes and home delivery services generate bio medical waste and are needed to be handled in order to avoid any harm to environment and human health.

This section provides the details of the activities needed to be carried out by the health care workers during such activities so as to ensure that handling of the BMW generated from these activities are done as per the BMW Rules, 2016. This section details about the responsibility for management of BMW during such activities, steps of BMW management for outreach activities and collection, treatment and disposal methods of BMW generated during such outreach activities.

4.1 Responsibility

The occupier of the health care facility organising the outreach activities is totally responsible for ensuring that waste generated during such activity is properly segregated, collected, treated and disposed of as per BMW Rules, 2016.

4.2 Out Reach Activities

Health Care Facility may provide any of the outreach services given below;

- Blood donation camps/Health camps;
- Home delivery by Skilled Birth Attendant (SBA);
- Antenatal Care;
- Point of care diagnosis;
- Immunization;
- Family Planning activities;
- Other similar activity

During the above activities, the bio medical waste generated is required to be segregated, collected at the site of generation itself and has to be transported back to HCF for treatment and disposal. Alternatively, arrangement can be made with CBWTF operator to pick-up the segregated waste directly from camp-site after completion of activity. Anatomical waste and soiled waste needs to be treated and disposed within 48 hours once generated during the above activities.

4.3 Steps for Bio Medical Waste Management for Out Reach Activities

1. Segregate biomedical waste at the point of generation i.e. during the outreach activity
2. Collection and packaging of waste in colour coded and bar code labelled bags/containers
3. Transportation of waste from outreach activity site to HCF or make arrangement with nearby CBWTF to collect the waste directly after completion of outreach activity.

4. Treatment & disposal at HCF or CBWTF

4.4 Bio-Medical Waste Management by Occasional Waste Generators

Occasional bio-medical waste generator like first aid rooms at school, colleges, research laboratories at institutions, blood banks, health camps, first aid rooms at companies, etc. are also required to dispose the bio-medical waste generated waste as per the provisions of BMWM Rules, 2016. Occasional generators are also required to obtain (one time) authorisation from the prescribed authority under BMWM Rules, 2016. Following are the guidelines for the occasional bio-medical waste generators:

- 1) Obtain one-time authorisation under BMWM Rules, 2016 from the prescribed authority;
- 2) Obtain agreement with the CBWTF operator for final treatment and disposal of bio-medical waste;
- 3) Inform CBWTF operator to pick-up bio-medical waste as and when it is generated;
- 4) Segregate the bio-medical waste as per colour coded categories stipulated under BMWM Rules, 2016;
- 5) The colour coded bags/containers should be labelled with bar code label (provided by the operator of CBWTF or any authorised vendor).
- 6) It shall be ensured that anatomical waste, soiled waste and biotechnology waste if generated is treated & disposed within 48 hours.
- 7) Maintain record pertaining to quantum of category wise bio-medical waste generated and treated.

CHAPTER 5

MANAGEMENT REQUIREMENTS

5.1 Role of Health Care Facility

As per the BMW Rules, 2016, the liability for implementing these rules lies with the person having administrative control over the healthcare facility. This person in BMW Rules is termed as an “Occupier” and defined as “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.”

In the context of public health systems in India, the role of an Occupier will be performed by designated Medical Superintendent (MS)/Chief Medical Officer (CMO)/Senior Medical Officer (SMO)/ Principal Medical Officer (PMO) of the District Hospital, Sub Divisional Hospital and Community Health Centre (CHC).

In case of Primary Health Centre (PHC) and Sub Centre, the duties of occupier are to be performed by designated Medical Officer in charge (MO I/C) of the PHC.

The CMO/ SMO/ MS/Medical Officer in charge of the HCFs is responsible and liable for implementing, monitoring and review of activities related to Bio Medical Waste Management.

5.1.1 Responsibility of the Healthcare Facility

It is the overall responsibility of the in charge of the HCF to 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 the BMW Rules, 2016.

He/she has to ensure that the BMW generated from the Health Care Facility is properly segregated, handled, stored, packaged, transported and disposed of, as per these guidelines to ensure successful implementation of BMW Rules, 2016.

Over all roles and responsibility of the Health Care Facility is given in figure 5.



Figure 5: Roles & Responsibility of Healthcare Facility

As per the provisions under BMW Management Rules, 2016, the following responsibilities have been bestowed upon Healthcare facilities;

- To ensure that all the legal requirements related to the Bio Medical Waste Management are complied with and are regularly updated.
- To ensure that annual reports and accidents reports are submitted to SPCB in a timely manner.
- To ensure that bio-medical waste is handled without any adverse effect to human health and the environment.
- To make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste at central storage area.
- To ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals.
- To ensure that bio-medical waste from central storage area or the premises shall be directly transported to the common bio-medical waste treatment facility for the appropriate treatment and disposal.
- To ensure pre-treatment of yellow-h waste comprising of microbiology, biotechnology and other clinical laboratory waste, waste blood bags (containing date expired or contaminated blood), Laboratory cultures, stocks or specimen of micro-organisms, live or attenuated vaccines, human cell cultures used in research, industrial laboratories, production of biological, residual toxins, dishes and devices used for cultures and other highly infectious wastes before handling to over to CBWTF for final disposal.

- To pre-treat vacutainers/vials containing blood samples and handover to CBWTF as Red category waste.
- To ensure that all the requirements related to establishment of a pre-treatment facility within its premises (as given at section 3.1.1.h) fully complies with standards stipulated under BMW Rules, 2016
- To phase out use of chlorinated plastic bags (excluding blood bags) and gloves by 27 March, 2019.
- To ensure that the solid waste other than BMW is disposed of as per Solid Waste Management Rules, 2016.
- To establish a bar-code system for bags or containers containing bio-medical waste destined for disposal at CBWTF or captive treatment and disposal facility before 27th March, 2019.
- To ensure all the staffs of HCFs are provided regular training on BMW handling both at the time of induction and on annual basis as well
- To ensure occupational safety of all the employees through annual health check-ups, immunization and provisions of appropriate and adequate PPEs.
- To ensure that BMW Register is maintained and is updated on day to day basis
- Bedded HCFs to ensure uploading annual records of the biomedical waste generated on its website by 15 March, 2020.
- To immediately inform the SPCB in case of any lapse by waste collection agency or CBWTF in collection of waste from the HCF.
- To ensure that all the activities of BMW management are monitored and reviewed.
- To ensure that the committee formed for monitoring and review of BMW management is functioning properly.
- To ensure that all the records related to BMW Management are maintained by HCF.

The above listed responsibilities are detailed in these guidelines, laying down steps needed to be undertaken by health care facility to fulfil these responsibilities.

5.2 Authorization

5.2.1 Responsibility

"Authorization" 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 (CPCB) as the case may be;

As per BMW Rules, 2016, every 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 are required to obtain authorization from the prescribed authority i.e. State Pollution Control Board / Pollution Control Committee, as the case may be. Validity of authorization in case of bedded health care facilities will be synchronized with the validity of the consents. Armed Forces Healthcare Establishments shall obtain authorization from DGAFMS.

Overall responsibility of having valid authorizations and consents under various acts lies with the In-charge of the health care facility.

5.2.2 Authorization under Bio-Medical Waste Management Rules, 2016

Procedure for Authorization

In charge of the health care facility needs to apply to the respective State Pollution Control Board (SPCB) in respect of States or Pollution Control Committees (PCC) in respect of Union Territories for fresh or renewal of authorization, for the activities being carried out in handling of Bio Medical Waste Management by the health care facility.

Application

Application must be submitted to the respective SPCB/PCC for fresh or renewal of authorization in prescribed format as per Form II as prescribed under Bio Medical Waste Management Rules, 2016 given at Annexure 3.

Information requirements of Application

- Particulars of Health Care Facility: Name, Address, Contact Details etc.
- Validity of Consents under Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981 (in case of bedded HCFs)
- Detail of HCF: Number of beds, Average number of patient treated per month
- Category wise Quantity of Waste Generated or disposed by the health care facility
- Detail of any treatment facility available in the premises of health care facility

Grant of Authorization

Upon verification and ensuring the HCF is having requisite facilities, the authorization is granted by the respective State Pollution Control Board (SPCB)/Pollution Control Committee (PCC) in a prescribed form, with unique number of authorization and date of issue.

Validity of Authorization

(a) For bedded Healthcare Facilities

The validity of this authorization is synchronized with the validity of:

- 1) Consent under Air (Prevention and Control of Pollution) Act, 1981:

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

(b) For non-bedded Healthcare Facilities

One-time authorization is required to be obtained from respective SPCBs/PCCs in case of non-bedded health care facilities such as clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank, etc. These HCFs have to apply for a fresh authorization to amend earlier authorisation in case there is any change or variance in relation to the activities of HCF.

Authorization for non-bedded HCFs 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.

5.2.3 Approval for Deep Burial Pits (For HCFs Not Under Agreement with CBWTF)

HCF if intends dispose BMW through deep burial pits, they shall obtain authorization from the respective prescribed authority i.e. SPCB/PCC office for establishment of deep burial pits and records of such pits needs to maintained.

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.

5.2.4 Agreement with Common Bio Medical Waste Treatment Facility (CBWTF)

Each health care facility which is situated within reach of 75 kilometres of CBWTF needs to have a valid agreement with authorised CBWTF for treatment and disposal of Bio Medical Waste generated from the HCF. HCFs located beyond 75Km may also join the CBWTF if operator is capable and willing to provide the services as required under BMW Rules, 2016.

It has to be ensured by the HCF, that the CBWTF operator collects the waste within a specified time, and the untreated biomedical waste especially untreated human anatomical, animal anatomical, soiled waste and biotechnology waste is treated and disposed within a period 48 hours. Agreement must also specify the responsibilities of CBWTFs and payment conditions including options such as supply of non-chlorinated bags, supply of bar-coded labels, etc.

5.3 Reporting to State Pollution Control Board or Pollution Control Committee**5.3.1 Annual Reporting**

As per the Bio Medical Waste Management Rules, 2016, the healthcare facility is required to submit the Annual Report to the SPCB/PCC on or before 30th June every year, for the period from January to December of the preceding calendar year.

The annual report should be filled in the prescribed format as per the Form IV prescribed under BMW Management Rules, 2016.

The annual report contains details of following:

- Particulars of Occupier/ HCF
- Quantity of waste generated in kg/annum
- Details of storage, treatment, transportation, processing and disposal facility
- Details of training conducted on Bio Medical Waste Management
- Details of accident Occurred
- Details Emission and Effluent testing

Annual Report submitted to the State Pollution Control Board or Pollution Control Committee must also be enclosed with following details:

- Training imparted to the Health Care Workers involved in handling of bio-medical waste
- Minutes of Meeting of BMW Management Committee
- Details of Accident Occurred during one year, along with the remedial steps taken
- Records of testing of Emission of DG Sets / boilers
- Records of Effluent generated and its characteristics from health care facility
- Records of pre-treatment of specified waste categories Record of recyclable waste handed over to the authorized recycler in kg/annum (where captive treatment facility is allowed by the SPCB/PCC)
- Records of health status of the Health Care Workers involved in handling of bio-medical waste
- Records of immunisation of Health Care Workers involved in handling of bio-medical waste

Each healthcare facility must also ensure that the annual report submitted to the concerned SPCB/PCC is also published in its own website

Please refer to Annexure 4: FORM IV: Annual Report

5.3.2 Accident Reporting

Any accident occur during the handling of Bio Medical Waste in the healthcare facility is having potential to either harm the environment or safety of the human health must be recorded by the HCF.

As per the Bio Medical Waste Management Rules, 2016, the accidents are classified into two categories; major and minor.

Major Accidents

Major accidents include but not limited to following

- Toppling of the truck carrying bio-medical waste
- Accidental release of bio-medical waste in any water body

- Fire Hazard
- Blasts
- Flooding or erosion of the deep burial pit etc

It is **mandatory** under BMW Rules 2016, for healthcare facilities to report each/any **major** accidents, to the respective State Pollution Control Board/Pollution Control Committee, occurred during the handling of BMW along with the records of remedial actions taken including corrective and preventive actions. The Accident Report is needed to be forwarded in written to the respective SPCB/PCC within **24hrs of accident**. The reporting should be done on the prescribed **Form 1** given in BMW Rules 2016.

Minor Accidents

Minor accidents include but not limited to following

- Needle stick injuries,
- Splash exposure or
- Spillage of mercury / chemicals etc.

Such minor accidents need not to be immediately reported to the State Pollution Control Board/Pollution Control Committee but is required to be recorded by the health care facility and appropriate remedial actions must be taken by health care facility.

Healthcare facility also needs to submit consolidated report on accidents both major and minor, along with the number of persons affected, remedial actions taken and number of fatalities, along with the annual report (for the preceding calendar year) to be submitted to SPCB/PCC, on or before 30th June of every year.

5.3.3 Other Reporting Requirements

Besides annual reporting and accident reporting each healthcare facility needs to report to the respective SPCB/PCC in event of following:

- If the waste collection agency or CBWTF does not collect the waste within 48 hours of generation, it is the responsibility of the HCF to immediately inform the respective State Pollution Control Board/Pollution Control Committee about any such lapse.
- It is also mandatory to report to the respective State Pollution Control Board/Pollution Control Committee, the reason of storing the waste in the facility for a period beyond 48 hours and also the remedial actions taken by the HCFs to ensure that the waste does not adversely affect human health and the environment.

5.4 Occupational Safety

It is the responsibility of the in charge of the healthcare facility to ensure the occupational safety of the healthcare workers and other staff involved in handling of Bio medical waste in the healthcare facility.

As per Bio Medical Waste Management Rules, 2016 occupational safety of the staff has to be ensured in following methods:

- Providing adequate and appropriate Personal Protective Equipment (PPE) to the staff handling Bio Medical Waste. Use of PPE while handling of Bio Medical Waste must be encouraged and must be monitored regularly to ensure occupational safety of staff.



- Conducting health check-up of all the employees at the time of induction and also at least once in a year.
- Ensuring that all the staff of the health care facility involved in handling of BMW is immunized at least against the Hepatitis B and Tetanus.
- Taking remedial steps in accordance to any accident occurred, leading to any harm to the employee, during the handling of Bio medical waste

5.6 Employee Health Check Up

As per Bio Medical Waste Management Rules, 2016, every HCF must ensure that a comprehensive health check-up of each employee and other staff involved in BMW handling is carried out at the time of induction and also as a mandatory procedure to be followed for each year for every employee.

Comprehensive Health Check-up includes following but not limited to;

- Present Complaints (If any), with duration
- Vaccination History (especially with respect to Hepatitis B and Tetanus Toxoid)
- Past Medical History
- Past Surgical History
- General Physical Examination
- Dental Examination
- Systemic Examination including Cardiovascular System, Respiratory System, Central Nervous System, Gastrointestinal System, Uro Genital System, Gynae and Obstet. (in case of females), Musco-skeleton System, EYE and ENT.
- Lab Investigations including: Hb, TLC, DLC, RBS, Blood Urea, S. Creatinine, Urine, Stool etc.
- Radiological Investigations: Chest X ray, USG (If needed), CT or MRI (if needed)
- Inference with Diagnosis

Health Check-up records of all the employees are needed to be maintained in the personal record of each employee for proving compliance

Please refer to Annexure 5: Suggested Format for Employee Health Check up Record

5.7 Immunization

All the staff involved in handling of Bio Medical Waste in the health care facility must be immunized against the communicable diseases especially against Hepatitis B and Tetanus.

Evaluation of immunization status of the staff must be included in the annual health check-up.

Hospital needs to maintain the immunization records of all the staff with dates of immunization and due date of first dose, Second Dose and Booster Dose.

5.8 Training of Healthcare Workers

As per Bio Medical Waste Management Rules, 2016, it is mandatory for all the employee of the healthcare facility to be trained on handling of biomedical waste management and handling.

5.8.1 Training Need Analysis

It is mandatory for each health care worker inducted to the HCF to undergo the training on Bio Medical Waste Management at the time of induction.

BMW Rules, 2016 also stipulates annual training to the healthcare staff involved in handling of bio medical waste. It is suggested that the committee/person designated for monitor or review of the activities of BMW management does the training need analysis of the staff based on following parameters:

- Theoretical Knowledge
- Demonstration of methods of handling of bio-medical waste
- Practical Implementation

5.8.2 Training Schedule

As per the BMW Rules, 2016 the minimum requirements for health care facilities is to conduct the training on BMW activities at least annually for all the staff of the facility and also whenever a new staff is inducted into Health Care Facility.

It is preferable for each health care facility to create a training calendar for imparting the training on Bio Medical Waste Management Handling and training must be provided as per the formed training plan.

5.8.3 Trainers

- Apart from professional trainers, HCFs may also invite the concerned officials of the SPCB/PCCs and operators of CBWTF to attend in-house training programmes

organised by them so as to impart training to staff involved handling of BMW in health care facilities.

- HCFs shall also depute the person designated and other identified staff for attending training programmes as and when conducted by SPCBs/PCCs.
- Nodal Officer for biomedical waste management in HCF may take the responsibility to provide induction training to the newly recruited healthcare staff
- Trained employee of the healthcare worker can also take up the role of trainer.

5.8.4 Training Material

It is a requirement of BMW Rules, 2016 to have a standard training module for imparting the training in the healthcare facilities. For this purpose, these guidelines can be used as training material for imparting the training or any other relevant material published by approved authorities like SPCB/PCC can be used as training material.

5.8.5 Training Records

Health care facilities need to ensure that all the training records pertaining to the Bio Medical Waste Management including the induction training records and in service training, for all the staff is needed to be kept for proving compliance.

Attendance records of each training needs to maintained and signed by the trainees with name and designation.

HCFs need to maintain, compile and provide details of trainings provided for BMW handling to State Pollution Control Board (SPCB)/Pollution Control Committee (PCC). These details have to be submitted along with the annual report to the prescribed authority i.e. SPCB//PCC, on or before 30th June of every year.

The training details include:

- Total Number of trainings conducted along with the date of imparting the training
- Total number of participant of each training
- Attendance Record
- Total Number of staff trained on BMW Handling
- Total number of staff trained on BMW handling at the time of Induction
- Total number of staff, not undergone any sought of training on BMW Handling.

5.8.6 Training Effectiveness

Effectiveness of the training can be evaluated by observing the same parameters as listed in training need analysis of the staff or through a test mock/verbal or written, to be conducted after training.

5.9.0 Budget Allocation for Bio Medical Waste Management

As per Schedule –III of the BMWM Rules, 2016, State Government of Health or Union Territory Government or Administration are required to allocate adequate funds to Government health care facilities for bio-medical waste management

HCFs may have a dedicated budget for BMWM as a part of annual budget of the health care facilities. Such budget must include both recurring and non-recurring costs expected to be incurred by HCFs, related to Bio Medical Waste Management.

States may include this budget for the Bio Medical Waste Management in the yearly Programme Implementation Plan (PIP) for approval and funding from the Central Government of India.

The various budget heads under which the grant is awarded from the Centre can be:

- Training Heads
- Resources needed for BMW Management
- Request for Proposal (RFP) for contracting with CBWTF

Such budget must include action plan for;

- Logistics: Bins, bags, puncture proof containers, PPEs, trolleys, needle cutters, pre-treatment equipment, bar-code labels and chemicals
- Outsourcing: Waste Collection and Personnel
- Training
- IEC/Patient Education: Posters, Pamphlets

5.10 Monitoring and Review

Each healthcare facility must ensure that there is a system of monitoring and review of the activities related to the handling of Bio Medical Waste Management.

Bio Medical Waste Management Rules, 2016 stipulates that the system to be adopted for monitoring and review of the activities at all the levels of implementation. The monitoring and review is required to be done through following instruments:

- 1) Central Level: Monitoring Committee for implementation of the rules
- 2) State Level: State Advisory Committee
- 3) District Level: District Level Monitoring Committee
- 4) HCF Level: HCFs having 30 beds or more shall have Quality Team/ Infection Control Committee/ Bio Medical Waste Management Committee and HCFs having less than 30 beds should designate Bio Medical Waste Supervisor.

5.10.1 Monitoring and Review at HCFs having 30 Beds or more

BMWM Rules 2016 stipulates that monitoring and review of the activities related to handling of bio medical waste, must be performed by an existing committee or by framing a new committee for this purpose, at the healthcare facility only.

Quality Team (QT), framed under National Quality Assurance standards, responsible for implementation of quality assurance can perform the overall role of monitoring and review the activities of BMW handling.

Bio Medical Waste Management Committee: It is suggested that HCF must frame new committee at the facility level for monitoring of the BMW activities, which is to be termed as Bio Medical Waste Management Committee.

The suggested composition of such committee is as follows:

- SMO/ CMO/ Medical Superintendent (Chairperson)
- District Quality Consultant/ District BMW Officer (Invitee Members)
- Quality Manager
- Hospital Infection Control Nurse/ Officer
- Nursing in-charge
- Medical Officer (Surgery)
- Medical Officer (Emergency)
- Medical Officer (Gynae & Obs)
- Microbiologist/ Pathologist
- OT Nurse / Technician/ Assistant
- Lab Technician
- Blood Bank/ Storage Unit Technician
- Housekeeping in-charge
- Pharmacist

The responsibility of this committee are to:

- Improve and steam line the bio medical waste (BMW) management Systems for proper implementation of Bio-Medical Waste Management Rules 2016.
- Formulate and ensure implementation of the responsibilities of the various categories of the staff involved in the generation, collection, transportation, treatment and disposal of wastes.
- Monitor biomedical waste handling practices in the organization.
- Ensure periodic training of all categories of staff involved in generating and transporting waste.
- Maintenance of all the records related to BMW handling as per BMWM Rules 2016.
- Ensuring submission of reports to prescribing authority like Accident Reporting & Annual Reporting to SPCB/PCC within the stipulated due dates.
- Update and maintain the valid authorization from SPCB/PCC
- Have a valid agreement with Common Bio Medical Waste Treatment Facility (CBWTF).
- Take appropriate remedial actions in event of any accident occurrence

Meeting Schedule

It is to be ensured by the HCFs that the committee framed for monitoring of activities of bio medical waste handling in the facility must meet;

- At least once in six months and also when needed.
- Committee must meet in event of any accident reported.

Agenda and Meeting Records

It is to be ensured that committee meetings are held in accordance with a predefined agenda for the meeting.

The Agenda of meeting, proceedings/ minutes of meeting along with the planned actions with the responsibility delegated for implementation should be recorded and records are to be kept with BMW Committee for proving compliance.

All the minutes of meeting of this committee is to be forwarded along with the Annual Report to the prescribing authority i.e. SPCB/PCC. The meeting records for the period from January to December of the preceding year are to be submitted along with Annual Report on or before 30th June of every year.

5.10.2 Monitoring and Review at HCFs having less than 30 Beds

The healthcare facility having less than 30 beds must designate a qualified person for monitoring and review the activities of Bio Medical Waste Management in the facility. He shall monitor the activities of BMW management and perform same functions as described for Bio Medical Waste Management Committee (at section 5.10.1).

For monitoring at the sub-centre level it is advised that the person designated for monitoring at the PHC is also responsible for monitoring at the sub centre level.

The person designated will be overall responsible for implementation of BMW Rules, 2016 under direct supervision of Medical Officer I/c of the PHC wWill also be responsible for collating the information required for submission of the annual report and will also be responsible for maintaining the records of BMW Trainings, Quantity of waste generated, number of accidents occurred in handling of BMW both major and minor, remedial actions taken by HCFs in event of such accidents etc.

Indicators for Monitoring of Activities of BMW Management at Various Levels

The officials for monitoring and review for the activities of BMW management at various levels i.e. State, District and Facility level, needs to monitor the performance related to the BMW management at all the levels. For this purpose, format for "Indicators for monitoring of BMW Activities in the State" is given at Annexure 7.

5.11 Liability of Health Care Facility

As per the BMW Rules, 2016, the liability for implementing BMW Rules, 2016 lies with the occupier or the person having administrative control over the healthcare facility (as elaborated at section 5.1). He/she shall be liable for any harm that may occur to the environment or people due to improper handling of the BMW generated from the facility.

In case of any violation, the occupier shall be liable for action under section 15 of Environment (Protection) Act, 1986. The occupier shall also be liable for complying with

the directions if any issued under section 5 of Environment(Protection) Act, 1986 issued by concerned authorities.

To avoid any legal implications, the HCF must meet all the responsibilities as listed in these guidelines as well as BMWM Rules, 2016.

Legal Actions that can be taken against HCFs for violation of the provisions or the 'Directions' under Section 5 of 'The Environment (P) Act, 1986' as follows;

- Closure, prohibition or regulation of any operation or process
- Stoppage or regulation of the electricity or water supply
- Closure of the HCFs

Legal Actions for violation of the provisions under Section 15 of 'The Environment (P) Act, 1986' Includes:

- Imprisonment up to five years or fine up to one lakh rupees for each failure or contravention of the Rules or both;
- In case of violation continues, additional fine which may extend to five thousand rupees for every day of violation;
- If the contravention continues beyond a period of one year after the first date of contravention, the offender shall be punishable with imprisonment for term which may extend to seven years (as may be decided by Hon'ble Courts).

5.12 Requirements for Establishment of CBWTF within the premises of HCFs

As per Bio Medical Waste Management Rules, 2016, a Healthcare facility shall not install on-site captive treatment and disposal facility if service of a CBWTF available within 75 Km from the HCF. In case a service of common bio-medical waste treatment facility is not available within 75 KMs, the HCFs can explore the possibility of sending BMW to a CBWTF located beyond 75Km distance if the operator is authorised to cover the area and also capable to provide services of collection, treatment and disposal within 48 hours as required under BMW Rules, 2016.

If a Health Care facility not located within 75Km from CBWTF and also wishes to establish an onsite treatment and disposal facility within its premises; shall install requisite treatment and disposal facilities such as incinerator, autoclave or microwave, shredder within the premises of the facility; in addition, the Occupier shall meet the requirements of and "Operator" for complying with the standards as prescribed under BMWM Rules, 2016.

If a Healthcare facility has a pre-existing captive treatment and disposal facility prior to notification of BMWM Rules, 2016, it is suggested that such HCFs shall stop operating captive facilities and become member of CBWTF, since operation of captive facility within HCF premises may have adverse effects on patients. However, in case a HCF wish to continue operation of its captive facility, they shall obtain necessary authorization from concerned SPCBs/PCCs. Moreover, operation of captive facility within HCF may require greater investment and effort for complying with revised stringent emission norms for incinerators, which may include refurbishing or augmenting secondary combustion chamber with 2 seconds residence time. It is also required to augment air pollution control

equipment of captive facilities to comply with stringent emission standards for Particulate matter and Dioxins and furans.

CHAPTER 6

MANAGEMENT OF GENERAL WASTE

As per Bio Medical Waste Management Rules 2016, the general waste generated from the healthcare facility must be disposed of in accordance with the provisions of Solid Waste Management Rules, 2016.

General Requirements for HCFs

Health care facilities must ensure that the general solid waste generated from the facility is segregated and collected in a separate bins filled in with non-chlorinated bags and shall not be mixed up with the BMW generated in the facility. Requirements of HCFs in management of solid waste are given below;

- Collect segregate waste in two separate streams namely bio-degradable waste and dry-waste. Green bins shall be provided for bio-degradable wastes and blue bin for dry wastes. Colour coded bins may be either painted or labelled with particular colour.
- Plastic sheets provided inside the bins shall be of minimum 50mm thick as required under plastic waste management Rules, 2016. In case of bio-degradable waste collection bins, it is recommended to use compostable plastic bags of any thickness.
- Waste collected in bins shall be handed over to authorised waste pickers or waste collectors as per the direction or notification by the local authorities from time to time;
- HCFs having more than 5,000 sqm area should set-up on-site compost plants as far as possible.
- Used sanitary waste like diapers, sanitary pads etc. generated from hospitals should preferably be wrapped in the pouches provided by the manufacturers or brand owners of these products or in a suitable wrapping material and disposed along with soiled waste (yellow c) category waste for incineration.
- To store horticulture waste and garden waste generated from his premises separately in their own premises and dispose of as per the directions of the local body (local authorities) from time to time.
- General waste shall not be throw or burnt on streets, open public spaces outside the premises or in the drain or water bodies.
- HCFs shall pay user fee for solid waste management, as may be specified in the by-laws of the local body.
- HCFs shall handover segregated waste to authorized waste collector or agency as specified by the local body.

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

- General waste should not be stored in central waste storage area meant for Bio Medical Waste generated for the facility, but is stored separately, till it is handed over to authorised waste picker of local bodies or corporations or Gram Panchayats
- Any BMW generated should not be mixed with the general waste. To ensure the same, health care facilities have to train all the staff of HCF to segregate general wastes and they shall also caution or advise the visitors in HCFs to follow the same.

CHAPTER 7

MANAGEMENT OF OTHER WASTES

7.1 Management of Used Batteries

As per the provisions under Batteries (Management & Handling) Rules, 2001, used lead acid batteries generated from health care facilities (HCFs) should be sold/auctioned/sent only to the authorised dealers, designated collection centres or authorised recyclers or any authorised agency. In no case the used batteries be handed over to an unauthorised person. Hospital having purchased more than 100 batteries should maintain records of number of batteries purchased, and number of used batteries sent to registered recyclers/authorised dealers/designated collection centres/any other agency as per Form-VIII of Batteries Rules, 2001 and the returns shall be filed half yearly i.e. by 30th June and 31st December of every year to the concerned State Pollution Control board.

7.2 Management of Radioactive Wastes

The Atomic Energy Regulatory Board (AERB) has been mandated by the Central Government, as the Competent Authority as per Atomic Energy (safe Disposal of Radioactive Wastes) Rules, 1987 notified under the Atomic Energy Act 1962. It exercises regulatory control over nuclear installations and the use of radioactive substances and radiation generating plants outside such installations.

AERB also empowered to perform the functions as stipulated under sections 10(1) (powers of entry) and 11(1) (powers to take samples) of Environmental (Protection) Act, 1986 and Rule 12 (agency to which information on excess discharge of pollutants to be given) of the Environmental (Protection) Amendment Rules, 1987 with respect to radioactive substances.

As per provisions of Atomic Energy (safe Disposal of Radioactive Wastes) Rules, 1987, no person shall dispose of radioactive waste (a) unless he has obtained an authorization from the competent authority under these rules; (b) in any manner other than in accordance with the terms and conditions specified in the authorization issued under these rules; (c) in any location different from those specified in the authorization; and (d) in quantities exceeding those specified in the authorization.

Health Care Facilities generating radionuclides waste from treatment of Cancer patients and end-of-life equipment containing radio radionuclides shall obtain authorization from AERB for its disposal. As per the policy of AERB, radionuclides wastes are required to be re-exported back to the manufacturer. It was recommended that such generators shall ensure arrangement with manufacturer at the time of purchase of such equipment. Waste disposal facilities of AERB are regulated by Waste Disposal Agency (Division) of AERB.

7.3 Management of E-Wastes

As per provisions under E-Waste (Management) Rules, 2016, as amended every generators of end of life electrical and electronic equipment (EEE) listed under Schedule-I are required to ensure that such E-Waste is sent to an authorized E-Waste dismantling or recycling facility or an authorised collection centre of the Producer of EEE or through designated take back service providers of Producers or registered Producer Responsibility Organization (PRO) of a Producer. E-waste can be auctioned only to authorised E-Waste Recyclers/ Dismantlers/ PRO of a Producer. Records of E-Waste transfer/sale should be maintained records in Form -2 for verification of the SPCBs/PCCs and Annual returns as per Form-3 of E-Waste (Management) Rules, 2016, as amended should be submitted to SPCBs/PCCs by June 30th of every year.

E-Waste generated from hospital equipment not listed in Schedule-I should also be sold/ transferred to only the authorized E-Waste Recyclers/Dismantlers.

Annexures

Specifications for Plastic Bags & Containers**Plastic Bags**

- HCFs must ensure that use of chlorinated plastic bags for waste collection must be phased out. Plastic bags used for collection of biomedical waste should be as per the BIS standards or Plastic Waste Management Rules, 2016
- As per the Plastic Waste Management Rules, 2016, each plastic bags must have labelling and marking as follows:
 - Name and Registration number of manufacturer and thickness of the bag
 - Type of material
- Each Plastic Bags must bear a label of "Recycle" as per its compositions
- In case of use of compostable plastic bags, there should be a label "**COMPOSTABLE**" and shall conform to the Indian Standard: IS or ISO 17088:2008 titled as Specifications for "Compostable Plastics".
- Each Non chlorinated plastic bags must be at least of 50-micron width. Thickness criteria would not apply in case of compostable plastic bags.

Containers

- For containers being used for collection of sharps and glassware the containers must meet the requirements as listed by World Health Organization (WHO) in "PQS Performance Specifications: Safety Box for disposal of waste sharps" (Source: Document number: WHO/PQS/E10/SB01.1).

Note: BIS standards shall be applicable for plastic bags and containers as and when published by BIS

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

Annexure 2

Format for Bio Medical Waste Register/Record

NAME & ADDRESS OF HEALTH CARE FACILITY										
BIO MEDICAL WASTE REGISTER/ RECORD FORMAT										
S.NO.	Date of Generation	Quantity of BMW Generated (in KG) Colour Coding and Category					Date of collection by Waste Collection Agency	Time (in AM/ PM)	Name & Signature of Waste Collector	Name & Signature of HCF Staff
		Yellow (1)	Red (2)	White (3)	Blue (4)	Total				
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

APPLICATION FOR AUTHORIZATION OR RENEWAL OF AUTHORIZATION

(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:

1. Particulars of Applicant:

- (i) Name of the Applicant:
(In block letters & in full)
- (ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)
- (iii) Address for correspondence:
- (iv) Tele No., Fax No.:
- (v) Email:
- (vi) Website Address:

2. Activity for which authorization is sought:

Activity	Please tick
Generation, segregation	
Collection,	
Storage	
Packaging	
Reception	
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
Offering for sale, transfer	
Any other form of handling	

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

- (i) Applied for CTO/CTE Yes/No
- (ii) In case of renewal previous authorization 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:_____

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

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 CBWTF: _____
 - IV. No of beds covered by CBWTF: _____
 - V. Installed treatment and disposal capacity of CBWTF: _____ Kg per day
 - VI. Quantity of biomedical waste treated or disposed by CBWTF: _____ Kg/ day
 - VII. Area or distance covered by CBWTF: _____
 (Please attach map a map with GPS locations of CBWTF 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	Waste sharps including Metals:		
BLUE	Glassware		
	Metallic Body Implants		

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

6. Brief description of arrangements for handling of biomedical waste (attach details):
- Mode of transportation (if any) of bio-medical waste:
 - Details of treatment equipment (please give details such as the number, type & capacity of each unit)

Treatment Equipment	Number 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		
Any other treatment equipment		

7. Contingency plan of common bio-medical waste treatment facility (CBWTF)(attach documents):
8. Details of directions or notices or legal actions if any during the period of earlier authorization
9. Declaration

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

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

Date:

Signature of the Applicant

Place:

Designation of Applicant

FORM IV: ANNUAL REPORT

S. No.	Particulars		
1.	Particulars of Occupier		
	I.	Name of Authorized Person (Occupier or Operator)	
	II.	Name of HCF or CBWTF :	
	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 CBWTF	
	IX.	Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)
	X.	Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number 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 health care facility (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 CBWTF		
	I.	Number healthcare facilities covered by CBWTF	
	II.	No of beds covered by CBWTF :	
	III.	Installed treatment and disposal capacity of CBWTFkg/day
	IV.	Quantity of biomedical waste treated or disposed by CBWTFkg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Category	Quantity(kg/annum)
		Yellow	
		Red	
		Blue	
		White	

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

		General Solid Waste			
5. Details of the Storage, treatment, transportation, processing and Disposal Facility					
I.	Details of On Site Storage	Size:			
		Capacity:			
		Provision for Onsite Storage (Cold Storage or any other provisions):			
II.	Details of Onsite Disposal Facility	Type of Treatment Equipment	No. of Units	Capacity kg/day	Quantity Treated or Disposed kg/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 equipment used for treatment			
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			

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	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 of Training conducted on BMW	
	I. Number of trainings conducted on	
	II. BMW Management	
	III. number of personnel trained	
	IV. number of personnel trained at the time of induction	
	V. number of personnel not undergone any training so far	
	VI. Whether standard manual for training is available?	
	VII. Any other Information	
8.	Details of Accident Occurred	
	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 meet 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

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	Incinerator)
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Certified that above report is for the period from

.....
.....
.....

Name and Signature of Head of Institution

Date:

Place

FORMAT FOR EMPLOYEE HEALTH CHECK UP

Designation:.....Date:

Name: Father's name.....

Age.....years, Sex.....; Married/ Not Married. Blood group.....Rh.....

Address.....
.....

Phone No....., E-Mail:.....

Present complaints with duration (if any):

- 1.
- 2.
- 3.
- 4.
- 5.

Vaccination history (Especially w.r.t Hepatitis-B and Tetanus):

Whether vaccination ever received in past? Yes/ No

Name of Vaccine	First dose	Second Dose	Third Dose	Booster	Booster	Booster	Booster
Hepatitis-B							
Tetanus Toxoid							

Past medical history (if any):

Hypertension	Yes	No	Since When	Diabetes	Yes	No	Since When
Asthma	Yes	No	Since When	Arthritis	Yes	No	Since When
Tuberculosis	Yes	No	Since When	Allergies	Yes	No	Since When
Cancer	Yes	No	Since When	Others	Yes	No	Since When

Surgical history (if any):

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

GENERAL PHYSICAL EXAMINATION:

General appearance.....
 Cyanosis Jaundice..... Clubbing.....
 Pulse..... BP.....
 Odema feet..... Oral hygiene

Height.....cm, Weight.....kg,

DENTAL EXAMINATION:

SYSTEMIC EXAMINATION:

Cardiovascular System
 Respiratory System
 Central Nervous System
 Gastrointestinal System
 Urogenital System
 Gynae. & Obstet (*In case of Females*)

Gravida	Para	Abortions

Musculoskeletal System
 ENT
 Eye

INVESTIGATIONS

Lab Tests:

Hb	TLC	DLC				RBS	Bl. Urea	S. Creatinine
		P	L	M	E			

Urine:
 Stool:
 ECG:

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

Others

Radiological examination

X- Ray Chest PA view:

USG (If Required)

CT scan/MRI (If required)

Others:

Inference with Diagnosis, if any

Advice / Recommendations/ Intervention done

Name and signature of doctor

Follow-up:

Date	Complaints & Findings & Reports	Investigations ordered & Treatment	Name & Signatures of MO

Annexure 6

Preparation of Hypochlorite Solution

Preparation of Chlorine Solution Using Concentrated Solution

Concentration of commercially available hypochlorite solution	Required Chlorine concentration	To Prepare 1000 ml	
		Solution in ml	Add water in ml
5 %	1 %	200	800
	2 %	400	600
10 %	1 %	100	900
	2 %	200	800

Preparation of Chlorine Solution Using Bleach Powder Solution

Strength of Stable Bleaching Powder (SBP)	Volume of Water	Desired Concentration	Bleaching powder in grams per litre
20 %	1 Litre	1%	50
		2%	100
25 %	1 Litre	1%	40
		2%	80
30 %	1 Litre	1%	33
		2%	67

Annexure 7**Indicators for Monitoring of BMW Activities in the State/District**

Indicators for State/District Level Monitoring

1. Percentage of Health care facilities having valid authorization from SPCB:
Number of Facilities having valid authorization / Total Number of HCFs in State X100
2. Percentage of Health care facilities under agreement with CBWTF:
Number of HCFs having agreement with CBWTF/ Total Number of HCFs in State X 100

3. Category wise waste generated per bed

S.no.	Category of Waste	Total Quantity of Waste (a)	Total Number of Beds in State (b)	Waste Generated/ Bed (a/b)
1.	Yellow			
2.	Red			
3.	Blue			

4. Total number of facilities granted authorization by SPCB / Total Number of facilities applied for authorization
5. Total Number of Accidents Reported while BMW Handling
6. Total Number of Trainings conducted for BMW

General Standards for discharge of Wastewater into Public Sewers

S.No	Parameter*	Standards for discharge in Public Sewers
1.	Suspended solids mg/l, Max.	600
2.	pH Value	5.5 to 9.0
3.	Oil and grease mg/l Max.	20
4.	Biochemical Oxygen demand ² [3 days at 27°C] mg/l max.	350
5.	Chemical Oxygen Demand in mg/l	Not applicable
6.	Bio-assay test	90% survival of fish after 96 hours in 100% effluent

* Standards for Parameters stipulated in Schedule II of BMWM Rules, 2016 are specified for discharge into public sewers by healthcare facilities.

Annexure 9

Log book for Operating the captive Incinerator/Plasma Pyrolysis

Date	Time of operation of the Incinerator		Quantity of hourly BMW charged in kg (Total BMW charged in a day in kg)	Temperature maintained in °C		Negative draft in primary chamber (in mm of water column) (Pl. indicate range i.e. min. to max.)	Pressure drop across APCD (in mm of water column) (Pl. indicate range i.e. min. to max.)	pH level of scrubbed liquid used (Pl. indicate range - min. to max.)	Average values of flue gas analysis results (continuous online) observed during the incineration/plasma pyrolysis process operation			Consumption of electricity/ Diesel whichever is applicable				Net Quantity of bio-medical waste received in kg	Net Quantity of bio-medical Waste left over in a day (in kg)	
	Start	End		Primary Chamber	Secondary Chamber				After scrubbing in wet stack gas	CO in mg/Nm ³	O ₂ in %	CO ₂ in %	% combustion Efficiency	Power (indicate electricity meter reading) Initial reading	Final reading			Diesel in liters (pl. indicate daily or weekly diesel consumption)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)

Note: Fill the details whichever is applicable

Log Book for Operating the Captive Autoclave/Hydroclave

Date	Time of operation of the Autoclave or Hydroclave		Batch number	Quantity of waste per batch in kg (Total waste treated by autoclaving/ hydroclave in kg)	Temperature and Pressure in every ten-minutes		Strip test result (pl. paste the strip test for each batch with a proof)	Consumption of electricity (indicate electricity meter reading)		Net Quantity of waste received in kg	Net Quantity of Waste left over in kg
	Start	End			Temperature in °C	Pressure in psi		Initial reading	Final reading		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)=(11)-(5)

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Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

References:

- *Bio Medical Waste Management Rules, 2016, as amended*
- *Plastic Waste Management Rules, 2016*
- *Water (Prevention and Control of Pollution) Act, 1974*
- *Air (Prevention and Control of Pollution) Act, 1981*
- *Solid Waste Management Rules, 2016*
- *Guidelines for Disposal of Bio Medical Waste generated during Universal Immunization Program (UIP): CPCB*
- *Safe Management of Waste from Health Care Activities 2nd Edition: WHO*
- *Management of Solid Health Care Waste at Primary Health Center: A Decision Making Guide: WHO*
- *IMEP guidelines : MOHFW India*
- *World Health Organization(WHO) in "PQS Performance Specifications : Safety Box for disposal of waste sharps" Document number: WHO/PQS/E10/SB01.1*
- *Hospital waste disposal system and technology, Journal of Academy of Hospital Administration, Vol - 8 no - 2 July 1996.*
- *World Health Organisation Guidelines for Safe Transport of Infectious Substances and Diagnostic Specimen – WHO/EMC/97.3*

[Published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

**GOVERNMENT OF INDIA
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 Micro organisms 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, hydroor 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.

(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 advice 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.		hydroclaving followed by shredding or mutilation or combination of sterilization and shredding. Treated waste to be sent for energy recovery.
	(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.	Yellow coloured non-chlorinated plastic bags or containers	Expired cytotoxic drugs and items contaminated with cytotoxic drugs to be returned back to the manufacturer or supplier for incineration at temperature >1200 °C or to common bio-medical waste treatment facility or hazardous waste treatment, storage and disposal facility for incineration at >1200°C Or Encapsulation or Plasma Pyrolysis at >1200°C. All other discarded medicines shall be either sent back to manufacturer or disposed by incineration.
	(e) Chemical Waste: Chemicals used in production of biological and used or discarded disinfectants.	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.
	(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.	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.
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	Non-chlorinated yellow plastic bags or suitable packing material	Non- chlorinated chemical disinfection followed by incineration or Plasma Pyrolysis or for energy recovery. 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>(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 biological, residual toxins, dishes and devices used for cultures.</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.
Red	<p>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 vaccutainers with their needles cut) and gloves.</p>	Red coloured non-chlorinated plastic bags or containers	<p>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.</p> <p>Plastic waste should not be sent to landfill sites.</p>
White (Translucent)	<p>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</p>	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	<p>(a) Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes.</p>	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	
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*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 $\text{Log}_{10}4$ 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 $>1200^{\circ}\text{C}$.
- (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(t), 7(1) and 7(6)]

**STANDARDS FOR TREATMENT AND DISPOSAL OF
BIO-MEDICALWASTES**

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 asNO 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.
- (l) 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.

$$\frac{\% \text{CO}_2}{(\% \text{CO}_2 + \% \text{CO})} \times 100 \quad \text{C.E} =$$
- 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 SI 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 log₁₀ 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

		<p>previously unknown disposables and wastes from new types of equipment.</p> <p>(v) Constitution of Monitoring Committee for implementation of the rules.</p> <p>(vi) Hearing Appeals and give decision made in Form-V against order passed by the prescribed authorities.</p> <p>(vii) Develop Standard manual for Trainers and Training.</p> <p>(viii) Notify the standards or operating parameters for new technologies for treatment of bio medical waste other than those listed in Schedule- I.</p>
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>(vi) 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> <p>(iii) Conduct training courses for authorities dealing with management of bio-medical waste.</p> <p>(iv) Lay down standards for new technologies for</p>

		<p>treatment and disposal of bio-medical waste (Rule 7) and prescribe specifications for treatment and disposal of bio-medical wastes (Rule 7).</p> <p>(v) Lay down Criteria for establishing common bio-medical waste treatment facilities in the Country.</p> <p>(vi) Random inspection or monitoring of health care facilities and common bio-medical waste treatment facilities.</p> <p>(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 .</p> <p>(viii) Inspection and monitoring of health care facilities operated by the Director General, Armed Forces Medical Services (Rule 9).</p> <p>(ix) Undertake or support research or operational research regarding bio-medical waste.</p>
5.	State Government of Health or Union Territory Government or Administration	<p>(i) To ensure implementation of the rule in all health care facilities or occupiers.</p> <p>(ii) Allocation of adequate funds to Government health care facilities for bio-medical waste management.</p> <p>(iii) Procurement and allocation of treatment equipments and make provision for consumables for bio-medical waste management in Government health care facilities.</p> <p>(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.</p> <p>(v) Advise State Pollution Control Boards or Pollution Control Committees on implementation of these Rules.</p> <p>(vi) Implementation of recommendations of the Advisory Committee in all the health care facilities.</p>

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. (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

		<p>Central Pollution Control Board.</p> <p>(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.</p> <p>(iii) Any other function stipulated under these Rules.</p>
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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

Waste category Number	Day Month
Waste quantity	Year
Sender's Name and Address	Date of generation
Phone Number	Receiver's Name and Address:
Fax Number	Phone Number
Contact Person	Fax Number
In case of emergency please contact :	Contact Person
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 your 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.

1. Particulars of Applicant:

(i) Name of the Applicant:
(In block letters & in full)

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

(iii) Address for correspondence:

(iv) Tele No., Fax No.:

(v) Email:

(vi) Website Address:

2. Activity for which authorisation is sought:

Activity	Please tick
Generation, segregation	
Collection,	
Storage	
packaging	
Reception	
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
use	
offering for sale, transfer	
Any other form of handling	

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

(i) Applied for CTO/CTE Yes/No

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

(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: _____

(pl. 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 : Signature of the Applicant

Place : 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	Please tick
Generation, segregation	
Collection,	
Storage	
packaging	
Reception	
Transportation	
Treatment or processing or conversion	
Recycling	
Disposal or destruction	
use	
offering for sale, transfer	
Any other form of handling	

3. 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	

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

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

Date

Signature.....

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)]

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)

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
(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		Incineration Ash ETP Sludge	Quantity generated		Where disposed
(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		
	(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

.....

Name and Signature of the Head of the Institution

Date:
 Place

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:

Date :

Signature

Name and Address.....

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

(Bishwanath Sinha)
Joint secretary to the Government of India

By Speed Post

F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)

September 10, 2025

To,

The Member Secretary
(As per list 1)

Sub: **Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.**

Sir,

This has reference to the above-mentioned subject, wherein the Hon'ble NGT has directed submission of information regarding action taken by SPCBs/PCCs in respect of non-compliance with Schedule-II (Standards for Deep Burial) of the Bio-medical Waste Management Rules, 2016.

As per the provisions of the Bio-medical Waste Management Rules, 2016, disposal by deep burial is permissible only in rural or remote areas where there is no access to a Common Bio-medical Waste Treatment Facility. Such disposal is to be undertaken only with prior approval of the prescribed authority and strictly in accordance with the standards specified in Schedule-III. Furthermore, the deep burial facility is required to be established in conformity with the provisions and guidelines issued by the Central Pollution Control Board from time to time.

In this regard, you are requested to kindly furnish an **Action Taken Report** on instances of non-compliance by Occupiers/Health Care Facilities with respect to the prescribed standards for deep burial, to this office within **07 days**, for onward submission before the Hon'ble NGT.

Yours faithfully,



(V. P. Yadav)

Director and Head
WM-I Division

Copy to: -

Regional Director, CPCB (As per list 2): - for kind information and follow up, please.



(V. P. Yadav)

o/c

List 1 (SPCBs/PCCs)	
1. Andhra Pradesh State Pollution Control Board, D.No. 33-26-14 D/2, Near Sunrise Hospital, Pushpa Hotel Centre, Chalamvari Street, Kasturibaipet, Vijayawada – 520010, Andhra Pradesh	2. Bihar State Pollution Control Board, Parivesh Bhawan, Plot No. NS-B/2, Paliputra Industrial Area, Patliputra, Patna - 800023, Bihar
3. Arunachal Pradesh State Pollution Control Board, Paryavaran Bhawan, Papu Hill, Yupia Road, Naharlagun- 791110, Arunachal Pradesh	4. Chandigarh Pollution Control Committee, Paryavaran Bhawan, Ground Floor, Sector-19 B, Madhya Marg, Chandigarh - 160019
5. Assam Pollution Control Board, Bamunimaidan, Guwahati- 781021, Assam	6. Chhattisgarh Environment Conservation Board, Paryavas Bhavan, Paryavas Bhavan, North Block Sector-19, Atal Nagar, Raipur -492002, Chhattisgarh
7. Andaman & Nicobar Islands Pollution Control Committee, Department of Science & Technology, Dollygunj Van Sadan, Haddo P.O., Port Blair-744102, Andaman & Nicobar	8. Pollution Control Committee, Dadra and Nagar Haveli and Daman and Diu, 1st Floor, Udhog Bhavan Bhenslore, Dunetha Nani Daman, Daman – 396 210, Daman
9. Delhi Pollution Control Committee, Government of N.C.T. Delhi, 4th Floor, ISBT Building, Kashmere Gate, Delhi-110006	10. Haryana State Pollution Control Board, C-11, Sector-6, Panchkula- 134109, Haryana
11. Gujarat Pollution Control Board, Paryavan Bhavan, Sector 10-A, Gandhinagar – 382043, Gujarat	12. Himachal Pradesh Pollution Control Board, Him Parivesh, Phase-III, New Shimla- 171009, Himachal Pradesh
13. Goa State Pollution Control Board, Nr. Pilerne Industrial Estate, Opp. Saligao Seminary, Saligao - Bardez – 403511, Goa	14. Jharkhand Pollution Control Board, T.A Building, HEC, P.O. Dhurwa, Ranchi – 834004, Jharkhand

15. Jammu & Kashmir State Pollution Control Board, Parivesh Bhawan, Forest Complex, Gladni, Narwal, transport Nagar, Jammu - 180004, Jammu and Kashmir	16. Nagaland Pollution Control Board, Signal Point, Dimapur- 797112, Nagaland
17. Karnataka State Pollution Control Board, Parisara Bhavan, 4th & 5th Floor, # 49, Church Street, Bangalore- 560001, Karnataka	18. Odisha Pollution Control Board, A-118, Nilakanta Nagar, Unit - VIII, Bhubaneswar - 751012, Odisha
19. Kerala State Pollution Control Board, Plamoodu Jn., Pattom Palace P.O., Thiruvananthapuram-695004, Kerala	20. Pondicherry Pollution Control Committee, Housing Board Complex, Anna Nagar- 600005, Pondicherry
21. Lakshadweep Pollution Control Committee, Department of Science, Technology & Environment, Kavarati-682555, Lakshadweep	22. Punjab Pollution Control Board, Vatavaran Bhawan, Nabha Road, Patiala - 147001, Punjab
23. Ladakh Pollution Control Committee, Wildlife Office Building, Near Council Secretariat, Opposite Police Station Housing Colony, UT Leh Ladakh - 194101, Ladakh	24. Rajasthan Pollution Control Board, 4, Jhalana Institutional Area, Jhalana Doongri, Jaipur- 302004, Rajasthan
25. Maharashtra Pollution Control Board, Kalpataru Point, 2 nd - 4 th Floor, (Opp. Cine Planet Cinema), Nr. Sion Circle, Sion, Mumbai - 400022, Maharashtra	26. Sikkim State Pollution Control Board, Department of Forest, Environment & Wildlife Management, Decrali, Gangtok, - 737102, Sikkim
27. Madhya Pradesh Pollution Control Board, E-5, Arera Colony, Paryavaran Parisar, Bhopal- 462016, Madhya Pradesh	28. Tamil Nadu Pollution Control Board, 76, Mount Salai, Guindy, Chennai - 600032, Tamil Nadu
29. Manipur Pollution Control Board, Lamphelpat, Near Imphal West D.C. Office, Imphal - 795004, Manipur	30. Telangana State Pollution Control Board, Paryavaran Bhawan, A-3, I.E. Sanath Nagar, Hyderabad - 500018, Telangana
31. Meghalaya Pollution Control Board, Arden-Lumpynggad, Shillong- 793014, Meghalaya	32. Mizoram Pollution Control Board, New Secretariat Complex,

	Khatla Thlanmual Peng, Khatla, Aizawl- 796001, Mizoram
33. Uttar Pradesh Pollution Control Board, Building No. TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow - 226010, Uttar Pradesh	34. Tripura Pollution Control Board, Vigyan Bhawan Pandit Nehru Complex, Gorkhabasti, PO: Kunjaban, Agartala - 799006, Tripura
35. West Bengal Pollution Control Board, Paribesh Bhavan, 10A, Block-L.A., Sector III, Bidhan Nagar, Kolkata - 700106, West Bengal	36. Uttarakhand Pollution Control Board, Gaura Devi Bhawan, 46 B IT Park Sahastradhara, Dehradun - 248001, Uttarakhand

List 2 (Regional Directorate)	
1. The Regional Directorate, Lucknow Central Pollution Control Board, Ground Floor, PICUP Bhawan, Vibhuti Khand, Gomti Nagar, Lucknow – 226010, Uttar Pradesh	2. The Regional Directorate, Shillong Central Pollution Control Board, Opp. Government Press, Ground Floor, CTO Building, BSNL Shillong – 793001, Manipur
3. The Regional Directorate, Bengaluru Central Pollution Control Board, A-Block Nisarga Bhavan, 1st & 2nd Floors, 7th D Cross Thimmaiah Road, Shivanagar, Bengaluru – 560079, Karnataka	4. The Regional Directorate, Chennai Central Pollution Control Board, No. 40-E, 2nd Floor, BSNL Building, TVK Industrial Estate, CIPET Road, Guindy Tamil Nadu - 600032, Chennai
5. The Regional Directorate, Kolkata Central Pollution Control Board, 'South end Conclave' Block-502, 5th & 6th Floor, 1582, Razidanga, Main Road, Kolkata – 700107, West Bengal	6. The Regional Directorate, Vadodara Central Pollution Control Board, Parivesh Bhawan, Opp, Ward No. 10 VMC Office Subhanpura, Vadodara – 390023, Gujarat
7. The Regional Directorate, Bhopal Central Pollution Control Board Parivesh Bhawan, Paryavaran Parisar, E-5, Arera Colony, Bhopal – 462016, Madhya Pradesh	8. The Regional Directorate, Pune Central Pollution Control Board Survey No. 110, Dhankude Multi-Purpose Hall, Baner Road, Baner, Pune – 411045
9. The Regional Directorate, Chandigarh Central Pollution Control Board BSNL Telephone Exchange, 2nd Floor, Sector 49 -C, Chandigarh – 160047	



**Central Pollution Control Board
Delhi - 110 032**

Minutes of Meeting with SPCBs/PCCs regarding the matter of Mukul Kumar Vs State of Uttar Pradesh & Ors.

A meeting with SPCBs/PCCs was held on 15th October, 2025 at 3.00 PM through Video-Conference (VC) to discuss the 'Hon'ble NGT order dated 18.08.2025 in M.A. No. 98/2022 in O.A. No. 180/2021 in the matter of Mukul Kumar Vs State of Uttar Pradesh & Ors. The meeting was chaired by Shri V.P. Yadav, Director and Divisional Head, WM-I Division, CPCB and attended by official of SPCBs/PCCs. List of officials who attended meeting is enclosed as Annexure-1.

At the outset, Sh. V.P. Yadav welcomed the officials of SPCBs/PCCs for joining the meeting & briefed about the agenda of meeting. Thereafter, he invited Sh. Runa Oraon for presentation. Sh. Runa Oraon, Sc. 'E', WM-I Division gave the brief presentation regarding order passed by Hon'ble NGT w.r.to deep burial adopted by SPCBs/PCCs.

It was informed that disposal by deep burial is permissible only in rural or remote areas where there is no access to a Common Bio-medical Waste Treatment Facility. Such disposal is to be undertaken only with prior approval of the prescribed authority and strictly in accordance with the standards specified in Schedule-II. Furthermore, the deep burial facility is required to be established in conformity with the provisions and guidelines issued by the Central Pollution Control Board from time to time.

It was highlighted in the meeting regarding non-submission of Action Taken Report (ATR) by the 16 SPCBs/PCCs (Annexure-1) regarding the status of compliance/non-compliance by the occupiers w.r.to the prescribed standards for deep burial under Schedule II of the BMW Rules, 2016.

The discussion emphasized the need for phase out of deep burial and installation of adequate bio-medical treatment facilities.

Shri V.P. Yadav requested to the SPCB/PCC officials to submit the Action Taken Report (ATR) as per NGT order, along with their detailed implementation plan within 07 days so that ATR may be filed before Hon'ble NGT within time. All SPCBs/PCCs assured to submit details within 7 days to CPCB.

The meeting concluded with a vote of thanks to the Chair.

Annexure-1

List of Participants

S. No.	Name of SPCBs/PCCs	Name of Officials
1.	Uttar Pradesh	Sh. Utsav Sharma
2.	Ladakh	Ms. Rukhsana Parveen
3.	Chhattisgarh	Sh. R. P. Vasudev
4.	Assam	Ms. Mousami Bardalai
5.	Jammu & Kashmir	Ms. Neelu Sharma
6.	Jharkhand	Sh. Ashok Kumar
7.	Arunachal Pradesh	MNitch Meji
8.	Kerala	Sh. Mishel Puthuserry
9.	Maharashtra	Sh. Vishwajeet Thakur
10.	Odisha	Ms. Usha Patnaik
11.	Andhra Pradesh	---
12.	Madhya Pradesh	Sanjay Kumar Alawa
13.	Tripura	---
14.	Uttarakhand	Absent
15.	Karnataka	Absent
16.	Andaman & Nicobar	Absent

F. No.:7-61/PCC/NGT(O.A.180/2021)/645
 अंडमान और निकोबार प्रशासन
ANDAMAN & NICOBAR ADMINISTRATION
 विज्ञान और प्रौद्योगिकी विभाग
DEPARTMENT OF SCIENCE AND TECHNOLOGY
 अंडमान निकोबार प्रदूषण नियंत्रण समिति
ANDAMAN NICOBAR POLLUTION CONTROL COMMITTEE
 Dolly Guni, Sri Vijaya Puram. Tel.Fax.250370
 Email- dstpcc-andamans@nic.in

Sri Vijaya Puram, Date 23.10.2025

To

Shri V. P. Yadav
 Director & Head, WM-I Division
 Central Pollution Control Board
 East Arjun Nagar, Delhi

Sub: Submission of Action Taken Report in compliance with Hon'ble NGT Order dated 18.08.2025 in M.A. No. 98/2022 in O.A. No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) – reg.

Sir,

This has reference to CPCB letter dated 10.09.2025, wherein all SPCBs/PCCs were directed to submit an Action Taken Report (ATR) in compliance with the Hon'ble NGT Order dated 18.08.2025 in the matter of M.A. No. 98/2022 in O.A. No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.).

In this regard, it is submitted that owing to the absence of a Common Biomedical Waste Treatment Facility (CBWTF) in the Andaman & Nicobar Islands and the geographical isolation of many remote Healthcare Facilities (HCFs), major HCFs are managing the biomedical waste including the some small HCFs in the 07 captive Biomedical incinerators and whereas, most remotely located HCFs are managing their biomedical waste through the deep burial pit method as per the Biomedical Waste Management Rules, 2016.

However, directions have been issued to the concerned stakeholders, HCF units including Directorate of Health Services, Andaman and Nicobar Administration to ensure compliance with the standards specified under Schedule-II of the Biomedical Waste Management Rules, 2016, and as per the directions of the Hon'ble NGT.

Further, the Andaman and Nicobar Pollution Control Committee (ANPCC) is regularly monitoring the HCFs with the compliance of Biomedical Waste Management Rules, 2016 during the inspections and necessary action is being taken in case of any non-compliances observed, to ensure adherence to the standards specified under Schedules of the Biomedical Waste Management Rules, 2016.

This is submitted for kind information and necessary action.


 Member Secretary
 A&N Pollution Control Committee

Copy to:

1. PA to Secretary (S&T) & Chairman (ANPCC), for kind information of Secretary (S&T) & Chairman (ANPCC).


 Member Secretary
 A&N Pollution Control Committee



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun



No. APSPCB-138/2023/BMWM/Imp/Part/2021

Date 13/10/2025

To,
 The Member Secretary
 Central Pollution Control Board,
 Parivesh Bhawan, East Arjun Nagar
 New Delhi - 110032.

Sub: **Compliance of Hon'ble NGT order dated 18.10.2025 in the matter of M.A. 98/2022 (PB) In Original Application No. 180 of 2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.)-reg.**

Sir,

Please find herewith a copy of compliance to the order dated 18.10.2025 passed by HNGT in the matter of M.A. 98/2022 (PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors pertaining to State of Arunachal Pradesh for favour of your kind information and necessary action please.

Yours faithfully,

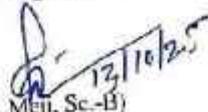

 (N. Meji, Sc.-B)
 APSPCB, Naharlagun

Date 13/10/2025

No. APSPCB-138/2023/BMWM/Imp/Part/2021

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, Govt. of Arunachal Pradesh, Itanagar.
2. PA to Secretary, Health and Family Welfare, Govt. of Arunachal Pradesh, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.


 (N. Meji, Sc.-B)
 APSPCB, Naharlagun

**STATUS OF BIO-MEDICAL WASTE MANAGEMENT (DEEP BURIAL)
PERTAINING TO ARUNACHAL PRADESH**

Name of State	No. of authorized HCF as per BMWM	No. of unauthorized HCF	Action again the unit/HCF	Remarks
Arunachal Pradesh	435 nos. of HCFs (bedded and non-bedded)	40 nos. of HCFs (bedded and non-bedded)	Issued the notice/ showcase notice	

Note: Authorized HCF means having facility of deep burial for rural or interior place:


 (N. Meji, Se.-B)
 APSPCB, Naharlagun

ep
12/2

APSPCB Naharlagun
Dairy No. 2093
Date: 17/12/25
Dated Naharlagun the 25th Dec: 2024

GOVERNMENT OF ARUNACHAL PRADESH
DIRECTORATE OF HEALTH SERVICES, NAHARLAGUN (A.P)

NO. BMW-37/SPCB/2019-20

Dated Naharlagun the 25th Dec: 2024

To,

All DMOs: Tawang/ West Kameng/ East Kameng/ Papam Pare/ Korung Kuma/ Kro Dadi / Lower Subansiri/ Upper Subansiri/ West Siang/ East Siang/ Upper Siang/ Lower Siang/ Siang/ Lower Dibang Valley/ Dibang Valley/ Lohit/ Anjaw/ Changlong/ Tirap/ Longding/ Namsai/ ICC/ Shi-Yomi / Pakke Kessing/ Kamle/ Leparada.

Sub:- Compliance to the order dated 02.09.2024 passed by Hon'ble NGT in the matter of M.A. 988/2022 (PB) In O.A. 180 of 2021 title Mukul Kumar Vs State of Uttar Pradesh & Ors -reg.
Ref: No. APSPCB 138/2023/BMWMR/SAH/implt/pari/4888-92 dated Naharlagun the 18/11/2024.

Madam/sir,

With reference to cited above subject I am to inform you that Hon'ble NGT in its order dated 02/09/2024 has observed that State of Arunachal Pradesh has no Common Bio-Medical Waste Treatment Facility (CBWTF) and numbers of unauthorized Health Care facilities (HCFs).

As per rules 10 (1 to 4) of the BMW Rules, 2016 every occupier or operator handling Bio-Medical Waste, irrespective of quantity shall make an application in form II to the prescribe authority (State Pollution Control Board) for grant of authorization.

Hence, it is requested to concerned authorities of all HCFs to obtained authorization from prescribe authority i.e. Arunachal State Pollution Control Board (APSPCB) Please take it as urgent.

(Dr. Riken Rina)

Director Health Services,
Govt. Arunachal Pradesh, Naharlagun.
Dated Naharlagun the 20th January 2025

NO. BMW-37/SPCB/2019-20

Copy to:-

1. PS to Commissioner (Health & FW), Govt. of AP for information please.
2. SPA to Secretary (Health & FW), gov. of AP Itanagar for information please.
3. The Member Secretary A.P State Pollution Board Pappu Hill, Naharlagun for information please.
4. All concerned for information and necessary action please.
5. Office copy.

(Dr. Riken Rina)

Director Health Services,
Govt. Arunachal Pradesh, Naharlagun.



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

(51)

No. APSPCB-138/2023/BMWMR/Imp/Part/176-79 Date 28/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Shi-Yomi, Talo (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 : No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/176-79 Date 28/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-J Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net

APSPCB
 Naharlagun



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

50

No. APSPCB-138/2023/BWWMR/Imp/Part/180-83 Date 27/02/2025

NGT Matter
Out today

To,

The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Lower Siang, Likabali(A.P)

Sub: **Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.**

Ref: No. APSPCB-138/2023/BWWMR/Imp/Part/1888-92 date 18.11.2024
 ; No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BWWMR/Imp/Part/180-83 Date 27/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sec-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net

Member Secy
 APSPCB
 Naharlagun



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

49

No. APSPCB-138/2023/BMWMR/Imp/Part/204-07 Date 27/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Tirap, Khonsa (A.P)

Sub: **Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-req.**

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 : No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre except CHC, Deomali.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/204-07 Date 27/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-I Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Se.-B)
 For Member Secretary

"Parvavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

178

No. APSPCB-138/2023/BMWMR/Imp/Part/172-95 Date 29/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Anjaw, Harwal (A.P)

Sub: **Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.**

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 ; No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/172-95 Date 29/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - Member Secretary
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net APSPCB
 Naharlagun



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

No. APSPCB-138/2023/BMWMR/Imp/Part/ 184-87 Date 28/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWWM)
 District Siang, Pangin (A.P)

Sub: **Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-rgg.**

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 ; No. BMWWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/ 184-87 Date 28/02-2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (E&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email - arunachalpcb@gmail.com, Website: www.apspcb.net




 Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

46

No. APSPCB-138/2023/BMWMR/Imp/Part/172-75 Date 27/02/2025

NGT Matter
Out today

To,
The Deputy Commissioner cum Chairman
District Level Monitoring Committee (DLMC)
Bio-Medical Waste Management (BMWM)
District Lopa Rada, Basar (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4868-92 date 18.11.2024
: No. BMWM-37/SPCB/2019-20 date 23.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

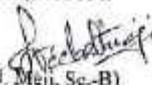
Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
(Koj Rinya, IFS)
Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/172-75 Date 27/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.


 (N. Meja, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791111
 Email: arunachalpcb@gmail.com, Website: www.apspcb.net

Member Secy.
APSPCB
 Naharlagun



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

45

No. APSPCB-138/2023/BWWMR/Imp/Part/ 196-99 Date: 22/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District West Singh, Aalo (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BWWMR/Imp/Part/4888-92 date 18.11.2024
 ; No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre except District Hospital Aalo.

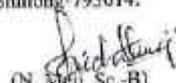
Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BWWMR/Imp/Part/ 196-99 Date: 22/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.


 (N. Meji, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net

Member Secretary
 APSPCB
 Naharlagun



43-

Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

No. APSPCB-138/2023/BMWMR/Imp/Part/ 212 -15 Date 28/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Changlang, Changlang (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 : No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors. regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre, Primary Health Centre, Health & Wellness Centre and Sub-Centre except Krick & Bourry Hospital, Injan Kharsung.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/ 212 -15 Date 29/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, CoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc.-B)
 (N. Meji, Sc.-B)

For Member Secretary
 APSPCB
 Naharlagun

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 799
 Email: arunachalspcb@gmail.com, Website: www.apspcb.net



Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

No. APSPCB-138/2023/BMWMR/Imp/Part/ 220-23 Date 20/2/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Kuning Kumey, Koloriang (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon'ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 ; No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre, Primary Health Centre, Health & Wellness Centre and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/ 220-23 Date 20/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-I Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc. B)
 For Member Secretary
 Member Secretary
 APSPCB
 Naharlagun

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791110
 Email : arunachalpcb@gmail.com, Website : www.apspcb.net



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Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

No. APSPCB-138/2023/BMWMR/Impt/Part/216-19 Date 28/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Upper Subansiri, Daporijo (A.P)

Sub: Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-reg.

Ref: No. APSPCB-138/2023/BMWMR/Impt/Part/4888-92 date 18.11.2024
 No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

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Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Impt/Part/216-19 Date 28/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sc.-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791111
 Email : arunachalspcb@gmail.com, Website : www.apspcb.net

Member Secretary
 APSPCB
 Naharlagun



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Government of Arunachal Pradesh
ARUNACHAL PRADESH STATE POLLUTION CONTROL BOARD
 Department of Environment & Forests
 Naharlagun

No. APSPCB-138/2023/BMWMR/Imp/Part/188-91

Date 29/02/2025

NGT Matter
Out today

To,
 The Deputy Commissioner cum Chairman
 District Level Monitoring Committee (DLMC)
 Bio-Medical Waste Management (BMWM)
 District Kamle, Raga (A.P)

Sub: **Compliance to the order dated 02.09.2024 passed by Hon' ble NGT in the matter of M.A.98/2022(PB) in O.A. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors-rg.**

Ref: No. APSPCB-138/2023/BMWMR/Imp/Part/4888-92 date 18.11.2024
 ; No. BMWM-37/SPCB/2019-20 date 28.01.2025

Sir/Madam,

This has reference to earlier letter no cited above, in the matter of M.A. No. 98/2022 (PB) in O.A. No. 180 of 2021 titled Mukul Kumar Vs State of Uttar Pradesh & Ors, regarding unauthorized Health Care Facilities (HCFs)/Occupier on Bio-Medical Waste in the state.

As per rule 10 of the Bio-Medical Waste Management Rules, 2016 "Every Occupier/HCFs 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, for grant of authorization." All HCFs/Occupiers under your jurisdiction are unauthorized i.e. District Hospital, Community Health Centre (CHC), Primary Health Centre (PHC), Health & Wellness Centre (HWC) and Sub-Centre.

Therefore, it is requested to direct the concerned authorities to obtain authorization on Bio-Medical Waste Management from Arunachal Pradesh State Pollution Control Board (APSPCB).

Sd/-
 (Koj Rinya, IFS)
 Member Secretary

No. APSPCB-138/2023/BMWMR/Imp/Part/188-91

Date 29/02/2025

Copy for information:

1. US to Chief Secretary cum Chairman, APSPCB, GoAP, Itanagar.
2. PS to PCCF (EF&CC), Govt. of Arunachal Pradesh, P-Sector, Itanagar.
3. The Central Pollution Control Board, Regional Director, North East, Shillong, BSNL NE-1 Telecom Circle, CTC Building, Ground Floor, Shillong-793014.
4. Office copy.

(N. Meji, Sec-B)
 For Member Secretary

"Paryavaran Bhawan", Pappu Hill, Yupia Road, Naharlagun - 791116
 Email: arunachalprch@ema1.com, Website: www.apspcb.net

Member Secretary
APSPCB
 Naharlagun



Assam Pollution Control Board
(Department of Environment, Forest & Climate Change, Govt. of Assam)

অসম প্রদূষণ নিয়ন্ত্রণ পৰিষদ

(অসম চৰকাৰৰ বন, পৰিৱেশ আৰু জলবায়ু পৰিৱৰ্তন বিভাগ)

NABL Accredited Testing Laboratory : Certificate No. TC-16609



TECH-11011/4/2024-CCA-PCBA/43

Dated Guwahati, the 22nd of October, 2025

To,

Mr. V. P. Yadav,
Director & Head,
WM-I Division,
Central Pollution Control Board

Sub: Compliance to Hon'ble NGT order dtd 18.08.2025 in the matter of M.A. 98/2022 in O.A. No.180/2021 – reg.

Ref: 1. CPCB's directions vide letter F.No.CM-13011/88/2021/WM-I-HO-CPCB-HO(2096) dtd 10.09.2025

Sir,

With reference to the above, the status of compliance to Hon'ble NGT order dtd 18.08.2025 in the matter of M.A. 98/2022 in O.A No.180/2021 and action taken by Assam Pollution Control Board is as follows:

1. Two nos. of CBWTFs are operational in the state of Assam. HCFs covered by above CBWTFs does not operate any deep burial facilities. However, in some districts where service of CBWTF or captive BMW incinerators are not accessible, HCFs are using deep burial for disposal of Bio-medical Waste.
2. APCB has started physical verification of deep burial facilities in the State. Verification has been completed in most of the districts. No violation with respect to standards of deep burial facilities as per the Rules has been found till date.
3. Two additional CBWTFs are under construction and is expected to be operational by 2nd quarter of 2026. Once the additional CBWTFs are commissioned, usage of deep burial shall be discontinued in districts covered by the common facility. After that, only 6 districts shall not have access to CBWTF.

Yours faithfully,

Member Secretary

Memo No.TECH-11011/4/2024-CCA-PCBA/43-A

Dated Guwahati, the 22nd of October, 2025

Copy to,

1. P.A to the Chairman, APCB – for kind appraisal of the Hon'ble Chairman.

Member Secretary

Head Office : Bamunimaidam, Guwahati - 781021, Assam : India.

Phone : 0361-2550258; Website : www.pcbassam.org; E-mail : membersecretary@pcbassam.org

Regional Offices at : Dibrugarh, Golaghat, Sibsagar, Tezpur, Guwahati, Kamrup, Bongaigaon, Nagaon, Silchar, Tinsukia & South Bank



BIHAR STATE POLLUTION CONTROL BOARD
 Parivesh Bhawan, Patliputra Industrial Area, P.O.-Subhasat Ashram, Patna-800019
 e-mail: mbspcb-bih@gov.in; website: http://bspcb.bih.nic.in

Ref.No. **B-9773**

Patna,

dated **10.10.25**

From,

Neeraj Narayan, IFS.,
 Member Secretary.

To,

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

Sub: Compliance of Hon'ble National Green Tribunal order dated 18.08.2025 in the matter of M.A. No.-98/2022 in Original Application No.180/2021 (Mukul Kumar vs State of Uttar Pradesh & others)-reg.

Ref.No.- F.No CM-13011/88/202-WM-I HO-CPCB-EO (2096) dated 10.09.2025

With reference to the subject mentioned above and letter under reference regarding compliance of Hon'ble NGT Order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No.180/2021, it is to inform that approval for deep burial has not been provided by this Board to any occupier/Health Care Facility of the State as the entire State is being covered by respective Common Bio-Medical Waste Treatment Facility (CBWTF) of the area.

This is for kind information and necessary action.

Yours faithfully,

Neeraj Narayan
 (Neeraj Narayan)
 Member Secretary



छत्तीसगढ़ पर्यावरण संरक्षण मंडल
पर्यावास भवन, नार्थ ब्लॉक, सेक्टर-19
नवा रायपुर अटल नगर, रायपुर (छ.ग.) 492002

ई-मेल- hooceb@gmail.com

क्रमांक 8408/मुख्या./वैज्ञा./छ.ग.प.सं.म./2025 नवा रायपुर अटल नगर, दिनांक 28/10/2025
प्रति,

श्री डी.पी. यादव,
डायरेक्टर एण्ड हेड,
वेस्ट मैनेजमेंट डिवीजन-1,
केन्द्रीय प्रदूषण नियंत्रण बोर्ड,
परिवेश भवन, पूर्वी अर्जुन नगर, दिल्ली- 110032

विषय :- Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) Reg.

संदर्भ :- आपका पत्र क्रमांक F.No.CM-13011/ 88/2021-WM-I-HO-CPCB-HO (2096) दिनांक 10.09.2025

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उपरोक्त संदर्भित विषयांतर्गत लेख है कि छत्तीसगढ़ पर्यावरण संरक्षण मंडल राज्य में जनित होने वाले जैव चिकित्सा अपशिष्ट के निपटान हेतु डीप बरियल पद्धति को कमबद्ध तरीके से हटाने का कार्य कर रहा है। इस अनुक्रम में क्षेत्रीय कार्यालय रायगढ़ से सम्बद्ध जिलों में जनित होने वाले जैव चिकित्सा अपशिष्ट के निपटान हेतु Deep burial पद्धति पर आधारित CBWTFs मेसर्स अरोमा रोशल रॉर्विसा संस्थान, बडे रामपुर, रायगढ़ की सेवाएं दिनांक 20.03.2025 को पूर्ण रूप से बंद कर दी गई हैं। उनके स्थान पर Incinerator आधारित CBWTFs, M/s V. M. Techno Soft Pvt. Ltd. को दिनांक 16.10.2024 को जल/वायु सम्मति एवं दिनांक 11.12.2024 को प्राधिकार प्रदान किया गया एवं दिनांक 23.12.2024 एवं दिनांक 23.01.2025 के माध्यम से रायगढ़ एवं सारंगढ़-बिलाईगढ़ जिलों के सभी चिकित्सा संस्थानों को मेसर्स वी.एम.टेक्नोसॉफ्ट से अनुबंध करने हेतु निर्देशित किया गया उक्त संस्थान दिनांक 24.02.2025 से संचालित हो चुका है। साथ ही कोरबा जिले के निजी चिकित्सा संस्थानों से जनित जैव चिकित्सा अपशिष्ट का निपटान सेदरी बिलासपुर स्थित Incinerator आधारित CBWTFs मेसर्स इन्वायरोकेयर इण्टरनेशनल (छत्तीसगढ़) बिलासपुर (छ.ग.) के माध्यम से किया जा रहा है। शासकीय चिकित्सा संस्थानों के द्वारा अपशिष्टों का निपटान Deep burial के माध्यम से किया जा रहा है। कोरबा में Incinerator आधारित CBWTFs की स्थापना हेतु लोक सुनवाई दिनांक 13.03.2024 को किया गया है। पर्यावरणीय स्वीकृति एवं जल/वायु सम्मति प्राप्त होने के उपरांत जिले में Incinerator आधारित CBWTFs के माध्यम से जैव चिकित्सा अपशिष्टों का निपटान किया जा सकेगा। बरतर संगम हेतु V. M. Techno Soft Pvt. Ltd. को दिनांक 11.09.2019 को पर्यावरणीय स्वीकृति एवं दिनांक 22.10.2019 को स्थापना सम्मति प्रदान की गई थी किन्तु स्थानीय लोगों के विरोध के कारण सुविधा पूर्णतः स्थापित नहीं हो पायी, प्रकरण वर्तमान में उच्च न्यायालय, बिलासपुर में लंबित है। वर्तमान में बरतर संभाग के समस्त जिलों एवं ग्रामीण दूर दराज के क्षेत्रों जहाँ CBWTFs की सुविधा उपलब्ध नहीं है को ही Deep burial की अनुमति प्रदान की जा रही है। ऐसे संस्थानों को जल/वायु सम्मति एवं प्राधिकार/प्राधिकार नवीनीकरण देने से पूर्व संस्थान का निरीक्षण किया जाता है। इस दौरान डीप



बरियल हेतु केन्द्रीय प्रदूषण नियंत्रण बोर्ड के दिशा निर्देश एवं मानकों का अनुपालन सुनिश्चित किया जाता है एवं समय-समय पर ऐसे संस्थानों का निरीक्षण किया जाता है। इसी परिप्रेक्ष्य में दिनांक 23.10.2024 को किये गये संयुक्त निरीक्षण में स्व. बलीराम कश्यप स्मृति शासकीय महाविद्यालय संबद्ध शहीद महेन्द्र कर्मा स्मृति चिकित्सालय, डिमरापाल, जिला-बस्तर (छ.ग.) पर डीप बरियल के निर्धारित मानकों का उल्लंघन किये जाने के कारण संस्थान पर माननीय एन.जी.टी. के निर्देशानुसार 52,500 रुपये पर्यावरणीय क्षतिपूर्ति अधिरोपित की गई है। डीप बरियल के संबंध में Action Taken Report **संलग्नक-क** अनुसार कृपया अग्र आवश्यक कार्यवाही हेतु प्रस्तुत है। छ.ग. पर्यावरण संरक्षण मंडल द्वारा विभागीय समिति का गठन कर गैप एनालिसिस का कार्य कराया जा रहा है। जो आगामी कुछ महिनों में पूर्ण हो जाएगा, इस Gap Analysis के आधार पर नये CBWTEs की स्थापना ऐसे स्थानों पर की जा सकेगी जिससे छत्तीसगढ़ में जनित होने वाले जैव चिकित्सा अपशिष्ट का निपटान 100 प्रतिशत Incinerator आधारित CBWTEs के माध्यम से किया जा सके।

संलग्न :- उपरोक्तानुसार

सदस्य सचिव

छत्तीसगढ़ पर्यावरण संरक्षण मंडल,
नवा रायपुर अटल नगर, रायपुर (छ.ग.)

१

संलग्नक-क'



क्षेत्रीय कार्यालय

छत्तीसगढ़ पर्यावरण संरक्षण मण्डल

एच.आई.जी. 5 एवं 6 अघनपुर हाऊसिंग बोर्ड कालोनी
चित्रकोट रोड, जगदलपुर (छ.ग.)

दूरभाष नंबर-07792-229357, ई-मेल hoccbrojagdalpur@gmail.com

क्रमांक/1197 /क्षे.कार्या./वैज्ञा./छ.प.सं.मं./2025
प्रति,

जगदलपुर, दिनांक 15/10/2025

सदस्य सचिव

छ.ग. पर्यावरण संरक्षण मण्डल,

नवा रायपुर अटल नगर, रायपुर (छ.ग.)

विषय:- Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

संदर्भ:- मण्डल मुख्यालय का पत्र क्रमांक 7185 नवा रायपुर दिनांक 24.09.2025

उपरोक्त विषयांतर्गत संदर्भित पत्र के माध्यम से केन्द्रीय प्रदूषण नियंत्रण बोर्ड, दिल्ली के द्वारा माननीय एनजीटी के निर्देशानुसार जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 की अनुसूची-II (Standards for Deep Burial) का अनुपालन न करने के संबंध में एस.पी. सी.बी./पी.सी.सी. द्वारा की गई कार्यवाही के संबंध में जानकारी चाही गई है। तत्संबंध में चिकित्सा संस्थान पर डीप बरियल के लिए निर्धारित मानकों का उल्लंघन किए जाने के कारण की गई कार्यवाही का Action Taken रिपोर्ट तैयार कर जानकारी आपकी ओर आवश्यक कार्यवाही हेतु कृपया प्रेषित है।

संलग्न:- उपरोक्तानुसार।


क्षेत्रीय अधिकारी
छ.ग. पर्यावरण संरक्षण मंडल
जगदलपुर (छ.ग.)



क्षेत्रीय कार्यालय

छत्तीसगढ़ पर्यावरण संरक्षण मण्डल

तहसील कार्यालय के पास, रामपुर, कोरवा, जिला-कोरवा (छ.ग.) 495677

ई-मेल-rocpcbkorba@gmail.com

क्रमांक 2134/क्षे.का./छ.ग.प.सं.मं./2025
प्रति,

कोरवा दिनांक 10/10/2025

सदस्य सचिव,
छ.ग. पर्यावरण संरक्षण मंडल,
पर्यावास भवन नार्थ ब्लॉक, सेक्टर-19,
नवा रायपुर अटल नगर, रायपुर (छ.ग.)

विषय- Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) -Reg.

- संदर्भ- 1. केंद्रीय प्रदूषण नियंत्रण बोर्ड का पत्र क्रमांक F.NO.CMI3011/88/2021-WM-I-HO-CPCB-HO(2096) दिनांक 10.09.2025
2. मंडल मुख्यालय का पत्र क्रमांक 7185 दिनांक 24.09.2025

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उपरोक्त विषयांतर्गत संदर्भित पत्र के माध्यम से केंद्रीय प्रदूषण नियंत्रण बोर्ड, दिल्ली के द्वारा माननीय एनजीटी के निर्देशानुसार जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 की अनुसूची -II (Standards for Deep Burial) का अनुपालन न करने के संबंध में एस.पी.सी.डी./पी.सी.सी. द्वारा की गई कार्यवाही के संबंध में जानकारी चाही गई है।

जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 के प्रावधानों के अनुसार, डीप बरियल द्वारा निपटान केवल ग्रामीण या दूरदराज के क्षेत्रों में ही अनुमत है जहाँ सामान्य जैव-चिकित्सा अपशिष्ट उपचार सुविधा पहुँच नहीं है। ऐसा निपटान केवल निर्धारित प्राधिकारी के पूर्ण अनुमोदन से और अनुसूची-III में निर्दिष्ट मानकों के अनुसार ही किया जाना है। इसके अलावा, डीप बरियल सुविधा को केंद्रीय प्रदूषण नियंत्रण बोर्ड द्वारा समय-समय पर जारी प्रावधानों और दिशानिर्देशों के अनुरूप किया जाना आवश्यक है।

उपरोक्तानुसार क्षेत्रीय कार्यालय कोरवा के कार्यक्षेत्रांतर्गत स्थित निजी चिकित्सा संस्थानों/HCFs से जनित जैव चिकित्सा अपशिष्टों का निपटान संयुक्त जैव चिकित्सा अपशिष्ट निपटान सुविधा (CBMWTFs) के माध्यम से किया जाता है। शासकीय चिकित्सा संस्थानों (उप स्वास्थ्य केंद्र/प्राथमिक स्वास्थ्य केंद्र/सामुदायिक स्वास्थ्य केंद्र) द्वारा जैव चिकित्सा अपशिष्टों का निपटान डीप बरियल के माध्यम से किया जाता है। चिकित्सा संस्थानों का कार्यालय द्वारा समय-समय पर निरीक्षण किया जाता है। चिकित्सा संस्थानों द्वारा डीप बरियल के माध्यम से निपटान के संबंध में निर्धारित मानकों का उल्लंघन किये जाने के कारण की गई कार्यवाही की जानकारी निरंक है। डीप बरियल सुविधा को केंद्रीय प्रदूषण नियंत्रण बोर्ड द्वारा समय-समय पर जारी प्रावधानों और दिशानिर्देशों का पालन किये जाने के संबंध में चिकित्सा संस्थानों को समय-समय पर निर्देशित किया गया है तथा अद्यतन इस कार्यालय के पत्र क्रमांक 2016 दिनांक 07.10.2025 के माध्यम से पत्र प्रेषित किया गया है। पत्र की छायाप्रति संलग्न है। निरीक्षण दौरान चिकित्सा संस्थानों द्वारा डीप बरियल के माध्यम से निपटान के संबंध में निर्धारित मानकों का उल्लंघन किये जाने की स्थिति में नियमानुसार कार्यवाही किया जाना प्रस्तावित है।
संलग्न- उपरोक्तानुसार


क्षेत्रीय अधिकारी
छ.ग.पर्यावरण संरक्षण मंडल, कोरवा

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पृ क्रमांक 20/7/क्ष.का./छ.ग.प.सं.म./2025

कोरवा दिनांक 07/0/2025

प्रतिलिपि-1. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, कोरवा, जिला-कोरवा (छ.ग.) की ओर कृपया सूचनार्थ एवं लेख है कि संबंधित संस्थानों (सूची संलग्न) को पत्रानुसार जानकारी उपलब्ध कराने हेतु निर्देशित कराने का कष्ट करें।

2. कार्यालय जिला आयुर्वेद अधिकारी, कोरवा, जिला-कोरवा (छ.ग.) की ओर कृपया सूचनार्थ एवं संलग्न सूची अनुसार चिकित्सा संस्थानों को निर्देशित करने का कष्ट करें।

3. उप संचालक, पशु चिकित्सालय सेवाएं, कोरवा, जिला-कोरवा (छ.ग.) की ओर कृपया सूचनार्थ एवं संलग्न सूची अनुसार चिकित्सा संस्थानों को निर्देशित करने का कष्ट करें।

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क्षेत्रीय अधिकारी,

पशु पर्यावरण संरक्षण मंडल, कोरवा

01	Community Health Centre, Podi-U porada Korba
02	Community Health Centre, Pali Korba
03	Community Health Centre, Katghora Korba
04	Community Health Centre, Dipka Korba
05	Community health center Kartala , District-Korba
06	Rani Dhanraj Kunwar, Primary Health Center Korba
07	Primary Health Center, Patadi, District-Korba
08	Primary Health Center, Tilkeja, District-Korba
09	Primary Health Centre, Lemra, District-Korba
10	Primary Health Centre, Agarbalar, District-Korba
11	Primary Health Centre, Shyang, District-Korba
12	Primary Health Centre, Bhalai Bazar, District-Korba
13	Primary Health Centre, Bankimnagra, District-Korba
14	Primary Health Centre, Machadoli, District-Korba
15	Primary Health Centre, Jatga, District-Korba
16	Primary Health Centre, Mahora, District-Korba
17	Primary Health Centre, Simina, District-Korba
18	Primary Health Centre, Katoringoi, District-Korba
19	Primary Health Centre, Chaitma, District-Korba
20	Primary Health Centre, Chiknipali, District-Korba
21	Primary Health Centre, Kudmura, District-Korba
22	Primary Health Centre, Dhodhipara, District-Korba
23	Primary Health Centre, Ranjana, District-Korba
24	Primary Health Centre, Korbi, District-Korba
25	Primary Health Centre, Pasan, District-Korba
26	Primary Health Center, Tuman, District-Korba
27	Primary health center Bhaisma , District-Korba
28	Primary health center Chhuri , District-Korba
29	Primary health center Chakabada , District-Korba
30	Primary health center Pipariya, District-Korba
31	Primary health center Hardibazar, District-Korba
32	Community health center Podi uproda , District-Korba
33	Primary health center Utarda , District-Korba
34	Primary health center Kerakachur , District-Korba
35	Primary health center Kharwani , District-Korba
36	Primary health center Kothari, District-Korba
37	Primary health center Rampur, District-Korba
38	Primary health center phariswani, District-Korba
39	Primary health center Katamar, District-Korba
40	Primary health center Gopalpur , District-Korba
41	Primary health center Jafa, District-Korba
42	Primary health center Surabundiya, District-Korba
43	Primary health center Kerachhar, District-Korba
44	Primary health center Bhaisma , District-Korba
45	Primary health center Chhuri , District-Korba
46	Primary health center Chakabada , District-Korba

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01	Community Health Centre, Podi-Uporada Korba
02	Community Health Centre, Pali Korba
03	Community Health Centre, Katelora Korba
04	Community Health Centre, Dipka korba
05	Community health center Kartala , District-Korba
06	Rani Dhanraj Kunwar, Primary Health Center Korba
07	Primary Health Center, Patadhi, District-Korba
08	Primary Health Center, Tilkeja, District-Korba
09	Primary Health Centre, Lemru, District-Korba
10	Primary Health Centre, Ajarbanhar, District-Korba
11	Primary Health Centre, Shyang, District-Korba
12	Primary Health Centre, Bhilai Bazar, District-Korba
13	Primary Health Centre, Bankimengra, District-Korba
14	Primary Health Centre, Machadoli, District-Korba
15	Primary Health Centre, Jatga, District-Korba
16	Primary Health Centre, Mahora, District-Korba
17	Primary Health Centre, Sirmina, District-Korba
18	Primary Health Centre, Katoringoi, District-Korba
19	Primary Health Centre, Chaitma, District-Korba
20	Primary Health Centre, Chikajpali, District-Korba
21	Primary Health Centre, Kudmura, District-Korba
22	Primary Health Centre, Dhodhipara, District-Korba
23	Primary Health Centre, Ranjana, District-Korba
24	Primary Health Centre, Korbi, District-Korba
25	Primary Health Centre, Pasan, District-Korba
26	Primary Health Center, Tuman, District-Korba
27	Primary health center Bhaisma , District-Korba
28	Primary health center Chhuri , District-Korba
29	Primary health center Chakabuda , District-Korba
30	Primary health center Pipariya, District-Korba
31	Primary health center Hardibazar, District-Korba
32	Community health center Podi uproda , District-Korba
33	Primary health center Utarda , District-Korba
34	Primary health center Kerakachar , District-Korba
35	Primary health center Kharwani , District-Korba
36	Primary health center Kothari, District-Korba
37	Primary health center Rampur, District-Korba
38	Primary health center pharassani, District-Korba
39	Primary health center Katarinar, District-Korba
40	Primary health center Gopalpur , District-Korba
41	Primary health center Lafa, District-Korba
42	Primary health center Surgbundiya, District-Korba
43	Primary health center Kerachhar, District-Korba
44	Primary health center Bhaisma , District-Korba
45	Primary health center Chhuri , District-Korba
46	Primary health center Chakabuda , District-Korba

47	Primary health center Pipriya, District-Korba
48	Primary health center Hardibazar, District-Korba
49	Primary health center Utanda, District-Korba
50	Primary health center Kenikachin, District-Korba
51	Primary health center Kharwani, District-Korba
52	Primary health center Kothari, District-Korba
53	Primary health center Rampur, District-Korba
54	Primary health center pharasiyam, District-Korba
55	Primary health center Katalnar, District-Korba
56	Primary health center Gopalpur, District-Korba
57	Primary health center Lafa, District-Korba
58	Primary health center Surgbandiya, District-Korba
59	Primary health center Kermehar, District-Korba
60	Primary health center korbi, Tehsi-Pali, District-Korba
61	Primary health center kutehrangol, District-Korba
62	Primary health center Morga, District-Korba
63	Primary health center Kharwani, District-Korba
64	Veterinary Hospital Hardi Bazar, Village-Hardi Bazar, District-Korba
65	Veterinary Hospital Bankimongra, Village-Bankimongra, District-Korba
66	Veterinary Hospital Barpali, District-Korba
67	Government Ayurveda Dispensary Sohagpur Korba, District-Korba
68	Ayurveda Medical Dispensary Beharchhina, Village-Beharchhina, District-Korba
69	Government Ayurveda Dispensary Patiyapali, District-Korba
70	Government Ayurveda Dispensary Bhainsin, District-Korba
71	Government Ayurveda Dispensary Nonbirra, District-Korba
72	Government Homeo Dispensary, District-Korba
73	Government Ayurveda Dispensary Kanki, Village-Kanki, Kartala Korba
74	Government Ayurveda Dispensary Tumar
75	Government Ayurveda Dispensary Sukhariklo
76	Government Ayurveda Dispensary Badgaon, District-Korba
77	Government Ayurveda Dispensary Korbi, District-Korba
78	Government Ayush Poly Clinic Korba, District-Korba
79	Government Ayurveda Dispensary Pipriya, Village-Pipriya, District-Korba
80	Government Ayurvedic Hospital Baida, Block Pali, District-Korba
81	Government Ayurveda Dispensary, Shashikalo Ayurveda Aushadhalay Umrelli Korba, District-Korba
82	Government Ayurveda Dispensary Rajgamar, District-Korba
83	Government Ayurveda Dispensary Chaitma, District-Korba
84	Government Ayurveda Dispensary Godhi, District-Korba
85	Government Ayurveda Dispensary Barpali, District-Korba
86	Government Ayurveda Dispensary Jawali, District-Korba
87	Government Ayurveda Dispensary Kaghora, District-Korba
88	Government Ayurveda Dispensary Tivarta Village-Tivarta

Tehsil-Pali District-Korba	
89	Government Ayurveda Dispensary, Bhilai Bazaar, District-Korba
90	Ayurveda Dispensary Churikalla, Ayurveda Dispensary Churikalla, District-Korba
91	Government Ayurveda Dispensary, Padimar, District-Korba
92	Government Ayurveda Dispensary Uрга, Near Village Panchayat Uрга, District-Korba
93	Government Ayurveda Dispensary Sohagpur, District-Korba
94	Veterinary hospital pusan, Dist- Korba
95	Veterinary hospital Kudmura, Dist- Korba
96	Veterinary hospital Shivang, Dist- Korba
97	Veterinary hospital Bhaisma, Dist- Korba
98	Veterinary hospital Podi uproda, Dist- Korba
99	Veterinary hospital Kartala, Dist- Korba
100	Veterinary hospital Korba, Dist- Korba
101	Veterinary hospital Katghora, Dist- Korba
102	Veterinary hospital Pali, Dist- Korba



क्षेत्रीय कार्यालय
छ.ग. पर्यावरण संरक्षण मंडल
टी.व्ही.टॉवर रोड, रायगढ़ (छ.ग.)
Email ID: roraigarh.cecb@gmail.com

जायक क्र. 1853 क्षे.का./पर्या.सं.मं./2025

रायगढ़ दिनांक 22/11/25

प्रति,

सदस्य सचिव,
छ.ग. पर्यावरण संरक्षण मण्डल,
पर्यावास भवन, नार्थ ब्लॉक, सेक्टर-19
नवा रायपुर अटलनगर, रायपुर (छ.ग.)

विषय :- Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

- संदर्भ :-
1. केन्द्रीय प्रदूषण नियंत्रण बोर्ड का पत्र क्रमांक F.No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) दिनांक 10/09/2025।
 2. मंडल मुख्यालय का पत्र क्रमांक 7185 दिनांक 24/09/2025।

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महोदय,

उपरोक्त विधायन्तर्गत संदर्भित पत्र के अनुक्रम में इस कार्यालय द्वारा जीव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के प्रावधानों के अनुसार डीप बरियल द्वारा जीव चिकित्सा अपशिष्ट के निपटान के संबंध में की गई कार्यवाही की Action Taken Report संलग्न कर कृपया अग्र कार्यवाही हेतु प्रेषित है।

क्षेत्रीय अधिकारी
छ.ग. पर्यावरण संरक्षण मण्डल,
जिला-रायगढ़

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Action Taken Report

1. क्षेत्रीय कार्यालय रायगढ़ के अंतर्गत नवीन CBWTF मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित) पूंजीपथरा, रायगढ़ को मंडल द्वारा जल एवं वायु सम्मति पत्र क्रमांक 1582 दिनांक 16.10.2024 तथा जैव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के तहत प्राधिकार पत्र क्रमांक 8132 दिनांक 11.12.2024 द्वारा प्रदान किया गया। कार्यालय आयुक्त, बिलासपुर संभाग द्वारा रायगढ़ तथा सारंगढ़-बिलाईगढ़ जिलों में संचालित सभी चिकित्सा संस्थानों को उनसे जनित जैव चिकित्सा अपशिष्ट का अपवहन तथा निपटान उक्त CBWTF से अनुबंध निष्पादित कर करने हेतु पत्र क्रमांक 3772 दिनांक 23.12.2024 द्वारा निर्देशित किया गया।
2. उपरोक्त संबंध में कार्यालय द्वारा रायगढ़ तथा सारंगढ़-बिलाईगढ़ जिलों में संचालित सभी चिकित्सा संस्थानों को उनसे जनित जैव चिकित्सा अपशिष्ट का अपवहन तथा निपटान इन्सीनिरेशन आधारित पद्धति से CBWTF मेसर्स व्ही.एम. टेक्नोसॉफ्ट से करने हेतु तत्काल संस्थान के साथ अनुबंध निष्पादित कर कार्यवाही किया जाना प्रारम्भ करने हेतु पत्र क्रमांक 2452 दिनांक 23.01.2025 के द्वारा निर्देशित किया गया (संलग्नक-01)।
3. मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित) पूंजीपथरा, रायगढ़ द्वारा दिनांक 24.02.2025 से कार्य प्रारम्भ किया गया।
4. कार्यालय द्वारा पुनः उपरोक्त सभी चिकित्सा संस्थानों को जनित जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान मेसर्स अरोमा सोशल सर्विस संस्थान, बड़े रामपुर रायगढ़ के माध्यम से न कर दिनांक 20.03.2025 की समय सीमा के भीतर मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से करने हेतु तत्काल संस्थान के साथ अनुबंध निष्पादित कर कार्यवाही किया जाना सुनिश्चित करने हेतु पत्र क्रमांक 2991 दिनांक 04.03.2025 के द्वारा निर्देशित किया गया (संलग्नक-02)। साथ ही पूर्व संचालित मेसर्स अरोमा सोशल सर्विस संस्थान (डीप बरियल आधारित CBWTF), बड़े रामपुर, रायगढ़ को दिनांक 20.03.2025 को पश्चात् किसी भी परिस्थिति में जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान नहीं करने हेतु भी निर्देशित किया गया।
5. वर्तमान में मेसर्स अरोमा सोशल सर्विस संस्थान (डीप बरियल आधारित CBWTF), बड़े रामपुर, रायगढ़ पूर्णतः बंद है एवं चिकित्सा संस्थानों द्वारा मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित CBWTF) के साथ अनुबंध निष्पादित कर जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान करने की कार्यवाही प्रारम्भ कर दी गई है। कार्यालय के क्षेत्रांतर्गत जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान अमानक डीप बरियल पद्धति से न हो की सतत निगरानी की जा रही है।

M.



अतिमहत्वपूर्ण

क्षेत्रीय कार्यालय
छ.ग. पर्यावरण संरक्षण मंडल
टी.व्ही.टॉकर रोड, रायगढ़ (छ.ग.)
Email ID: roraigah.eco@gmail.com

जावक क्र. 2452/क्षे.का./पर्या.सं.नं./2025
प्रति,

रायगढ़ दिनांक 23/01/25

सूची संलग्न,
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विषय :- जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान मेसर्स व्ही.एम. टेक्नोसॉफ्ट (CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से कराये जाने बाबत।

- संदर्भ :-
1. मंडल द्वारा मेसर्स व्ही.एम. टेक्नोसॉफ्ट, पूंजीपथरा को जारी जल एवं वायु सम्मति क्र. 1582, दि. 16.10.2024.
 2. मंडल द्वारा मेसर्स व्ही.एम. टेक्नोसॉफ्ट, पूंजीपथरा को जारी जल एवं वायु सम्मति क्र. 8132 दि. 11.12.2024.
 3. कार्यालय आयुक्त बिलासपुर संभाग के पत्र क्र. 3772, दि. 23.12.2024.

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उपरोक्त विषयान्तर्गत संदर्भित पत्रों के अनुक्रम में विदित हो कि—हॉस्पिटल तथा हेल्थ केंयर फेसिलिटीज से जनित जैव चिकित्सा अपशिष्ट का अपवहन तथा निपटान जैव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के प्रावधानों के तहत कॉमन बायोमेडिकल वेस्ट ट्रीटमेंट फेसिलिटी (CBWTF) से कराया जाना है। माननीय एन.जी.टी. द्वारा प्रकरण क्रमांक 710/2017 में पारित आदेश दिनांक 15.07.2019 के तहत जैव चिकित्सा अपशिष्टों का अपवहन एवं निपटान नियमानुसार न कर उल्लंघन किये जाने पर पर्यावरणीय क्षतिपूर्ति अधिरोपण सहित कठोर कार्यवाही किये जाने हेतु निर्देशित किया गया है।

उपरोक्त संबंध में आपको सूचित किया जाता है कि जिला-रायगढ़ तथा सारंगढ़-बिलासगढ़ स्थित हॉस्पिटल तथा हेल्थ केंयर फेसिलिटीज से जनित जैव चिकित्सा अपशिष्टों का अपवहन एवं निपटान करने हेतु मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सुनिरेशन आधारित CBWTF), पूंजीपथरा, रायगढ़ को अधिकृत किया गया है। तत्संबंध में संस्थान को संचालन हेतु मंडल द्वारा विधिवत जल एवं वायु सम्मति एवं प्राधिकार प्रदान किया गया है। कार्यालय आयुक्त, बिलासपुर द्वारा भी रायगढ़ तथा सारंगढ़-बिलासगढ़ जिलों में संगठित सभी हॉस्पिटल एवं हेल्थ केंयर फेसिलिटीज को CBWTF मेसर्स व्ही.एम. टेक्नोसॉफ्ट से अनुबंध निष्पादित कर नियमानुसार जैव चिकित्सा अपशिष्ट का अपवहन तथा निपटान करने हेतु निर्देशित किया गया है।

अतः उपरोक्त संबंध में आपको निर्देशित किया जाता है कि—संस्थान से जनित होने वाले जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान केवल मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सुनिरेशन आधारित CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से करने हेतु तत्काल संस्थान के साथ अनुबंध निष्पादित कर कार्यवाही करें। यह भी निर्देशित है कि अब जैव चिकित्सा अपशिष्टों का अपवहन अन्य माध्यमों से नहीं किया जाना है। अतः उक्त को आवश्यक समझकर प्राथमिकता के आधार पर कार्य किया जाना सुनिश्चित करें।

ध्यान रहे, नियमानुसार जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान नियमानुसार न कर उल्लंघन किये जाने पर मंडल द्वारा हॉस्पिटल तथा हेल्थ केंयर फेसिलिटीज को विरुद्ध नहीं किये जाने पर मंडल द्वारा जैव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के प्रावधानों के तहत माननीय एन.जी.टी. के आदेशानुसार पर्यावरणीय क्षतिपूर्ति (1200 रुपये प्रतिदिन) अधिरोपित करने सहित अन्य कार्यवाही की जावेगी। जिसकी संपूर्ण जवाबदारी संस्थान प्रबंधन स्वयं की होगी।

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क्षेत्रीय अधिकारी
छ.ग. पर्यावरण संरक्षण मण्डल,
जिला-रायगढ़

जायक पृ. क्र.

/क्षे. का. /प.सं.मं. /2025

रायगढ़, दिनांक

- प्रतिलिपि :- 1. सदस्य सचिव, छ.ग. पर्यावरण संरक्षण मंडल, नवा रायपुर अटल नगर, रायपुर (छ.ग.) की ओर सादर सूचनार्थ प्रेषित।
2. कलेक्टर जिला-रायगढ़/सासंगढ़-बिलाईगढ़ (छ.ग.) की ओर सादर सूचनार्थ प्रेषित।

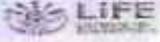


क्षेत्रीय अधिकारी

छ.ग. पर्यावरण संरक्षण मंडल रायगढ़

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अतिमहत्वपूर्ण स्मरण-पत्र

क्षेत्रीय कार्यालय
छ.ग. पर्यावरण संरक्षण मंडल
टी.वी.टॉवर रोड, रायगढ़ (छ.ग.)
Email ID: forestparh.cecb@gmail.com

जाचक क्र. १९९) क्षेत्र.का./पर्या.सं.म./2025
प्रति,

रायगढ़ दिनांक 04/03/25

शुची संलग्न,

विषय :- जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान मेसर्स व्ही.एम. टेक्नोसॉफ्ट (CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से कराये जाने बाबत।

- संदर्भ :-
1. मंडल द्वारा मेसर्स व्ही.एम. टेक्नोसॉफ्ट, पूंजीपथरा को जारी जल एवं वायु सम्मति क्र. 1582 दि. 16.10.2024
 2. मंडल द्वारा मेसर्स व्ही.एम. टेक्नोसॉफ्ट, पूंजीपथरा को जारी जल एवं वायु सम्मति क्र. 8132 दि. 11.12.2024
 3. कार्यालय आयुक्त बिलासपुर संभाग के पत्र क्र. 3772 दि. 23.12.2024
 4. इस कार्यालय का पत्र क्र. 2452 दि. 23.01.2025

उपरोक्त विषयान्तर्गत संदर्भित पत्रों के परिपेक्ष्य में विदित हो कि - आपके संस्थान से जनित होने वाले जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान केवल मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से करने हेतु तत्काल संस्थान के साथ अनुबंध निष्पादित कर कार्यवाही करने तथा जैव चिकित्सा अपशिष्टों का अपवहन अन्य माध्यमों से नहीं किये जाने हेतु संदर्भित पत्र क्रमांक 4 के माध्यम से निर्देशित किया गया है। यह भी ध्यात हो कि पूर्व संघालित मेसर्स अरोगा सोशल सर्विस संस्थान (डीप बरियल आधारित CBWTF) बड़े रामपुर रायगढ़ द्वारा इस शकालय को सूचित किया गया है कि वे जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान करने में असमर्थ हैं तथा वे अब CBWTF को पूर्णतः बंद करना चाहते हैं।

उपरोक्त संबंध में आपको पुनः निर्देशित किया जाता है कि- संस्थानों से जनित जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान मेसर्स अरोगा सोशल सर्विस संस्थान, बड़े रामपुर रायगढ़ के माध्यम से न कर दिनांक 20.03.2025 की समय सीमा के भीतर मेसर्स व्ही.एम. टेक्नोसॉफ्ट (इन्सीनिरेशन आधारित CBWTF), पूंजीपथरा, रायगढ़ के माध्यम से करने हेतु तत्काल संस्थान के साथ अनुबंध निष्पादित कर कार्यवाही किया जाना सुनिश्चित करें। दिनांक 20.03.2025 के पश्चात् किसी भी परिस्थिति में मेसर्स अरोगा सोशल सर्विस संस्थान द्वारा जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान नहीं किया जायेगा।

ध्यान रहे, दिनांक 20.03.2025 के पश्चात् जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान नियमानुसार न कर संलग्न किये जाने पर मंडल द्वारा हॉस्पिटल तथा हेल्थ केयर फॅसिलिटीज के विरुद्ध माननीय एन.जी.टी. के आदेशानुसार पर्यावरणीय क्षतिपूर्ति (1200 रुपये प्रतिदिन) अधिरोपित करने सहित अन्य कार्यवाही की जायेगी, जिसकी सम्पूर्ण जवाबदारी संस्थान प्रबंधन स्वयं की होगी। इसे अति आवश्यक समझकर प्राथमिकता से कार्यवाही किया जाना सुनिश्चित करें।

क्षेत्रीय अधिकारी
छ.ग. पर्यावरण संरक्षण मंडल
जिला-रायगढ़

जावक पृ. क्र. 2992 / शै. का. / प.स.मं. / 2025
प्रतिलिपि :-

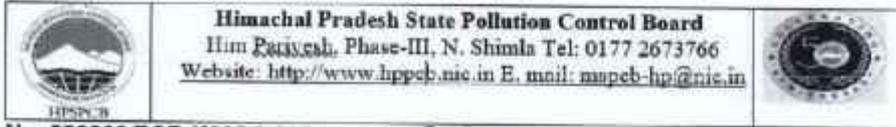
रायगढ़, दिनांक 04/03/25

1. सदस्य सचिव, छ.ग. पर्यावरण संरक्षण मंडल, नया रायपुर अटल नगर, रायपुर (छ.ग.) की ओर सादर सूचनार्थ प्रेषित।
2. कलेक्टर, जिला-रायगढ़/सारंगढ़-बिलाईगढ़ (छ.ग.) की ओर सादर सूचनार्थ प्रेषित।
3. मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, जिला-रायगढ़, सारंगढ़-बिलाईगढ़ (छ.ग.) कृपया अपने अंतर्गत आने वाले समस्त हॉस्पिटल तथा हेल्थ केंद्र फेसिलिटीज को उपरोक्तानुसार कार्यवाही करने हेतु निर्देशित करने का कष्ट करें।
4. डायरेक्टर, मेडर्स अरोगा सोशल सर्विस संस्थान, बड़े रायपुर, रायगढ़, निर्देशित हो कि आपके द्वारा दिनांक 20.03.2025 के पश्चात् किसी भी परिस्थिति में जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान नहीं किया जायेगा।
5. डायरेक्टर, मेडर्स एन.एन. टेक्नोसॉफ्ट (इन्सुनिरेशन आधारित CBWT), पूंजीपथरा, रायगढ़, निर्देशित हो कि आपके द्वारा दिनांक 20.03.2025 की समय सीमा के भीतर क्षेत्रांतर्गत संचालित सभी हॉस्पिटल तथा हेल्थ केंद्र फेसिलिटीज के साथ अनुबंध निम्नादित कर जैव चिकित्सा अपशिष्टों का अपवहन तथा निपटान करने हेतु कार्यवाही किया जाना सुनिश्चित करें।

dv

Asalu

राज्यीय अधिकारी
छ.ग. पर्यावरण संरक्षण मंडल,
जिला-रायगढ़



No. 239800/PCB-K005/3/2024

9779

Dated 19/09/25

From: The Member Secretary

To

Sh. V.P Yadav, Director & Head
 Waste Management Division-I, CPCB
 Parivesh Bhawan, CBD-cum-Office Complex
 East Arjun Nagar, Delhi - 110032.

Subject: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

Sir,

This is in reference to your letter No. F.No.CM-13011/88/2021-WM-I-HO-CPCB-HO(2096)/5051 dated 10.09.2025 on the subject cited above vide which an Action Taken Report sought from the State Board on instances of non-compliance by Occupiers/Health Care Facilities with respect to the prescribed standards for deep burial.

In this context, it is informed that State Board has authorised the Health Care Institutions for the disposal of Biomedical waste through deep burial method only in remotely located and far-flung areas where CBWTF or road network is not available by considering the topographical conditions and limited road network of hilly areas in the State. However, the captive/deep burial facility developed by the HCFs has been authorized by the State Board as per the BMW Rules, 2016. Further, compliance status of health care institutions disposing biomedical waste through deep burial method in the State is detailed as below:

- Disposal of Biomedical waste through deep burial facilities is only being allowed in remotely located far-flung areas that are not accessible.
- No HCF is disposing of biomedical waste through deep burial without authorization of the State Board.
- Only about 2% of the total biomedical waste generated in the State is managed through such authorized facilities.
- No instances of non-compliance with the prescribed standards for deep burial have been reported from Occupiers/HCFs in Himachal Pradesh.

Signed by
 Manoj Chauhan

Date: 19-09-2025 12:05 PM
 (Manoj Chauhan)
 Chief Scientific Officer

Yours sincerely

**Jammu and Kashmir
Pollution Control Committee**

chairman.spccb@jk.gov.in
membersecy-jkpcc@jk.gov.in
0191-2472881, 2478925



Parivesh Bhavan, Forest Complex
Transport Nagar, Jammu, 180006
Sikk Factory Road
Rajbagh, Srinagar, 190 008

**Member Secretary,
Central Pollution Control Board,
Parivesh Bhawan, East Arjun Nagar
Delhi 110032**

No: - JKPCC/BMWM/2025/514-515

Date: 28-10-2025

Sub: - Compliance of Hon'ble NGT Order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar VS State of Uttar Pradesh & Ors. -Reg.)

Ref: 1. E.mail dated 19.10.2025

2. F.No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025

Sir,

Kindly refer your letter No. **F.No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)** dated **10.09.2025** on the above-captioned subject. In this connection, Action Taken Report in respect of compliance with the provisions of Schedule-II (Standards for Deep Burial) under the Bio-Medical Waste Management Rules, 2016, is enclosed herewith for necessary action.

Encl: As above

Yours faithfully,


(Dr. R. Gopinath), IFS
Member Secretary,
JK PCC, Jammu

Copy to :

Sh. V.P. Yadav, Director and Head, WM - I Division, Central Pollution Control Board,
Delhi for information and necessary action.

Action Taken Report: J&K Pollution Control Committee

Sub: Non-compliance by Occupiers/Health Care Facilities with respect to the prescribed standards for Deep Burial

1. **Deep burial for disposal of Bio-medical waste in J&K:** For disposal of anatomical/soiled waste, deep burial is an option, as per the Bio-medical Waste Management Rules, 2016. In the UT of Jammu & Kashmir, Health Care Facilities (HCFs) in far flung areas of J&K, where there is no accessibility to Common Bio-medical Waste Treatment Facility (CBMWTF), are disposing of the Bio-medical Waste through the deep burial pits. J&K PCC is not encouraging deep burial pits, as they can contaminate the ground water. However, due to hilly terrain and remoteness of some HCFs, deep burial is being followed in such areas.
2. Moreover, there are only **two CBMWTFs** operational in Kashmir and **one** such facility operational in Jammu region. Some HCFs in far flung districts of Rajouri, Poonch, Kishtwar, Doda and Ramban are more than 200 km away from the existing **one** CBMWTF in Jammu and the Bio-medical waste cannot be lifted and treated within 48 hours, from these areas.
3. J&K PCC had issued directions to Director Health Services, Jammu/Kashmir dated 22-04-2024, 09-05-2024, to submit various compliances including an Inventory of all the operational deep burial pits existing in Jammu, along with their location and geo coordinates (Annexure-1).
4. Director, Health Services, Jammu in a communication dated 29-06-2024 has provided the details of HCFs using Deep Burial pits.
5. All the Divisional Officer, J&K PCC vide letter dated 24-10-2025 (Annexure-2) have been directed to randomly inspect 10 deep burial pits in their respective divisions and submit a report along with geo-coordinates with regard to the following 9 points/standards which are to be observed in terms of Schedule-

II of the Bio-medical Waste Rules, 2016, as per Order dated 18-08-2025 in M.A.No.98/2022 in Original Application No.180/2021:

1. A pit or trench should be dug about two meters deep.
2. 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.
3. It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.
4. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
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 habitations, 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 locations of the deep burial site shall be authorized by the prescribed authority.
8. The institution shall maintain a record of all pits used for deep burials.
9. The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

J&K Pollution Control Committee had issued Consent to Establish (Fresh) dated 06/04/2023 in favour of M/s Ramasethu Infrastructure Private Limited for establishment of a Common Biomedical Waste Treatment Facility, as a part of their integrated Common Hazardous Waste Treatment Storage, Disposal and Recycling Facility (TSDF) at Deep Valley, Phase-II, IGC Samba.

However, the **existing Common Biomedical Waste Treatment Facility**, M/s Anmol Healthcare, operational at Village Rakh Rara, Samba, in Jammu, has

filed a writ petition WP(C) No.1027/2023 dated 09/05/2023 v/s UT of J&K and Ors. In this matter. The Hon'ble High Court of Jammu & Kashmir and Ladakh, at Jammu, vide its Order dated 24/05/2023, has directed as under:

"In the meantime, status-quo with respect to the proposed setting up of the CBMWTF by the respondent no.3 shall be maintained till next date of hearing".

Suggestions:

- 1) In case of hilly areas and considering the geography, one CBWTF with adequate treatment capacity may be developed covering at least two districts (1 facility for Rajouri & Poonch; 1 facility for Doda & Kishtwar and 1 facility for Ramban, which can also cover HCFs of the adjoining Districts) to cater to the HCFs located in the far flung areas, as per CPCB guidelines.
- 2) It is also suggested that satellite lifting stations may be allowed to be set up close to these far flung areas, where from the existing CBMWTF can lift the BMW from, as an interim arrangement.
- 3) Since private entities are not coming forward for establishment of CBMWTFs in remote areas, the Government may explore the possibility of establishing such a facility through the Industries or Health Department at suitable locations. The services of such a facility will also be utilized by the private HCFs as well, against payment of prescribed treatment and disposal fees, which will help in generating revenue. Public-Private Partnership (PPP) option can also be considered for day to day operation of the facility including collection and transportation of bio-medical waste.


(Dr. R. Gopinath), IFS
Member Secretary

ANNEXURE-1.

Jammu and Kashmir Pollution Control Committee

Parivesh Bhavan, Forest Complex, || Silk Factory Road
 Transport Nagar, Jammu, 180 006 || Rajbagh, Srinagar, 190 006

The Director
 Health Services,
 Jammu

No: JKPC/BMWM/2024/250-56

Dt: 09.05.24

Subject: Violation of Bio-medical Waste Management Rules, 2016- Directions thereof.

**Ref. 1. Directions No. JKPC/BMWM/2024/229-36 dt. 22-04-2024.
 2. Response No.DHS-J/HEB/95 dated 04/05/2024**

1. **Whereas**, all health care facilities which 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 **have to seek authorization/consent** from State Pollution Control Board/Pollution Control Committee and;
2. **Whereas**, "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;
3. **Whereas**, directions were issued on 22-04-2024 for compliance to the Bio Medical Waste Management Rules, 2016 and you have submitted the response dated 04/05/2024.
4. **Whereas**, the response you have submitted is bereft of the following aspects:
 - i) An Action Taken Report on compliances of the directions issued on 22-04-2024 as well as compliances **by every HCF**, as per Rule-4 of the Bio-medical Waste Management Rules, 2016, has not been submitted.

ga

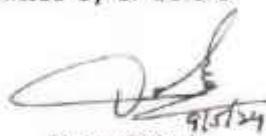
- ii) Copies of the communication/s instructing the administrators of all the **Bedded** hospitals/health care facilities, under the control of Director, Health Services, Jammu to apply for **Consent to Operate** under the Water/Air Acts.
- iii) Copies of the communication/s instructing the administrators of all the **Bedded/Non-Bedded** hospitals/health care facilities, under the control of Director, Health Services, Jammu to apply for **Authorization** under the Bio-medical Waste Rules 2016.
- iv) Following information:
 - a) List of 40 (Govt.) HCFs who have sought Consent to Operate under the Water/Air Acts.
 - b) List of 39 (Govt.) HCFs who have valid Authorization.
 - c) List of 121 (Govt.) HCFs who have applied to J&K PCC.
 - d) List of all Government HCFs who have more than 10 beds and require/have ETP installed.
 - e) List of Government HCFs who have implemented Bar Code System.
 - f) List of Government HCFs who have submitted the Annual Report on Form-IV, for the period January 2023-December 2023.
 - g) List of Bedded Government HCFs, who have their website and have uploaded the Annual Reports on it.
 - h) Deep Burial Pits for disposal of yellow waste, with geo-coordinates, where accessibility of CBMWTF is not possible.

5. Therefore, in view of the above observations and gaps in implementation of the Bio-medical Waste Management Rules, 2016 and in exercise of powers vested in the Chairman, J&K Pollution Control Committee, under Section 5 of the Environment (Protection) Act 1986, Section 33-A of the Water (Prevention & Control of Pollution) Act, 1974 and 31-A of the Air (Prevention & Control of Pollution) Act, 1981, the following directions are hereby issued to the Director Health Services, Jammu:



- i) To submit the compliances in pursuance of directions issued on 22-04-2024 and further specified above at point no.4 (a-d);
- ii) To provide a list of all the healthcare facilities registered with Director Health Services, Jammu as on 30-04-2024.

The response must reach J&K Pollution Control Committee by or before 11th May, 2024.


(Vasu Yadav)
Chairman

Copy to:

1. The Financial Commissioner (Addl. Chief Secretary), Forests, Ecology and Environment Department, Civil Secretariat, Jammu / Srinagar.
2. The Secretary to Government, Health and Medical Education Department, Civil Secretariat, Jammu / Srinagar.
3. Regional Director, J&K PCC, Jammu.
4. Environmental Engineer, J&K PCC, Jammu.
5. Principal Scientific Officer, J&K PCC, Jammu.
6. Scientist-A, I/c BMW, J&K PCC, Jammu.

Jammu and Kashmir Pollution Control Committee

Parivash Bhawan, Forest Complex || Silk Factory Road
Transport Nagar, Jammu, 180 006 || Rajbagh, Srinagar: 180 008

**The Director Health Services,
Jammu**

No: JKPCCB/BMWM/2024/229-36

Dt: 29.04.24

Subject: Violation of Bio-medical Waste Management Rules, 2016- Directions thereof.

1. **Whereas**, hospitals (Health Care Facilities-HCFs) having total waste water generation more than 100 kilolitres per day or/and hospitals having captive incinerator, have been classified as a **RED** category activity, in the classification of industrial sectors, notified by the Central Pollution Control Board, Delhi. Hospitals having total waste-water generation less than 100 kilolitres per day and without incinerator fall under **ORANGE** category and;
2. **Whereas**, hospitals are included in the list of activities that require **Consent to Establish / Operate** from the State Pollution Control Board/Pollution Control Committee, under section 25/26 of the **Water (Prevention and Control of Pollution) Act, 1974** and section 21 of the **Air (Prevention and Control of Pollution) Act, 1981** and;
3. **Whereas**, most of the **Bedded** Government Hospitals **are operating without Consent** from J&K Pollution Control Committee, under the Water/Air Acts, in violation of various provisions of the said Acts and;
4. **Whereas**, **failure to comply** with the provisions of section 25/26 of the Water (Prevention and Control of Pollution) Act, 1974 and section 21 of the Air (Prevention and Control of Pollution) Act, 1981 is punishable with imprisonment and fine under relevant sections of the respective Acts and;
5. **Whereas**, the bio-medical waste generated by all the health care facilities (**Bedded/Non-Bedded**) has to be disposed of in accordance with the Bio-medical Waste Management Rules, 2016 and for this purpose, the health care facilities require "**Authorization**" from the J&K Pollution Control Committee and;
6. **Whereas**, a large number of Health Care Facilities **have not obtained Authorization** from the J&K Pollution Control Committee and;

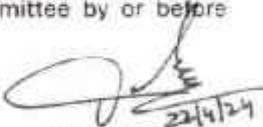
7. **Whereas**, J&K Pollution Control Committee in its 36th Board Meeting (2nd Meeting of J&K Pollution Control Committee), on 10th February, 2023, **waived off the Consent as well as Authorization Fee for all the Government Health Care Facilities** (Bedded/Non-Bedded) and;
8. **Whereas**, even after waiving off the Consent and Authorization fees, majority of the Government Health Care Facilities have neither sought Consent nor Authorization, under the relevant Acts/Rules and;
9. **Whereas**, under the **Biomedical Waste Management Rules, 2016**, standards have been prescribed for discharging waste water generated from health care facilities into sewer as follows:

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

10. **Whereas**, for achieving the prescribed standards, **the hospitals would require waste water treatment facilities like sewage treatment plant / effluent treatment plant**, and the hospitals which do not meet the standards above, will not qualify for Consent to Operate, under the Water Act and will be **liable to legal action** and;
11. **Whereas**, **contravention of the provisions** of the Bio-Medical Waste Rules is punishable with **imprisonment and fine** under section 15 of the Environment (Protection) Act, 1986 and;
12. Therefore, in view of the above observations and gaps in implementation of the Bio-medical Waste Management Rules, 2016 and in exercise of powers vested in the Chairman, J&K Pollution Control Committee, under Section 5 of the Environment (Protection) Act 1986, Section 33-A of the Water (Prevention & Control of Pollution) Act, 1974 and 31-A of the Air (Prevention & Control of Pollution) Act, 1981, the following directions are hereby issued to the Director Health Services, Jammu:

- a) To acknowledge the receipt of these directions within one week;
- b) To submit an Action Taken Report on compliances of the above directions as well as compliances by every HCF, as per Rule-4 of the Bio-medical Waste Management Rules, 2016;
- c) To instruct the administrators of all the **Bedded** hospitals/health care facilities, under the control of Director, Health Services, Jammu to apply for **Consent to Operate** under the Water/Air Acts, immediately;
- d) To take necessary steps to ensure that the effluent discharged from the hospitals/health care facilities and emissions if any, conform to the prescribed standards;
- e) To instruct the administrators of all the **Bedded/Non-Bedded** hospitals/health care facilities, under the control of Director, Health Services, Jammu to apply for **Authorization** under the Bio-medical Waste Rules 2016, immediately;
- f) To ensure **compliance** of the provisions of the Bio-medical Waste Management Rules 2016 by the Health Care Facilities, **in order to qualify for grant of authorization**. The Rules can be downloaded from the website: www.jkpcc.net.nic.in.

The response must reach J&K Pollution Control Committee by or before 30th April, 2024.


(Vasu Yadav)
Chairman

Copy to:

1. The Financial Commissioner (Addl. Chief Secretary), Forests, Ecology and Environment Department, Civil Secretariat, Jammu / Srinagar.
2. The Secretary to Government, Health and Medical Education Department, Civil Secretariat, Jammu / Srinagar.
3. Regional Director, J&K PCC, Jammu.
4. Environmental Engineer, J&K PCC, Jammu.
5. Principal Scientific Officer, J&K PCC, Jammu.
6. All Divisional Officers, J&K PCC, Jammu.
7. Scientist-A, I/c BMWM, J&K PCC, Jammu.

**Jammu and Kashmir
Pollution Control Committee**

chairman.spcb@jk.gov.in
members@jkpcb@jk.gov.in
0191 - 2472881, 2475925



ANNEXURE-2
Parivesh Bhavan, Forest Complex
Transport Nagar, Jammu, 180006
Silk Factory Road
Rajbagh, Srinagar, 190 008

**Regional Director,
J&K Pollution Control Committee,
Jammu/Kashmir**

No: - JKPCG/BMWM/2025/511-13

Date: 24-10-2025

Sub: - Compliance of Hon'ble NGT Order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar VS State of Uttar Pradesh & Ors. -Reg.)

Madam/Sir,

Please find enclosed herewith a copy of letter received from the CPCB vide No. **F.No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)** dated **10.09.2025** on the above captioned subject (**copy enclosed**). In this connection, it is to inform that the Hon'ble NGT has directed submission of information regarding action taken by SPCBs/PCCs in respect of non-compliance with Schedule-II (Standards for Deep Burial) under the Bio-medical Waste Management Rules, 2016.

In this regard, all Divisional Officers be directed to inspect at **least ten deep burial pits** existing in their respective division and submit a report with regard to the following 9 points/standards which are to be observed in terms of Schedule-II of the Bio-medical Waste Rules, 2016:

1. A pit or trench should be dug about two meters deep.
2. 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.
3. It must be ensured that animals do not have any access to burial sites. Covers of galvanised iron or wire meshes may be used.
4. On each occasion, when wastes are added to the pit, a layer of 10 cm of soil shall be added to cover the wastes.
5. The deep burial site should be relatively impermeable and no shallow well should be close to the site.

marked

6. The Pits should be distant from habitations, 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 locations of the deep burial site shall be authorized by the prescribe authority.
8. The institution shall maintain a record of all pits used for deep burials.
9. The ground water table level should be a minimum of six meters below the lower level of deep burial pit.

The consolidated report along with details of disposal of plastic, glass and metal waste generated from such Health Care Facilities along with the geo-coordinates of all the inspected deep burial sites be furnished within ten days positively, for further submission to CPCB.

Encl: As above

Yours faithfully,


(Dr. R. Gopinath), IFS
Member Secretary,
JK PCC, Jammu

Copy to the:

All Divisional Officers, J&K PCC, Jammu/Kashmir for the information and necessary action, within ten days positively.



JHARKHAND STATE POLLUTION CONTROL BOARD

TOWNSHIP ADMINISTRATION BUILDING, HEC COMPLEX, DHURWA, RANCHI 834004
Telephone: 0651-2400850 (Fax)/ 2400851/2400852/2401847/2400979/2400139

Ref. No.PC/NGT/60/2022 2961

Ranchi, Dated...06/11/2025

From,

Rajeev Lochan Bakshi,
Member Secretary.

To,

Sri. V.P Yadav,
Director and Head,
WM-I Division,
Central Pollution Control Board, New Delhi.

Sub: Submission of information regarding compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in O.A. No. 180/2021(Mukul Kumar Vs State of Uttar Pradesh & Ors)

Ref: CPCB Letter No. F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025.

Sir,

With reference to the above, it is to inform that as per the reports received from the Regional Offices of Jharkhand State Pollution Control Board, the practice of disposal of biomedical waste through Deep Burial has been discontinued in the respective jurisdictions.

At present, all Health Care Facilities (HCFs) are availing services of authorized Common Bio-Medical Waste Treatment Facilities (CBWTFs) for the management and disposal of biomedical waste as per the provisions of the Bio-Medical Waste Management Rules, 2016. Further, it is informed that no Health Care Facility within Jharkhand is disposing biomedical waste by Deep Burial.

This is submitted for your kind information and further necessary action, please.

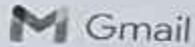
Encl.: As above

Yours sincerely,

Rajeev
(Rajeev Lochan Bakshi)
Member Secretary.
@

Preliminary format

S. no.	Name of State/UT	BMW generation(Tons/day)	Available treatment capacity CBWTFs(Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits.	Reasons for using captive treatment facilities and deep burial
1.	Jharkhand	6.76	6.44	02	Nil	The HCF had installed an incineration facility prior to the implementation of the Bio-Medical Waste Management Rules, 2016.



Hazardous Waste Management Cell HWMC <hwm.kspcb@gmail.com>

Compliance of Hon'ble NGT order dtd: 18.08.2025 in the matter of M.A. No.98/2022 in Original Application No.180/2021(Mukul Kumar Vs State of Uttar Pradesh & Ors)-reg.

1 message

Hazardous Waste Management Cell <hwm.kspcb@gmail.com>

24 October 2025 at 13:11

To: Vijay yadav <vpyadav.cpcb@nic.in>, "BMW, CPCB" <bmw.cpcb@gov.in>

Sir/Madam,

Please find herewith attached reply to the CPCB letter vide no: 5014, dt: 10.09.2025 with respect to deep burial pits. Also, the Board has received the letter from CPCB vide no. 5046, dt: 10.09.2025 with respect to submission of ATR on instances of non-compliance by HCFs with respect to the prescribed standards for deep burial. However, it is to bring to your kind notice that, Board has not received any non-compliances noticed by Regional Officers with respect to the prescribed standards for deep burial.

Hence, there is no Action Taken Report regarding the same.
This is for your kind information.

Sd/-

SEO(A/C)

Regards,

Waste Management Cell-2,

Karnataka State Pollution Control Board,

Head Office, Church Street, Bangalore - 01.

@ -- Reduce --- Recycle --- Reuse -- @

Submission of Preliminary format of Karnataka.pdf

1937K

Ph: General: 0471- 2312910, 2318153, 2318154, 2318155 Chairman:
2318150 Member Secretary: 2318151
e-mail: chn.kspcb@gov.in; ms.kspcb@gov.in FAX: 2318152 web:
kspcb.kerala.gov.in



KERALA STATE POLLUTION CONTROL BOARD

കേരള സംസ്ഥാന മലിനീകരണ നിയന്ത്രണ ബോർഡ്

Pattom P.O., Thiruvananthapuram – 695 004
പട്ടം പി.ഒ, തിരുവനന്തപുരം 695 004



KSPCB/166/2023-EE-3

Date: 21-10-2025

From

The Member Secretary

To

The Member Secretary
Central Pollution Control Board

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of
M.A. No.98/2022 in Original Application No. 180/2021 (Mukul Kumar
Vs State of Uttar Pradesh & Ors.) - Reg

Ref: 1. Letter no.CM -13011/88/2021-WM-I-HO-CPCB-HO(2096)
dated 10/09/2025
2. This office letter No. KSPCB/HO/EE3/BMW/AR/2024-25
dated 26.08.2025

Sir,

Kind attention is invited to the subject cited above. Details called for vide
reference 1 in the prescribed format is furnished herewith for kind information. These
details are included in the latest Annual Report submitted vide reference.

Sl. No	Names of the State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials
1	Kerala	63.572564	71.8	6	Nil	In Kerala the total Bio-Medical Waste generation is 63.572564 TPD, whereas the total capacity of the Common Bio-Medical Waste Treatment Facilities

						(CBWTFs) is 71.8 TPD. As per the Annual Report 2023-24 there were 41 Health Care Facilities (HCFs) with captive treatment facilities. Out of this 41 HCFs, 35 has joined CBWTFs and there are no deep burial pits currently operational in Kerala with the constant intervention of the Board. The remaining six Health Care Facilities (HCFs) with captive treatment facilities are primarily operating their incinerators and the Board is consistently taking measures to ensure their integration with the CBWTFs
--	--	--	--	--	--	---

Yours faithfully,



MEMBER SECRETARY



**ADMINISTRATION OF THE UNION TERRITORY OF LADAKH
LADAKH POLLUTION CONTROL COMMITTEE**

E-mail: regionaldirectorlpcc@gmail.com

Sh. V. P. Yadav,
Director and Head,
WM-I Division,
East Arjun Nagar,
New Delhi-110003

No.: LPCC/UTL/BMW/2025/ 740 712

Dated: 21/10/2025

Sub: Compliance of Hon'ble NGT order dated 18/08/2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) – reg.

Ref: CPCB communication No.: CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dt: 10/10/2025.

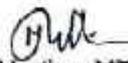
Sir,

This has reference to the above-cited subject and reference. In this regard, instructions have been issued by the Ladakh Pollution Control Committee (LPCC) to all the Health Care Facilities (HCFs) operating in the Union Territory of Ladakh with regard to non-compliance with Schedule-II (Standards for Deep Burial) of the Bio-Medical Waste Management Rules, 2016. As per our instructions, all the HCFs are in the process of seeking authorization/consent.

Additionally, to set up the Common Bio-medical Waste Treatment Facility (CBWTF), LPCC convened a meeting on 15/10/2025, as per the Central Monitoring Committee minutes of deliberation and as per the CPCB communication No. B-31011/BMW (C.NO.79/6022)/2025/WMD-1 dt: 09/10/2025, with Director Health Services, CPCB and President-CBWTF under the chairmanship of Member Secretary-LPCC to deliberate on the feasibility of setting up the CBWTF in the Union Territory of Ladakh. The minutes of the meeting is enclosed for ready reference.

Moreover, LPCC conducts inspection to assess the implementation of the status of Bio-Medical Waste Management Rules, 2016, particularly with regard to compliance with Schedule-II (Standards for Deep Burial) and accordingly, consents/authorizations are granted only after satisfactory compliance.

Yours sincerely,


Mansheep Mittal, IFS,
Regional Director,

Ladakh Pollution Control Committee,
Union Territory of Ladakh.

Copy to the:

1. Principal Secretary, Forest, Ecology & Environment, UT-Ladakh, for favour of the information.
2. Member Secretary, Ladakh Pollution Control Committee, UT-Ladakh, for favour of the information.



लक्षद्वीप प्रशासन/LAKSHADWEEP ADMINISTRATION
 लक्षद्वीप प्रदूषण नियंत्रण समिति/LAKSHADWEEP POLLUTION CONTROL COMMITTEE
 कवरत्ती द्वीप 682 555/ KAVARATTI ISLAND -682 555
 File No: LD-03003/2/2023-LPCC Dated: 27.10.2025

To

V.P Yadav
 Director & Head, WM-I Division
 Central Pollution Control Board,
 Parivesh Bhawan,
 New Delhi-110 032

Sub: Compliance to the Hon'ble NGT's Order dated 18.08.2025 in the matter of
 MA.No.98/2022 in Original Application No.180/2021- Regarding.
 Ref: - Your Letter F. No. CM-13011/88/2021-WM-I HO-CPCB-HO(2096) dated
 10.09.2025

Sir,

Please refer to your letter cited above regarding action taken by the SPCBs/PCCS
 in respect of noncompliance with schedule-II (standards for deep burial) of the Bio
 medical waste Rules, 2016.

This Administration, as per our letter dated 14.08.2024 (Copy enclosed) has
 reported practical difficulties being faced for setting up of Deep burial Pits with meagre
 quantity of waste generation and high ground water table. Alternate option is to rise the
 ground level to a suitable height such that adequate distance between the bottom of the
 deep burial pit and the ground water table shall be maintained as per BMW Rules 2016.
 A revised plan had submitted to the CPCB vide this office letter dated 19.09.2025 for
 approval of CPCB to enable us to establish the same in accordance to the provision
 mentioned in the rules. (copy enclosed)

However, the required information as per the format is enclosed herewith as
 desired.

Encl: A/A

Yours faithfully,

Scientist, DST & Lakshadweep PCC

Copy to:

1. PA to the Advisor to the Hon'ble Administrator, UTLA
2. PA to Secretary (Science & Technology), UTLA
3. PA to the Secretary (Health Services), UTLA
4. Director, (Health Services), UTLA
5. Shri J.Chandra Babu, Regional Director, CPCB, Bengaluru

FORMAT

S N	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial Pits	Reason for using captive treatment facilities and deep burials
1	Union Territory of Lakshadweep	0.03	All the HCE in this UT are affiliated to IMAGE, the CBWTF of Kerala State for final disposal of Bio medical waste other than yellow category of waste.	10	NIL	The Concept of CBWTFs may not be feasible in the Islands due to the geographical separation of islands from one another. In the circumstances, UT administration has entered into an agreement with IMAGE, a CBWTF of Kerala State branch for final disposal of Red, Blue and white category of biomedical waste generated in the respective Islands. Biomedical Autoclave and shredders are available in all HCEs for pretreatment of these three categories of wastes. As such, the biomedical wastes generated are transported to IMAGE Kerala for final disposal. The yellow category biomedical waste generated are disposed by captive treatment methods



 Scientist, DST& Lakshadweep PCC
 27/10/25



Madhya Pradesh Pollution Control Board
 Paryawaran Parisar, E-5, Arera Colony, Bhopal-462016 (M.P.)
 Email: it_mppcb@rediffmail.com Website: www.mppcb.mp.gov.in

No 239/ F.No. 51(II)/BMW/MPPCB/2025

Bhopal, Dated 29/10/2025

To,

V.P. Yadav, Director and Head,
 WM-I Division, Central Pollution Control Board,
 Parivesh Bhawan, East Arjun Nagar,
 Delhi, 110032.

Sub: Submission of information regarding compliance of Hon'ble NGT Order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) – Reg.

Ref.:- Your letter No. CM-13011/88/2021-WM-I-HO-CPCB-HO(2096)/5035 dt. 10.09.2025

Sir,

This has reference to your letter on the above-mentioned subject, wherein information has been sought from the State Pollution Control Boards/ Pollution Control Committees regarding compliance with Schedule-II (Standards for Deep Burial) under the Bio-medical Waste Management Rules, 2016.

In this context, it is to inform that no bio-medical waste is being disposed of through the deep burial method in the State of Madhya Pradesh. Hence, the information in respect of deep burial disposal is Nil.


 (A. A. Mishra)
 Member Secretary

Copy to-

Regional Director Sh. A K Vidyarthi (Scientist 'F') Regional Directorate Central pollution control Board Bhopal for Information please.

Reminder Add task

Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

to "BMW, CPCE" <bmw.cpce@mpcb.gov.in>, "Youthika Purf" <youthika.cpcb@nic.in>
 cc: "Siddhesh R. Kadam" <skadam@mpcb.gov.in>, "M. Devender Singh" <msd@mpcb.gov.in>, "Chetan Sawant" <chetansawant@mpcb.gov.in>, "Dhananjay Nanekar" <dhananjay.nanekar@mpcb.gov.in>, "PSO Division" <psodivision@mpcb.gov.in>

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Sr,
 Response to your letter it is to inform you that, board already directed the respective Regional Officer to take necessary actions against the PHC those are utilizing deep burial facility. Further, The PHC using deep burial facility are directed to join the CBWTF for disposal of Bio Medical Waste of their jurisdiction through notices and District level Monitoring committee meetings.(Proceedings and notice enclosed)

Thanks and Regards.....
Dr. Vishwajeet R. Thakur,
 Principal Scientific Officer,
 Maharashtra Pollution Control Board, Sion , Mumbai.
 "Serve to Grow, Grow to Serve"



From: Dr. Avinash Dhakne <ad@mpcb.gov.in>
 Sent: Wednesday, September 10, 2025 4:04 PM



MANIPUR POLLUTION CONTROL BOARD
 IMPHAL WEST D.C. OFFICE COMPLEX
 LAMPHEL PAT, IMPHAL-795 004
 e-mail: pcb-manip@nic.in

No. PCB/bio-medical/1/2020-21

Imphal, the 9th October, 2025

To

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

Subject: Compliance of Hon'ble NGT order Dated 18.08.2025 in the matter of M.A. No. 98/2022 In original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) Reg

Sir,

In inviting a reference to your letter No. F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO(2096) dated 10/9/2025 on the above subject, it is to furnish that the deep burial facilities are established in conformity with the provisions and guidelines issued by the Central Pollution Control Board.

It is therefore to submit a NIL report in respect of the health care facilities of Manipur State.

Yours faithfully,


 (Dr. W. Roshan Singh)
 Member Secretary
 Manipur Pollution Control Board
 Imphal, the 9th October, 2025

Memo No: No. PCB/bio-medical/1/2020-21

Copy to:

1. The PS to the Principal Secretary, Govt. of Manipur for information
2. The Director, Directorate of Environment & CC, Govt. of Manipur
3. Guard file


 (Dr. W. Roshan Singh)
 Member Secretary
 Manipur Pollution Control Board

Meghalaya State Pollution Control Board

Forests & Environment Department, Government of Meghalaya
'ARDEN' Lumpyngngad, Shillong - 793014
Website : <http://megspcb.gov.in>

(48)



No. MPCB-BMW-17/ VOL- U2024/2023-2026/ 48

Shillong the 23rd Sept, 2025

To,
The Director and Head,
WM-I Division,
Central Pollution Control Board,
Ministry of Environment, Forest and Climate Change,
Parivesh Bhawan, East Arjan Nagar, Delhi-110032.
Email: bmw.cpcb@gov.in

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors)-Ref

Ref: F.No.CM-1301/88/2021-WM-I-HO-CFCB-HO(2096), Dated: 10th September, 2025.

Sr,

With reference to the subject above and as per records of the Board, this is to inform that there are no instances of Non-Compliance by Health Care Facilities with respect to the prescribed standards for deep burial in the State of Meghalaya.

This is for your kind information.

Yours faithfully,

(Dr. G.H. CHYRMANG, MFS)
MEMBER SECRETARY
Meghalaya State Pollution Control Board,
Shillong

alc



MIZORAM POLLUTION CONTROL BOARD

No.H.88088/Poltn/30(85)/2025-MPCB/ 3 : Dated Aizawl, the 19th Sept, 2025

To,

The Director & Head, WM-I Division
Central Pollution Control Board
Parivesh Bhawan, East Arjun Nagar
Delhi – 110032,

Subject: Compliance with Hon'ble NGT order dated 18.08.2025 in matter of M.A.No.98/2022 in O.A.No.180/2021 (Mukul Kumar Vs State of UP & Ors.- reg

Reference: Y/L.F. No. CM-13011/88/2021-WM-I-H0-CPCB-HO (2096) dt.10.09.2025

Sir,

With reference to your letter No. F. No. CM-13011/88/2021-WM-I-H0-CPCB-HO (2096) dated 10.09.2025 on the subject cited above, the Action Taken Report of Mizoram Pollution Control Board (MPCB) is submitted herewith for favour of information and necessary action.

1. Within the coverage area of the Common Bio-medical Waste Treatment Facility (CBMWTF), no deep burial pits are operating; hence, no non-compliance arises.
2. In rural and remote areas falling outside CBMWTF coverage, deep burial pits are permitted only with prior approval of Mizoram PCB and are operating in accordance with the prescribed standards under the Bio-medical Waste Management Rules, 2016 and CPCB guidelines.

Further, guidance on the construction and operation of deep burial pits, as per CPCB/MPCB guidelines, has been provided through both physical demonstrations and distribution of a pictorial guide prepared by Mizoram PCB. The same has been circulated to the concerned Directorates, Chief Medical Officers, and private health institutions for strict compliance

Accordingly, **no instances of non-compliance have been found in Mizoram.**

Yours faithfully,

(C.LALDUHAWMA)
Member Secretary
Mizoram Pollution Control Board



Mizoram New Capital Complex (MINECO),
Thianmual Road, Khatla, Aizawl, Mizoram – 796001, Phone: 0389-2336561
website: www.mpcb.mizoram.gov.in email: mpcb@mizoram.gov.in





NAGALAND POLLUTION CONTROL BOARD

Signal Point, Dimapur – 797112, Nagaland

Website: www.npcb.nagaland.gov.in e-mail: ncpcb2@yahoo.com

NPCB/BMW/ 713

Dated: 22/09/2025

To

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

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No.98/2022 in original application No.180/2021 (Mukul Kumar vs State of Uttar Pradesh & Ors.) -reg.

Ref: Your letter no. F.No.CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025

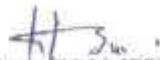
Sir,

With reference to the subject mentioned above, Nagaland State has no Common Bio-Medical Waste Treatment Facility. Therefore all the Health Care Facilities were directed to install/construct deep burials as per the standards and in compliance with the Bio-Medical Waste Management Rules, 2016. At present there are 2(two) operational captive incinerators and 474 nos of deep burial pits in the State.

Nagaland Pollution Control Board is coordinating with Department of Health and Family Welfare to provide adequate facilities like providing autoclave and for construction of deep burial pits for proper treatment and disposal of Bio-medical wastes.

Thank you.

Yours faithfully,


(K. Hukato Chishi, IFS)
Member Secretary
Nagaland Pollution Control Board



Tel : 2562368/2561909
 CPABX : 2653800
 E-mail: paribesh1@ospcbboard.org
 Website: www.ospcbboard.org

STATE POLLUTION CONTROL BOARD, ODISHA

DEPARTMENT OF FOREST, ENVIRONMENT & CLIMATE CHANGE, GOVERNMENT OF ODISHA
 Parivesh Bhawan, A/118, Nilakanth Nagar, Unit - VIII
 Bhubaneswar - 751 012

No. 19075 / IND-IV-BW-2839

Date: 24/10/2025

BY SPEED POST/E-MAIL
 E-mail: bmw.cpcb@gov.in

To

Sri V. P. Yadav
 Director & Read
 Central Pollution Control Board
 Parivesh Bhawan, East Arjun Nagar
 Delhi-110032

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs Uttar Pradesh & Ors.)-Reg.

Ref: Your letter No. F. No. CM-13011/88/2021-WM-I-HO-CPCB-IIO (2096)/5045, dtd. 10th September, 2025

Sir,

In inviting reference to the above, it is to intimate that previosly during 2024 out of 30 districts of Chief District Medical Officers of Odisha, 29 districts of Chief District Medical Officers have already entered into an agreement with nearest designated CBWTFs for disposal of biomedical waste from Govt. HCFs. Balasore district is the only district where deep burial was practised due to the notification as the Hon'ble Supreme Court of India vide their order dtd. 14.02.2023 in the matter of Special leave Appeal (C) No (s): 27733/2023- M/s Rabindra Bhoi Vs. State of Odisha & Ors as an interim measure, has stayed the operation of the Notification of Govt. Of Odisha dtd. 24.08.2023 limiting to Balasore district.

However, with effect from date 06.02.2025, Health and Family Welfare Department, Govt. of Odisha has come up with a new notification to discourage disposal through deep burial pits and to treat the Bio-medical waste of the State in cluster wise in agreement with 5 Nos. of CBWTFs. M/s Utkal Envirocare is the new CBWTF has obtained Consent to Operate and Authorization from Board to run its facility at Soro, Balasore. Chief District Medical Officer, Balasore has made an agreement with M/s Utkal Envirocare for treatment and disposal of Bio-medical waste generated from all the HCFs in Balasore district. In the meantime, another two new CBWTFs has already obtained Environmental Clearance and out of them one has obtained CTE from the Board. Once these two CBWTFs become operational, it would significantly improve the

BMW waste management situation and its positive impact will be visible in subsequent years.

The disposal in deep burial pits in State has been reduced to large extent. Further letter have been issued on 15.07.2025 to dispose bio-medical waste at nearest CBWTFs so that the Nos. of disposal of biomedical waste in deep burial pits will be further reduced to a great extent which will be refelcted in Annual Report-2025.

This is for your kind information and necessary action.

Yours faithfully

Pathak
24.10.25
Addl. Chief Env. Scientist



DSPCB-BWM-MISC 0008-2021/11/2025



Rajasthan State Pollution Control Board

Headquarter, 4, Institutional Area, JhalanaDoongri, Jaipur-302004
Phone :0141-27168049,2716800 e-mail : member-secretary@rpcb.nic.in
HelpLineNo. : 0141-2716877



E-mail/Registered

F16 (Gen-95)/RPCB/BMW/ 545

Date: 19/09/2025

Director and Head,
Waste Management Division - 1,
Central Pollution Control Board,
Parivesh Bhawan, East Arjun Nagar,
Delhi-110032,
(Email: bmw.epcb@gov.in)

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in Original Application No. 180/2021 (Mukul kumar Vs State of Uttar Pradesh & Ors.)-reg.

Ref: Your letter No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025.

Sir,

With reference to the above, it is informed that 291 HCFs in the State are using deep burial facility for disposal of bio-medical waste. State Board has been monitoring these facilities on a regular basis. Out of these, 205 HCFs were found non-complying with the prescribed standard. These HCFs have been directed to take corrective measures so as to comply with the specified standards. In addition to the above the State Board is also organizing meeting/workshops with concerned HCFs and their associations/departments from time to time to sensitize them.

(Sharda Pratap Singh)
Member Secretary

Signature valid



Digitally signed by Sharda Pratap Singh
Designation: Member Secretary
Date: 2025.09.18 12:27:06 IST
Reason: Approved



STATE POLLUTION CONTROL BOARD- SIKKIM
FOREST & ENVIRONMENT DEPARTMENT
GOVERNMENT OF SIKKIM
DEORALI, GANGTOK - 737102

F. No. 923 /SPCB/ 998

Dated: 18/09/2025

To,

Shri. V. P Yadav,
 The Director and Head,
 WM-I Division,
 Central Pollution Control Board (CPCB)
 Parivesh Bhawan, East Arjuna Nagar, Delhi-110032.

Subject: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in O.A. No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.)

Sir,

Kindly refer to your letter no. B-17011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025 on the subject cited above, this is to inform that there are 188 authorized deep burial pits mainly in rural areas under Government HCFs in the state established across different districts.

As per the report submitted by the Health Care Facility, all the above deep burial pits have been constructed and are being operated in compliance with the prescribed standards and guidelines specified under Schedule-III of the Bio-medical Waste Management Rules, 2016, and as issued by the Central Pollution Control Board from time to time.

Hence, at present, no instances of non-compliance are reported with respect to the deep burial pits in the State of Sikkim. Submitted for your kind information and onward submission before the Hon'ble NGT, please.

Thanking you,

Yours faithfully,

(N.W. Tamang)

Member Secretary

State Pollution Control Board-Sikkim

State Pollution Control Board-Sikkim
 Govt. of Sikkim





TRIPURA STATE POLLUTION CONTROL BOARD

(A Statutory Organisation Under Government of Tripura)
Department of Science Technology & Environment

No.F.17(1)/TSPCB/Corrs/Red/5583--85

October 29, 2025

To
The Director
Health & Family Welfare Department
Govt. of Tripura

Sub.: Establishment of Common Bio-Medical Waste Treatment Facilities (CBWTF) in the State-reg.
Ref: CPCB letter F.No. B-31011/BMW (C.No.79/6022)/2025/WMD-1/6157 dated 09.10.2025.

Sir,

This has a reference to the CPCB letter F.No. B-31011/BMW (C.No.79/6022)/2025/WMD-1/6157 dated 09.10.2025 on the subject cited above.

As per the direction of the Hon'ble National Green Tribunal in the matter of OA No. 180/2021 [M.A. No. 98/2022], Central Pollution Control Board (CPCB) has requested to establish new Common Bio-Medical Waste Treatment Facilities (CBWTF) in the State. Copy of the said communication is enclosed herewith for ready reference.

You are, therefore, requested to take necessary steps in this regard. An Action Plan for establishment of CBWTFs may kindly be submitted to this Office for onward submission to the CPCB.

Yours faithfully,

B. Karmakar
(Dr. Bishu Karmakar)
Member Secretary

Enclo: As stated.

1. PA to the Chairman, Tripura State Pollution Control Board for kind information to the Chairman
2. The Mission Director, National Health Mission, Tripura for kind information.

Address :
PARIVESH BHAWAN
Pandit Netru Complex, Garkhahasti,
PO : Kunjabon, Agartala, West Tripura - 799 006

website :
www.tspcb.tripura.gov.in / tripavis.nic.in
e mail :
tripurapcb@gmail.com / hoopcb-tr@gov.in

Contact :
Chairman : 0381 - 2322462
Member Secretary : 0381 - 2325421
Head of Office : 0381 - 2322455
OCMS Help Desk : 0381 - 2328792



उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD

Ref. No H34210 /WMD/नोडल बायोमैक्रो/सामान्य-35/2025

Dated 04/11/25

सेवा में,

श्री वी.पी. यादव
निदेशक, अल्युएम्-डिविजन 1
केन्द्रीय प्रदूषण नियंत्रण बोर्ड
परिवेश मन्त्र, पूर्वी अजुर्न नगर दिल्ली-110032

विषय: मा0 राष्ट्रीय हरित अधिकरण में दायर याचिका संख्या M.A. No. 98/2022 (O.A. No. 180/2021) मुकुल कुमार ब्रह्मन स्टेट ऑफ उत्तर प्रदेश एवं अन्य में पारित आदेश दिनांक 18.08.2025 के अनुपालन के संबंध में।

महोदय,

कृपया उपरोक्त विषयक केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्रांक संख्या CP/2/2022-TECH-RD-LUCKNOW-RD-Lucknow/414 दिनांक 16.09.2025 (छायाप्रति संलग्न) का संदर्भ ग्रहण करें, उक्त के माध्यम से माननीय राष्ट्रीय हरित अधिकरण के आदेश के अनुपालन में कृत कार्यवाही के संबंध में जानकारी चाही गई है।

उक्त के क्रम में अवगत कराना है कि क्षेत्रीय कार्यालयों से प्राप्त सूचना को संकलित कर राज्य बोर्ड द्वारा दिनांक 01.01.2024 से 31.12.2024 के सम्बन्ध में वर्ष 2024 कि वार्षिक जैव चिकित्सा अपशिष्ट रिपोर्ट केन्द्रीय प्रदूषण नियंत्रण बोर्ड को प्रेषित की गयी है। उक्त रिपोर्ट में प्रदेश में 157 एच0सी0एफ0 में डीप-बरियल के माध्यम से निपटान के सम्बन्ध में सूचना प्रेषित की गयी है। अतएव केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्रांक-दिनांक 10.09.2025 के क्रम में 157 एच0सी0एफ0 की पूर्ण सूची उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड के पत्र संख्या-एच-33279/WMD/नोडल बायोमैक्रो/सामान्य-35/2025 दिनांक 08.10.2025 द्वारा प्रेषित की गयी है, उक्त एच0सी0एफ0 जनपद बांदा, महोबा, हमीरपुर एवं चित्रकूट में कार्यरत हैं, जो कि राज्य बोर्ड के क्षेत्रीय कार्यालय बांदा के कार्य क्षेत्र में आच्छादित हैं।

क्षेत्रीय कार्यालय बांदा द्वारा पत्र दिनांक 15.10.2025 (छायाप्रति संलग्न) के माध्यम से अवगत कराया गया है कि 51 अन्य एच0सी0एफ0 द्वारा जैव चिकित्सा अपशिष्ट निस्तारण हेतु सी0बी0डब्ल्यू0टी0एफ0 से अनुबन्ध कर लिया गया है तथा वर्तमान में मात्र 108 एच0सी0एफ0 डीप-बरियल के माध्यम से जैव चिकित्सा अपशिष्ट का निस्तारण कर रहे हैं, जिन्हें राज्य बोर्ड से जैव चिकित्सा अपशिष्ट (प्रबंधन) नियम, 2016 के अन्तर्गत डीप-बरियल हेतु प्राधिकृत है। प्रदेश में जैव चिकित्सा अपशिष्ट के डीप-बरियल पद्धति पर पूर्ण रूप से अंकुश लगाए जाने हेतु चिकित्सा एवं स्वास्थ्य शिक्षा विभाग, उत्तर प्रदेश द्वारा प्रदेश के सभी जिला स्तरीय चिकित्सालयों, सामुदायिक स्वास्थ्य केंद्रों/ब्लॉक स्तरीय पी.एच.सी., अर्बन पी.एच.सी. आदर्श मातृ एवं शिशु स्वास्थ्य विंग, पी.एच.सी एवं सब सेन्टर (जहाँ पर प्रसव का कार्य किया जाता है) तथा ट्रॉमा सेन्टर से जगित जैव चिकित्सा अपशिष्ट का निस्तारण अधिकृत सी0बी0डब्ल्यू0टी0एफ0 से कराए जाने हेतु विविधा प्रक्रिया प्रारम्भ कर दी गयी है।

उपरोक्त सूचना अग्रिम आवश्यक कार्यावाही हेतु प्रेषित है।

भवदीय

संलग्नक- उपरोक्तानुसार

(संजीव कुमार सिंह)
सदस्य सचिव

पत्रांक व दिनांक उपरोक्तानुसार

प्रतिलिपि-क्षेत्रीय निदेशक, केन्द्रीय प्रदूषण नियंत्रण बोर्ड, पिकप नवन, विगूली खंड, गोमती नगर
लखनऊ-226010 को सूचनार्थ व आवश्यक कार्यावाही हेतु प्रेषित।

Digitally signed by
SANJEEV KUMAR SINGH
Date: 04-11-2025 10:28:54

दिनांक - 12 वीं विभूति फार्म, गोमती नगर,
लखनऊ-226010
फोन : 0522-2720828, 2720831
ई-मेल : feedback@uppcb.in

T.C-12 V, Vibhuti Fhand, Gomti Nagar,
Lucknow - 226 010
Phone : 0522-2720828, 2720831
Website : www.uppcb.up.gov.in



उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD

Ref. No-1133279 /WMD/ नोडल बायोमॉडिओ/ सामान्य-35/2025 Dated- 6/10/25

हेड एण्ड डायरेक्टर,
डब्ल्यू0एम0-1 द्विवीजन
केन्द्रीय प्रदूषण नियंत्रण बोर्ड,
परिवेश भवन, पूर्वी अर्जुन नगर, दिल्ली-110032।

विषय-माननीय राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित M.A. No- 98/2022 In OA No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) में पारित आदेश दिनांक 18.08.2025 के अनुपालन किये जाने के संबंध में।

महोदय,

कृपया उपरोक्त विषयक माननीय राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित M.A. No- 98/2022 In OA No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) में पारित आदेश दिनांक 18.08.2025 के क्रम में केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्र संख्या-CM-13011/88/2021-WM-1-HO-CPCB-HO/2096 दिनांक 10.09.2025 का संदर्भ ग्रहण करना चाहें।

केन्द्रीय प्रदूषण नियंत्रण बोर्ड द्वारा जैव चिकित्सा अपशिष्ट के सम्बन्ध में वांछित सूचनायें निर्धारित प्रारूप पर परिपूरित कर पत्र के साथ संलग्न कर आवश्यक कार्यवाही हेतु प्रेषित की जा रही है।
संलग्नक:-यथोपरि।

भवदीय

Digitally signed by
SANJEEV KUMAR SINGH
Date: 29/09/2025
13:41:54 सधिव

प्रतिलिपि:-निम्नलिखित को सूचनार्थ व आवश्यक कार्यवाही हेतु प्रेषित:-

1. क्षेत्रीय निदेशक क्षेत्रीय निदेशालय, लखनऊ, केन्द्रीय प्रदूषण नियंत्रण बोर्ड, पिकप भवन, विभूति खण्ड, गोमती नगर लखनऊ-226010।
2. मुख्य विधि अधिकारी, उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड, लखनऊ।

सदस्य सधिव

Compliance of Hon'ble NGT order dated 18-08-2025 in the matter of M.A. No.98/2022 In original Application No. 180/2021 (Mukul kumar Vs State of Uttar Pradesh & Ors.), CPCB is in process of compiling the information on Deep Burial system being adopted by States/UTs.

Preliminary format:

S.No.	Name of State	BMW generation (Tons/day) *	Available treatment capacity CBWTFs(Tons/day) *	No. of HCFs which are having incinerators*	No. of HCFs which are utilizing deep burial pits*	Reasons for using captive treatment facilities and deep burials
1.	Uttar Pradesh	1.045 Lakh	2.65 Lakh	5	157	<ul style="list-style-type: none"> • 05 HCFs having Captive treatment facilities. • 157 HCFs (all are Govt. rural PHC) having burial pits.

Note: *As per data of BMW Annual Report for year 2024.



केन्द्रीय प्रदूषण नियंत्रण बोर्ड
CENTRAL POLLUTION CONTROL BOARD
पर्यावरण, वन एवं जलवायु परिवर्तन नंत्रालय, भारत सरकार.
MINISTRY OF ENVIRONMENT, FOREST & CLIMATE CHANGE, GOVT. OF INDIA.

By Speed Post

F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)

September 10, 2025

To,

The Member Secretary,
(As per List enclosed)

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

Sir,

In reference to The Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.), CPCB is in process of compiling the information on Deep Burial system being adopted by States/UTs. In this regard, you are requested to kindly furnish information (as per attached format) to this office within 07 days.

Yours faithfully,


(V. P. Yadav)
Director and Head
WM-I Division

‘परिवेश भवन’ पूर्वी अर्जुन नगर, दिल्ली - 110032.
Parivesh Bhawan, East Arjun Nagar, Delhi - 110 032.

दूरभाष /Tel : 43102030, 22305792, वेबसाइट /Website: www.cpcb.nic.in

List of SPCBs	
1	Jharkhand Pollution Control Board, T.A Building, HEC, P.O. Dhurwa, Ranchi – 834004, Jharkhand
2	Karnataka State Pollution Control Board, Parisara Bhavan, 4th & 5th Floor,# 49, Church Street, Bangalore-560001,Karnataka
3	Maharashtra Pollution Control Board, Kalpataru Point, 2 nd – 4 th Floor, (Opp. Cine Planet Cinema), Nr. Sion Circle, Sion,Mumbai – 400022, Maharashtra
4	Uttar Pradesh Pollution Control Board, Building No. TC-12V, Vibhuti Khand, Gomti Nagar,Lucknow - 226010, Uttar Pradesh

Preliminary format:

S. No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials



क्षेत्रीय कार्यालय : उ० प्र० प्रदूषण नियन्त्रण बोर्ड,
34ए, निकट संत तुलसी पब्लिक स्कूल, न्यू बिल्डिंग, इन्दिरा नगर गेट नं० 2
बौदा उ०प्र०-210001

दूरभाष-26192 297470
ई-मेल- robanda@cppcb.in

संदर्भ संख्या : 574/BMW/95

दिनांक : 15/10/25

सेवा में

नोडल जैव चिकित्सा अपशिष्ट,
उ०प्र० प्रदूषण नियन्त्रण बोर्ड,
लखनऊ।

सशोधित-पत्र

विषय: डीप बरियल के माध्यम से निस्तारित किये जाने वाले जैव चिकित्सा अपशिष्ट के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषय का सन्दर्भ ग्रहण करने की कृपा करें, अवगत कराना है कि क्षेत्रीय कार्यालय में आच्छादित जनपद-बौदा/महोबा/चित्रकूट/हमीरपुर के हेल्थ केयर फ़ैसिलिटी में सम्बन्धित मुख्य चिकित्साधिकारी द्वारा प्राप्त सूचना के अनुसार वर्तमान में डीप बरियल के माध्यम से जैव चिकित्सा अपशिष्ट का निस्तारण किये जाने वाले हेल्थ फ़ैसिलिटी की सूचना निम्नवत् है-

क्र०सं०	जनपद का नाम	हेल्थ केयर फ़ैसिलिटी की संख्या	प्राधिकार की स्थिति
1	बौदा	13	प्राप्त
2	महोबा	12	प्राप्त
3	चित्रकूट	47	प्राप्त
4	हमीरपुर	34	प्राप्त

क्षेत्रीय कार्यालय में आच्छादित जनपद-बौदा/महोबा/चित्रकूट/हमीरपुर में स्थित हेल्थ केयर फ़ैसिलिटी का समय-समय/सतत निरीक्षण किया जाता है, सूचनार्थ सादर प्रेषित।
संलग्नक-उपरोक्तानुसार।

भवदीया


(डॉ० माधवी कमलवंशी)
क्षेत्रीय अधिकारी

प्रतिलिपि : मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सादर प्रेषित।


क्षेत्रीय अधिकारी

कार्यालय मुख्य चिकित्सा अधिकारी, जनपद बांदा।

पत्रांक सं०-मु०चि०अ०/बी०एम०डब्ल्यू/2025/6783

दिनांक-14/10/25-

सेवा में,

क्षेत्रीय अधिकारी,
प्रदूषण नियंत्रण बोर्ड,
बांदा।

विषय-बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के संबंध में।
महोदया,

उपर्युक्त विषयक के अन्तर्गत बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना
घही गयी है। जिसके क्रम में आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा
इकाइयों पर उपलब्ध है।

--:विवरण:-

क्रम संख्या	ब्लाक का नाम	पी०एच०सी० 4 बेड	Deep Burial Pit	परिमाण	अभियुक्ति
1	नरैनी	सडा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		फतेहगंज	उपलब्ध	1x1x2 मीटर	उपयोग में।
		गुडाकला	उपलब्ध	1x1x2 मीटर	उपयोग में।
		बदोसा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		करतल	उपलब्ध	1x1x2 मीटर	उपयोग में।
2	तिन्दवारी	पैलानी	उपलब्ध	1x1x2 मीटर	उपयोग में।
3	बबेरु	भमुवा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		अहार	उपलब्ध	1x1x2 मीटर	उपयोग में।
4	कमासिन	लोहरा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		वीरा	उपलब्ध	1x1x2 मीटर	उपयोग में।
5	जौरही	लामा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		अछरौड	उपलब्ध	1x1x2 मीटर	उपयोग में।
		मटौध	उपलब्ध	1x1x2 मीटर	उपयोग में।

नोट-शेष 36 चिकित्सा इकाइयों पर एकत्रित होने वाला जैव अपशिष्ट लाल/पिली/नीली थैली में एकत्र
कर सी०एच०सी० स्तर पर एकत्र किया जाता है जो बायोमेडिकल एजेन्सी बामदेव स्मार्ट सलूशन प्रा०लि०
बांदा द्वारा निस्तारण हेतु ले जाया जाता है।

भवदीय
14/10/25
मुख्य चिकित्सा अधिकारी
जनपद बांदा।

कार्यालय मुख्य चिकित्सा अधिकारी महोबा।

संख्या-मु0चि0अ0/बी0एम0डब्लू0/2025-26/ 2974

दिनांक-1 अक्टूबर, 2025

सेवा में,

क्षेत्रीय अधिकारी,

प्रदूषण नियंत्रण बोर्ड,

जनपद बांदा।

विषय-बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के सम्बन्ध में।
महोदय/महोदया,

उपर्यक्त विषयक के अन्तर्गत बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना चाही गयी है। जिसके क्रम में आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा इकाइयों पर उपलब्ध है। जिसका विवरण निम्नवत है-

-विवरण-

क्रमांक	ब्लॉक का नाम	पी0एच0सी0,4बेड	Deep Burial Pit	परिमाण	अभियुक्ति
1	कबरई	बिलबई	उपलब्ध	2x2x2 मीटर	उपयोग में
2		पहरा	उपलब्ध	2x2x2 मीटर	उपयोग में
3		खन्ना	उपलब्ध	2x2x2 मीटर	उपयोग में
4		ग्योडी	उपलब्ध	2x2x2 मीटर	उपयोग में
5	घरखारी	गौरहारी	उपलब्ध	2x2x2 मीटर	उपयोग में
6	जैतपुर	अजनर	उपलब्ध	2x2x2 मीटर	उपयोग में
7		अकौना	उपलब्ध	2x2x2 मीटर	उपयोग में
8		खमा	उपलब्ध	2x2x2 मीटर	उपयोग में
9	पनवाडी	किल्हौवा	उपलब्ध	2x2x2 मीटर	उपयोग में
10		कोहनिया	उपलब्ध	2x2x2 मीटर	उपयोग में
11		दुलारा	उपलब्ध	2x2x2 मीटर	उपयोग में
12		भरवारा	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- शेष चिकित्सा इकाइयों पर एकत्रित होने वाला जैव चिकित्सा अपशिष्ट लाल/पीली/नीली थैली में एकत्र कर सी0एच0सी0 स्तर पर एकत्र किया जाता है जिसका बायोमेडिकल एजेन्सी बामदेव सलूशन प्रा0लि0 बॉदा द्वारा निस्तारण किया जाता है।


 मुख्य चिकित्सा अधिकारी
 महोबा।

प्रेषक,

मुख्य चिकित्सा अधिकारी,
चित्रकूट।

सेवा में,

क्षेत्रीय अधिकारी,
क्षेत्रीय कार्यालय, उ०प्र० प्रदूषण नियंत्रण बोर्ड बांदा।

पत्रांक: मु०चि०अ०/बीएमडब्लू/सूचना/2025-26/5497

दिनांक-15-10-2025

विषय- बायो मेडिकल वेस्ट के निस्तारण हेतु Deep Burial pit की सूचना के संबंध में।

महोदय,

उपरोक्त विषयक के अन्तर्गत बायो मेडिकल वेस्ट के निस्तारण हेतु Deep Burial pit की सूचना जारी गयी है जिसके क्रम में आपको अवगत कराना है कि Deep Burial pit निम्नलिखित चिकित्सा इकाईयो पर उपलब्ध है जिसका विवरण निम्नवत है-

क्र०सं०	प्लाक का नाम	पीएचसी/सबसेक्टर का नाम	Deep Burial pit	परिमाण	अभियुक्ति
1	मानिकपुर	बराहमाफी	उपलब्ध	2x2x2 मीटर	उपयोग में
2	मानिकपुर	मडैयन	उपलब्ध	2x2x2 मीटर	उपयोग में
3	मऊ	बरगढ	उपलब्ध	2x2x2 मीटर	उपयोग में
4	मऊ	खण्डेहा	उपलब्ध	2x2x2 मीटर	उपयोग में
5	मऊ	मुका	उपलब्ध	2x2x2 मीटर	उपयोग में
6	मऊ	कलिहहा	उपलब्ध	2x2x2 मीटर	उपयोग में
7	मऊ	हर्दीकला	उपलब्ध	2x2x2 मीटर	उपयोग में
8	मऊ	छिवलाहा	उपलब्ध	2x2x2 मीटर	उपयोग में
9	मऊ	गोइयाकला	उपलब्ध	2x2x2 मीटर	उपयोग में
10	मऊ	गाहुर	उपलब्ध	2x2x2 मीटर	उपयोग में
11	मऊ	चकवा	उपलब्ध	2x2x2 मीटर	उपयोग में
12	मऊ	मनका	उपलब्ध	2x2x2 मीटर	उपयोग में
13	शिवरामपुर	इटरालभोखमपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
14	शिवरामपुर	खुटहा	उपलब्ध	2x2x2 मीटर	उपयोग में
15	शिवरामपुर	शिवरामपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
16	शिवरामपुर	भरतकूप	उपलब्ध	2x2x2 मीटर	उपयोग में
17	शिवरामपुर	लोडियाखुर्द	उपलब्ध	2x2x2 मीटर	उपयोग में
18	शिवरामपुर	लोडबारा	उपलब्ध	2x2x2 मीटर	उपयोग में
19	शिवरामपुर	सीता कल्याणपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
20	शिवरामपुर	मंगहाई	उपलब्ध	2x2x2 मीटर	उपयोग में
21	पहाडी	दवल	उपलब्ध	2x2x2 मीटर	उपयोग में
22	पहाडी	अरकी	उपलब्ध	2x2x2 मीटर	उपयोग में
23	पहाडी	ओरा	उपलब्ध	2x2x2 मीटर	उपयोग में
24	पहाडी	अर्जुनपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
25	रामनगर	लोरी	उपलब्ध	2x2x2 मीटर	उपयोग में
26	रामनगर	इटवा	उपलब्ध	2x2x2 मीटर	उपयोग में
27	रामनगर	हन्ना	उपलब्ध	2x2x2 मीटर	उपयोग में

28	रामनगर	रामपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
29	रामनगर	बरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
30	रामनगर	खजुरिहाकला	उपलब्ध	2x2x2 मीटर	उपयोग में
31	रामनगर	राजापुर	उपलब्ध	2x2x2 मीटर	उपयोग में
32	रामनगर	रूपौली	उपलब्ध	2x2x2 मीटर	उपयोग में
33	रामनगर	मादिनकुमियान	उपलब्ध	2x2x2 मीटर	उपयोग में
34	मानिकपुर	भरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
35	मानिकपुर	भोरी	उपलब्ध	2x2x2 मीटर	उपयोग में
36	मानिकपुर	ऊचाडीह	उपलब्ध	2x2x2 मीटर	उपयोग में
37	मानिकपुर	इटवाहुईला	उपलब्ध	2x2x2 मीटर	उपयोग में
38	मानिकपुर	कोबरा	उपलब्ध	2x2x2 मीटर	उपयोग में
39	शिवरामपुर	बरवारा	उपलब्ध	2x2x2 मीटर	उपयोग में
40	शिवरामपुर	पुरटनपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
41	शिवरामपुर	परसीजा	उपलब्ध	2x2x2 मीटर	उपयोग में
42	शिवरामपुर	रसिन	उपलब्ध	2x2x2 मीटर	उपयोग में
43	शिवरामपुर	खोह	उपलब्ध	2x2x2 मीटर	उपयोग में
44	शिवरामपुर	इटखरी	उपलब्ध	2x2x2 मीटर	उपयोग में
45	पहाडी	दरसावा	उपलब्ध	2x2x2 मीटर	उपयोग में
46	पहाडी	बछरन	उपलब्ध	2x2x2 मीटर	उपयोग में
47	रामनगर	सीबा	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- हाथ धिकित्सा इकाईयों पर एकत्रित होने वाला जंग धिकित्सा अपशिष्ट लाल/पीली/नीली थैली में एकत्र कर सीएचसी स्तर पर एकत्र किया जाता है जिसका वायो मेडिकल एजेंसी मेंU बायदेव स्मार्ट साल्यूशन प्रा0लि0 द्वारा निस्तारण किया जाता है।

भवदीय,

मुख्य धिकित्सा अधिकारी
चित्रकूट

कार्यालय मुख्य चिकित्सा अधिकारी, हमीरपुर

पत्रांक-मु0चि0310 / वी0एग0डब्लू0 / 2025-26 / 471।

दिनांक 15.10.25

सेवा में,

क्षेत्रीय अधिकारी
प्रदूषण नियंत्रण बोर्ड,
बांदा।

विषय-वायोमेट्रिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के सम्बन्ध में।
महोदया,

उपर्युक्त विषयक के अन्तर्गत वायोमेट्रिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना चाही गयी है, तत्कम मे आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा इकाईयों पर उपलब्ध है।

क्र0स0	ब्लाक का नाम	पी0एच0सी0 का नाम	Deep Burial Pit	परिमाण	अभियुक्ति
1	कुरारा	मिश्रीपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
2		बेरी	उपलब्ध	2x2x2 मीटर	उपयोग में
3		कुसमरा	उपलब्ध	2x2x2 मीटर	उपयोग में
4		पारा	उपलब्ध	2x2x2 मीटर	उपयोग में
5		भौली	उपलब्ध	2x2x2 मीटर	उपयोग में
6	मौदहा	अरतरा	उपलब्ध	2x2x2 मीटर	उपयोग में
7		सिसोलर	उपलब्ध	2x2x2 मीटर	उपयोग में
8		भमई	उपलब्ध	2x2x2 मीटर	उपयोग में
9		नायकपुरवा	उपलब्ध	2x2x2 मीटर	उपयोग में
10		करहईया	उपलब्ध नहीं	2x2x2 मीटर	-
11	गोहाण्ड	रहक	उपलब्ध	2x2x2 मीटर	उपयोग में
12		मंगरौठ	उपलब्ध	2x2x2 मीटर	उपयोग में
13		उमरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
14	मुरकरा	बिदौर	उपलब्ध	2x2x2 मीटर	उपयोग में
15		गहरीली	उपलब्ध	2x2x2 मीटर	उपयोग में
16		बिहुनीकला	उपलब्ध	2x2x2 मीटर	उपयोग में
17		रुशीपारा	उपलब्ध	2x2x2 मीटर	उपयोग में
18	नौरगा	पराखेडा	उपलब्ध	2x2x2 मीटर	उपयोग में
19		मझगवाँ	उपलब्ध	2x2x2 मीटर	उपयोग में
20		टोलारावत	उपलब्ध	2x2x2 मीटर	उपयोग में
21		अटगाँव	उपलब्ध	2x2x2 मीटर	उपयोग में

22	राशीला	भैरसांग	उपलब्ध	2x2x2 मीटर	उपयोग में
23		पुरेनो	उपलब्ध	2x2x2 मीटर	उपयोग में
24	सुमेरपुर	अलालपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
25		गमना	उपलब्ध	2x2x2 मीटर	उपयोग में
26		धगवां	उपलब्ध	2x2x2 मीटर	उपयोग में
27		तण्डौत	उपलब्ध	2x2x2 मीटर	उपयोग में
28		सुमेरपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
29		पौथिया	उपलब्ध	2x2x2 मीटर	उपयोग में
30		कलौलीजार	उपलब्ध	2x2x2 मीटर	उपयोग में
31		पत्थोरा	उपलब्ध	2x2x2 मीटर	उपयोग में
32		पचखुरा बुजुर्ग	उपलब्ध	2x2x2 मीटर	उपयोग में
33		महुअर	उपलब्ध	2x2x2 मीटर	उपयोग में
34		विदोखर	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- शेष चिकित्सा इकाईयों पर एकत्रित होने वाले जैव अपशिष्ट को लाल/पीला/नीला थैली में एकत्र कर सी0एच0सी0 स्तर पर निस्तारण हेतु ले जाया जाता है।

मुख्य चिकित्सा अधिकारी
हमीरपुर

Reminder Add task Snooze

Fwd: Hon'ble NGT matter MA No. 98/2022 in OA No. 180/2021 Mukul Kumar Vs State of UP and Ors, order dated 18.8.2025

UKPCB LEGALCELL <ukpcblegalcell@gmail.com>

View: 14/09/2025 2:33:02 AM (UTC+5)

To: "bnw.cpcb" <bnw.cpcb@gov.in>, "tripathiankit.cpcb" <tripathiankit.cpcb@gov.in>

Test

Security **BTLS** [Learn more](#)

Warning: Flagged by your organization rules
 The email has been sent from an external organization. Be alert when clicking any links, downloading attachments or sending sensitive information to this sender.

SI,
 as per telephonic conversation with Dr. Ankit Tripathi ji, it is to inform that report of UKPCB in above subject matter already has been sent to your office vide dated 30-9-2025 in given format. Further continuation of your letter dated 10.9.2025 pls note that as per information obtained from Waste management cell, no cases reported for violation of BMW rules by HCF having Deep Burial Facility.

submitted for further necessary action pls

with regards

Dr. R.K. Chaturvedi

----- Forwarded message -----
 From: UKPCB LEGALCELL <ukpcblegalcell@gmail.com>
 Date: Tue, Sep 30, 2025 at 4:39 PM
 Subject: Hon'ble NGT matter MA No. 98/2022 in OA No. 180/2021 Mukul Kumar Vs State of UP and Ors, order dated 18.8.2025
 To: <vyadav.cpcb@nic.in>, <goluacknow.cpcb@nic.in>, <prason.cpcb@nic.in>

Sir, pls find attached here with status of HCF using Deep Burial mechanism for disposal of BMW in given format as desired by your letter dated 10.9.2025

with regards

Dr. R.K. Chaturvedi

—
 LEGAL CELL
 From the Office of
 Member Secretary

By Speed Post

F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)

September 10, 2025

To,

The Member Secretary,
(As per List enclosed)

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

Sir,

In reference to The Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.), CPCB is in process of compiling the information on Deep Burial system being adopted by States/UTs. In this regard, you are requested to kindly furnish information (as per attached format) to this office within 07 days.

Yours faithfully,



(V. P. Yadav)
Director and Head
WM-I Division

Copy to: -

Regional Director, CPCB (As per List enclosed): - for kind information and follow up, please.



(V. P. Yadav)

O/c

Preliminary format:

S. No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials

List of SPCBs	
1	Jharkhand Pollution Control Board, T.A Building, HEC, P.O. Dhurwa, Ranchi – 834004, Jharkhand
2	Karnataka State Pollution Control Board, Parisara Bhavan, 4th & 5th Floor,# 49, Church Street, Bangalore-560001,Karnataka
3	Maharashtra Pollution Control Board, Kalpataru Point, 2 nd – 4 th Floor, (Opp. Cine Planet Cinema), Nr. Sion Circle, Sion,Mumbai – 400022, Maharashtra
4	Uttar Pradesh Pollution Control Board, Building No. TC-12V, Vibhuti Khand, Gomti Nagar,Lucknow - 226010, Uttar Pradesh

List of RDs	
1	The Regional Directorate, Kolkata Central Pollution Control Board, 'South end Conclave' Block-502, 5th & 6th Floor, 1582, Razidanga, Main Road, Kolkata – 700107, West Bengal
2	The Regional Directorate, Bengaluru Central Pollution Control Board, A-Block Nisarga Bhavan, 1st & 2nd Floors, 7th D Cross Thimmaiah Road, Shivanagar, Bengaluru – 560079, Karnataka
3	The Regional Directorate, Pune Central Pollution Control Board Survey No. 110, Dhankude Multi-Purpose Hall, Baner Road, Baner, Pune – 411045
4	The Regional Directorate, Lucknow Central Pollution Control Board, Ground Floor, PICUP Bhawan, Vibhuti Khand, Gomti Nagar, Lucknow – 226010, Uttar Pradesh

ಹೆಲ್ಪ್ ಲೈನ್ / Helpline : 080-25582559
 ಈಮೇಲ್ / Email : contact@kspcb.gov.in
 ವೆಬ್‌ಸೈಟ್ / Website : kspcb.karnataka.gov.in



080-25581383, 25589112
 080-25589113, 25589114

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
Karnataka State Pollution Control Board

"ಪರಿಸರ ಭವನ", 1 ರಿಂದ 5ನೇ ಮಹಡಿಗಳು. ನಂ. 49, ಚರ್ಚ್ ಸ್ಟ್ರೀಟ್, ಬೆಂಗಳೂರು - 560 001, ಕರ್ನಾಟಕ ರಾಜ್ಯ, ಭಾರತ
 "Parisara Bhavan", 1st to 5th Floor, # 49, Church Street, Bangalore - 560 001, Karnataka State, India

NO. PCB /VMC-2/131/BMW/2023/2025/ 3016

Date: 23 OCT 2025

To,
 The Director & Head WM-I Division
 Central Pollution Control Board
 Parivesh Bhavan, East Arjun Nagar,
 Delhi - 110032

Sir,

Sub:- Submission of Compliance of Hon'ble NGT order dtd: 18.08.2025 in the matter of M.A. No.98/2022 in Original Application No.180/2021(Mukul Kumar Vs State of Uttar Pradesh & Ors)-reg.

Ref:- 1.CPCB letter F.No.CM-13011/88/2021- WM -I- HO - CPCB - HO (2096) 5014 dtd: 10.09.2025.
 2.CPCB letter F.No.CM-13011/88/2021- WM -I- HO - CPCB - HO (2096) 5046 dtd: 10.09.2025.

With reference to the above cited subject, please find herewith enclosed details for the compliance of Hon'ble NGT order dtd: 18.08.2025 in the matter of M.A. No.98/2022 in Original Application No.180/2021(Mukul Kumar Vs State of Uttar Pradesh & Ors), pertaining to Karnataka State as per the Format provided by CPCB (Preliminary format).

This is for your kind information.

Encl: As above.

Yours faithfully,

MEMBER SECRETARY

ನಮ್ಮಲ್ಲೂ ಅತಿ, ನೈಸರ್ಗಿಕ ಸಂಪನ್ಮೂಲಗಳ ಮೇಲೆ ಅಧಿಕಾರವು;
 ಅಕ್ಕಿ, ಅಕ್ಕಿವಲಯದ ಸಂಗ್ರಹ.

Our motto is to minimize waste generation
 through judicious use of natural

Preliminary Format:

Sl.No.	Name of State	BMW generation (Tons/day)	Available treatment capacity of CBMWTFs (Tons/day)	No. Of HCFs which are having incinerators	No. Of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials
1	Karnataka	74.4433	107.52	1	1580	Deep Burial facilities are used by HCF's mainly Primary health centres, veterinary institutions which are located in rural areas to common bio-medical waste treatment facility.

MEMBER SECRETARY

1821

Compliance report wrt MA No.98 of 2022 in O.A No. 180 of 2021

< radha87.raghu@gmail.com >

Sat, 08 Nov 2025 2:09:20 PM +0530

To "jcb.cpcb@nic.in" <jcb.cpcb@nic.in>, "roraon.cpcb" <roraon.cpcb@nic.in>, "much.cpcb" <much.cpcb@nic.in>

Tags Not in Contacts

Good afternoon Sir,

In Continuation of the KSPCB letter dtd: 23.10.2025, providing information in connection with MA No.98 of 2022 in OA No.180 of 2021, it is to request that reasons for using captive treatment facilities and deep burial may please be read as "Deep burial facilities are used by HCFs mainly Primary Health centres, Veterinary Institutions which are located in rural areas only, as per BMW Rules, 2016.

Regards,

Waste Management Cell-2,
Karnataka State Pollution Control Board
Bengaluru



उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD

Ref. No H34210 /WMD/नोडल बायोमैक्रो/सामान्य-35/2025

Dated 04/11/25

सेवा में,

श्री वी.पी. यादव
निदेशक, अल्युएम्-डिविजन 1
केन्द्रीय प्रदूषण नियंत्रण बोर्ड
परिवेश मन्त्र, पूर्वी अजुर्न नगर दिल्ली-110032

विषय: मा0 राष्ट्रीय हरित अधिकरण में दायर याचिका संख्या M.A. No. 98/2022 (O.A. No. 180/2021) मुकुल कुमार ब्रह्मन स्टेट ऑफ उत्तर प्रदेश एवं अन्य में पारित आदेश दिनांक 18.08.2025 के अनुपालन के संबंध में।

महोदय,

कृपया उपरोक्त विषयक केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्रांक संख्या CP/2/2022-TECH-RD-LUCKNOW-RD-Lucknow/414 दिनांक 16.09.2025 (छायाप्रति संलग्न) का संदर्भ ग्रहण करें, उक्त के माध्यम से माननीय राष्ट्रीय हरित अधिकरण के आदेश के अनुपालन में कृत कार्यवाही के संबंध में जानकारी चाही गई है।

उक्त के क्रम में अवगत कराना है कि क्षेत्रीय कार्यालयों से प्राप्त सूचना को संकलित कर राज्य बोर्ड द्वारा दिनांक 01.01.2024 से 31.12.2024 के सम्बन्ध में वर्ष 2024 कि वार्षिक जैव चिकित्सा अपशिष्ट रिपोर्ट केन्द्रीय प्रदूषण नियंत्रण बोर्ड को प्रेषित की गयी है। उक्त रिपोर्ट में प्रदेश में 157 एच0सी0एफ0 में डीप-बरियल के माध्यम से निपटान के सम्बन्ध में सूचना प्रेषित की गयी है। अतएव केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्रांक-दिनांक 10.09.2025 के क्रम में 157 एच0सी0एफ0 की पूर्ण सूची उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड के पत्र संख्या-एच-33279/WMD/नोडल बायोमैक्रो/सामान्य-35/2025 दिनांक 06.10.2025 द्वारा प्रेषित की गयी है, उक्त एच0सी0एफ0 जनपद बांदा, महोबा, हमीरपुर एवं चित्रकूट में कार्यरत हैं, जो कि राज्य बोर्ड के क्षेत्रीय कार्यालय बांदा के कार्य क्षेत्र में आच्छादित हैं।

क्षेत्रीय कार्यालय बांदा द्वारा पत्र दिनांक 15.10.2025 (छायाप्रति संलग्न) के माध्यम से अवगत कराया गया है कि 51 अन्य एच0सी0एफ0 द्वारा जैव चिकित्सा अपशिष्ट निस्तारण हेतु सी0बी0डब्ल्यू0टी0एफ0 से अनुबन्ध कर लिया गया है तथा वर्तमान में मात्र 108 एच0सी0एफ0 डीप-बरियल के माध्यम से जैव चिकित्सा अपशिष्ट का निस्तारण कर रहे हैं, जिन्हें राज्य बोर्ड से जैव चिकित्सा अपशिष्ट (प्रबंधन) नियम, 2016 के अन्तर्गत डीप-बरियल हेतु प्राधिकृत है। प्रदेश में जैव चिकित्सा अपशिष्ट के डीप-बरियल पद्धति पर पूर्ण रूप से अंकुश लगाए जाने हेतु चिकित्सा एवं स्वास्थ्य शिक्षा विभाग, उत्तर प्रदेश द्वारा प्रदेश के सभी जिला स्तरीय चिकित्सालयों, सामुदायिक स्वास्थ्य केंद्रों/ब्लॉक स्तरीय पी.एच.सी., अर्बन पी.एच.सी. आदर्श मातृ एवं शिशु स्वास्थ्य विंग, पी.एच.सी. एवं सब सेंटर (जहाँ पर प्रसव का कार्य किया जाता है) तथा ट्रॉमा सेंटर से जगित जैव चिकित्सा अपशिष्ट का निस्तारण अधिकृत सी0बी0डब्ल्यू0टी0एफ0 से कराए जाने हेतु विविधा प्रक्रिया प्रारम्भ कर दी गयी है।

उपरोक्त सूचना अग्रिम आवश्यक कार्यावाही हेतु प्रेषित है।

भवदीय

संलग्नक- उपरोक्तानुसार

(संजीव कुमार सिंह)
सदस्य सचिव

पत्रांक व दिनांक उपरोक्तानुसार

प्रतिलिपि-क्षेत्रीय निदेशक, केन्द्रीय प्रदूषण नियंत्रण बोर्ड, पिकप नवन, विगती खंड, गोमती नगर
लखनऊ-226010 को सूचनार्थ व आवश्यक कार्यवाही हेतु प्रेषित।

Digitally signed by
SANJEEV KUMAR SINGH
Date: 04-11-2025 10:28:54

दिनांक - 12 वीं विभूति फार्म, गोमती नगर,
लखनऊ-226010
फोन : 0522-2720828, 2720831
ई-मेल : feedback@uppcb.in

T.C-12 V, Vibhuti Fhand, Gomti Nagar,
Lucknow - 226 010
Phone : 0522-2720828, 2720831
Website : www.uppcb.up.gov.in



उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD

Ref. No-1133279 /WMD/ नोडल बायोमॉडि/ सामान्य-35/2025 Dated- 6/10/25

हेड एण्ड डायरेक्टर,
डब्ल्यू0एम0-1 द्विवीजन
केन्द्रीय प्रदूषण नियंत्रण बोर्ड,
परिवेश भवन, पूर्वी अर्जुन नगर, दिल्ली-110032।

विषय-माननीय राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित M.A. No- 98/2022 In OA No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) में पारित आदेश दिनांक 18.08.2025 के अनुपालन किये जाने के संबंध में।

महोदय,

कृपया उपरोक्त विषयक माननीय राष्ट्रीय हरित अधिकरण, नई दिल्ली में योजित M.A. No- 98/2022 In OA No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) में पारित आदेश दिनांक 18.08.2025 के क्रम में केन्द्रीय प्रदूषण नियंत्रण बोर्ड के पत्र संख्या-CM-13011/88/2021-WM-1-HO-CPCB-HO/2096 दिनांक 10.09.2025 का संदर्भ ग्रहण करना चाहें।

केन्द्रीय प्रदूषण नियंत्रण बोर्ड द्वारा जैव चिकित्सा अपशिष्ट के सन्बन्ध में वांछित सूचनायें निर्धारित प्रारूप पर परिपूरित कर पत्र के साथ संलग्न कर आवश्यक कार्यवाही हेतु प्रेषित की जा रही है।
संलग्नक:-यथोपरि।

भवदीय

Digitally signed by
SANJEEV KUMAR SINGH
Date: 29/09/2025
13:41:54 सधिय

प्रतिलिपि:-निम्नलिखित को सूचनार्थ व आवश्यक कार्यवाही हेतु प्रेषित:-

1. क्षेत्रीय निदेशक क्षेत्रीय निदेशालय, लखनऊ, केन्द्रीय प्रदूषण नियंत्रण बोर्ड, पिकप भवन, विभूति खण्ड, गोमती नगर लखनऊ-226010।
2. मुख्य विधि अधिकारी, उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड, लखनऊ।

सदस्य सधिय

Compliance of Hon'ble NGT order dated 18-08-2025 in the matter of M.A. No.98/2022 In original Application No. 180/2021 (Mukul kumar Vs State of Uttar Pradesh & Ors.), CPCB is in process of compiling the information on Deep Burial system being adopted by States/UTs.

Preliminary format:

S.No.	Name of State	BMW generation (Tons/day) *	Available treatment capacity CBWTFs(Tons/day) *	No. of HCFs which are having incinerators*	No. of HCFs which are utilizing deep burial pits*	Reasons for using captive treatment facilities and deep burials
1.	Uttar Pradesh	1.045 Lakh	2.65 Lakh	5	157	<ul style="list-style-type: none"> • 05 HCFs having Captive treatment facilities. • 157 HCFs (all are Govt. rural PHC) having burial pits.

Note: *As per data of BMW Annual Report for year 2024.



केन्द्रीय प्रदूषण नियंत्रण बोर्ड
CENTRAL POLLUTION CONTROL BOARD
पर्यावरण, वन एवं जलवायु परिवर्तन नंत्रालय, भारत सरकार.
MINISTRY OF ENVIRONMENT, FOREST & CLIMATE CHANGE, GOVT. OF INDIA.

By Speed Post

F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096)

September 10, 2025

To,

The Member Secretary,
(As per List enclosed)

Sub: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

Sir,

In reference to The Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.), CPCB is in process of compiling the information on Deep Burial system being adopted by States/UTs. In this regard, you are requested to kindly furnish information (as per attached format) to this office within 07 days.

Yours faithfully,


(V. P. Yadav)
Director and Head
WM-I Division

‘परिवेश भवन’ पूर्वी अर्जुन नगर, दिल्ली - 110032.
Parivesh Bhawan, East Arjun Nagar, Delhi - 110 032.

दूरभाष /Tel : 43102030, 22305792, वेबसाइट /Website: www.cpcb.nic.in

List of SPCBs	
1	Jharkhand Pollution Control Board, T.A Building, HEC, P.O. Dhurwa, Ranchi – 834004, Jharkhand
2	Karnataka State Pollution Control Board, Parisara Bhavan, 4th & 5th Floor,# 49, Church Street, Bangalore-560001,Karnataka
3	Maharashtra Pollution Control Board, Kalpataru Point, 2 nd – 4 th Floor, (Opp. Cine Planet Cinema), Nr. Sion Circle, Sion,Mumbai – 400022, Maharashtra
4	Uttar Pradesh Pollution Control Board, Building No. TC-12V, Vibhuti Khand, Gomti Nagar,Lucknow - 226010, Uttar Pradesh

Preliminary format:

S. No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity of CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials



क्षेत्रीय कार्यालय : उ० प्र० प्रदूषण नियन्त्रण बोर्ड,
34ए, निकट संत तुलसी पब्लिक स्कूल, न्यू बिल्डिंग, इन्दिरा नगर गेट नं० 2
बौदा उ०प्र०-210001

दूरभाष-26192 297470
ई-मेल-robunda@uppsc.in

संदर्भ संख्या : 574/BMW/95

दिनांक : 15/10/25

सेवा में

नोडल जैव चिकित्सा अपशिष्ट,
उ०प्र० प्रदूषण नियन्त्रण बोर्ड,
लखनऊ।

सशोधित-पत्र

विषय: डीप बरियल के माध्यम से निस्तारित किये जाने वाले जैव चिकित्सा अपशिष्ट के सम्बन्ध में।

महोदय,

कृपया उपरोक्त विषय का सन्दर्भ ग्रहण करने की कृपा करें, अवगत कराना है कि क्षेत्रीय कार्यालय में आच्छादित जनपद-बौदा/महोबा/चित्रकूट/हमीरपुर के हेल्थ केयर फ़ैसिलिटी में सम्बन्धित मुख्य चिकित्साधिकारी द्वारा प्राप्त सूचना के अनुसार वर्तमान में डीप बरियल के माध्यम से जैव चिकित्सा अपशिष्ट का निस्तारण किये जाने वाले हेल्थ फ़ैसिलिटी की सूचना निम्नवत् है-

क्र०सं०	जनपद का नाम	हेल्थ केयर फ़ैसिलिटी की संख्या	प्राधिकार की स्थिति
1	बौदा	13	प्राप्त
2	महोबा	12	प्राप्त
3	चित्रकूट	47	प्राप्त
4	हमीरपुर	34	प्राप्त

क्षेत्रीय कार्यालय में आच्छादित जनपद-बौदा/महोबा/चित्रकूट/हमीरपुर में स्थित हेल्थ केयर फ़ैसिलिटी का समय-समय/सतत निरीक्षण किया जाता है, सूचनार्थ सादर प्रेषित।
संलग्नक-उपरोक्तानुसार।

भवदीया

(डॉ० माधवी कमलवंशी)
क्षेत्रीय अधिकारी

प्रतिलिपि : मुख्य पर्यावरण अधिकारी (वृत्त-2), उ०प्र० प्रदूषण नियंत्रण बोर्ड, लखनऊ को सादर प्रेषित।

क्षेत्रीय अधिकारी

कार्यालय मुख्य चिकित्सा अधिकारी, जनपद बांदा।

पत्रांक सं०-मु०चि०अ०/बी०एम०डब्ल्यू/2025/6783

दिनांक-14/10/25-

सेवा में,

क्षेत्रीय अधिकारी,
प्रदूषण नियंत्रण बोर्ड,
बांदा।

विषय-बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के संबंध में।
महोदया,

उपर्युक्त विषयक के अन्तर्गत बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना
घही गयी है। जिसके क्रम में आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा
इकाइयों पर उपलब्ध है।

--:विवरण:-

क्रम संख्या	ब्लाक का नाम	पी०एच०सी० 4 बेड	Deep Burial Pit	परिमाण	अभियुक्ति
1	नरैनी	सडा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		फतेहगंज	उपलब्ध	1x1x2 मीटर	उपयोग में।
		गुडाकला	उपलब्ध	1x1x2 मीटर	उपयोग में।
		बदौसा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		करतल	उपलब्ध	1x1x2 मीटर	उपयोग में।
2	तिन्दवारी	पैलानी	उपलब्ध	1x1x2 मीटर	उपयोग में।
3	बबेरु	भमुवा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		अहार	उपलब्ध	1x1x2 मीटर	उपयोग में।
4	कमासिन	लोहरा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		वीरा	उपलब्ध	1x1x2 मीटर	उपयोग में।
5	जौरही	लामा	उपलब्ध	1x1x2 मीटर	उपयोग में।
		अछरौड	उपलब्ध	1x1x2 मीटर	उपयोग में।
		मटौध	उपलब्ध	1x1x2 मीटर	उपयोग में।

नोट-शेष 36 चिकित्सा इकाइयों पर एकत्रित होने वाला जैव अपशिष्ट लाल/पिली/नीली थैली में एकत्र
कर सी०एच०सी० स्तर पर एकत्र किया जाता है जो बायोमेडिकल एजेन्सी बामदेव स्मार्ट सलूशन प्रा०लि०
बांदा द्वारा निस्तारण हेतु ले जाया जाता है।

भुवदीय
14/10/25
मुख्य चिकित्सा अधिकारी
जनपद बांदा।

कार्यालय मुख्य चिकित्सा अधिकारी महोबा।

संख्या-मु0चि0अ0/बी0एम0डब्लू0/2025-26/ 2974

दिनांक-1 अक्टूबर, 2025

सेवा में,

क्षेत्रीय अधिकारी,

प्रदूषण नियंत्रण बोर्ड,

जनपद बांदा।

विषय-बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के सम्बन्ध में।
महोदय/महोदया,

उपर्यक्त विषयक के अन्तर्गत बायोमेडिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना चाही गयी है। जिसके क्रम में आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा इकाइयों पर उपलब्ध है। जिसका विवरण निम्नवत है-

-विवरण-

क्रमांक	ब्लॉक का नाम	पी0एच0सी0,4बेड	Deep Burial Pit	परिमाण	अभियुक्ति
1	कबरई	बिलबई	उपलब्ध	2x2x2 मीटर	उपयोग में
2		पहरा	उपलब्ध	2x2x2 मीटर	उपयोग में
3		खन्ना	उपलब्ध	2x2x2 मीटर	उपयोग में
4		ग्योडी	उपलब्ध	2x2x2 मीटर	उपयोग में
5	घरखारी	गौरहारी	उपलब्ध	2x2x2 मीटर	उपयोग में
6	जैतपुर	अजनर	उपलब्ध	2x2x2 मीटर	उपयोग में
7		अकौना	उपलब्ध	2x2x2 मीटर	उपयोग में
8		खमा	उपलब्ध	2x2x2 मीटर	उपयोग में
9	पनवाडी	किल्हौवा	उपलब्ध	2x2x2 मीटर	उपयोग में
10		कोहनिया	उपलब्ध	2x2x2 मीटर	उपयोग में
11		दुलारा	उपलब्ध	2x2x2 मीटर	उपयोग में
12		भरवारा	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- शेष चिकित्सा इकाइयों पर एकत्रित होने वाला जैव चिकित्सा अपशिष्ट लाल/पीली/नीली थैली में एकत्र कर सी0एच0सी0 स्तर पर एकत्र किया जाता है जिसका बायोमेडिकल एजेन्सी बामदेव सलूशन प्रा0लि0 बॉदा द्वारा निस्तारण किया जाता है।


 मुख्य चिकित्सा अधिकारी
 महोबा।

प्रेषक,

मुख्य चिकित्सा अधिकारी,
चित्रकूट।

सेवा में,

क्षेत्रीय अधिकारी,
क्षेत्रीय कार्यालय, उ०प्र० प्रदूषण नियंत्रण बोर्ड बांदा।

पत्रांक: मु०चि०अ०/बीएमडब्लू/सूचना/2025-26/5497

दिनांक-15-10-2025

विषय- बायो मेडिकल वेस्ट के निस्तारण हेतु Deep Burial pit की सूचना के संबंध में।

महोदय,

उपरोक्त विषयक के अन्तर्गत बायो मेडिकल वेस्ट के निस्तारण हेतु Deep Burial pit की सूचना जारी
गयी है जिसके क्रम में आपको अवगत कराना है कि Deep Burial pit निम्नलिखित चिकित्सा इकाईयो पर
उपलब्ध है जिसका विवरण निम्नवत है-

क्र०सं०	प्लाक का नाम	पीएचसी/सबसेक्टर का नाम	Deep Burial pit	परिमाण	अभियुक्ति
1	मानिकपुर	बराहमाफी	उपलब्ध	2x2x2 मीटर	उपयोग में
2	मानिकपुर	मडैयन	उपलब्ध	2x2x2 मीटर	उपयोग में
3	मऊ	बरगढ	उपलब्ध	2x2x2 मीटर	उपयोग में
4	मऊ	खण्डेहा	उपलब्ध	2x2x2 मीटर	उपयोग में
5	मऊ	मुका	उपलब्ध	2x2x2 मीटर	उपयोग में
6	मऊ	कलिहहा	उपलब्ध	2x2x2 मीटर	उपयोग में
7	मऊ	हदीकला	उपलब्ध	2x2x2 मीटर	उपयोग में
8	मऊ	छिवलाहा	उपलब्ध	2x2x2 मीटर	उपयोग में
9	मऊ	गोइयाकला	उपलब्ध	2x2x2 मीटर	उपयोग में
10	मऊ	गाहुर	उपलब्ध	2x2x2 मीटर	उपयोग में
11	मऊ	चकवा	उपलब्ध	2x2x2 मीटर	उपयोग में
12	मऊ	मनका	उपलब्ध	2x2x2 मीटर	उपयोग में
13	शिवरामपुर	इटरालमोखमपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
14	शिवरामपुर	खुटहा	उपलब्ध	2x2x2 मीटर	उपयोग में
15	शिवरामपुर	शिवरामपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
16	शिवरामपुर	भरतकूप	उपलब्ध	2x2x2 मीटर	उपयोग में
17	शिवरामपुर	लोडियाखुर्द	उपलब्ध	2x2x2 मीटर	उपयोग में
18	शिवरामपुर	लोडबारा	उपलब्ध	2x2x2 मीटर	उपयोग में
19	शिवरामपुर	सीता कल्याणपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
20	शिवरामपुर	मंगहाई	उपलब्ध	2x2x2 मीटर	उपयोग में
21	पहाडी	दवल	उपलब्ध	2x2x2 मीटर	उपयोग में
22	पहाडी	अरकी	उपलब्ध	2x2x2 मीटर	उपयोग में
23	पहाडी	ओरा	उपलब्ध	2x2x2 मीटर	उपयोग में
24	पहाडी	अर्जुनपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
25	रामनगर	लोरी	उपलब्ध	2x2x2 मीटर	उपयोग में
26	रामनगर	इटवा	उपलब्ध	2x2x2 मीटर	उपयोग में
27	रामनगर	हन्ना	उपलब्ध	2x2x2 मीटर	उपयोग में

28	रामनगर	रामपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
29	रामनगर	बरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
30	रामनगर	खजुरिहाकला	उपलब्ध	2x2x2 मीटर	उपयोग में
31	रामनगर	राजापुर	उपलब्ध	2x2x2 मीटर	उपयोग में
32	रामनगर	रुमौली	उपलब्ध	2x2x2 मीटर	उपयोग में
33	रामनगर	मादिनकुमियान	उपलब्ध	2x2x2 मीटर	उपयोग में
34	मानिकपुर	भरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
35	मानिकपुर	भारी	उपलब्ध	2x2x2 मीटर	उपयोग में
36	मानिकपुर	ऊचाडीह	उपलब्ध	2x2x2 मीटर	उपयोग में
37	मानिकपुर	इटवाहुईला	उपलब्ध	2x2x2 मीटर	उपयोग में
38	मानिकपुर	कोबरा	उपलब्ध	2x2x2 मीटर	उपयोग में
39	शिवरामपुर	बरवारा	उपलब्ध	2x2x2 मीटर	उपयोग में
40	शिवरामपुर	पुरटनपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
41	शिवरामपुर	परसीजा	उपलब्ध	2x2x2 मीटर	उपयोग में
42	शिवरामपुर	रसिन	उपलब्ध	2x2x2 मीटर	उपयोग में
43	शिवरामपुर	खोह	उपलब्ध	2x2x2 मीटर	उपयोग में
44	शिवरामपुर	इटखरी	उपलब्ध	2x2x2 मीटर	उपयोग में
45	पहाडी	दरसावा	उपलब्ध	2x2x2 मीटर	उपयोग में
46	पहाडी	बछरन	उपलब्ध	2x2x2 मीटर	उपयोग में
47	रामनगर	सीबा	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- हाथ धिकित्सा इकाईयों पर एकत्रित होने वाला जंग धिकित्सा अपशिष्ट लाल/पीली/नीली थैली में एकत्र कर सीएचसी स्तर पर एकत्र किया जाता है जिसका वायो मेडिकल एजेंसी में 0 बायदेव स्मार्ट साल्यूशन प्रा0लि0 द्वारा निस्तारण किया जाता है।

भवदीय,

मुख्य धिकित्सा अधिकारी
चित्रकूट

कार्यालय मुख्य चिकित्सा अधिकारी, हमीरपुर

पत्रांक-मु0चि0310 / वी0एग0डब्लू0 / 2025-26 / 471।

दिनांक 15.10.25

सेवा में,

क्षेत्रीय अधिकारी
प्रदूषण नियंत्रण बोर्ड,
बांदा।

विषय-वायोमेट्रिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना के सम्बन्ध में।
महोदया,

उपर्युक्त विषयक के अन्तर्गत वायोमेट्रिकल वेस्ट के निस्तारण हेतु Deep Burial Pit की सूचना चाही गयी है, तत्कम मे आपको अवगत कराना है कि Deep Burial Pit निम्नलिखित चिकित्सा इकाईयों पर उपलब्ध है।

क्र0स0	ब्लाक का नाम	पी0एच0सी0 का नाम	Deep Burial Pit	परिमाण	अभियुक्ति
1	कुरारा	मिश्रीपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
2		बेरी	उपलब्ध	2x2x2 मीटर	उपयोग में
3		कुसमरा	उपलब्ध	2x2x2 मीटर	उपयोग में
4		पारा	उपलब्ध	2x2x2 मीटर	उपयोग में
5		भौली	उपलब्ध	2x2x2 मीटर	उपयोग में
6	मौदहा	अरतरा	उपलब्ध	2x2x2 मीटर	उपयोग में
7		सिसोलर	उपलब्ध	2x2x2 मीटर	उपयोग में
8		भमई	उपलब्ध	2x2x2 मीटर	उपयोग में
9		नायकपुरवा	उपलब्ध	2x2x2 मीटर	उपयोग में
10		करहईया	उपलब्ध नहीं	2x2x2 मीटर	-
11	गोहाण्ड	रहक	उपलब्ध	2x2x2 मीटर	उपयोग में
12		मंगरौट	उपलब्ध	2x2x2 मीटर	उपयोग में
13		उमरिया	उपलब्ध	2x2x2 मीटर	उपयोग में
14	मुरकरा	बिदौर	उपलब्ध	2x2x2 मीटर	उपयोग में
15		गहरीली	उपलब्ध	2x2x2 मीटर	उपयोग में
16		बिहुनीकला	उपलब्ध	2x2x2 मीटर	उपयोग में
17		रुशीपारा	उपलब्ध	2x2x2 मीटर	उपयोग में
18	नौरगा	पराखेडा	उपलब्ध	2x2x2 मीटर	उपयोग में
19		मझगवाँ	उपलब्ध	2x2x2 मीटर	उपयोग में
20		टोलारावत	उपलब्ध	2x2x2 मीटर	उपयोग में
21		अटगाँव	उपलब्ध	2x2x2 मीटर	उपयोग में

22	राशीला	घेरसांग	उपलब्ध	2x2x2 मीटर	उपयोग में
23		पुरेनो	उपलब्ध	2x2x2 मीटर	उपयोग में
24	सुमेरपुर	अलालपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
25		गमना	उपलब्ध	2x2x2 मीटर	उपयोग में
26		धगवां	उपलब्ध	2x2x2 मीटर	उपयोग में
27		नण्डौत	उपलब्ध	2x2x2 मीटर	उपयोग में
28		सुमेरपुर	उपलब्ध	2x2x2 मीटर	उपयोग में
29		पौथिया	उपलब्ध	2x2x2 मीटर	उपयोग में
30		कलौलीजार	उपलब्ध	2x2x2 मीटर	उपयोग में
31		पत्थोरा	उपलब्ध	2x2x2 मीटर	उपयोग में
32		पचखुरा बुजुर्ग	उपलब्ध	2x2x2 मीटर	उपयोग में
33		महुअर	उपलब्ध	2x2x2 मीटर	उपयोग में
34		विदोखर	उपलब्ध	2x2x2 मीटर	उपयोग में

नोट- शेष चिकित्सा इकाईयों पर एकत्रित होने वाले जैव अपशिष्ट को लाल/पीला/नीला थैली में एकत्र कर सी0एच0सी0 स्तर पर निस्तारण हेतु ले जाया जाता है।

मुख्य चिकित्सा अधिकारी
हमीरपुर



JHARKHAND STATE POLLUTION CONTROL BOARD

TOWNSHIP ADMINISTRATION BUILDING, HEC COMPLEX, DHURWA, RANCHI 834004
Telephone: 0651-2400850 (Fax)/ 2400851/2400852/2401847/2400979/2400139

Ref. No.PC/NGT/60/2022 2961

Ranchi, Dated...06/11/2025

From,

Rajeev Lochan Bakshi,
Member Secretary.

To,

Sri. V.P Yadav,
Director and Head,
WM-I Division,
Central Pollution Control Board, New Delhi.

Sub: Submission of information regarding compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 in O.A. No. 180/2021(Mukul Kumar Vs State of Uttar Pradesh & Ors)

Ref: CPCB Letter No. F. No. CM-13011/88/2021-WM-I-HO-CPCB-HO (2096) dated 10.09.2025.

Sir,

With reference to the above, it is to inform that as per the reports received from the Regional Offices of Jharkhand State Pollution Control Board, the practice of disposal of biomedical waste through Deep Burial has been discontinued in the respective jurisdictions.

At present, all Health Care Facilities (HCFs) are availing services of authorized Common Bio-Medical Waste Treatment Facilities (CBWTFs) for the management and disposal of biomedical waste as per the provisions of the Bio-Medical Waste Management Rules, 2016. Further, it is informed that no Health Care Facility within Jharkhand is disposing biomedical waste by Deep Burial.

This is submitted for your kind information and further necessary action, please.

Encl.: As above

Yours sincerely,

Rajeev
(Rajeev Lochan Bakshi)
Member Secretary.
@

Preliminary format

S. no.	Name of State/UT	BMW generation(Tons/day)	Available treatment capacity CBWTFs(Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits.	Reasons for using captive treatment facilities and deep burial
1.	Jharkhand	6.76	6.44	02	Nil	The HCF had installed an incineration facility prior to the implementation of the Bio-Medical Waste Management Rules, 2016.

Reminder ✓ Add task →

🗑️ → ✕

Fwd: Re: Compliance of Hon'ble NGT order dated 18.08.2025 in the matter of M.A. No. 98/2022 In Original Application No. 180/2021 (Mukul Kumar Vs State of Uttar Pradesh & Ors.) - Reg.

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DV

Dr. Vishwajeet Thakur <psa@mpcb.gov.in> · Q

🗑️ → ✕

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📧 To: *BMW, CPCB* <bmw.cpcb@gov.in>

📧 Cc: *Siddhesh R. Kadam* <chairman@mpcb.gov.in>, *Dr. Avinash Dhakne* <rs@mpcb.gov.in>, *Vijay yaday* <vyayadav.cpcb@nic.in>, *Chetan Sawant* <chetansawant@mpcb.gov.in>, *Dhananjay Nanekar* <dhananjay.nanekar@mpcb.gov.in>, *I.Deshmukh* <Indrajeet.deshmukh@mpcb.gov.in>

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With reference to trailing mail Pl. find below information in prescribed format.

Sr.No.	Name of State/UT	BMW generation (Tons/day)	Available treatment capacity CBWTFs (Tons/day)	No. of HCFs which are having incinerators	No. of HCFs which are utilizing deep burial pits	Reasons for using captive treatment facilities and deep burials
1	Maharashtra	77.70	Incinerator- 114 Autoclave- 90	Nil	134	All are Primary Health Care Centers of Public Health Department, Government of Maharashtra situated in remote rural area.

Thanks and Regards.....📧

Dr. Vishwajeet R. Thakur,

Guidelines for Common Bio-medical Waste Treatment Facilities



Guidelines for Common Bio-medical Waste Treatment and Disposal Facilities



CENTRAL POLLUTION CONTROL BOARD

(Ministry of Environment, Forest and Climate Change)

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(April 12, 2025)

Abbreviations

APCD	-	Air Pollution Control Device
BMWM Rules	-	Bio-medical Waste Management Rules, 2016
CBWTF	-	Common Bio-medical Waste Treatment and Disposal Facility
CO	-	Carbon Monoxide
CO ₂	-	Carbon Dioxide
CPCB	-	Central Pollution Control Board
CRZ	-	Coastal Regulation Zone
DG	-	Diesel Generator
EC	-	Environmental Clearance
EIA	-	Environment Impact Assessment
ETP	-	Effluent Treatment Plant
GPS	-	Global Positioning System
HCFs	-	Health Care Facilities
HCl	-	Hydrochloric Acid
HOWM & TM Rules	-	Hazardous and Other Waste (Management & Transboundary Movement) Rules, 2016
MHz	-	Mega Hertz
MoEF& CC	-	Ministry of Environment, Forest & Climate Change
KM	-	Kilometer
KW	-	Kilowatt
MoU	-	Memorandum of Understanding
NABL	-	National Accreditation Board for Testing and Laboratories
NO _x	-	Oxides of Nitrogen
O ₂	-	Oxygen
PCC	-	Pollution Control Committee
PLC	-	Programmable Logical Control
SEIAA	-	State Environment Impact Assessment Authority
SLF	-	Secured Landfill
SPCB	-	State Pollution Control Board
TSDF	-	Treatment Storage and Disposal Facility
TOC	-	Total Organic Carbon
VOCs	-	Volatile Organic Compounds

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1) Introduction

A Common Bio-medical Waste Treatment and Disposal Facility (CBWTF) is a set up where biomedical waste generated from member health care facilities is imparted necessary treatment to reduce adverse effects that this waste may pose on human health and environment. The treated recyclable waste may finally be sent for disposal in a secured landfill or for recycling.

According to the Bio-medical Waste Management Rules, 2016, "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 and "operator of a common bio-medical waste treatment facility" means a person who owns or controls a Common Bio-medical Waste Treatment and Disposal Facility (CBWTF) for the collection, reception, storage, transport, treatment, disposal or any other form of handling of bio-medical waste.

The Bio-medical Waste Management Rules, 2016 (BMWM Rules) restricts occupier for establishment of on-site or captive bio-medical waste treatment and disposal facility, if a service of common bio-medical waste treatment and disposal facility is available within a distance of seventy-five kilometer, as installation of individual treatment facility by health care facility (HCF) requires comparatively high capital investment. In addition, it requires separate dedicated and trained skilled manpower and infrastructure development for proper operation and maintenance of treatment systems. The concept of CBWTF not only addresses such problems but also prevents proliferation of captive treatment facilities in a particular area. In turn, it reduces the monitoring pressure on regulatory agencies. By running the treatment equipment at CBWTF to its full capacity, the cost of treatment of per kilogram of bio-medical waste gets significantly reduced. Its considerable advantages have made CBWTF popular and proven concept in most part of the world.

The CBWTFs are also required to set up based on the need for ensuring environmentally sound management of bio-medical waste keeping in view the techno-economic feasibility and viable operation of the facility with minimal impact on human health and environment.

Since 1998, the CBWTF as an option for treatment of bio-medical waste also been legally introduced in India. Considering the likely impacts that may cause to the

patients undergoing treatment because of operation of the captive treatment equipment within the health care facilities (HCFs), now the Bio-medical Waste Management Rules, 2016 recommends the Occupier (i.e., HCF) for ensuring treatment and disposal of generated bio-medical waste through a CBWTF, located within a distance of 75 KM. Further, these rules eased the bottleneck in upbringing the CBWTF by making department in the business allocation of land assignment in the State or UT administration responsible for providing a suitable site (s) within its jurisdiction.

The concept of CBWTF is also being widely accepted in India among the healthcare units, medical associations and entrepreneurs. In order to set up a CBWTF to its maximum perfection, care shall be taken in choosing the right technology, development of CBWTF area, proper designing of transportation system to achieve optimum results etc. Key features of CBWTF have been addressed in the subsequent sections.

To facilitate the treatment and disposal of bio-medical waste generated from the HCFs, at present (as per Annual Report 2023 submitted by the State Pollution Control Boards/Pollution Control Committees), there are 234 no. of CBWTFs in operation and 30 no. of CBWTFs are under construction. Also, the Bio-medical Waste Management Rules, 2016 mandates that the operator of a CBWTF authorised by the prescribed authority is required to 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 the BMWM Rules and the guidelines issued by the Central Government or the Central Pollution Control Board (CPCB) from time to time. Therefore, these guidelines have been prepared with an aim to have uniformity in ensuring site selection, allowing and establishment of a state-of-the-art CBWTF, operation as well as verification of compliance to the BMWM Rules, 2016 throughout the country. However, any other aspects which are not been covered under these guidelines and needs attention, in such a case, the prescribed authority may take suitable action in the interest of protection of the environment in consultation with MoEF & CC/CPCB. Also, it is pertinent to mention here that these guidelines are mandatory henceforth under the Bio-medical Waste Management Rules, 2016

2) Criteria for development of a new Common Bio-medical Waste Treatment and Disposal Facility for a locality or region.

Prior to allowing any new CBWTF, following criteria or steps may be followed:

-
- a) Prescribed authority under the BMWM Rules, 2016 [i.e., State Pollution Control Board (SPCB) in the respective State or Pollution Control Committee (PCC) in the respective Union Territory Administration] is required to prepare an inventory or review with regard to the bio-medical waste generation at least once in five years in the coverage areas of the existing bio-medical waste treatment and disposal facility. The prescribed authority is also required to extrapolate the coverage-area wise bio-medical waste generation for the next ten years.
- b) SPCB/PCC is required to conduct gap analysis w.r.to coverage area of the bio-medical waste generation, its projection over a period of next ten years, adequacy of existing treatment capacity of the CBWTF in each coverage area of radius 75 KM, as given in **Annexure-I** and as per methodology for conduct of gap analysis given at **Appendix-I**.

Further, decision may be taken by concerned SPCB/PCC based on gap analysis report to allow new facility or expansion of an existing facility. Adequacy of the existing facility to handle quantum of biomedical waste and/or compliance with the norms prescribed under BMWM Rules, 2016 shall also be taken into account.

All the SPCBs and PCCs shall conduct the gap analysis and based on the gap analysis, action plan for development of new CBWTFs is required to be prepared and submitted to MoEF & CC & CPCB within six months' time. In case of States/UTs, where no CBWTF is available, in such a case, SPCB/PCC being prescribed authority under the BMWM Rules is required to ensure establishment new facilities. SPCB/PCC may submit the detailed proposal to MoEF & CC/MoH & FW through the respective State Government or UT Administration. Association of HCFs may also be encouraged to develop their own CBWTF following these guidelines. In case, any coverage area requires additional treatment capacity, in such a case, action may be initiated by the prescribed authority for allowing a new CBWTF in that locality based on the gap analysis report without interfering the coverage area of the existing CBWTF.

- c) SPCB/PCC shall identify the coverage area, which require additional treatment facility and bring it to the notice of the concerned department in the business allocation of land assignment in the respective State Government or UT Administration. The department in the business allocation of land assignment shall be responsible for providing suitable site in the identified coverage area for setting up of a CBWTF, in
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consultation with the prescribed authority (i.e., SPCB/PCC), other stakeholders and in accordance with these guidelines issued by CPCB from time to time.

- d) Alternately, a CBWTF may also be allowed to be established on a land procured by an entrepreneur in accordance with the location criteria suggested under these guidelines.
- e) The SPCB/PCC or concerned department in the business allocation of land assignment in the respective State Government or UT Administration may seek expression of interest from the proponents for development of new CBWTF (s) in the identified coverage area. Upon allocation of site to the proponent, the proponent is required to take necessary approvals as required under the Environment (Protection) Act, 1986 for development of the new CBWTF in accordance with these guidelines.
- f) In the absence of expression of interest by any proponent, then SPCB/PCC shall insist health care facilities to form association and to develop its own CBWTF in line with these guidelines or to have captive treatment facilities (Only hilly or remote areas) for ensuring treatment and disposal of generated bio-medical waste as stipulated under the BMWM Rules.
- g) In case of any regulatory action including closure of any existing CBWTF is inevitable, the respective SPCB/PCC may take action under the BMWM Rules including for making alternate arrangement to ensure safe disposal of the bio-medical waste generated from the member health care facilities of such default CBWTF through CBWTF located nearby.
- h) In case of hilly areas considering the geography, only one CBWTF with adequate treatment capacity may be developed covering at least two districts to cater treatment services to the HCFs located in the respective Districts. The selection and allocation of site etc., should be done as per the criteria suggested under these guidelines. The treatment charges to be prescribed by the respective SPCB/PCC in consultation with the State Advisory Committee.

The criteria for development of CBWTFs in any coverage area is also depicted in **Figure 1**.

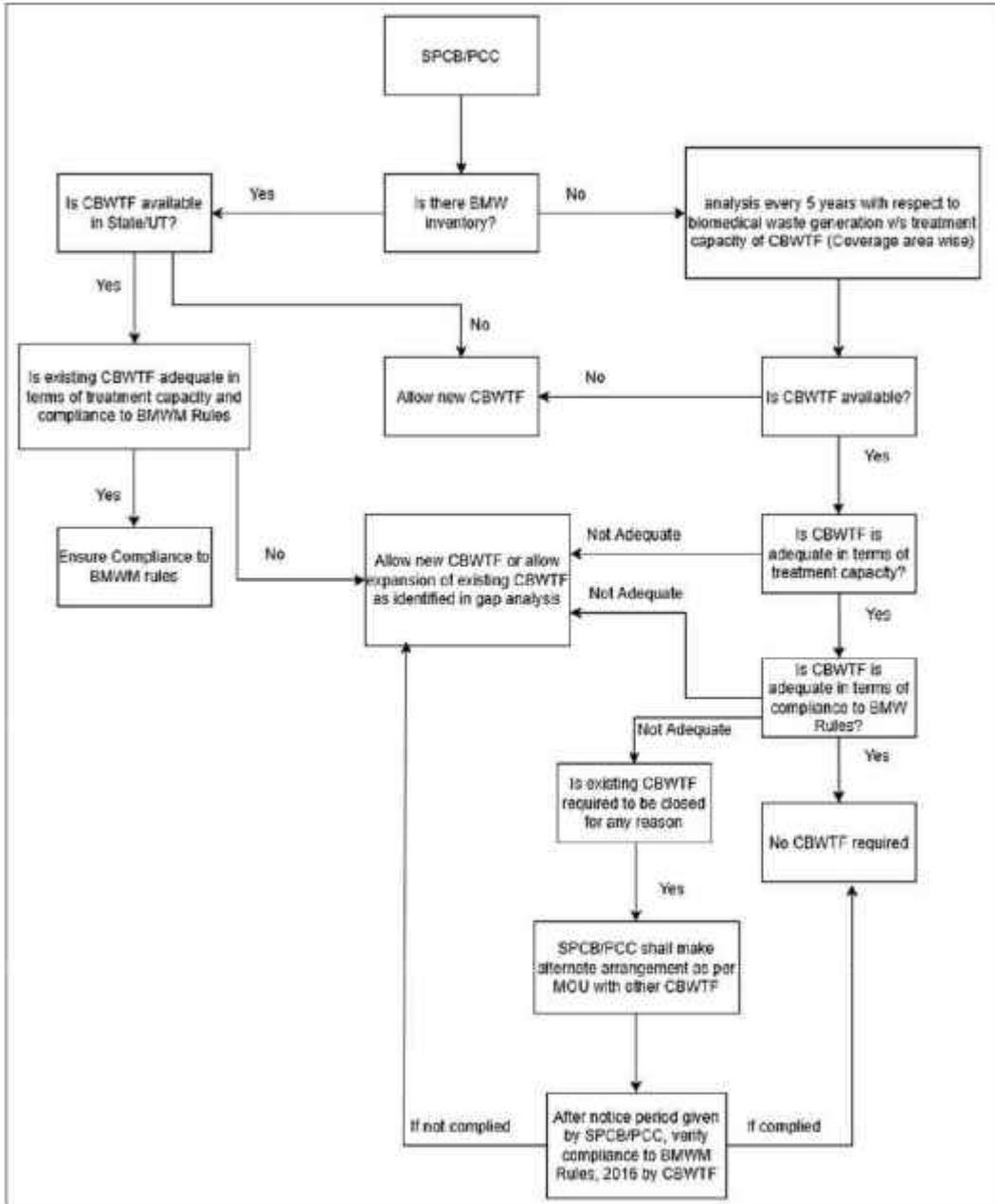


Figure 1. Criteria for Development of a CBWTF in a coverage area

3) **Duties of the operator of a common bio-medical waste treatment and disposal facility**

The duties of the operator of a common bio-medical waste treatment and disposal facility (CBWTF) as enunciated under Rule 5 of the Bio-medical Waste Management Rules, 2016 shall be ensured and complied with. All CBWTFs shall also comply w.r.to the residence time as well as emission norms including for Dioxins and Furans for incineration facility as prescribed under BMWM Rules, 2016. In addition to the above, to ensure proper management of bio-medical waste in the respective coverage area, as a mitigation measure, especially in the event of

- (a) a temporary break down (not more than a week) of a CBWTF especially for rectification of the refractory lining of the incineration chambers or change of requisite APCD due to failure; and
- (b) Closure of a CBWTF for violation of the provisions of the BMWM Rules or any other reason.

All CBWTFs are required to submit action plan (in case of closure), to the respective SPCB/PCC, for imposing suitable condition while granting authorisation under the BMWM Rules, 2016. The action plan should include:

- (a) an MoU made with the nearest two CBWTF located within the respective State/UT as alternate arrangement ensuring that the bio-medical waste generated is collected, treated and disposed of within 48 hours as stipulated under the BMWM Rules. In case, if there is no CBWTF located nearby then such CBWTFs should have to install stand by treatment equipment (equal to the existing treatment capacity as per consents granted by the SPCB/PCC), and
- (a) Decontamination plan of the CBWTF for execution of such plan prior to closure of a CBWTF.

4) **Applicability of these guidelines**

These guidelines are applicable to all the upcoming or new CBWTFs. In case of the existing CBWTFs, these guidelines shall be applicable

- (a) the existing CBWTFs desires to expand or enhance the existing treatment capacity
(or)
- (b) the existing CBWTFs desires to modernize the existing treatment equipment with the new equipment with enhancement in the existing treatment capacity.

5) Environmental laws applicable for commissioning or operation of a CBWTF

Operation of a CBWTF leads to air emissions as well as waste water generation as in case of an industrial operation. Most common sources of waste water generation in CBWTFs are vehicle washing, floor washing, and scrubbed liquid effluent from air pollution control systems attached with the incinerator/plasma pyrolysis. Incineration as well as DG Set is the general source of air emissions.

5.1 Any other approvals (such as Land Use /Change in Land Use as applicable) required from the concerned authorities under various laws have to be complied with by the proponent of the CBWTF prior to development of a CBWTF.

5.2 Consents under Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981 as well as Authorization under the BMWM Rules, 2016

The project proponent of the CBWTF is required to obtain 'Consent to Establishment' under Section 25 of the Water (Prevention and Control of Pollution) Act, 1974 and Section 21 of the Air (Prevention and Control of Pollution) Act, 1981, from the respective prescribed authority i.e. SPCB/PCC. Upon installation of the requisite equipment, the CBWTF Operator is also required to obtain authorization under BMWM Rules, 2016 co-terminus with consent to operate under Water (Prevention and Control of Pollution) Act, 1976 & Air (Prevention and Control of Pollution) Act, 1981 from the respective SPCB/PCC prior to commencement of the CBWTF.

5.3 Environmental Clearance under EIA Notification 2006

Ministry of Environment, Forest & Climate Change (MoEF & CC), notified amendment to the EIA Notification 2006 and published vide MoEF & CC Notification of S.O. 1142 (E) dated April 17, 2015. According to this notification, the 'bio-medical waste treatment facility' is categorized under the Item 7 (da) in the schedule, requiring 'environmental clearance' from the State Environment Impact Assessment Authority (SEIAA). Therefore, the CBWTF operator is also required to obtain 'Environmental Clearance (EC)' from the respective SEIAA or Ministry of Environment, Forest & Climate Change (MoEF & CC), as the case may be, before any construction work, or preparation of land by the projects management, which include the following:

a) All new projects or activities pertaining to the bio-medical waste treatment facility; and

- b) Expansion and modernization with additional treatment capacity of existing bio-medical waste treatment facility (excluding augmentation of incineration facility for compliance to the residence time as well as Dioxins and Furans without enhancing the existing treatment capacity).
- c) Any expansion or modification in the treatment capacity or relocation of the existing CBWTF (requires compliance to the relevant provisions notified under the Environment (Protection) Act, 1986 by the MoEF & CC.

6) Location criteria

In the context of these guidelines, buffer zone represents a separation distance between the source of pollution in CBWTF and the receptor - following the principle that the degree of impact reduces with increased distance. The following parameters may be considered for ascertaining buffer distance on case-to-case basis:

- (i) potential for spread of infection from wastes stored in the premises.
- (ii) applicable standards for pollution control and the relative efficiency of the existing incinerators and emission control systems,
- (iii) potential of fugitive dust emission from incinerators,
- (iv) Quantity and quality of wastewater discharged
- (v) the potential for odour production,
- (vi) the potential for noise pollution,
- (vii) the risk posed to human health due to exposure to emissions from incinerator,
- (viii) the risk of fire and
- (ix) significance of the residual impacts such as bottom ash and fly ash.

As far as possible, the CBWTF shall be located near to its area of operation in order to minimize the transportation distance in waste collection, thus enhancing its operational flexibility as well as for ensuring compliance to the time limit for treatment and disposal of bio-medical waste as stipulated under the BMW Rules (i.e., within 48 hours). Also, the location of the CBWTF should be in conformity to the CRZ Norms and other provisions notified under the Environment (Protection) Act, 1986. The location shall be decided in consultation with the State Pollution Control Board (SPCB)/ Pollution Control Committee (PCC) and SEIAA or MoEF & CC, as the case may be. The location criteria for development of a CBWTF are as follows:

- (a) A CBWTF shall preferably be developed in a notified industrial area without any requirement of buffer zone **(or)**

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- (b) A CBWTF can be located at a place reasonably far away from notified residential and sensitive areas and should have a buffer distance of preferably 500 m so that it shall have minimal impact on these areas. In case of non-availability of such a land, the buffer zone distance from the notified residential area may be reduced to less than 500 m by SPCB/PCC without referring the matter to CPCB by prescribing additional control measures such as (i) adoption of best available technologies (BAT) by the proponent of CBWTF; (ii) prescribing stringent standards for operation of the CBWTF by the SPCB/PCC; (iii) adoption of zero liquid discharge by the CBWTF and (iv) in case of any complaints from the public, then CBWTF should prove that the facility is not causing any adverse impact on environment and habitation in the vicinity.
- (c) The CBWTF can also be developed as an integral part of the Hazardous Waste Treatment Storage and Disposal Facility (TSDF) subject to obtaining of necessary approvals from the authorities concerned including 'environmental clearance' as per Environmental Impact Assessment 2006 and further amendments notified under the Environment (Protection) Act, 1986, provided there is no CBWTF exist within 150 KM distance from the existing TSDF.

7) Land requirement

Sufficient land shall be allocated to the CBWTF to provide all requisite systems which include dedicated space for storage of waste (both treated and untreated), waste treatment equipment, vehicle washing bay, vehicle parking space, ETP, incineration ash storage provision, administrative room, space for DG Set etc.,

- (a) Preferably, a CBWTF shall be set up on a plot size of not less than one acre in all the areas. However, a CBWTF can be developed in adjacent plots but cannot be set up in two or more different plots located in different areas. Separate plots can be permitted only for vehicle parking if located in the close vicinity of the proposed CBWTFs or the existing CBWTFs.
- (b) In case of upcoming or new CBWTFs (where municipal population is more than 25 lakhs), the land area requirement may be relaxed (but in any case not less than 0.5 acre) by the SPCB/PCC, with additional control measures such as zero liquid discharge, increase in stack height, stringent emission norms, odour control measures or any other measures felt necessary by the prescribed authority on case-to-case basis, only in consultation with SEIAA or MoEF &CC, as the case may be.
-

8) Coverage area of CBWTF

Suggested coverage area for development of a CBWTF is as follows:

- a) A CBWTF located within the respective State/Union Territory may be allowed to cater to healthcare units situated within a radial distance of 75 kilometers, subject to the condition that the facility possesses adequate treatment capacity to handle the bio-medical waste generated within the said radius. For the purpose of determining adequacy, 90% of the total treatment capacity as authorized by the concerned State Pollution Control Board (SPCB) or Pollution Control Committee (PCC) shall be considered. It shall further be ensured that bio-medical waste generated is collected, treated and disposed of within 48 hours as stipulated under the BMWM Rules.

The concerned SPCB/PCC shall undertake a gap analysis, as per **Appendix-I**, to assess the quantum of bio-medical waste generated vis-à-vis the available treatment capacity of the CBWTF (considering 90% of the authorized treatment capacity). In case the analysis indicates a shortfall in treatment capacity or if the existing CBWTF is found to be non-compliant with the provisions of the Bio-Medical Waste Management Rules, 2016, the SPCB/PCC may consider proposals for establishing a new CBWTF or for expansion of an existing facility, ensuring that bio-medical waste generated is collected, treated and disposed of within 48 hours as stipulated under the BMWM Rules.

- b) In case of hilly areas, considering the geography, only one CBWTF with adequate treatment capacity may be developed covering at least two districts to cater treatment services to the HCFs located in the respective Districts. The selection and allocation of site etc. should be done as per the criteria suggested under these guidelines. The treatment charges to be prescribed by the respective SPCB/PCC in consultation with the State Advisory Committee to be constituted under the BMWM Rules by the respective State Government or UT Administration.

9) Treatment equipment

The Common Bio-medical Waste Treatment Facility should treat the bio-medical waste as per BMWM Rules and as per the authorisation granted by the prescribed authority. The CBWTF should have the following treatment facilities:

a) **Incineration/Plasma Pyrolysis**

Incineration is a controlled combustion process where waste is completely oxidized and harmful microorganisms present in it are destroyed/ denatured under high temperature. The guidelines for "Design & Construction Requirements of Bio-medical Waste Incinerators" by CPCB from time to time shall be followed for selecting/or augmenting the incinerator.

Plasma Pyrolysis is an alternate to incinerator, Plasma Pyrolysis treatment technology can be installed for disposal of bio-medical waste categories as per BMWM Rules wherein destruction of bio-medical waste is similar to incineration can be achieved. In case of plasma pyrolysis, waste is treated at high temperature under controlled condition to form gases like methane, hydrogen and carbon monoxide which are subjected to combustion (oxidation) in secondary chamber. In the plasma pyrolysis process waste is converted into small clinker which can be disposed in secured landfills.

b) **Autoclaving/Hydroclaving/Microwaving**

- (i) **Autoclaving** is a low-heat thermal process where steam is brought into direct contact with waste in a controlled manner and for sufficient duration to disinfect the wastes as stipulated under the Bio-medical Waste Management Rules. For ease and safety in operation, the system should be horizontal type and exclusively designed for treatment of bio-medical waste. For optimum results, pre-vacuum based system be preferred against the gravity type system. It shall have tamper-proof control panel with efficient display and recording devices for recording critical parameters such as time, temperature, pressure, date and batch number etc. as required under the BMWM Rules.
- (ii) **Hydroclaving** is similar to that of autoclaving except that the waste is subjected to indirect heating by applying steam in the outer jacket. The waste is continuously tumbled in the chamber during the process.
- (iii) **Microwaving:** In microwaving, microbial inactivation occurs as a result of the thermal effect of electromagnetic radiation spectrum lying between the frequencies 300 and 300,000MHz. Microwave heating is an inter-molecular heating process. The heating occurs inside the waste material in the presence of steam.

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- c) Chemical disinfection:** Though chemical disinfection or alternates as stipulated under the BMW Rules is also an option for treatment of certain categories of bio-medical waste such as glass waste but looking at the volume of waste to be disinfected at the CBWTF and the pollution load associated with the use of chemical disinfectants, the chemical disinfection for treatment of bio-medical waste as part of a CBWTF may be used sparingly or avoided as far as possible.
- d) Dry heat sterilization:** This is the additional option for treatment of waste sharps as stipulated under the BMW Rules. In this method, waste sharps are treated using dry heat (hot air) at a temperature not less than 185°C, at least for a residence period of 150 minutes in each cycle (with sterilization period of 90 minutes).
- e) Shredder:** Shredding is a process by which waste are de-shaped or cut into smaller pieces so as to make the wastes unrecognizable. It helps in prevention of reuse of bio-medical waste and also acts as identifier that the wastes have been disinfected and are safe to dispose of. A shredder to be used for shredding bio-medical waste shall confirm to the following minimum requirements:
- (i) The shredder for bio-medical waste shall be of robust design with minimum maintenance requirement;
 - (ii) The shredder should be properly designed and covered to avoid spillage and dust generation. It should be designed such that it has minimum manual handling;
 - (iii) The hopper and cutting chamber of the shredder should be so designed to accommodate the waste bag full of bio-medical waste;
 - (iv) The shredder blade should be highly resistant and should be able to shred waste sharps, syringes, scalpels, blades, plastics, catheters, intravenous sets/ bottles, blood bags, gloves, bandages etc. It should be able to handle/ shred wet waste, especially after microwave/ autoclave/hydroclave;
 - (v) The shredder blade shall be of non-corrosive and hardened steel;
 - (vi) The shredder should be so designed and mounted so as not to generate dust, high noise & vibration;
 - (vii) If hopper lid or door of collection box is opened, the shredder should stop automatically for safety of operator;
 - (viii) In case of shock-loading (non-shreddable material in the hopper), there should be a mechanism to automatically stop the shredder to avoid any emergency/accident;
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- (ix) In case of overload or jamming, the shredder should have mechanism of reverse motion of shaft to avoid any emergency/accident;
- (x) The motor shall be connected to the shredder shaft through a gear mechanism, to ensure low rpm and safety;
- (xi) The unit shall be suitably designed for operator safety, mechanical as well as electrical;
- (xii) The shredder should have low rotational speed (maximum 50 rpm). This will ensure better gripping and cutting of the bio-medical waste;
- (xiii) The discharge height (from discharge point to ground level) shall be sufficient (minimum 3 feet) to accommodate the containers for collection of shredded material. This would avoid spillage of shredded material;
- (xiv) The minimum capacity of the motor attached with the shredder shall be 3 KW for 50 Kg/hr, 5 KW for 100 kg/hr & 7.5 KW for 200 Kg/hr and shall be three phase induction motor. This will ensure efficient cutting of the bio-medical wastes as prescribed in the Bio-medical Waste Management Rules; and
- (xv) The shredder also should be fitted with separate 'energy meter' for recording total energy consumed for operation of this equipment.

g) *Sharp pit/ Encapsulation:* A sharp pit or a facility for sharp encapsulation in a metal container or cement concrete shall be provided for treated sharps (*i.e., treatment by autoclaving or dry heat sterilization followed by shredding or mutilation*). An option may also be worked out for recovery of metal from treated and shredded waste sharps within the CBWTF or iron foundries having consent to operate from the SPCBs/PCCs and located nearby, as per the conditions imposed in authorization granted under BMWM Rules by the SPCB/PCC.

A sharp pit may be of circular or rectangular shape and shall be dug and lined with cement plastered brick masonry or concrete rings. The pit should be covered with a heavy concrete slab with a provision of galvanized steel pipe projecting about 1.5 meters above the slab, with an internal diameter of up to 50 mm or 1.5 times the length of vials, whichever is more. The top opening of the steel pipe shall have a provision of locking after the treated waste sharps are disposed into the sharp pit. When the pit is full, it can be sealed completely, after another pit is prepared. In case of high water table regions (*i.e., where water table is less than 6 metres beneath the bottom of the sharp pit*), a tank with above mentioned arrangements shall be made above the ground.

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- h) Deep burial:** SPCB/PCC should not allow the 'deep burial' of bio-medical waste as a part of CBWTF.
- i) Non-burn technology:** Non-incineration technologies for disposal of bio-medical waste are adopted in some of the developed countries. Non-incineration technology comprises of shredding and disinfection by autoclaving/microwaving or chemical treatment. The treated waste can be disposed along with municipal solid waste in sanitary landfills or through waste to energy plants. Such option can also be adopted in places where the sanitary landfill or waste to energy plant for disposal of municipal solid waste is available. Such technology is permitted only after prior approval of MoEF & CC and only after obtaining authorization under the BMW Rules from the respective SPCB/PCC for the purpose of carrying out trial runs for assessment of efficacy of the treatment equipment.
- j) Vehicle/Containers washing facility:** Every time a vehicle is unloaded, the vehicle and empty waste containers shall be washed properly and disinfected. Washing can be carried out in an open area but on an impermeable surface and liquid effluent so generated shall be conveyed and treated in an effluent treatment plant. The impermeable area shall be of appropriate size so as to avoid spillage of liquid during washing.
- k) Effluent Treatment Plant:** A suitable Effluent Treatment Plant (ETP) shall be installed to ensure that liquid effluent generated during the process of washing containers, vehicles, floors etc. is treated and reused after treatment. Proper treatment of waste water shall be ensured in case of zero discharge by recirculation of treated waste water for scrubbing. ETP may have treatment unit operations comprising collection tank, O & G trap, chemical dosing cum mixing (Flash and slow), coagulation chamber, primary settling tank (s), biological treatment process, secondary settling tank, pressure filter and activated carbon filter, pH Correction tank (wherever recirculation of treated water is practiced) so as to comply with the liquid discharge standards stipulated under the Bio-medical Waste Management Rules, 2016. ETP may also have the following provisions:
- (i) separate 'energy meter' so as to know total consumption of electricity for operation of the machinery attached with the ETP.
-

- (ii) pH meter so as to know pH level of treated water as well as pH level of treated water used for recirculated or recycling in APCD attached with the incinerator or any utility within the CBWTF.
- (iii) A 'magnetic flow meter' should also be fitted at all the water supply extraction points of the CBWTF as well as the outlet to know the total wastewater treated for further end use or discharge in compliance to the BMWM Rules.
- (iv) Provision of 'press filter' to reduce the moisture content of the ETP Sludge or it may be dried in 'sludge drying bed'. After removal of moisture content or drying, same need to be disposed of in an environmentally sound manner depending upon the hazardous constituents present in it as per Hazardous and Other Waste (Management and Transboundary Movement) Rules, 2016. In case, ETP sludge contains metal contents within the prescribed limits as per Hazardous & Other Waste (Management & Transboundary Movement) Rules, 2016, such ETP sludge shall be given to CBWTF for incineration or to hazardous waste treatment, storage and disposal facility (TSDF) for disposal in secured landfill.

Note:

- a) If any CBWTF desires to adopt any other technology other than referred under Schedule –I of the BMWM Rules, may adopt new technology only with the prior approval from MoEF & CC and is also required to obtain authorization under the BMWM Rules from the respective SPCB/PCC for carrying out trial run for assessment of efficacy of the new technology.
- b) All the treatment equipment should be operated and complied with the norms as stipulated under Schedule II of the Bio-medical Waste Management Rules, 2016 published by MoEF & CC vide GSR 343 (E) dated 28th March, 2016.
- c) Incinerator / Plasma Pyrolysis/ Autoclaving/Microwaving/ Hydroclaving/ Shredder/ Dry Heat Sterilization/ ETP should be fitted with separate 'energy meter' for recording total energy consumed for operation of these equipment.
- d) In the event of temporary shutdown (not more than a week) due to any operational problems in the treatment equipment (such as restoration of refractory lining or maintenance or repairs in APCD), to ensure bio-medical waste collected from the member health care facilities is treated within the time limit as stipulated under the BMWM Rules, all CBWTF operators should also be provided with stand by treatment equipment especially incinerator/plasma pyrolysis/autoclave (or) alternately MoU made with the nearby CBWTF (located within the State/UT) shall be submitted to the respective SPCB/PCC, by all the existing CBWTF operators (whereas the upcoming facilities have to make such arrangement prior to commencement of the facility) so as to include such condition while granting authorisation under the BMWM Rules, 2016 to the concerned CBWTF operators (vice-versa).

(10) Infrastructure set up

The CBWTF shall have enough space within it to install required treatment equipment, untreated and treated waste storage area, vehicle-parking, vehicle and containers washing area, Effluent Treatment Plant (ETP), administration room or staff room etc. The required area for CBWTF would depend upon the projected amount of bio-medical waste to be handled by it. A CBWTF shall have the following infrastructure:

a) Treatment equipment room

A separate housing may be provided for each treatment equipment at the CBWTF such as incinerator room, autoclave room, microwave room etc., as applicable. Each room shall have well-designed roof and walls. Such room shall be well ventilated and easy to wash. The floor and interior finishing of the room shall be such that chances of sticking/harboring of microorganisms are minimized. This can be attained by providing smooth & fine floor and wall surfaces (to a height of 2 meter from floor) preferably of tiles. The number of joints in such surfaces shall be minimal. The equipment room shall also have a separate cabin, to supervise the operation of the equipment and to record the waste handling and equipment operational data attached to each equipment room. There shall be two waste storage rooms, one for storage of untreated waste and another for treated waste and may be located at a distance from each other. The storage room shall have provisions similar to that of equipment room being well-ventilated with easy to wash floors & walls, smooth and fine surfaces etc. All the treatment equipment rooms and waste storage rooms should be provided with 'fly catcher/killing device'. The room shall be washed and cleaned with a suitable disinfectant every day.

b) Main waste storage space

Separate space shall be provided near the entry point of the CBWTF to unload and store all biomedical wastes that have been transported to the CBWTF by its own transportation vehicle. The size of the room shall be adequate to store all wastes transported to the CBWTF. The front portion of the room shall be utilized for unloading the wastes from the vehicle and back or side portion shall be utilized for shifting the wastes to the respective treatment equipment. In the front portion of the room where transportation vehicle is parked for unloading, the floor shall be made impermeable so that any liquid spillage during unloading does not percolates into the ground. The liquid generated during handling of wastes and washing, shall be diverted to the inlet

of effluent treatment plant (ETP). In the main storage room, wastes shall be stacked with clear distinction as per the color coding of the containers by providing partitions. From here, the colored containers may be sent to the respective treatment equipment by using suitable closed type of conveyance (trolley etc.,). The main storage room too shall have provisions similar to that of equipment room such as roofing, well ventilated, easy to wash floors & walls, smooth and fine surfaces etc.

Apart from the above, a CBWTF should have separate storage provision for storage of mercury bearing waste collected from the member health care facilities as per the procedure given in CPCB guidelines. Mercury storage provision should be provided as per the guidelines issued by CPCB (refer www.cpcb.nic.in). The capacity of the mercury storage provision should be maximum of 90 days and by which the collected mercury bearing waste shall have to be disposed of through a TSDF located nearby following the manifest as per Hazardous and Other Waste (Management and Transboundary Movement) Rules, 2016. The charges for collection and disposal of mercury bearing waste shall be collected by the CBWTF from the respective member HCF.

c) Treated waste storage room

Separate space should be provided to store the wastes treated in different treatment units. The wastes shall be stored in separate group as per the disposal options. Other provisions in the room shall be similar to the main storage room. Waste such as incineration ash/vitrified ash generated in the process of incineration/plasma pyrolysis respectively shall be stored safely in a separate area under the shed so as to avoid entry of rain water during the monsoon and for easy collection. In case, incineration ash/ vitrified ash is found to be hazardous waste in nature same should be disposed of through any authorized TSDF operator located nearby following the manifest as per Hazardous and Other Waste (Management and Transboundary Movement) Rules, 2016. In case of a State/UT where TSDF is not available, all the CBWTF operators have to store incineration ash safely as per these guidelines.

d) Administrative Room

This room shall be utilized for general administration, record keeping, billing etc.

e) Generator set

CBWTF shall have a generator set of adequate capacity as standby arrangement for power, with sufficient capacity to run the treatment equipment during the failure of power supply. The generator set shall comply with the necessary requirement as per DG Set norms notified under the Environment (Protection) Act, 1986.

f) Continuous emission monitoring system (CEMS)

Monitoring provision for continuous monitoring of the incinerator/plasma pyrolysis stack emission shall be installed by the CBWTF operators for the parameters as stipulated by the respective SPCB/PCC as per the authorisation granted under the BMWM Rules, 2016. Other-wise, at present, all the existing CBWTF operators are required to carry out stack emission monitored using continuous emission monitoring system for the flue gas parameters such as CO₂, O₂, CO as well as primary & secondary chamber temperatures, and records maintained. The continuous emission monitoring system for stack emission should be installed as per the guidelines issued by SPCB/PCC/CPCB. Also, the real time continuous stack emission monitoring data is also required to be transmitted to the servers of the respective SPCB/PCC as well as CPCB, by all the existing CBWTF operators

g) Vehicle Parking

Provision for parking shall be made within the confines of the site for parking of required number of vehicles, loading and unloading of the vehicles meant for transporting waste to and from the facility, etc. In case of a CBWTF with space constraints, multi-storey parking or a separate provision may be allowed only for parking of vehicles.

h) Display and sign board

An identification board (Display) of durable material and finish shall be displayed at the entrance to the facility. This shall clearly display the name of the facility, owner name, address and telephone number of the operator and the prescribed authority, no. of hours of operation & operational hours, telephone numbers of the personnel to be contacted in the event of an emergency, validity period of authorization as well as total daily waste treated and disposed. Also, sign boards should be provided at all the salient points (untreated waste storage area, treatment equipment, treated waste storage area, ETP, firefighting equipment) within the facility.

i) Washing Room

A washing room shall be provided for eye washing/hand washing/ bathing etc. for the workers.

j) Site Security

High walls, fencing and guarded gates shall be provided at the facility to prevent unauthorized access to the site by humans and livestock.

k) Fire safety

Fire safety equipment such as sand buckets and fire extinguishers should be provided at all the salient points of the CBWTF including at the diesel storage areas, diesel tanks connected with the incinerator etc. Fire alarm also should be provided within the CBWTF to prompt the workers in the event of any fire hazard. Workers should also be trained in First Aid administration.

l) First Aid Box

First Aid Box with necessary provisions need to be provided at all the salient points within the facility.

m) Green Belt

The open area available within the CBWTF shall be developed into green belt.

n) Website:

All CBWTFs shall develop own website and the upcoming CBWTF shall develop the website prior to the commencement of the facility. The website should be uploaded with relevant information periodically (on monthly basis) especially as detailed below:

- (i) A copy of the Environmental Clearance obtained;
 - (ii) Copies of the Consents under the Water (Prevention and Control of Pollution) Act, 1974 and Air (Prevention and Control of Pollution) Act, 1981 as well as the Authorisation under the BMW Rules obtained from the SPCB/PCC;
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- (iii) List of all the member Health Care Facilities with complete address, bedded or non-bedded HCFs, no. of beds, bar code, category-wise average bio-medical waste generation in kg/annum;
 - (iv) Charges levied on the member Health Care Facilities (HCFs) for treatment and disposal of bio-medical waste;
 - (v) Vehicles connected with a provision of GPS as per BMWM Rules and Vehicle-wise route chart for collection, transportation of bio-medical waste from the member HCFs;
 - (vi) Real time continuous online stack emission monitoring data;
 - (vii) Monthly details of total waste collected from the member HCFs, total waste treated, and treated recyclable plastic waste or glass waste sold to the parties and final mode of disposal of incineration ash;
 - (viii) A copy of the annual report submitted to the respective SPCB/PCC;
 - (ix) Monitoring results of the stack emissions, treated wastewater and incineration ash, as per the frequency stipulated under the BMWM Rules;
 - (x) List of HCFs (located within the coverage area) with complete address which have not taken membership of the CBWTF for disposal of Bio-medical waste;
 - (xi) Contact person, contact telephone number and e-mail addresses of the facility; and.
 - (xii) Provision to have access to the SPCB/PCC/CPCB/MoEF & CC/MoH & FW especially on GPS, online monitoring system and the data.

Besides the provisions suggested in the earlier paras, following important provisions should also be made in a CBWTF:

- (i) A telephone shall be provided and maintained at the facility.
 - (ii) A First Aid Box shall be provided and maintained at the CBWTF.
 - (iii) Proper lighting shall be provided at the facility.
 - (iv) Proper care shall be taken to keep the facility and surroundings free from odors.
 - (v) Measures shall be implemented to control pests and insects at the site.
 - (vi) Measures shall be implemented to control the escape of litter from the site.
 - (vii) Necessary provision shall be made to prevent and control noise generated, if any, due to the activities at the site.
 - (viii) Necessary protective gear for the waste handlers shall be provided.
 - (ix) Immunization to all the workers of CBWTF against all the diseases including especially Tetanus and Hepatitis -B as stipulated under the BMWM Rules.
 - (x) Workers should have provisions such as washing, toilet, and suitable place for eating.
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- (xi) Workers should also be provided with N-95 mask besides other PPEs such as hand gloves, gumboots, goggles etc.

Every CBWTF operator shall submit a work-plan to the Prescribed Authority. The work-plan should include the details of facilities at the CBWTF, collection, transportation & storage of the bio-medical wastes, operational details etc.

11) Record keeping

Maintenance of records for all operations carried out at the CBWTF is very important to monitor overall operation of the CBWTF. It also helps in submission of the required information to be submitted to the 'Prescribed Authority' by 30th June of every year as per the format prescribed under the BMWM Rules or provided by the SPCB/PCC. A well-maintained record of all the activities at the CBWTF also enables the facility operator to produce all information of the activities on demand of the concerned prescribed authority. The record should include all information relating to each activity at the CBWTF site as per BMWM Rules which include accidents occurred (spills, injury, fire accident) and the measures taken and also, however, minimum requirement is outlined below:

a) Records of waste movements

Daily records shall be maintained for the waste accepted and treated waste removed from the site. This record shall include the following minimum details:

- (i) **Waste accepted:** -Records on day-to-day basis (as per the format given at **Annexure-II**) shall be maintained with respect to the waste collection date, name of the healthcare unit with bar code, waste category as per BMWM Rules, category-wise quantity of waste accepted, vehicle registration number used for collection of bio-medical waste from member health care facilities, time at which waste collected from member HCFs, name of the vehicle driver and his signature and waste receiving date & time (at CBWTF site). Similar information to be acknowledged to the member health care facility by the CBWTF operator on daily basis.
- (ii) **Treated waste to be disposed :-** Date, treated waste type, Quantity, vehicle number, disposal as stipulated under BMWM Rules.
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b) Logbook for the treatment equipment

A logbook shall be maintained for each treatment equipment installed at the site and shall include the following:

- (i) The weight of each batch.
- (ii) The categories of waste as per the Rules.
- (iii) The time, date and duration of each treatment cycle and total hours of operations.
- (iv) The complete details of all operational parameters during each cycle.

Log book to be maintained for operating the incinerator/plasma pyrolysis as well as the autoclave as per the formats given at **Annexure –III**.

c) Monitoring and reporting of operations in the CBWTF:

The monitoring of the key operating parameters of treatment equipment provides several benefits. First, monitoring provides the operator with information needed to make decisions on necessary combustion control adjustments. Second, properly maintained monitoring records can provide useful information for identifying operating trends and potential maintenance problems. Following are the suggested parameters for monitoring of the treatment equipment

(i) Monitoring of operating parameters of the incinerator/plasma pyrolysis:

Following operating parameters can be monitored in case of incinerator/plasma pyrolysis:

- Waste charge rate.
- Combustion gas temperature in primary and secondary chamber as well as the temperature of the stack exit gas (flue gas).
- Condition of the draft (negative draft in primary chamber).
- Combustion gas oxygen level in primary and secondary chamber as well as stack exit gas.
- Air flow rate through the incinerator/plasma pyrolysis.
- Carbon-Di-Oxide (CO₂), Oxygen (O₂) and Carbon Monoxide (CO) level in the flue gas.

- Quantity of auxiliary fuel usage as well as the power consumption (in every batch).
- Pressure drop in the primary chamber and APCD attached with the incinerator/plasma pyrolysis and
- Bottom ash or slag quality (for Total Organic Carbon (TOC) as well as loss on ignition and the hazardous constituents (at least once in a quarter).

(ii) **Monitoring of operating parameters of the Autoclave:** Following operating parameters can be monitored during the sterilization using autoclave:

- Time at which sterilization started and time at which sterilization completed.
- Temperature conditions maintained throughout the sterilization
- Conditions of pressure maintained throughout the sterilization
- Duration of sterilization
- Validation test results

Records concerning the above parameters need to be maintained and checked periodically for taking remedial measures during the operation of the incinerator or plasma pyrolysis or autoclave. In case of other treatment processes, the operational conditions as well as the efficacy tests to be complied with as per the standards prescribed under the BMW Rules.

(iii) **Frequency of monitoring:**

The CBWTF operator shall carry out following tests through a NABL approved laboratory or a laboratory approved under the Environment (Protection) Act, 1986, as per the frequency stipulated under the BMW Rules or as prescribed by the SPCB/PCC and record of such analysis results shall be maintained and submitted to the prescribed authority (SPCB/PCC), as suggested below:

- **Liquid effluent:** Parameters such as pH, Suspended Solids, Oil & Grease, BOD, COD, Bio-assay for liquid effluent being discharged from the CBWTF be monitored as per the Consent conditions or once in a quarter and such records maintained and submitted to SPCB/PCC.
- **Stack emission monitoring:**

In case of the BMW incinerators, the Stack Emission shall be monitored (under optimum capacity) for parameters such as Particulate Matter, HCl, NO_x, Hg & compounds and combustion efficiency once in three months as required under schedule II of the Bio-medical Waste Management Rules 2016 (All monitored values shall be corrected to 11% Oxygen on dry basis). In case of dioxins and furans, monitoring should be done once in a year (monitored values shall be corrected to 11% Oxygen on dry basis).

➤ **Validation test of autoclave/microwave/chemical treatment/Dry heat sterilization:**

Suggested validation test for treatment of bio-medical waste by autoclave/microwave/chemical treatment/Dry heat sterilization is given in **Table 1**.

Table 1: Suggested validation test for treatment of bio-medical waste by autoclave/microwave/chemical treatment/Dry heat sterilization

S. No	Type of equipment used for treatment of bio-medical waste	Type of Validation Test	Frequency
(i)	Autoclave	(i) biological indicator strips or vials Geobacillus stearothermophilus spores with at least 1X10 ⁶ spores),	once in three months
		(ii) chemical indicator strip or tape	each batch of waste treated
(ii)	Microwave	Bacillus atrophaeus spores using vials or spore strips with at least 1 x 10 ⁴ spores per detachable strip	Recommended: once in three months
(iii)	Chemical treatment followed by shredding	Bacillus Subtilis (ATCC 19659)- 4 Log ₁₀ reduction or greater	Once in a week
(iv)	Dry heat sterilization	consistently kill the biological indicator Geobacillus Stearothermophilus or	Once in three months

S. No	Type of equipment used for treatment of bio-medical waste	Type of Validation Test	Frequency
		Bacillus Atropheaus spores using vials with at least 6 log ₁₀ spores per ml.	
		A chemical indicator strip or tape	Once in a week

d) Site Records:

Site records shall include the following:

- (i) All the approvals obtained from other concerned departments other than the prescribed authority;
- (ii) Details of construction or engineering works;
- (iii) Maintenance schedule, breakdowns/trouble shootings and remedial actions;
- (iv) Emergencies;
- (v) Incidents of unacceptable waste received and the action taken; and
- (vi) Details of site inspections by the officials of the regulatory authorities, purpose of visits with date and necessary actions initiated on the observations.

Daily, monthly and annual summary records of all the above shall be maintained and made available at the site for inspection and same submitted whenever required by an authorized official of the concerned regulatory authorities.

12) Collection and transportation of bio-medical waste

The collection and transportation of bio-medical waste shall be carried out in a manner so as to prevent any possible hazard to human health and environment. Collection and transportation are the two operations where the chances of segregated bio-medical waste coming in contact with the public, rag pickers, animals/birds, etc. are high. Therefore, all care shall be taken to ensure that the segregated bio-medical waste handed over by the healthcare units reach CBWTF without any damage, spillage or unauthorized access by public, animals etc. A responsible person from the CBWTF operator shall always accompany the vehicle to supervise the collection and transportation of bio-medical waste. Also, the private transport vehicles should not be

authorised by the SPCBs/PCCs only for transportation of the Bio-medical Waste. The CBWTF operator should be made responsible for collection and transportation of bio-medical waste.

a) Collection of bio-medical waste:

Generator of the bio-medical waste is responsible for providing segregated waste in accordance with the provisions of the Bio-medical Waste Management Rules, 2016, to the CBWTF operator. Dedicated temporary storage at healthcare unit shall be designated. The coloured bags handed over by the healthcare units shall be collected in similar coloured containers with proper cover. Each bag shall be labeled as per Schedule IV of the Bio-medical Waste Management Rules as well as with bar coding system (to be complied by the occupier or operator of a CBWTF as per BMWM Rules) so that at any time, the healthcare units can be traced back that are not segregating the bio-medical wastes as per BMWM Rules. The coloured containers should be strong enough to withstand any possible damage that may occur during loading, transportation or unloading of such containers. These containers shall also be labeled as per Schedule IV of the Rules. Sharps shall be collected in puncture resistant container. The person responsible for collection of bio-medical wastes shall also carry a register with him to maintain the records such as name of the healthcare unit, the type and quantity of waste received, time at which waste collected from the member HCF, signature of the authorised person from the healthcare unit etc. During transportation, the containers should be covered in order to prevent exposure of public to odours and contamination.

(b) Transportation of the collected bio-medical waste to the CBWTF:

All the vehicles used by the CBWTF operator shall not be sub-letted or contract vehicles should not be used by the CBWTF operator. All the vehicles owned by the CBWTF operator and intended only for collection of bio-medical waste from the member health care facilities should be registered under the Motor Vehicle Act with the respective RTO/Transport Department and such vehicle numbers should also be registered with the respective SPCB/PCC for the purpose of collection of bio-medical waste from the member health care facilities. The bio-medical waste collected in designated coloured containers shall be transported to the CBWTF in a fully covered vehicle. Such vehicle shall be dedicated for transportation of bio-medical waste only. Depending upon the volume of the wastes to be transported, the vehicle may be a

two or three-wheeler, light motor vehicle or heavy duty vehicle. In either case, the vehicle must possess the following:

- (i) Transportation vehicle shall be fitted with GPS to track the movement of the vehicle.
 - (ii) Separate cabins shall be provided for driver/staff as well as for placing the designated colour coded bio-medical waste containers.
 - (iii) Two wheeler registered under the Motor Vehicle Act shall be permitted for collection of bio-medical waste only from the clinics or dispensaries located in places where the lanes are narrow and not easily accessible to four wheeler vehicles. Such two wheeler vehicle (s) should have a provision of a suitable fixed waste collection box marked with bio-hazard symbol, contact details, proper lid, emergency spill collection procedure, first aid box and manifest record in accordance with the BMWM Rules
 - (iv) The base of the waste cabin shall be leak proof to avoid pilferage of liquid during transportation.
 - (v) The waste cabin may be designed for storing waste containers in tiers and also should be provided with a lighting provision.
 - (vi) The waste cabin shall be so designed that it is easy to wash and disinfect.
 - (vii) The inner surface of the waste cabin shall be made of smooth surface to minimize water retention.
 - (viii) The waste cabin shall have provisions for sufficient openings in the rear and/or sides so that waste containers can be easily loaded and unloaded.
 - (ix) The vehicles used for the purpose of collection and transportation of bio-medical waste must be labelled with the bio-hazard symbol (as per Schedule IV of the BMWM Rules, 2016) in red/black colour and should display the name, address, and contact number of the CBWTF operator in green colour. CBWTF authorized by (*Name of SPCB/PCC*) shall also be mentioned below name,
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address and contact number of the CBWTF operator in green colour, as given in **Annexure-VII**.

- (x) All the existing vehicles used for the purpose of collection and transportation of biomedical waste shall be labelled with the bio-hazard symbol and shall display the name, address, and contact number of the CBWTF operator on white background (as given in **Annexure-VII**). Further, vehicles registered with the respective SPCB/PCC for the purpose of collection and transportation of biomedical waste after June, 2025 shall be white in colour.
- (xi) Bio-hazard symbol size and font size shall be in minimum proportion of 12:3 and 12:1, respectively, with respect to body height of the vehicle used for transportation of biomedical waste. For Example: If body height is 6 feet i.e. 72" then minimum font size will be 6" and minimum size of bio-hazard symbol will be 18" as given in **Annexure-VII**.
- (xii) The vehicle driver should carry always valid registration of the vehicle obtained from the concerned transport authority and also carry valid 'pollution under control certificate' issued by the authorized certificate issuing agency.

Depending upon the area to be covered under the CBWTF, the route of transportation shall be worked out. The transportation routes of the vehicle shall be designed for optimum travel distance and to cover all member healthcare units of the CBWTF. The CBWTF operator should ensure online and real time tracking & monitoring provisions (GPS provision) should be given access with passwords to the SPCB/PCC and CPCB to cross check the movement of the transportation vehicles on any time by the SPCB/PCC/CPCB. As far as possible, the transportation shall be carried out during non-peak traffic hours. If the area to be covered is very large, a satellite station may be established to store the bio-medical waste collected from the adjoining areas. The wastes so stored at satellite station may then be transported to the CBWTF in a big vehicle. It shall be ensured that the total time taken from generation of bio-medical waste to its treatment, which also includes collection and transportation time, shall not exceed 48 hours.

13) Disposal option of solid waste generated from the CBWTF

Treated plastic waste, incineration ash, treated waste sharps and glass waste, Oil & Grease waste and ETP sludge are generally generated from the CBWTF from the treatment systems such as autoclaving/microwaving, incineration, chemical disinfection and effluent treatment plant respectively. The treated bio-medical waste shall be disposed as per the options suggested in the **Table 2** given below:

Table 2: Suggested Disposal option of solid waste generated from the CBWTF

Sl. No.	Treated Waste Category	Suggested Treatment and Disposal Options
1.	Plastic wastes	Plastic waste should not be sent to landfill sites. Plastic waste after disinfection and shredding, is required to be (i) sent to registered or authorized recyclers (or) (ii) for energy recovery (or) (iii) diesel or fuel oil recovery (or) (iv) for road making, whichever is possible.
2.	Disinfected Sharps (including needles and syringes)	Treatment by Autoclaving or Dry Heat Sterilization followed by shredding or mutilation or combination of shredding cum autoclaving. Treated sharps need to be disposed of (i) by encapsulation in metal container or cements concrete; (or) (ii) sent for final disposal to iron foundries (having consent to operate from the SPCBs/PCCs) (or) (iii) Disposal in sanitary landfill; (or) (iv) Disposal in designated concrete waste sharp pit.
3.	Incineration ash	Incineration ash from incineration of any bio-medical waste shall be disposed through hazardous waste treatment, storage and disposal facility (TSDF), if toxic or hazardous constituents are present beyond the prescribed limits as given in Schedule -II of the Hazardous and Other Waste Management & Transboundary Movement Rules or as revised from time to time.
4.	Other treated solid wastes like Glass waste	Disinfection (by soaking the washed glass waste after cleaning with detergent and Sodium Hypochlorite

Sl. No.	Treated Waste Category	Suggested Treatment and Disposal Options
		treatment) or through autoclaving or microwaving or hydroplaning and then sent for recycling.
5.	Oil & Grease	By Incineration
6.	ETP Sludge	After drying in sludge drying beds or removal of moisture content using 'Filter Press' and such ETP sludge shall be given to CBWTF for incineration or to the hazardous waste treatment, storage and disposal facility (HWTSDF) for disposal in Secured Landfill
7.	Hazardous Waste	Disposal through a TSDF located nearby following the manifest as per the Hazardous and Other Waste (Management & Transboundary Movement) Rules, 2016

14) Cost to be charged by the CBWTF Operator for the Health Care Facilities

Cost to be charged from the healthcare facilities plays an important role in financial viability and sustainable operation of a CBWTF project, for providing the best treatment services to the Health Care Units and for ensuring compliance to the BMWM Rules. The cost shall be so worked out that neither it becomes a monopoly of the CBWTF operator nor the interest of the CBWTF operator is overlooked. It is recommended that cost to be charged from the healthcare units, depending on the size, no, of beds and the distance from the location of the CBWTF and same shall be worked out in consultation with the concerned SPCB/PCC and the local Medical Association, keeping in view the following options:

- (a) In case of non-bedded health care units, fixed charges depending on the average quantity of waste generation per day, in case of the nursing homes/clinics/sample collection Centres /Dental HCentres, dispensary, pathological laboratory, blood banks, and other non-bedded hospitals irrespective of their system of medicine including ayush hospitals.
- (b) In case of bedded hospitals, fixed charges per bed per day basis and based on the no. of beds for which consents under the Water Act, 1974/Air Act, 1981 and authorization granted under the BMWM Rules, by the prescribed authority

Note:

- (i) *Rates are required to be revised once in a year based on the Wholesale Price Index (WPI Index) or Consumer Price Index (CPI Index) (considering the prevailing market price especially in respect of the labour expenses, diesel prices, electricity, operating cost etc.,), by the State Advisory Committee in consultation with the concerned SPCB/PCC, local Medical Association and the representatives of the CBWTF Association*
- (ii) *The Health Care Facilities are required to ensure timely payments to the CBWTFs for ensuring timely treatment services in compliance to the BMWM Rules as well as agreement made with the concerned CBWTF Operator.*

15) Check list for development of CBWTF

The criteria for development of CBWTF have been discussed in detail in the Previous sections. However, to have at a glance check in developing CBWTF, checklist is reproduced for convenience and is annexed **(Annexure-IV)**.

16) Periodic inspection/monitoring or performance evaluation of the CBWTF

To have uniformity in performance evaluation of the CBWTF throughout the country, a check list for performance evaluation of the CBWTF for carrying out inspection/monitoring/compliance verification has been prepared and is annexed **(Annexure -V)**. All the prescribed authority (SPCB/PCC) shall inspect the CBWTF at least once in six months located in the respective State/UT and a copy of the inspection reports shall be submitted to CPCB and MoEF & CC along with a copy of the action taken for ensuring compliance to the BMWM Rules and CPCB guidelines issued from time to time and also such information is required to be uploaded in SPCB/PCC website. CPCB shall carryout random inspection of the CBWTFs once in a quarter and any violations observed further actions shall be initiated by CPCB if required under the Environment (Protection) Act, 1986.

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Appendix-I**Methodology to Conduct gap analysis with respect to generation and treatment of biomedical waste - Revision 1**

Guidelines for Common Biomedical Waste Treatment Facilities was prepared by CPCB with an aim to have uniformity in ensuring site selection, allowing and establishment of a state-of-the-art Common Biomedical Waste Treatment Facilities (CBWTFs), operation as well as verification of compliance to the BMWM Rules, 2016 throughout the country. As per the said guideline, SPCB/PCC is required to prepare an inventory or review with regard to the bio-medical waste generation at least once in five years in the coverage areas of the existing CBWTF and conduct gap analysis as per format given in Annexure-I of the guideline.

Further, methodology for conducting gap analysis with respect to generation and treatment of biomedical waste prepared by CPCB and circulated to all SPCBs/PCCs. Accordingly, 12 SPCBs/PCCs have conducted gap analysis and submitted the report to CPCB. However, non-uniformity and ambiguity was observed specifically with regard to the method for extrapolating the data on biomedical waste generation and requirement of adequate treatment capacity in the gap analysis reports submitted by SPCBs/PCCs. Therefore, revised methodology have been prepared with an aim to have uniformity in the method for carrying out the gap analysis by State Pollution Control Boards/Pollution Control Committees.

The methodology for conducting gap analysis may be based on following parameters:

S. No.	Parameters	Details
1.	Coverage area of CBWTF	Mention farthest distance covered by CBWTF
2.	No. of HCFs (Bedded and non-bedded)	In Number
3.	No. of Beds covered	In Number
4.	Total biomedical waste generation (in Kg/day)	The generation of biomedical waste may be calculated by considering following aspects: a) Generation from bedded HCFs: The biomedical waste generation rate may be considered as 277* grams per bed per day

		<p>b) Generation from non-bedded HCFs: The biomedical waste generation may be considered as 274** grams per day</p> <p>c) Biomedical waste generated from occasional waste generators such as health camps, institutions, vaccination camps etc as defined under CPCB guidelines may also be considered.</p> <p>* Reference: Report on Health-care Waste Management status in countries of the South-East Asia Region by WHO which is also nearly equal to the average biomedical waste generation per day per bed as per AR information received from States/UTs.</p> <p>**The value is taken based on the data given by CBWTF Associations regarding current average biomedical waste generation from non-bedded HCFs.</p>
5.	Extrapolate the biomedical waste generation for next 10 years	Linear method may be adopted for extrapolation of biomedical waste generation
6.	Total existing treatment capacity (in Kg/day) (Sum of Incineration Capacity and Autoclave/Microwave/Hydroclave Capacity)	<p>For calculation of existing treatment capacity, maintenance time (not more than 12-18 hrs/month) may be considered for calculating operational hours of equipment as below:</p> <p>a) Operational Hours for static incinerator 20 hrs/day</p> <p>b) Operational hours for Rotary incinerator 22 hrs/day</p> <p>c) 18 cycle per day for autoclave</p>

		The actual capacity may also be considered as 90% of available capacity keeping 10% margin for diverted/extra waste etc.
7.	Total Biomedical Waste treated and disposed (Kg/day)	Sum of all categories of biomedical waste treated and disposal.
8.	Gap between total extrapolated biomedical waste generation (for next 10 years) and existing biomedical waste treatment capacity	Extrapolated biomedical waste generation minus total existing treatment capacity

Annexure-I

Coverage area-wise gap analysis for assessing additional BMW treatment capacity requirement

S. No	Coverage area (pl. indicate areas covered by a CBWTF in the State/UT)	No. of HCFs		No. of Beds covered	Total estimated BMW generation in Kg/day	Total existing treatment capacity in Kg						Total BMW Treated and Disposed in Kg/day	Gap between total BMW Generation and the Existing BMW Treatment Capacity in Kg	Remarks (Whether additional Treatment Capacity is required or not)		
		Bedded	Non-bedded			Inclineration	Autoclaving/ Hydroclaving /microsewing	Chemical disinfection	Deep burial	Any other mode of disposal	Yes			No		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		

Note: Above gap analysis coverage area-wise is required to be prepared once in five years and should be shown or depicted in a Map of State/UT.

Annexure- II

Format for maintaining the records by the CBWTF Operator alongwith the transportation Vehicle used for collection of bio-medical waste from the member HCFs

- Name of the CBWTF : _____
- Address of the CBWTF with contact details : _____
- Vehicle Registration Number (certificate to be carried by the vehicle driver) : _____
- Route covered (indicate places) by the vehicle : _____

Note: Above format is required to be maintained in duplicate both by the CBWTF Operator and the member HCF

Date	Vehicle number and the Time of arrival of the vehicle	Vehicle meter readings in KM		Speedo mileage in KM	Name of the HCF with address and the bar code number from whom waste collected	Category-wise quantity of bio-medical waste received in kg					Total BMW collected by the CBWTF		Name of the Vehicle driver with		Signatures	
		Initial	Final			Yellow	Red	Blue	Out dated medicines	White - waste sharps	Total No. of Bags	Total waste	Vehicle Driver	Representative of the HCF		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)			

Annexure - III Log book for Operating the Incinerator/Plasma Pyrolysis

Date	Time of operation of the Incineration		Quantity of hourly BMW charged in Kg (Total BMW charged in a day in kg)	Temperature maintained in °C		Negative draft primary chamber (for min of water column; PL indicate range i.e. min. to max.)		Pressure drop across APCD (for min of water column) (PL indicate range i.e. min. to max.)	pH level of scrubbed liquid used	Average values of flue gas analysis results (continuous online) observed during the incineration/plasma pyrolysis process operation	Consumption of electricity/ Diesel whichever is applicable				Net Quantity of bio-medical waste received in Kg	Net Quantity of bio-medical Waste left over in a day (in Kg)		
	Start	End		Primary chamber	Secondary Chamber	After scrubbing in wet gas	CO in mg/Nm ³				O ₂ in %	CO ₂ in %	% combustion Efficiency	Power (indicate electricity meter reading) Initial reading			Final reading	Diesel in liters (PL indicate daily or weekly diesel consumption)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19) = (18) - (4)

Note: Fill the details whichever is applicable

Log Book for Operating the Autoclave/Hydroclave

Date	Time of operation of the Autoclave or Hydroclave		Batch number	Quantity of waste feeding per batch in kg (Total waste treated by autoclaving/ hydroclave in Kg)	Temperature and Pressure in every ten minutes:		Strip test result (pl. paste the strip test for each batch with a proof)	Consumption of electricity (indicate electricity meter reading)		Net Quantity of waste received in Kg	Net Quantity of Waste left over in Kg
	Start	End			Temperature in °C	Pressure in psi		Initial reading	Final reading		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12) = (11) - (5)

Annexure – IV

Check List for Development of a Common Bio-medical Waste Treatment and Disposal Facility & For issuing 'Consent to Establishment under Water & Air Acts

-
1. Name of the Proponent :
 2. Proposed location of the CBWTF :
 3. No. of HCFs in the locality :
 4. No. beds :
 5. Total Bio-medical Waste Generation in kg/day :
 - (i) Incinerable in kg/day :
 - (ii) Autoclavable in kg/day :
 - (iii) Glass waste in kg/day :
 - (iv) Waste sharps in kg/day :

 6. **Proposed location of the CBWTF:** located away from
 - a) Residential area : Yes No
 - b) Sensitive area : Yes No
 - c) Industrial area : Yes No
 - d) Is it as a part of TSDF : Yes No
 - e) Is the facility proposed in Hilly areas: Yes No
 - d) Buffer distance of 500 m available : Yes No

 7. **Proposed land area for CBWTF:**
 - a) Area about 1 acre : Yes No
 - b) Area less than 1 Acre : Yes No
 - c) Area more than 1 Acre : Yes No

 8. **Proposed coverage area of the CBWTF:**
 - a) Any facility located upto a radius of 75 KM from the proposed locality : Yes No
 - b) No. of beds covered by the existing facility/proposed facility:
 - (i) more than 10,000 beds : Yes No
 - (ii) less than 10,000 beds : Yes No
 - c) Is there any CBWTF within the radius of 75 KM : Yes No
 - d) BMW Waste generation in a coverage area under consideration: Kg/day
-

- e) Existing CBWTF treatment Capacity :
- (a) Incineration/plasma pyrolysis : Kg/day
- (b) Autoclave/hydroclave :Kg/day
- (c) Chemical Disinfection : Kg/day
- f) Is locality requires any additional capacity (within a radius of 75 KMs)?.
- : Yes No
- (i) If so, indicate reason:.....

9. Requirement of Treatment Facility: Following treatment facilities shall be provided in a CBWTF:

- a) Incineration : Yes No
- b) Autoclave (Pre-vacuum horizontal feeding) / Hydroclave / Microwave. : Yes No
- c) Shredder : Yes No
- d) Sharp pit (with drawing details) : Yes No
- e) Provision for floor washing/vehicle washing: Yes No
- f) Effluent Treatment Plant : Yes No
- g) Secured land fill/Disposal of ash in TSDF : Yes No
- h) Other provisions as per CPCB guidelines : Yes No

10. Segregation

- (i). Segregation shall be as per the Bio-medical Waste Management Rules, 2016 as amended as well as compatible with treatment facilities at CBWTF
- (ii). Occupier/Generator is responsible for providing segregated waste to the operator.

11. Collection

- (i) Respective coloured bags provided with bar code should be kept in similar coloured container i.e. coloured bags shall not be directly kept in vehicle.
- (ii) Sharps shall be collected in puncture resistant, leak proof, rigid containers.
- (iii) Temporary storage at healthcare unit shall be designated.

12. Transport Vehicle

- (I) Dedicated vehicles for collection of Bio-medical waste : Yes No
- (II) Separate cabins shall be provided for driver/staff and the bio-medical waste containers : Yes No
- (III) The base of the waste cabin shall be leak proof to avoid pilferage of liquid during transportation : Yes No
- (I) The waste cabin may be designed for storing waste containers in tiers : Yes No
- (V) The waste cabin shall be so designed that it is easy to wash and disinfect. : Yes No
- (VI) The inner surface of the waste cabin shall be made of smooth surface to minimize water retention : Yes No
- (VII) The waste cabin shall have provisions of sufficient openings in the rear and/or sides so that waste containers can be easily loaded and unloaded : Yes No
- (VIII) The vehicle shall be labeled with the bio-hazard symbol (as per Schedule IV of BMW Rules) and should display the name, address and telephone number of the CBWTF : Yes No
- (IX) Other provision as per CPCB guidelines : Yes No

13. Storage

- (I) Sufficient ventilated storage space for untreated and treated bio-medical waste shall be provided. : Yes No
- (II) The flooring and walls (to a height of 2M from floor) shall be finished with smooth and fine material. There shall be minimum number of joints. : Yes No

14. Record Keeping

- (I) Documents such as collection advice taken from health care units for each category of waste, records of waste movements, logbook for the equipment and site records shall be maintained. : Yes No
- (II) All the record (five year) shall be available at the CBWTF site for inspection. : Yes No

15. Proposed Treated Waste Disposal method:

- (i). Incineration ash - Secured landfill/near by TSDF : Yes No

- (ii). Plastic waste after disinfection and shredding –Registered Recycling Unit : Yes No
- (iii). Sharps, after disinfection (if encapsulated) - Municipal landfill : Yes No
- (iv). Treated wastewater –Discharge into sewer/drain or recycling in APCD : Yes No
- (v). Oil & grease –By incineration: : Yes No
- (VI). Any other mode of disposal of recyclable waste: :
(If so, pl. indicate)

16. Estimated energy consumption and fuel consumption per month :

- (i) Estimated energy consumption per month
- (a) General lighting in the facility :
- (b) Incinerator :
- (c) Autoclave/microwave :
- (d) Shredder :
- (e) ETP :
- (f) Any other :
- (ii) Estimated fuel consumption:
- (a) Diesel consumption :..... in KI per month
- (b) No. of hours of operation of DG Set :
- (c) No. of hours of incineration :

17. Whether the proponent obtained necessary approvals from the concerned departments as required : Yes No

(i) If yes, attach details

18. Whether the proponent obtained EC as per EIA 2006 and the amendments made thereof : Yes No

(i) If yes, attach a copy of the EC obtained from the concerned

19. Whether the proposal recommended for issuing consent to establish

: Yes No

(Signature of the official verified with date)

Annexure – V

**Check List for Performance Evaluation of the
Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)**

S.No.	Details	Particulars
01.	Name of CBWTF with contact details :	
02.	Date of visit :	
03.	Location details of the CBWTF :	a) Near to Residential area: :Yes <input type="checkbox"/> No <input type="checkbox"/> b) In/near Sensitive area: Yes <input type="checkbox"/> No <input type="checkbox"/> c) In Industrial area : Yes <input type="checkbox"/> No <input type="checkbox"/> d) Is there a buffer zone of 500 m: Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate exact distance: _____ in KM e) Is it as a part of TSDF: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, distance of TSDF from the nearest CBWTF:KM.. f) Is the facility proposed in Metropolitan city: Yes <input type="checkbox"/> No <input type="checkbox"/> (i)Name of the City: (ii)Population of the City (as per latest census): g) Is the facility proposed in Hilly area : Yes <input type="checkbox"/> No <input type="checkbox"/> (i)Name of the Town/City:
04.	Month / year of establishment and the Consents status :	Establishment Month/Year :
05.	CBWTF set up by :	
06.	CBWTF operated by :	
07.	Total number of healthcare facilities and beds covered (as on date of visit) :	No. of HCFs : No. of Beds : No. of HCFs and beds upto 75 KM radius:

S.No.	Details	Particulars
08.	Total BMW Treatment Capacity of CBWTF (in kg / day)	Incineration : Autoclave : Chemical Disinfection: Any other treatment and disposal:
09.	Consents and Authorization details :	
9.1	Consent under Water (Prevention and Control of Pollution) Act, 1974	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for <input type="checkbox"/> Possess Valid Consent <input type="checkbox"/> Not renewed <input type="checkbox"/> No consent If obtained: Consent is valid upto and issued bySPCB/PCC vide letter dated
9.2	Consent under Air (Prevention and Control of Pollution) Act, 1981	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for <input type="checkbox"/> Possess Valid Consent <input type="checkbox"/> Not renewed <input type="checkbox"/> No consent If obtained: Consent is valid upto and issued bySPCB/PCC vide letter dated
9.3	Environmental Clearance (EC)	<input type="checkbox"/> Applied for <input type="checkbox"/> Not applied <input type="checkbox"/> Obtained <input type="checkbox"/> Not obtained If obtained: EC issued by SEIAA or MoEF& CC vide letter dated
9.4	Authorization under BMW Rules, 1998	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for <input type="checkbox"/> Possess Valid Authorisation <input type="checkbox"/> Not renewed <input type="checkbox"/> No Authorisation If obtained: Authorisation is valid upto and issued bySPCB/PCC vide letter dated
10.	Investment in setting up the CBWTF	
11.	Area of plot size for CBWTF (Sq. ft.)	
12	Annual Report submission for the year	Submitted before due date : :Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of waste collected, received and treated & disposed of:
12.	Coverage area of CBWTF (radius in KM covered)	Coverage area upto 75 km radius: Yes <input type="checkbox"/> No <input type="checkbox"/>

S.No.	Details	Particulars
13.	Name of Districts/Cities / places being covered	(Pl. indicate Districts or places covered:.....) W.r.to the CBWTF (i) Farthest HCF located at :KM (ii) Nearest HCF located at :KM.
14.	Daily operation schedule (timings)	(i) Collection: ...AM to ... PM, (ii) Incineration:....AM to ...PM (iii) Whether waste from member HCFs collected in holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Cost charged to the healthcare facilities	(i) Charges in Rs..... (ii) Is the cost to be levied suggested by:Organisation
16.	Total quantity of bio-medical waste treated: kg/day (avg.)	
16.1	Incinerable	: %
16.2	Autoclaving	:%
16.3	Chemical Disinfection	:%
16.4	Others (please specify waste type-wise)	:%
17.	Staff involvement in CBWTF operation (number of persons):	
17.1	Managerial Administration /	:
17.2	Equipment operations	:
17.3	Transportation of BMW	: No. of Drivers: No. of Helpers:
17.4	Sanitation and others	:
17.5	Total persons excluding managers	:
18.0	Collection and Transportation of bio-medical waste from member HCFs :	
18.1	No. of Vehicles used for collection of waste from member HCFs	(i) Four Wheelers:Nos and Vehicle Numbers: (ii) Two Wheelers :.....Nos and Vehicle Numbers:.....
18.2	Vehicles are labeled as per BMW Rules, 2016	: <input type="checkbox"/> Satisfactory <input type="checkbox"/> No satisfactory
18.3	Vehicles used are as per CPCB Guidelines	: <input type="checkbox"/> Satisfactory <input type="checkbox"/> No satisfactory

S.No.	Details	Particulars												
18.4	Vehicles attached with the GPS provision as per BMW Rules 2016	<input type="checkbox"/> Satisfactory <input type="checkbox"/> No satisfactory												
18.5	Whether waste collected from member HCFs adopted Bar coding system ?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
19.0	Temporary untreated waste storage area	<input type="checkbox"/> Satisfactory <input type="checkbox"/> No satisfactory												
20.0	Mode of conveyance of bio-medical waste from untreated waste storage area to the treatment equipment within the CBWTF	<input type="checkbox"/> Closed Trolley/Pull cart with bio-hazard symbol <input type="checkbox"/> No Closed Trolley/Pull cart <input type="checkbox"/> Others like												
21.0	Treatment equipment installed at CBWTF													
21.1	Incinerator/plasma pyrolysis capacity and make	(i) No. of Incinerators including standby: (ii) Incineration capacity: kg /hrKg/day.												
21.2	Daily Operation schedule of the incinerator /plasma pyrolysis (timings)AM toPM (or)PM toAM Whether bio-medical waste collected from member HCFs is treated during holidays: Yes <input type="checkbox"/> No <input type="checkbox"/>												
21.3	Consumption of auxiliary fuels	<table border="1"> <thead> <tr> <th>S. No</th> <th>Type of Fuel</th> <th>Consumption Quantity in liters per day</th> <th>Bill numbers of purchase of fuel</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	S. No	Type of Fuel	Consumption Quantity in liters per day	Bill numbers of purchase of fuel	a)				b)			
S. No	Type of Fuel	Consumption Quantity in liters per day	Bill numbers of purchase of fuel											
a)														
b)														
21.4	Stack attached with the incinerator /plasma pyrolysis	(i) Stack Diameter: m (ii) Stack Height : m above Ground Level												
21.5	Monitoring provision attached with the stack	<input type="checkbox"/> Platform <input type="checkbox"/> Porthole <input type="checkbox"/> access to the platform (Steps/Monkey Ladder/any other.....)												
21.6	Is stack monitoring provision satisfactory	<input type="checkbox"/> Yes <input type="checkbox"/> No												

S.No.	Details	Particulars
	and as per CPCB guidelines	
21.7	air pollution control systems attached with the incinerator/plasma pyrolysis	(i) Quenching : <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Venturi scrubber : <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Droplet separator : <input type="checkbox"/> Yes <input type="checkbox"/> No (iv) Mist eliminator : <input type="checkbox"/> Yes <input type="checkbox"/> No (v) Filters : <input type="checkbox"/> Yes <input type="checkbox"/> No (vi) Lime and Activated Carbon injection: : <input type="checkbox"/> Yes <input type="checkbox"/> No (vii) ID Fan : <input type="checkbox"/> Yes <input type="checkbox"/> No (viii) Any other : (Pl. indicate)
21.8	Waste feeding mechanism	(i) Manual feeding : <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) PLC based Automatic feeding : <input type="checkbox"/> Yes <input type="checkbox"/> No
21.9	Is PLC and automatic recording system (for recording operating parameters of the incinerator) attached with the incinerator/plasma pyrolysis	(i) PLC synchronized with waste feeding mechanism & in working condition: <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) PLC synchronized and recording system attached with incinerator and in working condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
21.10	Operational conditions of the Incineration/plasma pyrolysis as observed during the visit	(i) Whether burners in working condition: <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Temperature maintained in Primary Chamber (range) :° C (iii) Temperature maintained in Secondary Chamber (range):.....° C (iv) Negative draft in Primacy Chamber :mm of water column (v) Pressure drop in the Venturi: mm of water column
21.11	Is continuous on-line monitoring system/Flue gas analyser attached with the incinerator/plasma pyrolysis for flue gas	(i) Is continuous online monitoring system (COMS) attached with incinerator: <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Observed values of flue gas parameters: CO ₂ : % , O ₂ : % and CO: % (iii) Observed Combustion Efficiency:%

S.No.	Details	Particulars
	analysis (i.e CO, O ₂ and CO ₂)	(iv) Observed values of stack emissions as per COMS
21.12	Emergency and Fire safety measures adopted within the facility is adequate	: Is Emergency stack attached with the incinerator: <input type="checkbox"/> Yes <input type="checkbox"/> No Whether fire safety measures adopted (Fire Extinguishers, Sand buckets etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No
21.13	Log book for incinerator/ plasma pyrolysis is maintained and satisfactory	: Log Book Maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No Log Book Maintained is satisfactory : <input type="checkbox"/> Yes <input type="checkbox"/> No
21.14	Details of heat recovery system installed with incinerator/plasma pyrolysis	: <input type="checkbox"/> Yes <input type="checkbox"/> No
22.0	Capacity of autoclave and-- make	: Autoclave of capacitykg/cycle and make installed.
22.1	Operating conditions of autoclave/microwave as observed during the visit	: Operating parameters observed: (i) Temperature : in °C (ii) Pressure : in psi (iii) Residence time : in minutes
22.2	Provision made for the autoclave /microwave	: Trolley for waste feeding : <input type="checkbox"/> Yes <input type="checkbox"/> No Graphic or computer recording device attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
22.3	Spore test or strip test conducted regularly and records maintained	: <input type="checkbox"/> Yes <input type="checkbox"/> No Pl. indicate frequency of Strip test conducted: every batch /once in a week /quarterly /yearly Pl. indicate frequency of Spore test conducted: every batch /once in a week /quarterly /yearly
22.4	Performance of autoclave by spore testing or routine test	: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory
22.5	Log book maintained for autoclave is satisfactory	: Log Book Maintained: <input type="checkbox"/> Yes <input type="checkbox"/> No Log Book Maintained is satisfactory : <input type="checkbox"/> Yes <input type="checkbox"/> No
23.0	Capacity of shredder and make	: kg/hr. Self-designed & got fabricated locally.

S.No.	Details	Particulars														
24.0	Details of sharp pit / Encapsulation facility	(i) Sharp Pit provided : <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is it as per CPCB guideline : <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Records maintained : <input type="checkbox"/> Yes <input type="checkbox"/> No (iv) Total quantity of waste sharps stored: (v) Total quantity of waste sharps treated and disposed:														
25.0	Water Balance															
25.1	Source and quantity of water intake per day (cu.m / day)	Water consumption source: Water is drawn at KLD approximately. Is magnetic water flow meter attached to the water source/water storage tank : <input type="checkbox"/> Yes <input type="checkbox"/> No Magnetic water flow meter readings as per record (for last month): 1 st Day of Month : Last day of month : Magnetic Flow meter as observed during the visit: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th rowspan="2">S. No</th> <th rowspan="2">Month</th> <th colspan="2">Magnetic flow meter reading</th> </tr> <tr> <th>Initial</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td>Previous month</td> <td></td> <td></td> </tr> <tr> <td>(2)</td> <td>On the date of visit.....</td> <td></td> <td></td> </tr> </tbody> </table> If water requirement is met from outside through tankers, pl. provide No. of Tankers procured in a previous six months: Total quantity of water consumed during the previous six months : in KLD	S. No	Month	Magnetic flow meter reading		Initial	Final	(1)	Previous month			(2)	On the date of visit.....		
S. No	Month	Magnetic flow meter reading														
		Initial	Final													
(1)	Previous month															
(2)	On the date of visit.....															
25.2	Break up of water usage (such as washing, scrubbing etc.)	Scrubber – KL/hr or KLD Washing – KLD Disinfections – KLD Gardening – KLD Domestic – KLD														

S.No.	Details	Particulars
26.0	Total wastewater effluent generated per day	: AboutKLD generated Quantity of treated water reused/recycled in %: Any other mode of disposal:
27.	Effluent treatment plant details	
27.1	ETP Capacity	: KL/Cycle
27.2	Flow Chart of ETP	: ETP comprising of: Unit operations
27.3	Intake and Discharge of ETP	: (i) Magnetic Flow measuring device provided at the outlet of ETP: <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Energy meter attached to the ETP: <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Energy consumed over a period of one month: = Units (iv) pH meter attached at the outlet of ETP: <input type="checkbox"/> Yes <input type="checkbox"/> No
27.4	Final mode of disposal of treated water	: (i) Is treated wastewater complying with the discharge norms <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is Treated water is reused in the scrubber: <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) Is Treated water is reused for gardening: <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Is Treated water is discharged in drain: <input type="checkbox"/> Yes <input type="checkbox"/> No (iv) Is Treated water is discharged in open area: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Status of infrastructure provided (Pl. indicate 'Yes / No' whichever is applicable)	
28.1	Separate treatment equipment room	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.2	Main waste storage room	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.3	Treated waste storage room	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.4	Administrative room	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.5	Generator set	: <input type="checkbox"/> Yes <input type="checkbox"/> No

S.No.	Details	Particulars
	(i) Capacity	:
	(ii) Is Stack attached as per DG Set norms	: <input type="checkbox"/> Yes <input type="checkbox"/> No
	(iii) Is Acoustic enclosure provided as per DG Set norms	: <input type="checkbox"/> Yes <input type="checkbox"/> No
	(iv) Is DG Set complying to the emissions norms and noise level norms	: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, pl. indicate latest monitoring results:
28.6	Site security (high walls, fencing, guarded gates etc.)	: High walls on all four sides : <input type="checkbox"/> Yes <input type="checkbox"/> No Fencing on all the sides : <input type="checkbox"/> Yes <input type="checkbox"/> No Guarded Gates : <input type="checkbox"/> Yes <input type="checkbox"/> No Any other observation pl indicate:.....
28.7	Parking facility	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.8	Sign board	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.9	Green belt	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.10	Washing room	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.11	First aid box	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.12	Lighting arrangements in the facility	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.13	Odour problem remedial measures	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.14	Fire fighting and emergency facilities	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.15	Measures for control of pests / insects etc.	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.16	Protective gear for waste handlers	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.17	Telephone facility	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.18	Provision of washing, toilets and safe place for eating for the workers	: <input type="checkbox"/> Yes <input type="checkbox"/> No
28.19	Fire alarm system provided in the facility	: <input type="checkbox"/> Yes <input type="checkbox"/> No

S.No.	Details	Particulars
29.	Record maintenance and record keeping details (Pl. indicate 'Yes / No' whichever is applicable)	
29.1	Waste Movement /Manifest record :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.2	Log book for treatment equipment :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.3	Site records :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.4	Incineration ash generation and final disposal records :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.5	Treated plastic waste generation and its sale to the registered recycler :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.6	Syringes treated and its final disposal record :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.7	Workers health status records :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.8	Workers immunization records :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.9	Medical and para-medical workers training records :	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.10	Whether records maintained with regard to the accidents (such as fire, spills and injury and measures taken) :	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Collection and transportation status (Yes / No)*	
30.1	Whether waste collected in a container of similar colour with label as per the Rules? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.2	Whether the person who collects BMW maintain a register with him / her? :	<input type="checkbox"/> Yes <input type="checkbox"/> No

S.No.	Details	Particulars
30.3	Has due attention have been given in vehicles to prevent spillage / pilferage/ loading / unloading etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.4	Is the vehicle labeled with the symbol and display the name, address, telephone number etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.5	Does the CBWTF operator use satellite station to store the waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give details.....)
30.6	The CBWTF operator collects waste daily or alternate day including holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.7	Whether waste treatment criterion of 48 hours is complied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Disposal of treated waste:	
31.1	Plastic waste after treatment	Plastic waste Sold to: M/s. and approved bySPCB/PCC
31.2	Treated sharps	Treated syringes disposal by:..... or through M/s.....and approved bySPCB/PCC
31.3	Incineration ash	Incineration ash disposal by: Disposal in Sanitary Landfill: <input type="checkbox"/> Yes <input type="checkbox"/> No Disposal through TSDF: <input type="checkbox"/> Yes <input type="checkbox"/> No Any other mode :.....
31.4	Other treated solid wastes	
31.5	Oil & grease	
31.6	Treated wastewater	

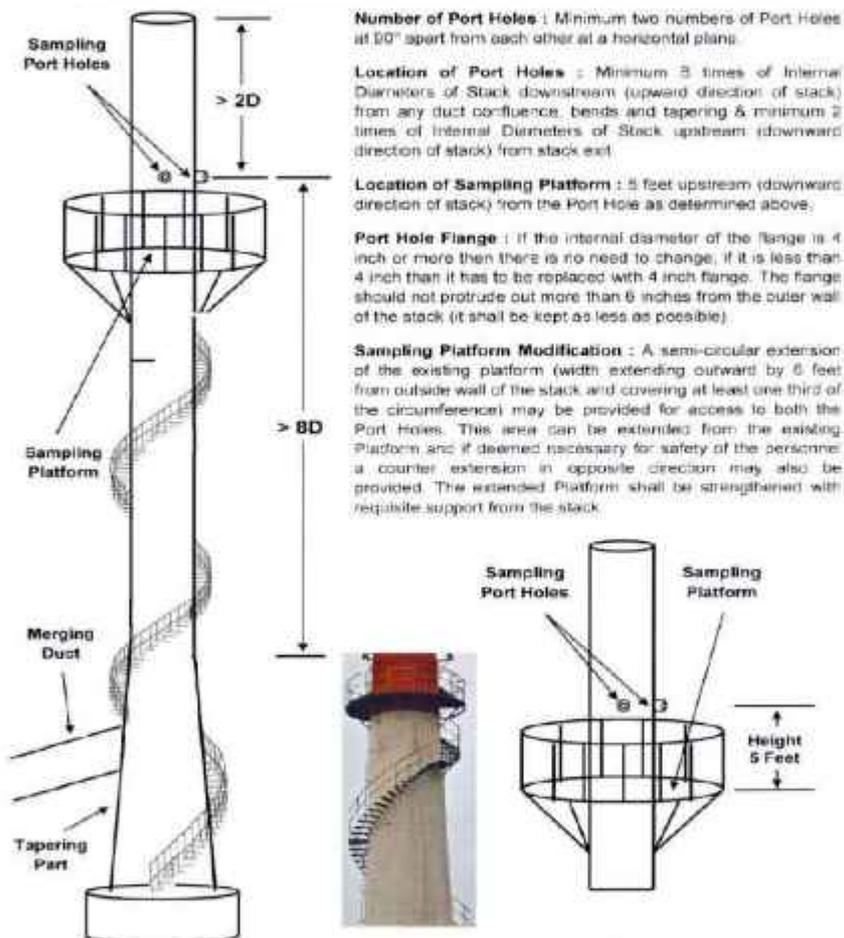
S.No.	Details	Particulars																					
32.	Frequency of incinerator / autoclave / microwave / hydroclave / ETP discharge effluent testing and name of the laboratory (specify approved or not under E(P) Act, 1986 or NABL Accredited Lab.). Give details of compliance / non-compliance)	(i) Reported monitoring frequency: (ii) Stack monitoring : Quarterly : <input type="checkbox"/> Yes <input type="checkbox"/> No (iii) Waste water : Monthly/Quarterly/Yearly (iv) Incineration ash : Monthly/Quarterly/Yearly (v) Name of the Laboratory conducted test: (vi) Is the Laboratory approved under E (P) Act, 1986/.....SPCB/PCC/ NABL : <input type="checkbox"/> Yes <input type="checkbox"/> No (vii) Copies of the analysis reports of treated effluent, incinerated ash, stack monitoring as (Annexures.....)																					
32.1	Frequency of site inspection by SPCBs/PCCs/CPCB/any other agencies	(i) No. of times in a year inspected by the SPCB/PCC: (ii) No. of times in a year inspected by the CPCB :																					
33.	Monitoring Results :																						
33.1	Incinerator stack emission (parameters stipulated in the Rules, temperature attainment in the chambers, residence time in the secondary chamber etc.)	<table border="1"> <thead> <tr> <th>Parameter</th> <th>PM</th> <th>HCl</th> <th>NOx</th> <th>Hg & compounds</th> <th>Dioxins and Furans</th> <th>C.E.</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LIMIT</td> <td>50</td> <td>50</td> <td>400</td> <td>0.05</td> <td>0.1 ng TEQ per Nm³</td> <td>99.00%</td> </tr> </tbody> </table> <p>Date of monitoring: Note: All values are in mg/Nm³, except CE</p>	Parameter	PM	HCl	NOx	Hg & compounds	Dioxins and Furans	C.E.	Date							LIMIT	50	50	400	0.05	0.1 ng TEQ per Nm ³	99.00%
Parameter	PM	HCl	NOx	Hg & compounds	Dioxins and Furans	C.E.																	
Date																							
LIMIT	50	50	400	0.05	0.1 ng TEQ per Nm ³	99.00%																	
33.2	Whether Stack emission norms are complied with by the CBWTF	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
33.3	Incineration ash characteristics	Characteristics as per Schedule -II of HOW (M& TM) Rules,2016 (Annexure-----) Is it hazardous waste as per HOWM&TM Rules, 2016: <input type="checkbox"/> Yes <input type="checkbox"/> No																					
33.4	ETP inlet/outlet characteristics	<table border="1"> <thead> <tr> <th>Parameter</th> <th>pH</th> <th>TSS</th> <th>COD</th> <th>BOD</th> <th>O&G</th> </tr> </thead> <tbody> <tr> <td>ETP Inlet Result</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Parameter	pH	TSS	COD	BOD	O&G	ETP Inlet Result														
Parameter	pH	TSS	COD	BOD	O&G																		
ETP Inlet Result																							

S.No.	Details		Particulars					
			ETP Result	Outlet				
			All values are in mg/l except pH					
33.5	Whether liquid effluent discharge norms are complying by the CBWTF	:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
33.6	Whether CBWTF is submitting the annual report within the due date for the preceding year	:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, annual report submitted vide letter No..... dated.....					
34.	Any other relevant observations	:	(pl. enclose as annexure)					
35.	Name of the officials with designation inspected /monitored the CBWTF and the signature	:						

Annexure-VI

STATIONARY SOURCE EMISSION MONITORING

MODIFICATIONS TO BE MADE TO SAMPLING PLATFORM AND SAMPLING PORT HOLE



Number of Port Holes : Minimum two numbers of Port Holes at 90° apart from each other at a horizontal plane.

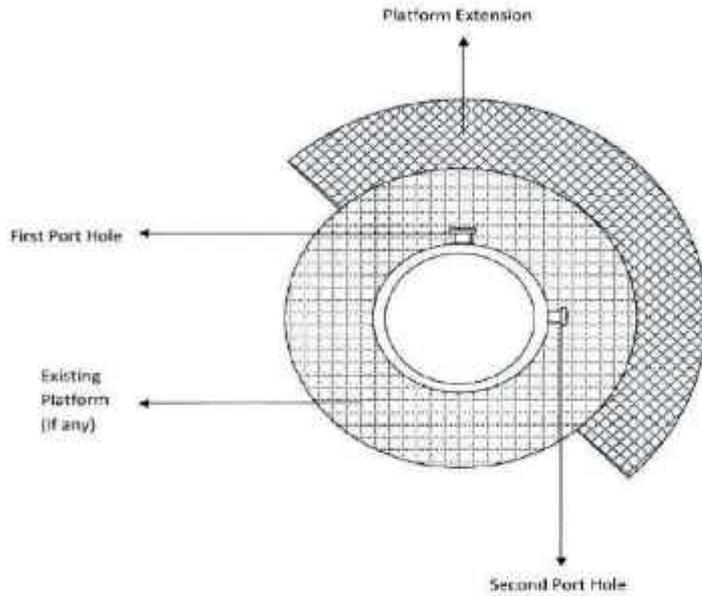
Location of Port Holes : Minimum 3 times of Internal Diameters of Stack downstream (upward direction of stack) from any duct confluence, bends and tapering & minimum 2 times of Internal Diameters of Stack upstream (downward direction of stack) from stack exit.

Location of Sampling Platform : 5 feet upstream (downward direction of stack) from the Port Hole as determined above.

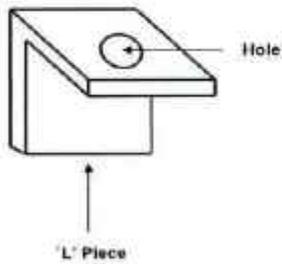
Port Hole Flange : If the internal diameter of the flange is 4 inch or more then there is no need to change, if it is less than 4 inch then it has to be replaced with 4 inch flange. The flange should not protrude out more than 6 inches from the outer wall of the stack (it shall be kept as less as possible).

Sampling Platform Modification : A semi-circular extension of the existing platform (width extending outward by 5 feet from outside wall of the stack and covering at least one third of the circumference) may be provided for access to both the Port Holes. This area can be extended from the existing Platform and if deemed necessary for safety of the personnel, a counter extension in opposite direction may also be provided. The extended Platform shall be strengthened with requisite support from the stack.

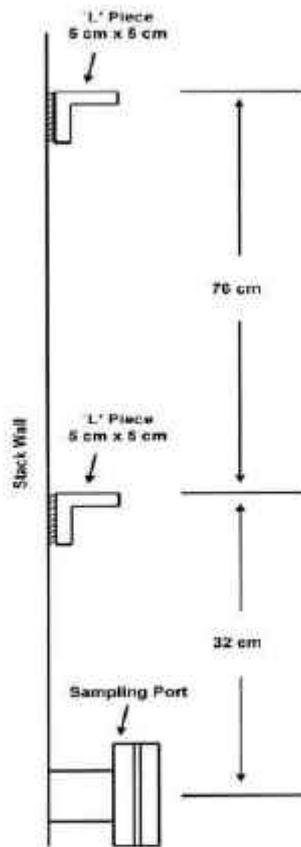
Note: Alternatively, safe access to monitoring platform may be provided with separate scaffolding cum-staircase arrangement.



Sampling Platform Modification / Extension



Fixing of 'L' Pieces on the stack wall : Two 'L' shaped pieces are to be fixed on the stack wall for mounting the Mono-Rail & Chain (part of the Sampling Kit for movement of sampling Train in & out through the Sampling Port Hole). The 'L' pieces shall be made of approximately 6 mm thick galvanized iron to have 5 cm long arms. One arm of the 'L' piece shall be welded on the stack wall and another arm shall have a hole of 14 mm diameter near the open end. Both the 'L' Pieces shall be welded on the stack wall at specified distances (as shown in the diagram on the next page) from the centre of Sampling Port Hole (in a vertical axis on the Stack Wall).



Fixing of 'L' Pieces on the Stack Wall

ANNEXURE – VII

The vehicle shall be labeled with the bio-hazard symbol (as per Schedule IV of the BMWM Rules) and should display the name, address and contact telephone and mobile number of the CBWTF.

Bio Medical Waste Vehicle



Name and address of CBWTF with Contact number of CBWTF operator

Authorized by (Name of) State Pollution Control Board/Pollution Control Committee

Vehicle Side-1

Bio Medical Waste Vehicle



Name and address of CBWTF with Contact number of CBWTF operator

Authorized by (Name of) State Pollution Control Board/Pollution Control Committee

Vehicle Side-2**Bio- Hazard symbol at back side of the vehicle**

Note: Proportion of Font size with respect to body height of the vehicle-12:1 (Minimum)

Proportion of Bio-hazard symbol with respect to body height of the vehicle-12:3 (Minimum)

Example: If body height is 6 feet i.e. 72" then minimum font size will be 6" and minimum size of bio-hazard symbol will be 18".

REFERENCES

1. Bio-medical Waste Management Rules, 2016.
2. Revised Guidelines for Common Bio-medical Waste Treatment Facilities (2016).
3. CPCB Guidelines for BMW Incinerators.
4. 'Disposal of Bio-medical Waste generated during Universal Immunization Programme' issued by CPCB.
5. 'Guidelines for Environmentally Sound Management of Mercury Waste Generated from the Health Care Facilities' issued by CPCB.
6. Annual Report 2023 submitted to CPCB by the SPCBs/PCCs.
7. Stationary Source Emission Monitoring –Modifications to be made to the Sampling Platform and Sampling Port Hole issued by National Reference Trace Organics Laboratory (NRTOL), CPCB.

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1473

Annexure-4

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.

By Speed Post

F.No. B-31011/BMW (6.7(IIIA)/4507)/2023/WM-I

April 16, 2025

To,

The Member Secretary,
(All SPCBs/PCCs)Subject: Revised guidelines for Common Biomedical Waste Treatment and Disposal Facilities -
reg.

Sir/Madam,

This has reference to guidelines for Common Biomedical Waste Treatment and Disposal Facilities prepared by CPCB on 21.12.2016. In this regard, it is to inform that CPCB has reviewed and revised the guidelines for Common Biomedical Waste Treatment and Disposal Facilities. The said guidelines as revised by CPCB is available at following link:

<https://cpcb.nic.in/openpdffile.php?fid=TGFQZXNORmlsZS80ND8fMTc0NDgwMDgzMl9tZWVpYXhob3RvMTA1MjUucGRm>

It is requested to kindly ensure implementation of the said guidelines.

Yours faithfully,

(V. P. Yadav)

Director & Head

Waste Management Division-I

‘परिवेश भवन’ पूर्वी अर्जुन नगर, दिल्ली - 110032.

Parivesh Bhawan, East Arjun Nagar, Delhi - 110 032.

दूरभाष /Tel : 43102030, 22305792, वेबसाइट /Website: www.cpcb.nic.in