## **FORM II**

(See Rule 10)

## APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION

(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

To

Application No.: 3283727

The Member Secretary,

West Bengal Pollution Control Board

Paribesh Bhawan, 10A, Block-LA, Sector-III, Bidhannagar, Kolkata-700106. Fax-432740

1	Particulars of the applicant:							
i)	Name of the Applicant	:	PUJA MAITRA					
	Designation	:	ВМОН					
ii)	Name of the Institution	:	FULIA BPHC					
iii)	Address for correspondence	:	FULIA BPHC FULIA COLONY SANTIPUR NADIA					
iv)	Tele No	:	0-0					
v)	Mobile No.	:	9333414373					
vi)	E-mail Id	:	bpmusanti@gmail.com					
2	Activity for which authorisation is sought:							
	Collection							
3 i)	Authorization now Applied For :	:	Fresh					
3 ii)	Previous Authorization Details :							
iii)	Status of CTE/CTO-latest consent type, issued date and validity date	:	Under Process					
iv)	GPS Coordinates- Lat/Lon of the location		Latitude: 23.238828 (N Decimal degrees)					
	of applicant facility(In decimal degress with 6 decimals)		Longitude: 23.238828 (E Decimal degrees)					
4 i)	BMW Facility Type	:	CBMWTF					
ii)	Health Care Facility Category	:	On bed capacities of health care establishments providing service to indoor patients					
iii)	<b>BMW Facility Status</b>	:	CBMWTF-Common Facility					
iv)	Address of the location of Health Care Facility or CBMWTF	:	FULIA BPHC FULIA COLONY SANTIPUR NADIA					
v)	CBMWTF-Office and location address of treatment and disposal	:	/					
5)	Details of CBMWTF:							
i)	No of HCFs covered by the CBMWTF	:						
ii)	No of beds covered by the CBMWTF	:	30					
iii)	Installed treatment and disposal capacity of CBMWTF	:	30 Kg/day					

	CBMWTF								
)	Jurisdiction CBMWTF	al area and distance covered							
)	Contingenc CBMWTF	y (future upgradation) plan							
.)	Quantity of BMW handled, treated or disposed:								
	Catego	Type of Waste	Quantity Generated or collected in Kg/day			Method of Treatment and Disposal as per Schedule-I			
	Yellow	a) Human Anatomical Waste	2			Incineration			
		b) Animal Anatomical Waste				Incineration			
		c) Soiled Waste				Incineration			
		d)Expired or Discarded Medicines				Incineration			
		e)Chemical Solid Waste				Incineration			
		f) Chemical Liquid Waste				Onsite ETP to treat and conform to the discharge standards			
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid				Disinfection followed by Incineration			
		h) Microbiology, Biotechnology and other clinical laboratory waste				Sterilisation followed by Incineration			
	Red	Contaminated waste (Recyclable)	2.5			Autoclaving followed by shredding Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fue oil or for road making			
	White( Translu cent)	Waste sharps including Metals	1			Autoclaving followed by shredding Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pi			
	Blue	Glassware	2.5			Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling			
		Metallic Body Implants							
		Total	8 Kg/D	ay					
)	Mode of T	ransportation of BMW		:	Comr	non Facility Vehicle			

	Sl No	Treatment equipment	No of units	Type and capacity of each unit	Height of Stack				
	1	Autoclaves	1	No. of (Vertical Autoclaves) - 2					
	2	Microwave							
	3	Hydroclave							
	4	Shredders	tip cutter or 3 1. Labour Room						
	5	Needle tip cutter or destroyer							
	6	Sharp encapsulation or Concrete pit							
	7	Deep burial pits	2	3 Kg per day in each pit					
	8	Chemical disinfection	3	1. Labour Room 2.Emergency 3.Labortary Service					
	9	Any other treatment equipment							
	10	Incinerators							
	11	Plasma Pyrolysis							
7	Details of directions or notices or legal actions if any during the period of earlier authorisation								
8	Declaration								
	I do hereby declare that the statements made and information given above is true to the best on 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 fulfil any conditions stipulated by the prescribed Authority.								

Date: 24/01/2023

Signature of the applicant Name and Designation

## **Enclosures:**

- 1. PREVIOUS APPLY COPY OF CTO
- 2. PREVIOUSLY APPLY COPY OF BIO MEDICAL WASTE
- 3. Agreement with CBWTF
- 4. CTE Certificate