

Form – II

[See Rule 10]

**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 District Environmental Engineer  
Tamilnadu Pollution Control Board  
Coimbatore North, No. 5, Ramasamy Nagar  
Kavundampalayam, Coimbatore – 641 030.

1. Particulars of Applicant :

2.

- 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. / Mobile No. : Tele :  
Fax:  
Mob:
- v. E – mail id :
- vi. Website Address : ---

3. Activity for which authorization is sought

Activity	Please tick
i. Generation, Segregation	✓
ii. Collection	✓
iii. Storage	✓
iv. Packaging	
v. Reception	
vi. Transportation	✓
vii. Treatment or processing or conversion	
viii. Recycling	
ix. Disposal or destruction use offering for sale, transfer	
x. 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.

.....

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 :

iii. Number of health care facilities covered by CBMWTF :

iv. No. of Beds covered by CBMWTF :

v. Installed treatment and disposal capacity of CBMWTF : Kg / day

vi. Quantity of biomedical waste treated or disposed by CBMWTF : Kg / day

vii. Area or distance covered by CBMETF (pl. attach a map wit GPS locations of CBMWTF and area of coverage) :

viii. **Quantity of Biomedical waste handles, 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.

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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). : Incineration, Autoclave, Disinfection, landfill
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 statement made informing given above are true to the best of my knowledge and belief and that I have not concealed any information.

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

Date :

Place :

Signature of the Applicant

Designation of the Applicant

CLINICS  
**MODEL FILLED UP FORM FOR BMW**  
 Form - II **AUTHORISATION TO BE**  
**SUBMITTED TO PCB**  
 [See Rule 10]

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Fax:  
Mob:
- v. E - mail id :
- vi. Website Address : ---

**3. Activity for which authorization is sought**

Activity	Please tick
i. Generation, Segregation	✓
ii. Collection	✓
iii. Storage	✓
iv. Packaging	✓
v. Reception	X
vi. Transportation	X
vii. Treatment or processing or conversion	X
viii. Recycling	X
ix. Disposal or destruction use offering for sale, transfer	✓
x. Any other form of handling	X

3. Application for  fresh or  Renewal of authorization (Please tick whatever is applicable)

i. Applied for CTO / CTE : Yes / No *Not applicable*

ii. In case of renewal previous authorization number and date:

.....*X*.....

iii. Status of consents:

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

.....*X*.....

b. Under the Air (Prevention and Control of Pollution) Act, 1981.

.....*X*.....

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

*KOYAI BIOWASTE*

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 :

*NILL*

ii. Number of patients treated per month :

*✓*

iii. Number of health care facilities covered by CBMWTF :

—

iv. No. of Beds covered by CBMWTF :

—

v. Installed treatment and disposal capacity of CBMWTF :

Kg/day

—

vi. Quantity of biomedical waste treated or disposed by CBMWTF :

Kg/day

—

vii. Area or distance covered by CBMETF (pl. attach a map wit GPS locations of CBMWTF and area of coverage) :

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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.

*Through eBMWV vehicle*

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	: <del>X</del>	---
Plasma	: <del>X</del>	---
Pyrolysis	: <del>X</del>	---
Autoclaves	: <del>X</del>	---
Microwave	: <del>X</del>	---
Hydroclave	: <del>X</del>	---
Shredder	: <del>X</del>	---

Needle tip cutter or destroyer	:	---	---
Sharps encapsulation or concrete pit	:	-X	---
Deep burial pits	:	-X	---
Chemical disinfection	:	---	---
Any other treatment equipment	:	---	---
		---	---

7. Contingency plan of common bio medical waste treatment facility (CBWTF) (attach documents) : Incineration, Autoclave, Disinfection, landfill
8. Details of directions or notices or legal actions if any during the period of earlier authorization : Nil.

9. Declaration

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

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

Date :

Place :

Signature of the Applicant

Designation of the Applicant



**BMW DOCUMENTS For BMW AUTHORISATION TO BE  
UPLOADED FOR CLINICS**

- 1. COVERING LETTER**
- 2. TOPO SKETCH SHOWING THE LOCATION OF THE FACILITY  
AND NEARBY ENVIRONMENTAL FEATURES- SELF DRAWN**
- 3. LAYOUT PLAN OF THE FACILITY-SELF DRAWN**
- 4. BRIEF DESCRIPTION OF METHOD OF SEGREGATION,  
STORAGE, TREATMENT  
AND DISPOSAL**
- 5. COPY OF THE BMW MOU WITH COMMON FACILITATOR**
- 6. LAND DOCUMENT COPY OR RENTAL AGREEMENT OR  
LETTER FROM OWNER OF THE BUILDING.**

'TNPCCB - SOUTH OFFICE'

- J. Sathesh AE - 8870470653 - Valapasa Taluk -  
Kinathukadav, Taluk -  
Pollachi Taluk -  
Perur Taluk -
- S. Neelamegam AE - 8870470671 - Madukkeri Taluk.
- Bulea AE - 8056015421 - Coimbatore South Taluk.
- R. Venkatesan AEE - 8056042207 - Sulur Taluk.

'TNPCCB - NORTH OFFICE'

- Mr. RAMESH AE - 8870470674 - Coimbatore North Taluk
- Mr. SWAMINATHAN AEE - 8056042220 - Annur Taluk
- Mr. CHANDRASEKAR AEE - 8056042211 - Mettupalayam  
Mankuruchi

Officials to be contacted for doubts.