

बिहार सरकार

वन एवं पर्यावरण विभाग

एन०ओ०सी० संख्या-वन/पर्या० (1) 9/99 खण्ड-1

पटना, दिनांक-

पर्यावरण (संरक्षण अधिनियम, 1986 के तहत अधिसूचित जीव-चिकित्सा अपशिष्ट (प्रबन्ध और हस्तन) नियम, 1998, (Bio-Medical Waste (Management and Handling Rules, 1998), जो भारत के राजपत्र असाधारण, भाग-11 खंड-3 उप खंड (11) में का० आ० 630 (अ), दिनांक 20.7.1998 द्वारा अधिसूचित है, की धारा 8 की उप धारा (3) के तहत प्रदत्त शक्तियों का उपयोग करते हुए, बिहार सरकार, बिहार राज्य प्रदूषण नियंत्रण से विचार कर, प्राधिकार (Authorisation) पत्र निर्गत करने हेतु निम्न सिड्यूल के अनुसार शुल्क (फी) का निर्धारण करती है :-

क्र. सं०	अस्पताल में बिस्तरों की संख्या	मरीजों की संख्या उपचारित प्रतिमाह/क्लिनिक डिसपेंसरी/पैथोलौजिकल प्रयोग शाखा/ब्लड बैंक आदि	अन्य यूनिट	शुल्क तीन वर्षों के लिए (रु०) में
1.	2.	3.	4.	5.
1.	500 से अधिक	-	-	10,000
2.	200-499	10,000 एवं अधिक	-	7,000
3.	50-199	7,500-9,999	-	5,000
4.	25-49	5,000-7,499	-	2,500
5.	5-24	2,500-4,999	-	1,000
6.	00-04	1,000-2,499	(पशुग्रह(एनिमल हाउस) एवं बैटिनरी-संस्था	500

(II) यदि प्रश्नगत संस्थान में कॉलम (2), (3) एवं (4) में वर्णित एक से अधिक सुविधायें उपलब्ध हो, तो शुल्क की राशि कॉलम (2), (3) एवं (4) में वर्णित राशि से उच्च होगी ।

(III) सभी संस्थानों को, जो जीव चिकित्सा अपशिष्ट (Bio Medical Waste) का जनन (Generation), संग्रहन (Collection), भंडारण (Storage), परिवहन (Transportation), उपचार (Treatment), व्ययन (Dispose) और या हस्तन (Handle) करते हों, को विहित प्राधिकारी (prescribed-Authority) से प्राधिकार पत्र प्राप्त करना होगा ।

बिहार राज्य में विहित प्राधिकारी, बिहार राज्य प्रदूषण नियंत्रण पर्वद है । प्राधिकार पत्र प्राप्त करने हेतु उपर्युक्त वर्णित शुल्क के साथ आवेदक को विहित प्रपत्र में बिहार राज्य प्रदूषण नियंत्रण पर्वद को आवेदन समर्पित करना होगा ।

(IV) यह तुरत प्रभाव से लागू होगा ।

बिहार राज्यपाल के आदेश से,

ह०/-

(ए०एन०पी०सिन्हा)

सरकार के सचिव

पत्रांक-वन/पर्या० (1) 9/99 खण्ड-1-19 ई०व०पी०, पटना, दिनांक 18 जनवरी, 2001

प्रतिलिपि- सदस्य सचिव, बिहार राज्य प्रदूषण नियंत्रण पर्वद, पटना/सचिव, स्वास्थ्य चिकित्सा एवं परिवार कल्याण विभाग, बिहार सरकार, पटना/सचिव, वित्त विभाग, बिहार सरकार पटना/सभी संबंधित पदाधिकाधिकारियों को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित ।

SCHEDULE I

(Sec Rule 5)

CATEGORIES OF BIO-MEDICAL WASTE

Waste Category No.	Waste Category Type	Treatment and Disposal option +
Category No. 1	<u>Human Anatomical Waste</u> (human tissues, organs, body parts)	incineration@/deep burial*
Category No. 2	<u>Animal Waste</u> (animal tissues, organs, body parts carcasses, bleeding parts, fluid, blood and experimental animals used in research, waste generated by veterinary hospitals, colleges, discharge from hospitals, animal houses)	incineration@/deep burial*
Category No.3	<u>Microbiology & Biotechnology Wastes</u> (wastes from laboratory cultures, stocks or specimens of micro-organisms live or attenuated vaccines, human and animal cell culture used in research and infectious agents from research and industrial laboratories, wastes from production of biologicals, toxins, dishes and devices used for transfer of cultures)	local autoclaving/micro-waving / incineration@
Category No. 4	<u>Waste sharps</u> (needles, syringes, scalpels, blades, glass, etc. that may cause puncture and cuts. This includes both used and unused sharps)	disinfection (chemical treatment@@/auto claving/ microwaving and mutilation/ shredding##
Category No. 5	<u>Discarded Medicines and Cytotoxic drugs</u> (wastes comprising of outdated, contaminated and discarded medicines)	incineration@/destruction and drugs disposal in secured landfills
Category No. 6	<u>Soiled Waste</u> (Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster casts, lines, beddings, other material contaminated with blood)	incineration@ autoclaving/ microwaving
Category No. 7	<u>Solid Waste</u> (wastes generated from disposable items other than the waste shaprs such as tubings, catheters, intravenous sets etc.)	disinfection by chemical treatment@@ autoclaving/ microwaving and mutilation/ shredding##
Category No. 8	<u>Liquid Waste</u> (wastes generated from laboratory and washing, cleaning house-keeping and disinfecting activities)	disinfection by chemical treatment@@ and discharge into drains.
Category No. 9	<u>Incineration Ash</u> (ash from incineration of any bio-medical waste)	disposal in municipal landfill
Cagegory No. 10	<u>Chemical Waste</u> (chemicals used in production of biologicals, chemicals used in disinfection, as insecticides, etc.)	chemical treatment @@ and discharge into drains for liquids and secured landfill for solids.

@@ Chemical treatment using at least 1% hypochlorite solution or any other equivalent chemical reagent. It must be ensured that chemical treatment ensures disinfection

FORM I

(Sec rule-8)

APPLICATION FOR AUTHORISATION/RENEWAL OF THE AUTHORISATION

(to be submitted in duplicate)

To,

The Prescribed Authority : Bihar State Pollution Control Board
Beltron Bhawan, Shastri Nagar,
Patna - 800 023

1. Particulars of Applicant :

- (i) Name of the Applicant :
(In Block Letters & in full)
- (ii) Name of the Institution :
- Address :

Tele No., Fax No., Telex No.

2. Activity for which authorisation is sought :

- (i) Generation
- (ii) Collection
- (iii) Reception
- (iv) Storage
- (v) Transportation
- (vi) Treatment
- (vii) Disposal
- (viii) Any other form of handling

3. Please state whether applying for fresh authorisation or for renewal :
(In case of renewal previous authorisation-number and date)

4. (i) Address of the institution handling bio-medical wastes :

(ii) Address of the place of disposal of the waste :

(iii) Address of the place of the treatment facility :

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

(ii) Mode (s) of treatment :

6. Brief description of method of treatment and disposal (if any) :

7. (i) Category (see Schedule I) of waste to be handled.

(ii) Quantity of waste (category-wise) to be handled per month. :

8. Declaration

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

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

Date :

Signature of the applicant

Place :

Designation of the applicant

Additional Informations

1. Number of beds :

2. Number of Patients treated per month :

3. Details of waste management system/equipment :

Incinerator/Autoclave
Mircrowave/Shredder

Date :

Signature of the applicant

Place :

Designation of the applicant