

FORM - II
(See rule10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION
(To be submitted by occupier of health care facility)

To

State Pollution Control Board-Sikkim
Forests Environment and Wildlife Management Department
Deorali, Gangtok, East Sikkim

1. Particulars of Applicant:

- (i) Name of the Applicant:
(In block letters & in full)
- (ii) Name of the health care facility (HCF):
- (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 Consent to Operate/Consent to Establish
- (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):

- (ii) GPS coordinates of health care facility (HCF) facility:

5. Details of health care facility (HCF):

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

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. 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 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 fulfil any conditions stipulated by the prescribed authority.

Date:

Signature of the Applicant

Place:

Designation of the Applicant