

Annexure - V

**Check List for Performance Evaluation of the
Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)**

PREPARED by Central Pollution Control Board

S.No.	Details	Particulars
01.	Name of CBWTF with contact details	:
02.	Date of visit	:
03.	Location details of the CBWTF	: <ul style="list-style-type: none"> 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)	: <ul style="list-style-type: none"> No. of HCFs : No. of Beds : No. of HCFs and beds upto 75 KM radius:
08.	Total BMW Treatment Capacity of CBWTF (in kg / day)	: <ul style="list-style-type: none"> Incineration : Autoclave : Any other treatment and disposal:

S.No.	Details	Particulars
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"/>
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.

S.No.	Details	Particulars
14.	Daily operation schedule (timings)	(i) Collection: ...AM to PM. (ii) Incineration:....AM toPM (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	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 BMWM 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
18.4	Vehicles attached with the GPS provision as per BMWM 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

S.No.	Details	Particulars												
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 and as per CPCB guidelines	: <input type="checkbox"/> Yes <input type="checkbox"/> No												
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												

S.No.	Details	Particulars
		(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 (I) 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) : ^o C (iii) Temperature maintained in Secondary Chamber (range):..... ^o 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 analysis (i.e CO, O ₂ and CO ₂)	(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:% (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

S.No.	Details	Particulars
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.
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

S.No.	Details	Particulars														
		<p>Magnetic water flow meter readings as per record (for last month): 1st Day of Month : Last day of month : Magnetic Flow meter as observed during the visit:</p> <table border="1"> <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> <p>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</p>	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														
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														

S.No.	Details		Particulars
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
	(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:.....

S.No.	Details		Particulars	
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
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

S.No.	Details		Particulars
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
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	:	<input type="checkbox"/> Yes <input type="checkbox"/> No

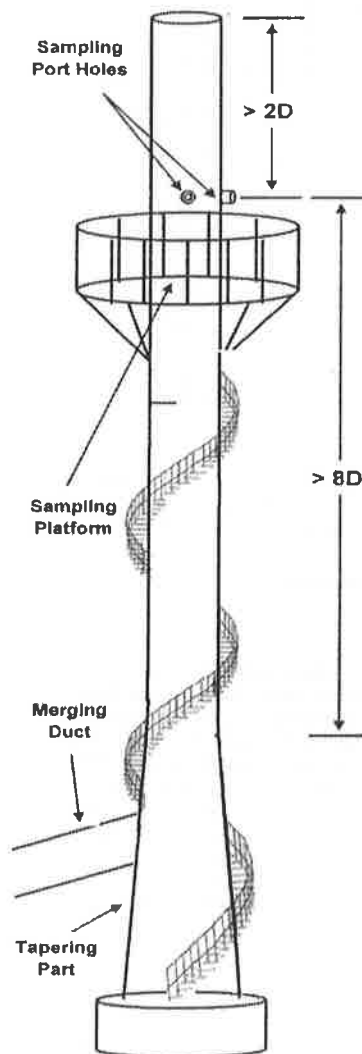
S.No.	Details	Particulars
	holidays?	
30.7	Whether waste treatment criterion of 48 hours is complied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Disposal of treated waste:	
31.1	Plastic waste after treatment	: Plastic waste Sold to: M/s. and approved bySPCB/PCC
31.2	Treated sharps	: 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	:
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

S.No.	Details	Particulars																					
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 & com-pounds</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 TEQ₃ 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 & com-pounds	Dioxins and Furans	C.E.	Date							LIMIT	50	50	400	0.05	0.1 ng TEQ ₃ per Nm ³	99.00%
Parameter	PM	HCl	NOx	Hg & com-pounds	Dioxins and Furans	C.E.																	
Date																							
LIMIT	50	50	400	0.05	0.1 ng TEQ ₃ 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	All values are in mg/l except pH <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> <tr> <td>ETP Outlet 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						ETP Outlet Result								
Parameter	pH	TSS	COD	BOD	O&G																		
ETP Inlet Result																							
ETP Outlet Result																							
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



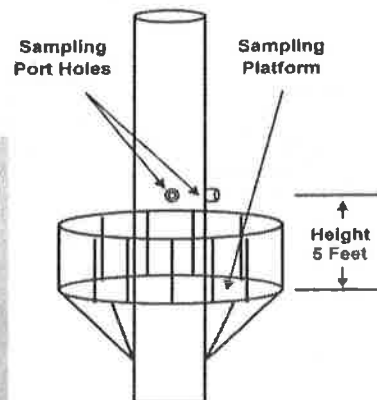
Number of Port Holes : Minimum two numbers of Port Holes at 90° apart from each other at a horizontal plane

Location of Port Holes : Minimum 8 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.

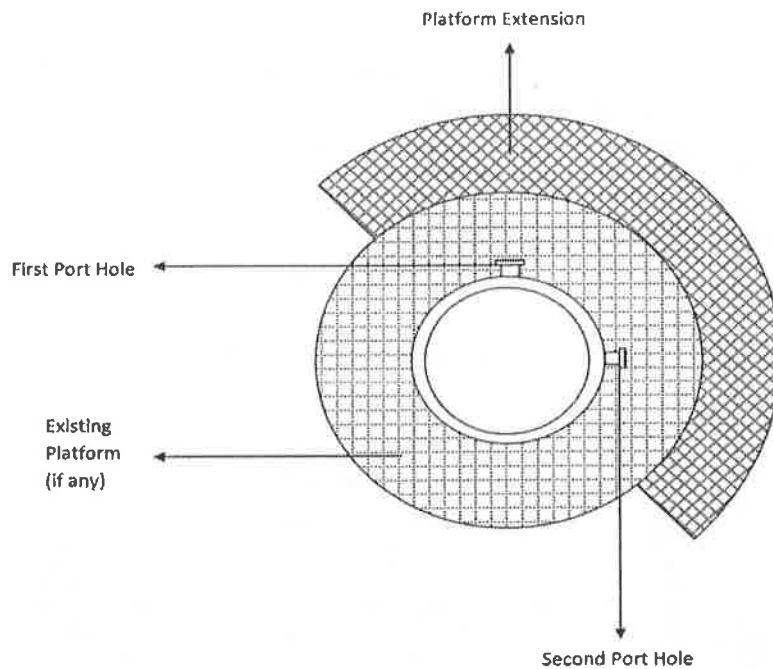
Location of Sampling Platform : 5 feet upstream (downward direction of stack) from the Port Hole as determined above.

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 than 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).

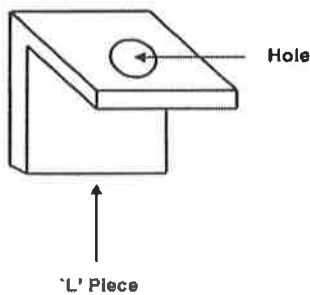
Sampling Platform Modification : A semi-circular extension of the existing platform (width extending outward by 6 feet from outside wall of the stack and covering at least one third of the circumference) may be provided for access to both the Port Holes. This area can be extended from the existing Platform 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.



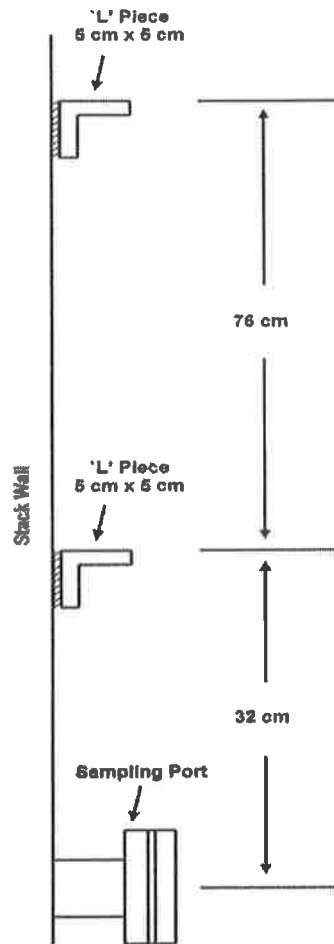
Note: Alternatively, safe access to monitoring platform may be provided with separate scaffolding-cum-staircase arrangement



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

REFERENCES

1. Bio-medical Waste Management Rules, 2016.
2. CPCB Guidelines for CBWTFs (2003).
3. CPCB Guidelines for BMW Incinerators (2003).
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 2014 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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to,
(i) E-Governance Cell to publish in website.