

CENTRAL POLLUTION CONTROL BOARD
(Waste Management Division)
DELHI -110 032

Inspection Format for Verification of Compliance to the
BMW Rules, 2016 in Veterinary Hospitals / Animal Houses

S. No.	PARTICULARS	
1	GENERAL INFORMATION	
1.	Name and Address of the Veterinary hospital/Animal House	
2.	Type of organization	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Trust <input type="checkbox"/> Other
3.	Contact person and telephone number	
4.	Year and month of establishment	
5.	Consent and Authorization	
	a) Consent under Water (Prevention and Control of Pollution) Act, 1974	<input type="checkbox"/> Applied for <input type="checkbox"/> Have a valid consent <input type="checkbox"/> Not renewed <input type="checkbox"/> No consent <input type="checkbox"/> Consent not applicable
	b) Consent under Air (Prevention and Control of Pollution) Act, 1981	<input type="checkbox"/> Applied for <input type="checkbox"/> Have a valid consent <input type="checkbox"/> Not renewed <input type="checkbox"/> No consent <input type="checkbox"/> Consent not applicable
	c) Authorization under BMW Rules, 2016	<input type="checkbox"/> Applied for <input type="checkbox"/> Have a valid consent <input type="checkbox"/> Not renewed <input type="checkbox"/> No consent
6.	Types of animal treated	<input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Goats/Sheep <input type="checkbox"/> Cows <input type="checkbox"/> Buffalos <input type="checkbox"/> Rabbits <input type="checkbox"/> Camels <input type="checkbox"/> Elephants <input type="checkbox"/> Mouse <input type="checkbox"/> Birds <input type="checkbox"/> any other animal
6.	Annual Report Submission for the preceding year	<input type="checkbox"/> Submitted before due date <input type="checkbox"/> Submitted after due date <input type="checkbox"/> Not submitted
7.	Staff involvement for the BMW management(no. of persons)	<input type="checkbox"/> Separate BMW Cell exist <input type="checkbox"/> No identified cell or person <input type="checkbox"/> A person is identified

8.	Details of the Hospital	OPD YES <input type="checkbox"/> NO <input type="checkbox"/> Number (per day) <input type="checkbox"/> IPD YES <input type="checkbox"/> NO <input type="checkbox"/> Number (per day) <input type="checkbox"/> OT YES <input type="checkbox"/> NO <input type="checkbox"/> Number <input type="checkbox"/> Kennels YES <input type="checkbox"/> NO <input type="checkbox"/> Number <input type="checkbox"/> Cages YES <input type="checkbox"/> NO <input type="checkbox"/> Number <input type="checkbox"/> Cattle Travis YES <input type="checkbox"/> NO <input type="checkbox"/> Number <input type="checkbox"/> Laboratory YES <input type="checkbox"/> NO <input type="checkbox"/> Emergency Ward YES <input type="checkbox"/> NO <input type="checkbox"/>
9.	Occupancy of hospital	Capacity of the veterinary hospital : Average number of animal treated per day : No. of Animals treated on the day of inspection : Average Occupancy of the hospital :
II. BIO-MEDICAL WASTE (SOURCE, STORAGE AND SEGREGATION)		
1.	Source of Bio-Medical Waste	Please specify the area:
2.	Categories of Bio-Medical waste and their quantity	Total (in kg/day) : Yellow category (in kg/day): Red category (in kg/day): White category (in kg/day): Blue category (like used glass ware, glass bottles/vials etc.) (in kg/day):
3.	Segregation of waste a) Done as per BMWM Rules, 2016? b) Is the waste mixed with the general waste?	YES <input type="checkbox"/> NO <input type="checkbox"/> Partial <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Partial Mixing <input type="checkbox"/>
4.	Mode of intra-mural transportation of waste within the HCF and for transportation of waste from wards to temporary storage area	Trolley used Yes <input type="checkbox"/> No <input type="checkbox"/>

5.	Temporary storage area	Whether kept away from people and animals? <input type="checkbox"/> YES <input type="checkbox"/> NO Provided separate room? <input type="checkbox"/> YES <input type="checkbox"/> NO Provided ventilation/lighting? <input type="checkbox"/> YES <input type="checkbox"/> NO Access is restricted? YES <input type="checkbox"/> NO <input type="checkbox"/> Compartments provided in the room? YES <input type="checkbox"/> NO <input type="checkbox"/>
6.	Adequate designated color coded bins/bags labelled with bio-hazard symbol provided in each ward?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7.	Are posters with regard to BMW present in the wards?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8.	Overall status of segregation, storage, treatment and disposal of BMW	<input type="checkbox"/> Complying with BMW Rules, 2016 <input type="checkbox"/> Not complying with BMW Rules, 2016
III. TREATMENT AND DISPOSAL OF WASTE		
1.	Pre-treatment of microbiology lab waste done?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes: By Autoclaving <input type="checkbox"/> By Microwaving <input type="checkbox"/> By Chemical Disinfection <input type="checkbox"/>
2.	Final treatment of waste: <ul style="list-style-type: none"> Whether the hospital is having Captive treatment method or is registered with any CBWTF? Whether needle cutter is available? Name and details of the CBWTF Whether waste collection done on daily basis? 	Captive treatment <input type="checkbox"/> Sent to CBWTF <input type="checkbox"/> Name of the CBWTF <input type="checkbox"/> YES <input type="checkbox"/> NO YES <input type="checkbox"/> NO <input type="checkbox"/>
3.	Record maintained relating to waste collected by CBWTF operator?	YES <input type="checkbox"/> NO <input type="checkbox"/>

IV. TREATMENT OF WASTE WATER

1. Water consumptionKL/DAY

2. Waste water generation quantity YES NO

3. Whether the HCF is required to install ETP? YES NO

4. Effluent treatment plant provided for treatment of waste water?(enclose flow chart)

5. Analysis of the treated water from ETP

ETP	Parameters					
	pH	SS (mg/l)	O & G (mg/l)	BOD (mg/l)	COD (mg/l)	Bio- Assay test
Inlet						
Outlet						

6. Is ETP sludge collection and storage and drying provision provided? YES NO

V. MISCELLANEOUS

1. Number of staff

2. Whether Bar-Code label provided?

3. Specific observations and recommendations
1.
2.
3.
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4.	Name of the officials with the address	
5.	Date of visit	
6.	Signature of the officials with date	