

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- CTE

(Under section 23 of the Water Act, 1974, under section 24 of the Air Act, 1981 and under section 10 of EP Act, 1986)

(Need Based)

1	a. Name of the industry:	
	b. Address of the industry:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of inspection:	
3	Name and designation of the person contacted:	
4	Does it fall in RIICO/ Industrial Estate/ Notified Area? Please specify the area.	
5	Size of industry: Large/ Medium/ Small	
6	Category of industry: Red/ Orange/ Green/ Others	
7	Type/ nature of industry:	
8	Status	
	1) Is it a proposal for new industry?	
	2) Is it an expansion of existing unit?	
	3) Is it a proposal for new industry at existing/ closed plot?	
	4) In case of 8 (3) above, what was the name of old industry?	
9	Applicability of Environmental Clearance:	
10	Total area of premises (In Hectares or Sq. m)	
11	Construction area, Green Belt and open area (In Hectares or Sq. m) along with map	
	a. Constructed	
	b. Open	
	c. Green Belt	
12	Sources of water supply and permissions obtained/ applied for:	
13	Is there any provision for storage of hazardous chemicals & hazardous waste?	

14	Name of raw materials with quantity (per day or per month or per annum)	
15	Name of product(s) with quantity (per day or per month or per annum)	
16	Water consumption in liter/ day	
	a. Total	
	b. Process wise	
	c. Domestic	
17	Waste water generation (stream wise) in liters/ day:	
18	Details of Effluent Treatment System:	
19	Discharge of waste water in liters/ day:	
20	Point of discharge of Waste Water and ultimate receiving body	
21	Whether industry is a member of CETP or not?	
22	Method of conveyance of waste water from industry to CETP:	
23	Whether industry is a member of TSDF?	
24	Comments on the specific queries raised by the Head Office:	
25	General and overall observation during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendation

Regional Officer

Note:-

(The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level)

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- (First time detailed inspection or as and when detailed inspection is required)

(Under section 23 of the Water Act 1974, under section 24 of the Air Act, 1981 and under section 10 of EP Act, 1986)

1	a. Name of the industry:	
	b. Address of the industry:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of inspection:	
3	Name and Designation of the person contacted:	
4	Date of commencement of production:	
5	Type of industry:	
6	Nature of industry:	
7	Size of industry: Large/ Medium/ Small	
8	Category of Industry: Red/ Orange/ Green/ Others	
9	Status of Operation: operational/ non-operational/ closed/ any other - If non-operational reason and period of non- operation	
10	List of partners/ directors/ proprietor with addresses	
11	Status of consent under the Water Act, 1974	
12	Status of consent under the Air Act, 81	
13	Status of authorization under HWM Rules	
14	Name of raw materials with quantity (per day or per month or annum)	
15	Name of product(s) and by-products manufactured with quantity (per day or month or annum)	
16	Water related:	
	1. Source of water	

	2. Status of metering arrangement on sources	
	3. Meter reading (if meter provided)	
	4. Metering arrangement for water consumption in various process/ use	
	5. Water consumption process/ purpose wise	
	6. Status of log book of water drawl and consumption	
17	Waste water generation (Stream wise) per day:	
18	Whether the industry is connected with CETP or has provided Effluent Treatment Plant or treatment not required?	
19	In case Effluent Treatment Plant (ETP) provided, details of same (In case of multiple ETP's or STP's, please provide details for all):	
	A	Effluent Treatment Plant (ETP) unit operation/ processes with details and status (Enclose Flow Sheet):
	B	Operational Status of ETP units at the time of inspection:
	C	Whether Separate electric meter for Effluent Treatment Plant is provided or Not? If, yes then the meter reading
	D	Whether water meter at inlet, outlet and for recycle has been provided or not? If, yes, then readings thereof.
	E	Whether logbook for operation, electric meter/ water meters/ chemicals consumption is maintained or not?
	F	Characteristics of waste water (as per site observations) pH, Temperature, Conductivity, Dissolved Oxygen
20	Discharge of waste water (per day)	
21	Point of discharge/disposal of waste water and ultimate receiving body. adequacy of disposal:	
22	Recycle of treated effluent (if any)	
23	Details of recycling arrangements	

24	Metering arrangements for recycling? If yes, then meter reading						
25	Whether industry is a member of CETP? Provide details.						
26	CETP inlet norms						
27	Method of conveyance of waste water from industry to CETP:						
28	Adequacy of the CETP for total effluent reaching CETP						
29	Details of air pollution:						
A	Process Stacks						
Sr No	Stack attached to process	Stack height in meter & its adequacy	Probable pollutants	Details of APCM	Comment on adequacy of APCM	Whether adequate and safe infrastructural monitoring facility provided or not?	
i)	Status of energy meter & hour meter						
ii)	Status of log book of operation and meter						
B	Flue gases stacks						
Sr No	Stack attached to Plant	Fuel	Rated fuel consumption (lt/ hr, Kg/hr)	Stack height in meter & its adequacy	Details of APCM	Comment on adequacy of APCM	Whether adequate and safe infrastructure monitoring facility provided or not?
i)	Status of energy meter & hour meter						
ii)	Status of log book of operation and meter						
C	Source of fugitive emission and measures taken to control, if any with details & adequacy:						
	S No	Source	Probable pollutants	Details of APCM	Comment on adequacy of APCM		
i)	Status of energy meter & hour meter						
ii)	Status of log book of operation and meter						

D	Details of incinerator:				
	A	<ul style="list-style-type: none"> - For Liquid - For Hazardous Waste (Solid) - If Combined 			
	B	Status of operation at the time of Inspection:			
	C	Temperature °C	Primary Chamber		
Secondary Chamber					
i)	Status of energy meter & hour meter				
ii)	Status of log book of operation and meter				
E	Details of D. G. Sets				
	Rating	Status of Acoustic enclosure	Details of Stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?
F	Source of foul odour and measures taken to control, if any,				
30	Fly ash management with all details, if applicable,				
31	A	Details about Hazardous Waste Management:			
Sr No	Source of Hazardous Waste	Category of Hazardous Waste	Quantity of Hazardous Waste generated/ storage	Facility for Collection, Storage, Treatment, Transportation and Disposal	
32	Verification and irregularities/ gap found in manifests				
33	Management/ Disposal of Spent Acid/ Solvent/ Waste Oils, if applicable				
34	Whether industry is a member of TSDF site or not?				
35	A	Status of logbook for hazardous waste:			
	B	Status of display board of size 4' x 6' at the main gate			
	C	Status of display board at the storage area			
36	Electric service number				
37	Water service number				
38	Other relevant information regarding the industry, including complaints				
39	Details of water/ waste water sample collected during inspection				

40	Details of air /emission sample collected during inspection	
41	Compliance of CTE/ CTO/ Authorization/ Registration/ Undertaking/Bank Guarantee if any, EC- conditions, if applicable	
42	Cess verification	
A	Consumption of water in different categories for cess assessment	
	Category - I	
	Category - II	
	Category - III	
	Category - IV	
B	Recommendation for the applicability of rates under section 3 (2) & 3 (2A) and rebate (with reasons)	
C	Details of the deposition of cess	
43	Specific non- compliances if any, observed during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level)

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report-Compliance purpose

(Under section 23 of the Water Act, 1974, under section 24 of the Air Act, 1981 and under section 10 of EP Act, 1986)

1	a. Name of the Industry:	
	b. Address of the Industry:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of inspection:	
3	Name and designation of the person contacted:	
4	Type of industry:	
5	Nature of industry:	
6	Size of industry: Large/ Medium/ Small	
7	Category of industry: Red/ Orange/ Green/ Others	
8	Status of Operation: operational/ non- operational/ closed/ any other- if non- operational- reason and period of non- operation.	
9	List of partners/ directors/ proprietor with addresses:	
10	Status of consent under the Water Act, 1974:	
11	Status of consent under Air Act, 1981:	
12	Status of authorization under HWM Rules	
13	Name of raw materials with quantity (per day or month or annum)	
14	Name of product(s) and by-products manufactured with quantity (per day or month or annum)	
15	Any deviation from earlier CTO	
16	Any deviation from earlier authorization/ registration	
17	Any deviation from observations from previous inspection report in permanent features	
18	Specific non- compliances, (if any) observed during inspection:	
19	Other relevant information regarding the industry, including complaints	

20	Details of water/ waste water sample collected during inspection	
21	Details of air/emission sample collected during inspection	
22	Cess verification	
A	Consumption of water in different categories for cess assessment	
	Category - I	
	Category - II	
	Category - III	
	Category - IV	
B	Recommendation for the applicability of rates under section 3 (2) & 3 (2A) and rebate (with reasons)	
C	Details of the deposition of cess	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level).

RAJASTHAN STATE POLLUTION CONTROL BOARD**(Address of Regional Office)****Inspection Report- CETP**

(Under section 23 of the Water Act 1974, under section 24 of the Air Act, 1981 and under section 10 of EP Act, 1986)

1	a.	Name of the CETP:	
	b.	Address of the CETP:	
	c.	E-mail:	
	d.	Fax:	
	e.	Mobile:	
	f.	Telephone:	
2		Date of Inspection:	
3		Name and Designation of the Person Contacted:	
4		Date of commencement of the CETP:	
5		Capacity of the CETP (in MLD):	
6		Size of Industry: Large/ Medium/ Small	
7		Category of Industry: Red/ Orange/ Green/ Others	
8		Status of Operation: operational/ non- operational/ closed/ any other- if non- operational- reason and period of non- operation.	
9		List of Trustee/ Directors/Office bearers with addresses:	
10		Status of consent under the Water Act, 1974:	
11		Status of consent under the Air Act, 1981	
12		Status of authorization under HWM Rules	
13		Operational load at the time of Inspection:	
14		Main type of member industries:	
15	A	Common Effluent Treatment Plant (CETP) Unit operation/ processes with details and status (Enclose Flow Sheet)	
	B	Operational Status of CETP units at the time of Inspection	
	C	Measurement system for incoming waste water	
	D	Measurement system for treated waste water	
	E	Status & verification of logbooks for operation, electric meter/ water meters/ chemicals consumption	
	E	Status & verification of chemical dosing	
16	F	Characteristics of waste water (As per site observations) pH, Temp, Conductivity, Dissolved Oxygen	
		Status & verification of recycle arrangement? If provided, details thereof with quantity, metering arrangement etc.	

17	Total discharge per day:				
18	Point of treated waste water discharge and ultimate receiving body				
19	CETP inlet norms				
20	Method of waste water conveyance system from member industries to CETP				
21	Status of functioning of above conveyance system:				
22	Details of D. G. Sets				
	Rating	Status of acoustic enclosure	Details of stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?
23	Details about Hazardous Waste Management:				
	Source of Hazardous Waste	Category of Hazardous Waste	Quantity of Hazardous Waste generated/ storage	Facility for Collection, Storage, Treatment, Transportation and Disposal	
24	A	Status of logbook for hazardous waste:			
	B	Status of display board of size 4' x 6' at the main gate			
	C	Status of display board at the storage area			
25	Total valid members at the time of inspection:				
26	Is any pre-treatment of waste water being given by member Industries before sending it to CETP:				
27	Is there any segregation system for toxic/ concentrated stream? Is yes, details thereof,				
28	Is sewage being mixed with trade effluent in CETP? If yes, then quantity and its source:				
29	Is there an arrangement for handling of shock load? If yes details thereof				
30	Details of water/ waste water sample collected during inspection				
31	Details of air/emission sample collected during inspection				
32	Electric Service number				
33	Water Service number				
34	Any other relevant Information including complaint				
35	Cess Verification				

A	Consumption of water in different categories for cess assessment	
	Category - I	
	Category - II	
	Category - III	
	Category - IV	
B	Recommendation for the applicability of rates under section 3 (2) & 3 (2A) and rebate (with reasons)	
C	Details of the deposition of cess	
36	Compliance of CTE/ CTO/ Authorization/ Registration/ Undertaking/Bank Guarantee, if any, EC- conditions, if applicable	
37	Any deviation from earlier CTO	
38	Any deviation from earlier Authorization/Registration	
39	Any deviation from observations from previous inspection report in permanent features	
40	Specific non- compliances, (if any) observed during Inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at H.O. level and disposal to be undertaken at H.O. level)

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- TSDF-Hazardous Waste

(Under Section 23 of the Water Act 1974, Under Section 24 of the Air Act 1981 and
Under Section 10 of EP Act 1986)

1	a. Name of the TSDF:	
	b. Address of the TSDF:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of Inspection	
3	Name and Designation of the Person Contacted	
4	Date of commencement of the TSDF	
5	Capacity of the TSDF	
6	Size of Industry: Large/ Medium/ Small	
7	Category of Industry: Red/ Orange/ Green/ Others	
8	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation	
9	List of Trustee/ Directors/Office bearers with addresses	
10	Status of consent under the Water Act, 1974	
11	Status of consent under the Air Act, 1981	
12	Status of Authorization under HWM Rules	
13	Capacity in MT/ Cell & Area of Cell	
14	Total numbers of notified cells	
15	Number of cells and area exhausted	
16	Area of active cell	
17	Number of remaining cells, their area, capacity and life span	
18	Cell wise Hazardous Waste disposed till date and the total quantity disposed (in MT):	
19	Main Type of member industries:	
20	Facilities available at TSDF:	
21	Status of operation of the TSDF and its various units.	

22	Whether separate energy meter provided? If yes, reading thereof.	
23	Status and verification of logbook (s)	
24	Measurement system for incoming waste:	
25	Water related:	
	A. Source of Water	
	B. Status of metering arrangement on sources	
	C. Meter reading (if meter provides)	
	D. Metering arrangement for water consumption in various process/use	
	E. Water consumption process/use wise	
	F. Status of log book of water drawl and consumption	
26	Details of leachate collection & conveyance system	
27	Quantity of Leachate collected	
28	Functioning status of above conveyance system:	
29	Details of Effluent Treatment Plant (ETP) provided (In case of multiple ETP's or STP (s), please provide details for all):	
	A Effluent Treatment Plant (ETP) Unit operation/ processes with details and status (Enclose Flow Sheet):	
	B Operational Status of ETP units at the time of Inspection	
	C Whether Separate electric meter for ETP is provided? If, Yes then the reading	
	D Status & verification of water meter at inlet, outlet and for recycle, and readings thereof.	
	E Status & verification of logbook (s) for operation, electric meter/ water meters/ chemicals consumption	
	F Characteristics of waste water (As per site observations) pH, Temp, Conductivity, Dissolved Oxygen	
30	Discharge of waste water (per day)	
31	Point of discharge/disposal of waste water and ultimate receiving body, adequacy of disposal.	
32	Status & details of piezometer well (s)	
33	Mode of collection and transportation of waste	
34	Whether the facilities has dedicated and registered vehicles? If yes, the vehicle's number (as per registration with RTO):	

35	Is manifest system properly maintained?				
36	Details of air pollution				
A	Source of fugitive emission and measures taken to control, if any with details & adequacy:				
	S No	Source	Probable Pollutants	Details of APCM	Comment on adequacy of APCM
i)	Status of energy meter & hour meter				
ii)	Status of log book of operation and meter				
B	Details of Incinerator:				
	In case of incinerator at the facility please provide/enclose details as per inspection report for isolated incinerator (I/R number -- 6)				
C	Details of D. G. Sets				
	Rating	Status of acoustic enclosure	Details of stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?
D	Source of foul odour and measures taken to control, if any,				
37	Total valid members at the time of inspection				
38	Details of analysis and characterization of hazardous waste				
39	Verification of record of characterization				
40	Status of operation and maintenance of TSDF as per CPCB guidelines:				
41	Electric service number				
42	Water service number				
43	Other relevant Information regarding the TSDF including complaints				
44	Details of water/ waste water sample collected during inspection				
45	Details of air/emission sample collected during inspection				
46	Details of waste sample collected during inspection				
47	Details of monitoring of piezometric well				
48	Cess verification				
A	Consumption of water in different categories for cess assessment				
	Category - I				
	Category - II				
	Category - III				
B	Category - IV				
	Recommendation for the applicability of rates under section 3 (2) & 3 (2A) and rebate (with reasons)				
C	Details of the deposition of cess				

49	Compliance of CTE/ CTO/ Authorization/ Registration/ Undertaking/Bank Guarantee if any, EC- conditions, if applicable	
50	Specific non- compliances if any, observed during inspection:	

Date: _____ Name,
Place: _____ Designations and
Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level)

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- Incinerator

(Under Section 23 of the Water Act 1974, Under Section 24 of the Air Act 1981 and
Under Section 10 of EP Act 1986)

1	a. Name of the Industry/Facility:	
	b. Address of the Industry/Facility:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of Inspection:	
3	Name and designation of the person contacted	
4	Date of commencement of operation:	
5	Type of Industry/Facility:	
6	Nature of Industry/Facility:	
7	Size of Industry/Facility: Large/ Medium/ Small	
8	Category of Industry/Facility: Red/ Orange/ Green/ Others	
9	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation	
10	List of Partners/ Directors/ proprietor with addresses:	
11	Status of consent under the Water Act, 1974:	
12	Status of consent under the Air Act, 1981	
13	Status of Authorization under HWM Rules and/or BMW Rules/MSW Rules	
14	Type of member industries//facilities:	
15	Capacity of incinerator:	
16	Details of temporary storage site for hazardous waste and/or Bio-medical waste and/or municipal waste and/or other solid waste:	
17	Inventory of hazardous waste and/or Bio-medical waste and/or municipal waste and/or other solid waste stored at the time of inspection along with nature/type of waste:	

18	Details of Air pollution						
	Type of incinerator	Stack height in meter & its adequacy	Probable Pollutants	Details of APCM	Comment on adequacy of APCM	Whether adequate and safe infrastructural monitoring facility provided or not?	
19	Status of operation at the time of Inspection:						
	Temperature °C		Primary Chamber				
			Secondary Chamber				
20	Type & quantity of fuel						
21	Combustion and DRE (Destruction and Removal efficiency):						
22	Residence time in secondary chamber:						
23	Generation of slag/ bottom ash, its handling and disposal system:						
24	Whether incinerator is equipped with automatic switched auxiliary burner?						
25	Is safety valve provided?						
i)	Status of energy meter & hour meter						
ii)	Status of log book of operation and meter						
26	Details of D. G. Sets						
	Rating	Status of Acoustic enclosure	Details of Stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?		
	i	Status of Energy Meter & Hour meter					
	ii	Status of log book of operation and meter					
27	Source of foul odour and measures taken to control, if any,						
28	Method of feeding waste in the incinerator:						
29	Measurement method of fuel, Waste, Electricity etc:						
30	Verification of logbooks and record keeping system:						
31	In case of non- operation of incinerator at the time of visit, reason for the same:						
32	Electric service number						
33	Water service number						

34	Other relevant Information including complaints	
35	Details of water/ waste water sample collected during inspection:	
36	Details of air sample collected during inspection:	
37	Details of waste sample collected during inspection:	
38	Compliance of CTE/ CTO/ Authorization/ Registration/ Undertaking/Bank Guarantee if any, EC- conditions, if applicable.	
39	Specific non- compliances if any, observed during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level)

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- BIOMEDICAL WASTE- CBWTFs

(Under Section 23 of the Water Act 1974, Under Section 24 of the Air Act 1981 and
Under Section 10 of EP Act 1986)

1	a.	Name of the CBWTF	
	b.	Address of the CBWTF	
	c.	E-mail	
	d.	Fax	
	e.	Mobile	
	f.	Telephone	
2	Date of Inspection		
3	Name and designation of the person contacted		
4	Date of commencement of the CBWTF:		
5	Capacity of the CBWTF:		
6	Size of CBWTF: Large/ Medium/ Small		
7	Category of CBWTF: Red/ Orange/ Green/ Others		
8	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation		
9	List of Trustee/ Directors/Office bearers with addresses		
10	Status of consent under the Water Act, 1974		
11	Status of consent under the Air Act, 1981		
12	Status of authorization under BMW Rules		
13	A	Facilities available at CBWTF	
	B	Status of operation of the CBWTF and its various units.	
	C	Status and facility for storage of waste	
	D	Status & verification of separate energy meter & reading thereof.	
	E	Status & verification of logbook	
14	Measurement system for incoming waste:		
15	Water consumption per day, with source of water supply		
16	Waste water generation (stream wise) per day		
17	In case of Effluent Treatment Plant (ETP) provided, details of same (In case of multiple ETP's/STP, please provide details for all):		

	A	Effluent Treatment Plant (ETP) Unit operation/ processes with details and status (Enclose Flow Sheet):					
	B	Operational Status of ETP units at the time of Inspection:					
	C	Whether separate electric meter for Effluent Treatment Plant is provided or not? If, yes then the reading thereof:					
	D	Whether water meter at inlet, outlet and for recycle has been provided or not? If, yes, then the readings thereof.					
	E	Whether logbook for operation, electric meter/ water meters/ chemicals consumption is maintained or not?					
	F	Characteristics of waste water (As per site observations) pH, Temp, Conductivity, Dissolved Oxygen					
18	Discharge of waste water (per day)						
19	Point of discharge/disposal of wastewater and ultimate receiving body along with adequacy of disposal						
20	Details of air pollution						
	Sr No	Type of incinerator	Stack height in meter & its adequacy	Probable pollutants	Details of APCM	Comment on adequacy of APCM	Whether adequate and safe infrastructural monitoring facility provided or not?
21	Status of operation at the time of inspection:						
	A	Temperature ⁰ C	Primary Chamber				
			Secondary Chamber				
	B	Type & quantity of fuel					
	C	Combustion and DRE (Destruction and Removal efficiency)					
	D	Residence time in secondary chamber:					
	E	Generation of slag/ bottom ash, its handling and disposal system:					
	F	Whether incinerator is equipped with automatic switched auxiliary burner or not?					
	G	Is safety valve provided?					

22	Status of energy meter & hour meter					
23	Status of log book of operation and meter					
24	Details of D. G. Sets					
	Rating	Status of acoustic enclosure	Details of stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?	
25	Status of energy meter & hour meter					
26	Status of log book of operation and meter					
27	Source of foul odour and measures taken to control, if any,					
28	Method of feeding waste in the incinerator:					
29	Measurement method of fuel, waste, electricity etc:					
30	Verification of logbooks and record keeping system:					
31	In case of non- operation of incinerator at the time of visit, reason for the same:					
32	Electric Service number					
33	Water Service number					
34	Other relevant Information regarding the industry including complaint					
35	Details of water/ waste water sample collected during inspection:					
36	Details of air sample collected during inspection:					
37	Details of waste sample collected during inspection:					
38	Compliance of CTE/ CTO/ authorization/ registration/ undertaking/Bank Guarantee if any, EC- conditions, if applicable:					
39	Specific non- compliances, if any, observed during inspection:					

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

(Note: - The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at HO level and disposal to be undertaken at HO level).

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- Health Care Facilities

1	a. Name of the Health Care Facilities (HCF)		
	b. Address of the HCF		
	c. E-mail		
	d. Fax		
	e. Mobile		
	f. Telephone		
2	Date of Inspection:		
3	Name and designation of the person contacted		
4	Date of commencement		
5	Name and designation of In-charge of HCF		
6	Nature of HCF		
7	Size of HCF: Large/ Medium/ Small		
8	Category of HCF: Red/ Orange/ Green/ Others		
9	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation		
10	List of Partners/ Directors/ proprietor/ Trustee/Office bearers with addresses		
11	Status of consent under the Water Act, 1974		
12	Status of consent under the Air Act, 1981		
13	Status of Authorization under the BMW Rules		
14	Capacity (Beds)		
15	Status and details of facilities provided by the HCF		
16	Number of patients visited:		
	A	Indoor: No. per month	
	B	OPD: No. per day	
17	Number of samples tested		
18	Category and quantity of biomedical waste generated:		
	Sr. No	Category of Waste Generated	Description of the waste covered under the Category
	1.	Category-1	Human organs/ tissues
	2.	Category-2	Animal organs/ tissues

	3.	Category-3	Laboratory wastes	
	4.	Category-4	Sharp wastes	
	5.	Category-5	Discarded medicines, bottles	
	6.	Category-6	Soiled wastes	
	7.	Category-7	Solid wastes	
	8.	Category-8	Liquid wastes (washing etc.)	
	9.	Category-9	Incinerator Ash	
	10.	Category-10	Chemical Waste	
19	Method of collection and storage: plastic container/ plastic bucket/ other			
20	Method of segregation:			
21	Status & verification of segregation of BM Waste and use of colour coded bags (Red/ Yellow/ Blue/ Black)			
22	Method of Treatment			
	1	Is needle cutter provided? Yes/ No		
	2	Is there a use of disinfectant? Yes/ No		
	3	Mutilation/ shredding		
	4	Autoclaving/ microwaving/other/ None		
23	Water related:			
	A	Source of water		
	B	Status of metering arrangement on sources		
	C	Status & verification of logbook of meter		
	D	Metering arrangement for water consumption in domestic/boiler/cooling)		
	E	Water consumption process/use wise		
	F	Status & verification of log book of water drawl and consumption		
24	Waste water generation per day:			
25	Whether the HCF is connected with STP or provided Effluent Treatment Plant or treatment not required?			
26	In case of Effluent Treatment Plant (ETP) provided, details of same (In case of multiple ETP's/STP, please provide details for all):			
	A	Effluent Treatment Plant (ETP) unit operation/ processes with details and status (enclose flow sheet)		
	B	Operational status of ETP units at the time of Inspection:		

	C	Status & verification of separate electric meter for ETP/STP and the reading thereof	
	D	Status & verification of water meter at inlet, outlet and for recycle and readings thereof	
	E	Status & verification of logbook for operation, electric meter/ water meters/ chemicals consumption	
	F	Characteristics of waste water (as per site observations) pH, Temp, Conductivity, Dissolved Oxygen	
27		Discharge of waste water (per day)	
28		Point of discharge/disposal of waste water and ultimate receiving body along with adequacy of disposal	
29		Recycle of treated effluent	
30		Details of recycle arrangements	
31		Status & verification of metering arrangements for recycle and reading thereof	
32		Whether HCF is a member of CSTP? Please provide details thereof	
33		Method of conveyance of waste water from HCF to CSTP:	
34		Adequacy of the CSTP for total effluent reaching CSTP	
35		Method of HCF waste disposal	
36		Status & verification of membership of Common Waste Disposal Facility (CBWTF)	
37		Name of CBWTF and validity of membership	
38		Does it have its own incinerator? If yes, please provide details as per inspection report for isolated incinerator (IR – 6)	
39		Is deep burial practiced? If yes, please provide details as per inspection report for deep burial (IR – 8 -- A)	
40		Other disposal methods: Municipality Dustbin/ Openly burnt/ Dumped/ Thrown at distant place/ Drainage/ None	
41		Disposal detail of liquid wastes/ effluent and its quantity	
42		Housekeeping related with biomedical waste management at the hospital	
43		Awareness of hospital staff regarding BMW etc. Are they knowing BMW rules?	
44		Status and verification of logbooks and record keeping system (of waste generated, treated, transported & disposed)	
45		Electric Service number	

46	Water Service number	
47	Other relevant information regarding the HCF	
48	Details of water/ waste water sample collected during inspection	
49	Details of air sample collected during inspection:	
50	Details of waste sample collected during inspection	
51	Compliance of CTE/ CTO/ Authorization/ Registration/ Undertaking /Bank Guarantee if any, EC- conditions, if applicable:	
52	Specific non- compliances if any, observed during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

1. The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer shall also specify action desired at H.O. level and disposal to be undertaken at H.O. level
2. Wherever HCF is practicing deep burial, inspection report in format for deep burial is essentially to be submitted along with main inspection report
3. Wherever HCF is having incinerator, inspection report in format for incinerator is essentially to be submitted along with main inspection report.

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- Health Care Facilities

To be submitted along with main inspection report wherever HCF practicing deep burial

1	<p>General</p> <p>Name and Address of site:</p> <p>Population of town (in lacs):</p> <p>Type of Location:</p> <p style="padding-left: 40px;">Urban area</p> <p style="padding-left: 40px;">Rural area</p>	
2	<p>Location of Deep Burial Site:</p> <p>The location of the deep burial site:</p> <p>a) Authorized by prescribed Authority</p> <p>b) Not authorized by prescribed Authority</p> <p>The deep burial site located</p> <p>a) Far away from habitation</p> <p>b) Close to habitation</p> <p>Location of surface water or ground water with respect to deep burial site</p> <p>a) Close to deep burial site</p> <p>b) Distant from deep burial site</p>	
3	<p>Criteria of deep burial site</p> <p>1. Depth of pit or trench:</p> <p>2. Nos. of Pits observed:</p> <p>3. Filling of Pit with soil (10 cm layer) & Lime (50 cm) observed:</p> <p>a) Yes</p> <p>b) No</p> <p>4. Covers of galvanized Iron/ wire meshes provided on Pit/ trench:</p>	

	a) Yes b) No 5. Record keeping of all pits: a) Maintained b) Not maintained 6. Close and dedicated supervision on burial: a) Performed b) Not performed	
4	Specific non- compliances observed (if, any) during Inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer should also specify action desired at H.O. level and disposal to be undertaken at H.O. level.

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- MSW Rules

1	a. Name of the Municipality:	
	b. Address of the Municipal Waste Disposal Site, coordinates of the site	
	c. Khasra number & Village	
	d. Tehsil	
	e. District	
	f. E-mail	
	g. Fax	
	h. Mobile	
	i. Telephone	
2	Date of Inspection	
3	Name and Designation of the person contacted	
4	Date of commencement of facility:	
5	Name of Commissioner/Chief Executive Officer	
6	Name of facility operator with address	
7	Name and designation of person contacted:	
8	Population as per 2011 census:	
9	Waste generation per day (Tonne/ Day):	
10	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation	
11	Status of consent under the Water Act, 1974:	
12	Status of consent under the Air Act, 1981	
13	Status of authorization under MSW Rules	
14	Status of Environment Clearance under EIA Notification	
15	Status and verification of door to door collection facility for MSW.	
16	Status and verification of segregation facilities developed for MSW	
17	Status of collection & storage facility of municipal solid waste (size/ capacity of bin/ container)	
18	Status and details of transfer stations for MSW	
19	Status and verification of transportation of MSW (give number of persons engaged, number of vehicles used, covering of MSW while transportation, overloading of vehicles, etc.)	
20	Status and verification of type of processing & facilities installed for municipal solid wastes	

21	Status and verification of biodegradable waste treatment by composting/ digestion	
22	Status and verification of combustible waste disposal through energy recovery/co-processing/recycling	
23	Status and verification of recyclable waste (other than biodegradable & combustible) segregation and transfer for recycling	
24	Status and verification of land fill site	
25	Complete address of land fill site	
26	Dimension of landfill site	
27	Designed life of landfill site (in years)	
28	Status and verification whether mixed waste or only inert waste is disposed in land fill	
29	Status of fencing or hedge provided with proper gate to monitor incoming vehicles.	
30	Status and verification of approach road and other internal roads	
31	Status and verification of weigh bridge to measures quantity of waste brought at landfill site	
32	Status and verification of fire protection and safety provisions.	
33	Status and verification of lighting arrangements for easy land fill operations when carried out in night hours	
34	Status and verification of compaction of waste in land fill using compactors/ road rollers etc	
35	Status and verification of daily cover (soil/ inert debris or construction material)	
36	Status and verification of intermediate cover with proper compaction and grading during monsoon	
37	Status and verification of proper drainage berms constructed to divert run off away from the active cell of the land fill	
38	Status and verification of final cover and brief details	
39	Status and verification of storm water drains and its diversion to minimize leachate	
40	Details of leachate collection & conveyance system	
41	Quantity of Leachate collected and treatment system	
42	Functioning status of above conveyance system	
43	Whether the design of land fill is as per the prescribed norms/guidelines.	
44	Status & details of Piezometer well (s)	
45	Monitoring of piezometric well (s)	
46	Status & details of samples collected to check the ground water quality within 50 meters of the periphery of the land fill site during summer,	

	monsoon and post monsoon periods from upstream and downstream of land fill	
47	Status & details of landfill gas collection & control system	
48	Status & details of ambient air quality monitoring at the land fill site and in vicinity	
49	Status & details of plantation at land fill site	
50	Details of closure of land fill site and post closure care.	
51	Is bad odor felt around land fill?	
52	Status & details of composting facility provided, type of composting, number of windrows etc.	
53	Quantity of waste composted/day	
54	Quantity of compost generated/day	
55	Status & details of measures taken to prevent foul odor.	
56	Status of logbook for municipal waste:	
57	Electric service number	
58	Water service number	
59	Other relevant information regarding the MSW facility including complaint	
60	Details of water/ waste water sample collected during inspection:	
61	Details of air Sample Collected during inspection:	
62	Compliance of CTE/ CTO/ Authorization/ Undertaking/Bank Guarantee if any, EC- conditions, if applicable:	
63	Specific non- compliances if any, observed during Inspection:	
64	Specific non- compliances with reference to provisions of schedule II of MSW Rules, if any, observed during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer should also specify action desired at H.O. level and disposal to be undertaken at H.O. level.

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

INSPECTION REPORT- UNDER PLASTIC WASTE RULES

1	a. Name of the industry:		
	b. Address of the industry:		
	c. E-mail:		
	d. Fax:		
	e. Mobile:		
	f. Telephone:		
2	Date of inspection:		
3	Name and designation of person contacted:		
4	Date of Commencement of production:		
5	Size of industry: Large/ Medium/ Small		
6	Category of Industry: Red/ Orange/ Green/ Others		
7	Status of Operation: operational/ non-operational/ closed/ any other - If non-operational reason and period of non- operation		
8	List of partners/ directors/ proprietor with addresses		
9	Status of consent under the Water Act, 1974		
10	Status of consent under the Air Act, 1981		
11	Status of authorization under HWM Rules		
12	A	Name of Product:	
	B	Virgin/Recycled	
13	Type and quantity of raw materials used for finished products:		
14	Quantity of production and by product (per Day/ Month):		
15	Ratio of virgin and recycled plastics:		
16	Whether recycling as per IS 14534: 1998?		
17	Quantity, mode of storage and mode of disposal of cutting wastes, if any.		

18	Is washing activity carried out in premises? If yes give details of quantity of water used and waste water discharged and its mode of disposal and details of ETP if provided:	
19	If any other air emission causing source installed?	
20	If yes then details of source, type of fuel & its consumption, stack height, pollution control measures, infrastructure for monitoring facility, etc.	
21	Status of registration under Plastic Waste Rules	
22	Has applied for Registration under Recycle Plastic Manufacture and Usage (amendment) Rules, 2011?	
23	Any other relevant information, including complaints, if any	
24	Specific non-compliances (if any) observed during Inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer should also specify action desired at H.O. level and disposal to be undertaken at H.O. level.

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- Batteries Rules 2001

1	a. Name of the company/ firm/ owner:	
	b. Address of the industry:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
2	Date of inspection:	
3	Name and designation of person contacted:	
4	Date of commencement:	
5	List of partners/ directors/ proprietor with addresses	
6	Company/ firm/ owner's category: Manufacturer/ Importer Assembler/ Re-conditioner Dealer Recycler Auctioneer Bulk consumer	
7	Name and types of batteries sold during the year 1. Car 2. Truck 3. UPS 4. Two Wheelers 5. Others	
8	Numbers and type of used batteries recollected during the year 1. Car 2. Truck 3. UPS 4. Two Wheelers 5. Others	
9	Whether regularly maintaining record of batteries (sales and recollection) or not? If not, irregularities observed in the record?	
10	Whether same type and specifications of batteries recollected against sales of new batteries	
11	Whether returns are submitted annually or half yearly?	

12	Whether used batteries from buyback are sold to registered recyclers? If yes, give name & address of recyclers	
13	Whether recycler is registered with CPCB. If yes, date of registration:	
14	Whether used batteries from buyback contain acid? If no, then how was the acid drained from batteries? Give brief explanation. If yes, the details of collection and disposal of acid.	
15	Type of facilities provided for safe storage and transportation of used batteries at recollection center and during transport to recycler	
16	Details of public awareness programme conducted by a. Company/ manufacturer/ bulk consumer/ recycler b. Cost and type of programme	
17	Any other relevant information	
18	Specific non- compliances observed (if, any) during Inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer should also specify action desired at H.O. level and disposal to be undertaken at H.O. level.

RAJASTHAN STATE POLLUTION CONTROL BOARD
(Address of Regional Office)

Inspection Report- Mining

(Under Section 23 of the Water Act, 1974, under Section 24 of the Air Act, 1981 and under Section 10 of EP Act,1986)

1	a. Name of the Mine:	
	b. Communication address:	
	c. E-mail:	
	d. Fax:	
	e. Mobile:	
	f. Telephone:	
	g. Address of Mine: Coordinates of area	
	h. Mining lease number	
	i. Village & Tehsil	
	j. District	
2	Date of inspection:	
3	Name and designation of the person contacted:	
4	Date of commencement of production:	
5	Validity of Lease	
6	Name of Mineral (s)	
7	Type of Mineral (s): Major (scheduled/non-scheduled) /Minor	
8	Category of Mine: Red/ Orange/ Green	
9	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation	
10	List of partners/ directors/ proprietor with addresses:	
11	Status of consent under the Water Act, 1974	
12	Status of consent under the Air Act, 1981	
13	Status of Environmental Clearance under EIA notification / Aravali Notification	
14	Status of mining plan/mining scheme	
15	Consented production capacity	
16	Type of mining operation: Opencast/ Under Ground	
17	Mechanized mining/ semi mechanized mining/ manual mining	
18	Number of mining pits with dimensions	
19	Status of water table and its intersection with present mining depth	
20	Number of over burden dumps with dimensions	

21	Status and verification of retaining wall constructed around over burden dumps	
22	Status and verification of siltation pond constructed around over burden dumps	
23	Status and verification of garland drains and siltation pond around pits	
24	Whether top soil is available? If yes, how is it stacked? Its location and quantity.	
25	Status and verification of plantation around the dumps, boundary of lease, road side and other locations. Please specify details of plantation and overall quantum	
26	Water related:	
	A	Source of Water
	B	Status of metering arrangement on sources
	C	Meter reading (if meter provides)
	D	Metering arrangement for water consumption in various process/use
	E	Water consumption process/use wise
	F	Status of log book of water drawl and consumption
27	Waste water generation (Stream wise) per day:	
28	In case of Sewage Treatment Plant (STP) provided, details of same (In case of multiple STP's, please provide details for all):	
	A	Sewage Treatment Plant unit operation/ processes with details and status (Enclose Flow Sheet)
	B	Operational status of STP units at the time of Inspection
	C	Status and verification of separate electric meter for STP and the reading thereof
	D	Status and verification of water meter at inlet, outlet and for recycle and readings thereof
	E	Status and verification of logbook for operation, electric meter/water meters/chemicals consumption
	F	Characteristics of wastewater (as per site observations) pH, Temp, Conductivity, Dissolved Oxygen
29	Discharge of waste water (per day)	
30	Point of discharge/disposal of wastewater and ultimate receiving body along with adequacy of disposal	
31	Recycle of treated effluent	
32	Details of recycle arrangements	
33	Status and verification of metering arrangements for recycle	

34	Details of Air Pollution:				
A	Source of fugitive emission and measures taken to control, if any with details & adequacy				
	S No	Source	Probable pollutants	Details of APCM	Comment on adequacy of APCM
	i	Status of Energy Meter & Hour meter			
	ii	Status of log book of operation and meter			
B	Details of D. G. Sets				
	Rating	Status of acoustic enclosure	Details of stack	Adequacy of stack and acoustic enclosure	Whether adequate and safe infrastructural monitoring facility provided or not?
C	Source of foul odour and measures taken to control, if any,				
35	Management/disposal of used/waste oils, if applicable				
36	Status of logbook for used/ waste oils, if applicable:				
37	Other relevant information regarding the mine, including complaints				
38	Details of water/ waste water sample collected during inspection:				
39	Details of air sample collected during inspection:				
40	Compliance of CTE/ CTO/ Authorization/ Undertaking/ Bank Guarantee if any, EC- conditions, if applicable:				
41	Specific non- compliances if any, observed during inspection:				

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Regional Officer

Note:-

The recommendation shall invariably be made by the Regional Officer in clear & specific manner. Regional Officer should also specify action desired at H.O. level and disposal to be undertaken at H.O. level.

RAJASTHAN STATE POLLUTION CONTROL BOARD
4, Institutional Area, Jhalana Doongri, Jaipur

Verification Report- For Recognized Laboratory

(Under section 23 of the Water Act, 1974, under section 24 of the Air Act, 1981 and under section 10 of EP Act, 1986)

1	a. Name of the Laboratory:		
	b. Address of Laboratory:		
	c. E-mail:		
	d. Fax:		
	e. Mobile:		
	f. Telephone:		
2	Date of Inspection		
3	Name and Designation of the person contacted		
4	Date of commencement of laboratory:		
5	Type of Laboratory: Air/Water/Both		
6	Status of Operation: operational/ non- operational/ closed/ any other - If non- operational reason and period of non- operation		
7	List of partners/ directors/ proprietor with addresses		
8	Status of consent under the Water Act, 1974		
9	Status of consent under the Air Act, 1981		
10	Infrastructural facility available		
	A	Area	
	B	Instruments & their details	
	C	Fuming Hood (s)	
	D	Glassware (Class A & Class B) & their details	
	E	Chemicals grade (Analytical/ Laboratory/Any Other)	
	F	Certified Reference Material (CRM) with their traceability	
G	Facility for uninterrupted power supply		
11	Manpower details		
12	Status and verification of Standard Methods of Testing (APHA/BIS/CPCB, etc, in original)		
13	Status and verification of Standard Operating Procedure (SOP) and Work Instruction (WI)		
14	Status & verification of calibration of instruments		

15	Status & verification of environmental conditions in laboratory, as per requirement of analysis (i.e. temperature, humidity etc)	
16	Status & verification of quality of distilled water	
17	Status & verification of relevant logbooks	
18	Status of participation in Inter Laboratory Comparison (ILC)/Proficiency Testing Program	
19	Source of water & water consumption	
20	Waste generation, treatment & disposal	
21	Electric service number	
	Water service number	
22	Other relevant information regarding the laboratory	
23	Specific comments on competence of laboratory.	
	non- compliances if any, observed during inspection:	

Date:

Name,

Place:

Designations and

Signature of Inspecting Officers

Recommendations:

Chief Scientific Officer

Note:-

The recommendation shall invariably be made by the Chief Scientific Officer in clear & specific manner.