

Questionnaire for Environmental Appraisal of Healthcare Waste Management Projects

Part A - General information

01	Name of the project:	
02	Name of the Company/firm/individual:	
03	Postal Address:	
04	Phone No:	
05	Contact Person:	
5.1	Designation	
5.2	Contact Tel. No. Fax No : E mail address:	
06	Bed strength	
07	Service Specialties	

Part B – Project details

1	Proposed location of the project:	
2	Extent of the land	
3	Address	
4	Local Authority & District	
5	Objective(s) & Justification of the project	
6	Organizational Structure for the proposed operation:	
7	Status of the facility:	BOI / Non- BOI
8	Total Cost project cost & Funding sources if any	
9	Applicable laws, regulations, standards and requirements for the project	

10	Clearances/permits obtained or should be obtained from relevant state agencies	

11	Project Description in brief : <u>(attach a copy of prefeasibility study report if available)</u>
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This should include

- Process description including out puts
- Present Land use of the site and surrounding
- Presence of important habitats /ecosystems in the project area
- Existing sources of air emissions and noise in the area

04	Waste material :	
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Type	Sources	Expected quantity/day	Characteristics

05	Designed capacity and life span of the plant:	
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06	Infrastructure requirements (power, water, road improvements ,parking facilities fire protection ect.)	
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07	Operational experience of the Project Proponent on similar ventures:	
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	(a) Local	
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	(b) Foreign	
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08	Commissioning a same type of plant by any other party	
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	(a) Local	
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	(b) Foreign	
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09	Environmental Pollution envisaged: (If Yes please specify)	
	(a) Air Emissions :	Yes/No
	(b) Effluents:	Yes/No
	(c) Solid residues/by products	Yes /No
	(d) Noise & Vibration	Yes/No
	(e) Odor	Yes/No
10	(If YES provide) Mitigatory / control measures to be built in to the project:	Proposed measure
	(a) Air Emissions :	
	(b) Effluents:	
	(c) Solid residues/by product	
	(d) Noise & Vibration	
	(e) Odor	
	Final point of discharge:	
11	Brief Description on other service components required:	
	(a) Separation & Collection	
	(b) Transportation	
	(c) Storage/transfer stations	
	(d) Residue disposal	
	(e) Other (pl specify)	
12	project maintenance and management in brief	

13	Contingency plan covering breakdowns, fire spills or any possible hazard	
14	Total Cost project cost	

I certify that the above information is accurate and true to the best of my knowledge. I am aware that this information will be utilized in project evaluation by the Project Evaluation Committee appointed by the Honorable Minister of Environment & Natural resources.

Date :

Signature:

Name:

Designation

Note : following documents should be submitted with the application

1. Copy of the survey plan
2. Location map indicating the project site ,access to the site, surrounding developments. and infrastructure within 100m of the site
3. Lay out plan clearly indicating all project components in order to get a clear picture of the project
4. Project implementation schedule