SCREEN SHOTS FOR FILING BMW APPLICATION

- 1. The <u>applicant shall use only one User Id for the Health Care Facility/CBMWTF location and the same User Id has to</u> <u>be used for filing all applications for all the time in OCMMS</u>. All the applications for Consent and BWA have to be submitted using the same user Id only all the time through OCMMS. For the same Health Care Facility/CBMWTF, the applicants shall not submit the applications for Consent and BWA using different user Id under any circumstances since it would create duplicate Health Care Facility/CBMWTF files in OCMMS.
- If the Health Care Facility/CBMWTF has already applied for Consent or BWA or HWA through OCMMS previously, already User Id must be available for the Health Care Facility/CBMWTF which has to be used for filing any of the application for Consent, HWA and BWA through OCMMS.
- 3. If the Health Care Facility/CBMWTF has not applied for Consent and BWA through OCMMS previously and has not obtained User Id for the Health Care Facility/CBMWTF from OCMMS, then the Health Care Facility/CBMWTF shall follow the following procedure for Industry Registration to obtain User Id for the industry from OCMMS once.

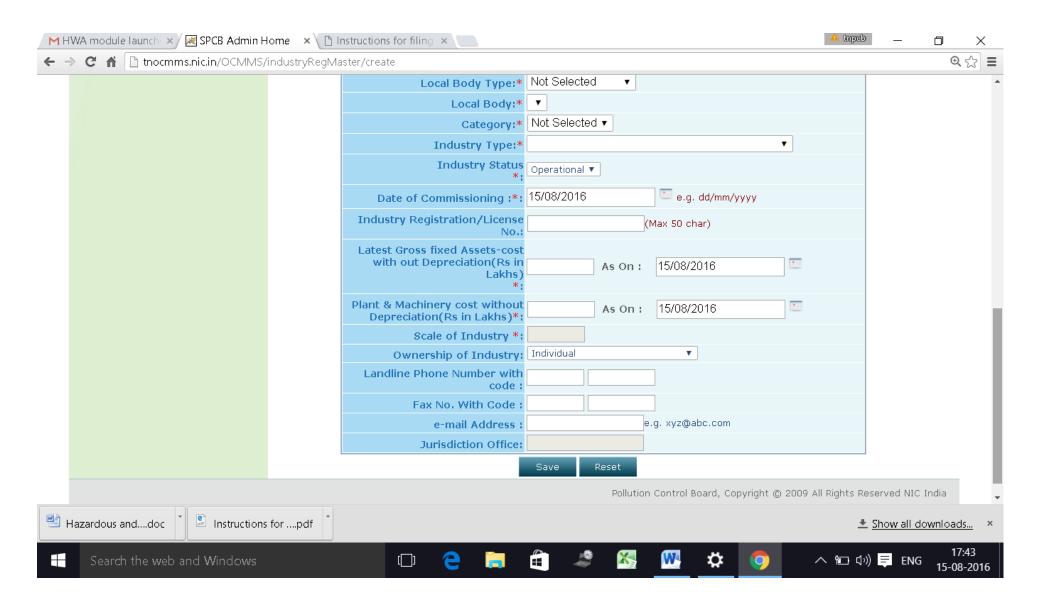
REGISTRATION OF INDUSTRY

There are 2 tabs. "Industry Details" and Occupier Details".

The items which are mandatory are marked as *. The mandatory items shall be filled for successful submission of application

of application.

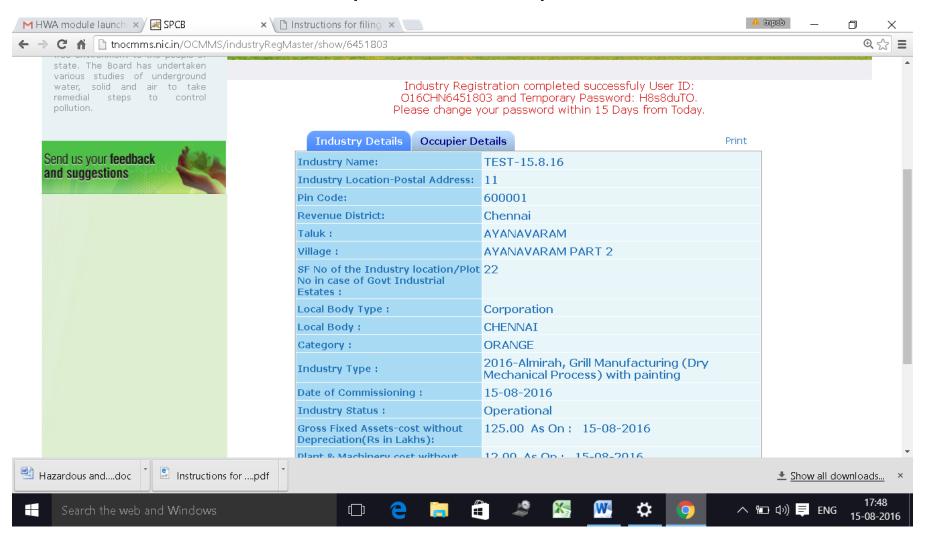
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water, sond and ar to take remedial steps to control pollution.	INDUSTRY ®		^
	Fields marked * are mandatory		
Send us your feedback	Industry Details Occupier D	etails	
and suggestions	Industry Name *	(max 250 characters)	
	Industry Location-Posta Address		
	*:		
	Pin Code*: Revenue District:*		
		Not Selected	
	Village: *		
	SF No of the Industry location/Plot No in case of Govi Industrial Estates:		
	Local Body Type:*	Not Selected	
	Local Body:*		
		Not Selected	
	Industry Type:*		
	Industry Status *	Operational 🔻	
	Date of Commissioning :*:	15/08/2016 🔤 e.g. dd/mm/yyyy	
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OCCUPIER DETAILS TAB SHALL BE FILLED AND "SAVE " BUTTON SHALL BE CLICKED FOR REGISTRATION TO BE COMPLETE.

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and suggestions	Registered Office Address *:		
	Pin Code*:		
	Occupier Name* :		
	Designation*:	Select Designation	
	Nationality :		
	Phone No. With Code :		
	Fax No. With Code :		
	Mobile No* :	(max 10 digits)	
	e-mail Address* :	e.g. xyz@abc.com	
	Hint Question*:	What is your Nickname?	
	Your Answer*:		
	Click to generate Temporary Password*:	Generate	
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When the registration is complete, user ID and temporary password will be displayed as below as well as the details will be sent as SMS to occupier mobile and occupier e-mail ID.



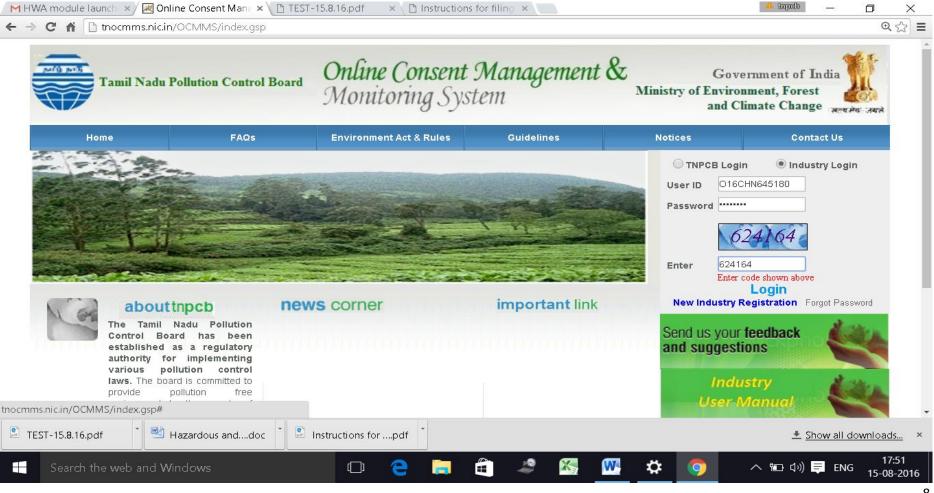
Click on the print button and save the details of registration as PDF for future use by the industry.

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\leftrightarrow \rightarrow C f \square file:///C:/Users/krishnamoorth	y/Downloads/TEST-15.8.16.pdf					☆ =
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	Online Industry Registration Receipt Date: 15/8/2016					
You	OCMMS Login ID: 016CHN6451803 Temporary Password: H8s8duTO Your industry has been successfully registered for the use of 'Online Consent Management & Monitoring System' under the Following Details					
	Industry Name :	TEST-15.8.16				
	Industry Postal Address :	11				
	Pincode :	600001				
	Revenue District :	Chennai				
	Taluk :	AYANAVARAM			#	
	Village :	AYANAVARAM PART 2				
	SF No of the Industry location/Plot No in case of Govt Industrial Estates :	22			+	
	Local Body Type :	Corporation				
	Local Body :	CHENNAI			-	
	Industry Registration/License No. :	11				
	Category :	ORANGE				
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	Local Body :	CHENNAI	
	Industry Registration/License No. :	11	
	Category :	ORANGE	
	Industry Type :	2016-Almirah, Grill Manufacturing (Dry Mechanical Process) with painting	
	Scale of Industry :	Small	
	Date Of Commissioning :	15/08/2016	
	Industry Status :	Operational	
	Gross Fixed Assets-cost without Depreciation:	125.0 (In Lakhs) As On: 15/08/2016	
	Plants & Marchinery cost without Depreciation :	12.0 (In Lakhs) As On: 15/08/2016	
	Phone Number :	-	
	Fax Number :	-	
	e-mail Address:		
	Jurisdiction Office:	CHENNAI	
	Occupie	er Details	
	Registered Office Address :	QWERW	
	Pincode :	600001	
	Occupier Name :	RAM	
	Designation :	The Proprietrix	
	e-mail Address:	tnpcbocmms@gmail.com	
	Mobile No :	8056042116	
	Phone Number :	-	
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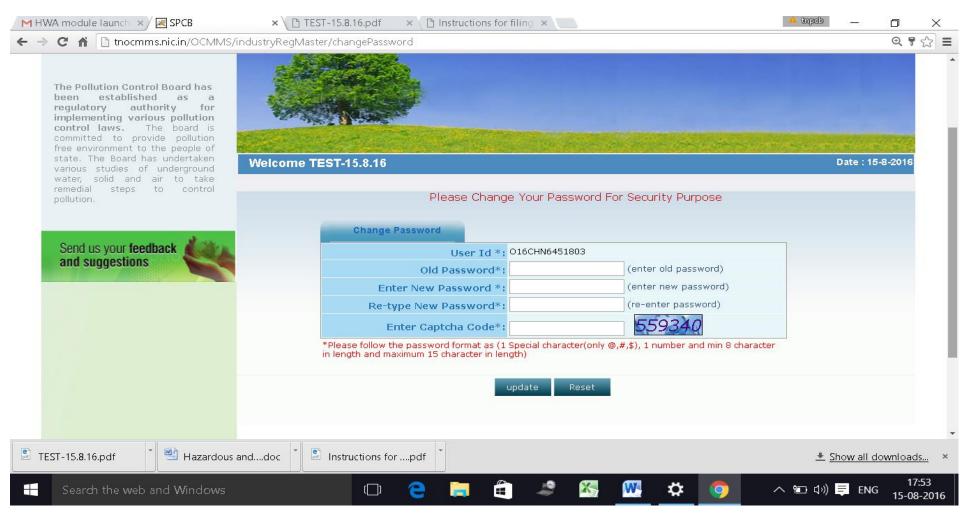
The password generated is temporary and has to be changed within 15 days of registration as detailed below.

Using the user ID and password login to OCMMS.

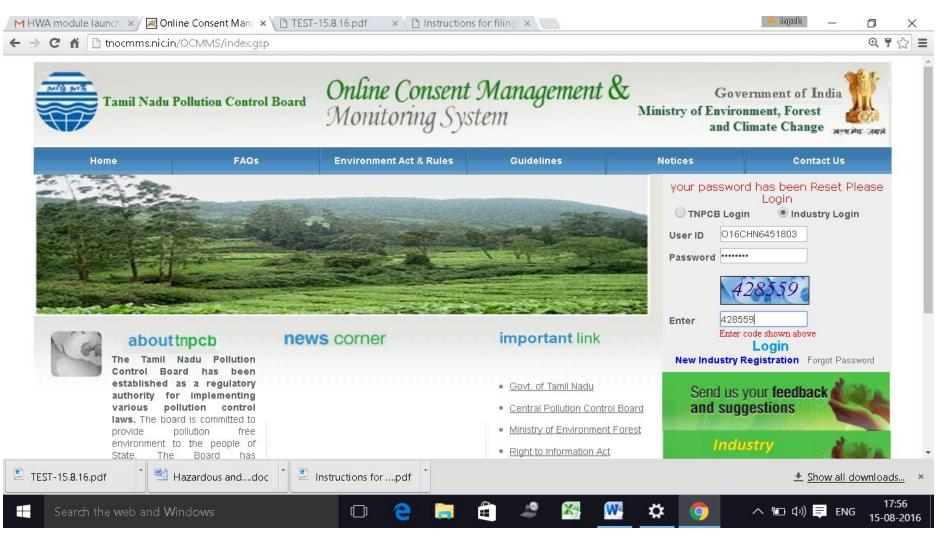


A new screen will appear.

Fill up the details and enter new password. (Kindly see the instructions for entry of new password)



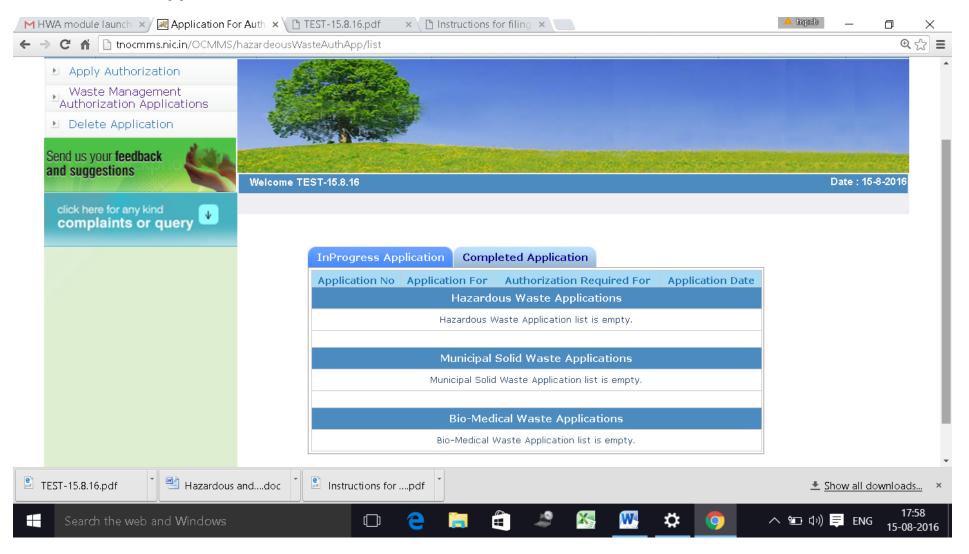
Again login to OCMMS using the user ID and the new password



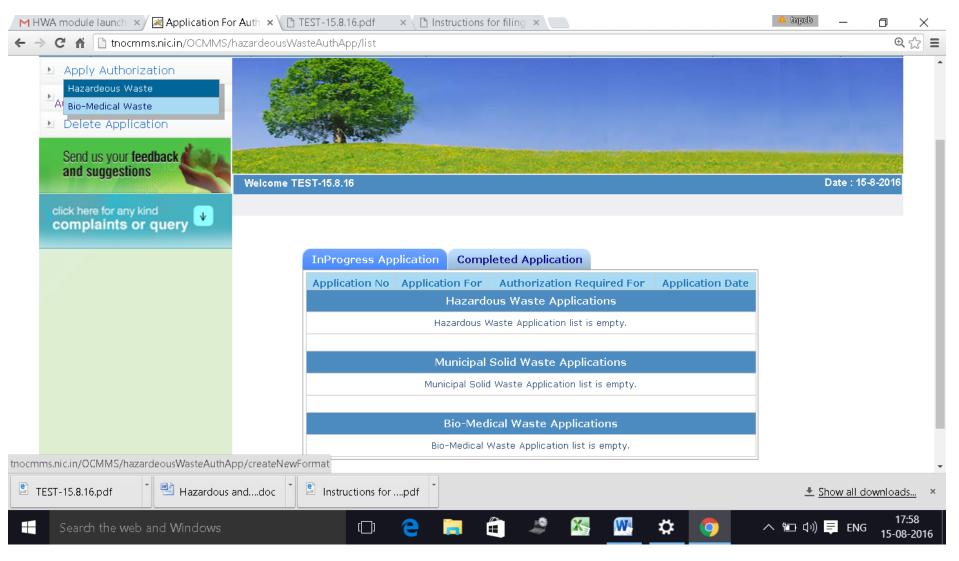
Click on "Waste Management " button

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Send us vo	ur feedback	If you want to edit so	me data click on Industry Pr	ofile		
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New screen will appear as below



Click on "Apply for Authorisation" and select BioMedical Waste



A new screen will appear as below

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	BMWA-General Details				
	Wheather your HCF/CBMWTF generates/handles Bio-Medical Wastes	YES			
	BMW Authorization now Applied For * :	💿 Fresh 🔘 Renewal			
	Activity for which Authorization is required for	*;			
	Generation, segregation	🗖 Storage 🗖 Packaging 🗖 Recep	tion		
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Fillup General Details

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click here for any kind complaints or query	General Details Bio-Medical Waste Gener	ration Details Bio-Medical Waste Manage	ement Details
	BMW Treatment Equipments details Doc	uments	
	BMWA-General Details		
	Wheather your HCF/CBMWTF generates/handles Bio-Medical Wastes	YES	
	BMW Authorization now Applied For * :	🖲 Fresh 🔘 Renewal	
	Activity for which Authorization is required for	*:	
	 Generation, segregation Collection Transportation Treatment or processin Offering for sale, transfer Any other for 	g or conversion 🔍 Recycling 🔍 Disposal or	
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Fillup BMW generation Details

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click here for any kind complaints or query	General Details Bio-Medical Waste Generation Details	Bio-Medical Waste Management Details
	BMW Treatment Equipments details Documents	
	HCF/CBMWTF Type *	select 🔻
	Bio-Medical Waste Facility Status *	
	CBMWTF-location and Office address of treatment and disposal *	CBMWTF VTF Location address
	Mode of Transportation of BMW	Common Facility Vehicle
	Status of CTE/CTO-latest consent type, issued date and validity date	
	GPS Coordinates -Lat/Lon of the location of applicant facility (in Decimal degrees with 6 decimals): Ex: Latitude: 8.123456 N, 12.236544 N, etc Longitude: 77.235648 E, 78.253674 E,etc	Latitude N Decimal Degrees Longitude E Decimal Degrees
	Details of directions or notices or legal actions if any during the period of earlier authorisation (Attach documents if any)	
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Fillup Biomedical waste Management.

click here for any kind complaints or query	Gene	ral Details Bio-Medical Wa	ste Generation Details	Bio-Medical Waste Management Details
complaints of query —		Treatment Equipments deta		blo Medical Waste Management Details
		3MW handled, treated or dispo		
	Category	Type of Waste	Quantity Generated or collected in Kg/day(except Yellow- f)	Method of Treatment and Disposal as per Schedule-I
		a) Human Anatomical Waste		Incineration
		b) Animal Anatomical Waste		Incineration
		c) Soiled Waste		Incineration
		d) Expired or Discarded Medicines		Incineration
	Yellow	e) Chemical Solid Waste		Incineration
	Tellow	f) Chemical Liquid Waste in KLD		Onsite ETP to treat and conform to the discharge standards
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid		Disinfection followed by Incineration
		h)Microbiology, Biotechnology and other clinical laboratory waste		Sterilisation followed by Incineration
				Autoclaving followed by shredding. Treated waste to be

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		c) Soiled Waste	Incineration
		d) Expired or Discarded Medicines	Incineration
	Yellow	e) Chemical Solid Waste	Incineration
		f) Chemical Liquid Waste in KLD	Onsite ETP to treat and conform to the discharge standards
		g)Discarded linen, mattresses, beddings contaminated with blood or body fluid	Disinfection followed by Incineration
		h)Microbiology, Biotechnology and other clinical laboratory waste	Sterilisation followed by Incineration
	Dad	Contaminated waste (Recyclable)	Autoclaving followed by shredding. Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fuel oil or for road making
	White(Translucent)	Waste sharps including Metals	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
		Glassware	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
	Blue	Metallic Body Implants	
		Total(Except Yellow f)	

Do you want to save the application as 🔘 Completed 🔘 Inprogress



Fillup the **BMW Treatment Equipments**.

Incase if you are a CBMWTF operator, click fillup the details needed.

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		Details o	f Treatment Equiments available for treatment	of Bio-Medio	al Waste			
		SI No.	Treatment equipment	No	of Units	Type and capacity of	each unit	
		1	Incinerators					
		2	Plasma Pyrolysis					
		3	Autoclaves					
		4	Microwave					
		5	Hydroclave					Ţ
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				9	Deep burial pits				
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Click on "**Documents**" and click "upload" button

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		Documents Details			
		Upload Required Documents Upload			1
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		 * Instructions: Please select "Yes" if you want to send the documents By Post/ By Hand and "No" to upload the required docu For Online Document Upload: Click link "Upload" to upload the document Click "Browse" to select the document You can select multiple documents at the same time Select all the documents by clicking "Browse" button Select all the documents by clicking "Browse" button Click "Save" button to upload the document Message "Document successfully uploaded" will be displayed 	ment online.		
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Upload the documents requested. There are mandatory documents to be uploaded. These documents must be uploaded for successful submission of application.

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S.NO	Document Name	Document Path				
1	Covering letter*	Choose File No file chosen				
2	Topo sketch showing the location of the facility and nearby environmental features st	Choose File No file chosen				
3	Layout plan of the facility*	Choose File No file chosen				
4	Brief Description of method of segregation, storage, treatment and disposal*	Choose File No file chosen				
5	Copy of latest consent order obtained under Water & Air Acts*	Choose File No file chosen				
6	Compliance report on the conditions of the previous Authorisation issued in case of renewal of BMW Authorisation	Choose File No file chosen				
7	Map with GPS locations of CBMWTF and its member units in their area of coverage in case of CBMWTF	Choose File No file chosen				
Save						
Uploaded Documents Details						

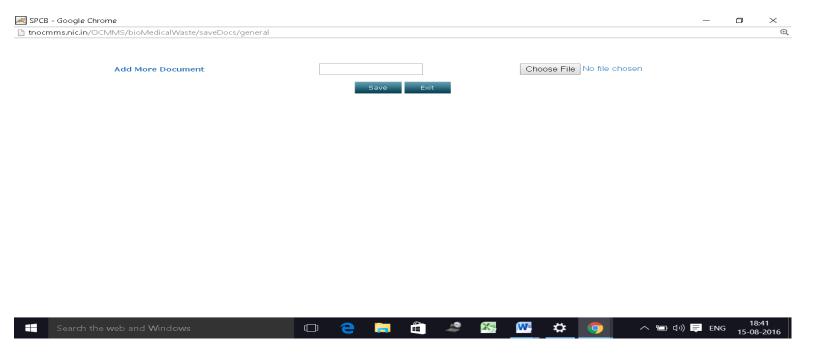


Click on "**Save**" button.

A new screen will appear as below.

Any additional documents to be uploaded, can be uploaded by naming the file and attaching the appropriate file and then click save to add another document.

After completing the uploading process, click "Exit" button.



Now select "Complete" button and save.

The application will be submitted successfully.