User Manual for Health Care Facilities

This manual has 2 parts Part 1 (Slide 2).

How to register in OCMMS and has to be done once in life (Slide- 1 to 10)

Part 2 (Slide 11).

Sub Part 2 A. How to apply for Authorization under Bio-Medical Waste Rules (Slide-12 to 28)

Sub Part 2 B. How to submit Annual Report under Bio-Medical Waste Rules (Slide- 30 to 35)

Part 1

How to register in OCMMS

Click at tab shown in Red Circle.



hrocmms.nic.in/OCMMS/index.gsp#

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Now click on Button "Health Care Facility"



Click on tab "HCF Details" and fill all the columns.

studies of underground water, solil and air to take remedial steps to control pollution.

Send us your feedback and suggestions complaints or query

HEALTH CAR	FACILITY EWASTE INDUSTRY
HCF Details Occupier	Details
Name of H	XYz. (max 50 characters)
Addre	12345
HCF State	Proposed T
Cit	y: panchkula
Pin Code	123456
District	Regional Office Areas For Gurgaon and faridabad(Click to view)
Ownership	* Private T
Categor	HOSPITAL T
Specialization	Allergist or Immunologist Anesthesiologist Cardiologist Dermatologist
Date of Commissioning	*: 12/12/2015 Enter Date->(dd/MM/yyyy)
Industry or H Registration/ Licen No./Name of issui authorit	123456 9
Range of beds:	* 0-20 T
Enter No.Of Beds	* (Per month)
Constitution Industry/HC	Individual T
Fax No. With Code	
Phone no. With Code	
Mobile No *	: 7206887765
e-mail Address for futu	e

After filling HCF details click on tab 'Occupier Details' and fill all the details then finally click on tab 'Save'.

studies of underground water, solil and air to take remedial steps to control pollution.

your feed gestions	back	4	

click here for any kind complaints or query

Send us and suc

	XYz. hospital,	Panchkula				
Name, Address, e-mail and Telephone of the Chairman/Managing Director/Managing Partner/Owner/Board of Director List (Full Time or Part Time) Other Kinds or Office*:						£
	Example::: Pra Haryana, Tele	ashant Si phone:-3	ngh, Mana 234123	iging P	artner, N	Iall Road
Occupier Name* :	Sanju					
Designation* :	Manager					
Address :]		
City* :	panchkula]		
Pin Code*:	123456]			
Tehsil*:	xyz]		
District/State*:	haryana]		
Nationality :	indian]			
Phone No. With Code* :	1234	12345678	397			
Fax No. With Code :						
Mobile No* :	1234567897]			
e-mail Address* :	luckysanju321	@gmail.co	m			
Hint Question*:	What is your M	Nickname?		•		
Your Answer*:	sanju					
Click to generate Temporary Password*:	Generate					
Generated Password*:	66171		This is on	e time p	assword	
o you want to send login redential in mail?	● yes ○ no					

Reset

Now you can see user ID and temporary password as shown in Red Circle



At this stage, Logout and Login again using your ID and Temporaray password. Click button 'Industry/HCF Login', enter User ID, Temporary Password, Code

shown and then click 'Login' as show in Red Circle. New page shall open. See next slide



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At this stage, Please change your password for security purpose, then click on update.



Now logout and you may login again using ID and new password



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Part 2

Sub Part 2 A. How to apply for Authorization under Bio-Medical Waste Rules Sub Part 2 B. How to submit Annual Report

under BMW Rules

How to apply for authorization under BMW Rules:-1. After Login, click tab 'BMW.'

2. And then 'Apply for Authorisation'



Click on all the tabs one by one and fill all the details

Home	Consent Manageme	ent Labyratory Management	BMW	CESS Management	E-Waste	Logou
Apply Aut	horization					
Waste Ma Authorizatio	nagement on Applications					
Industry I	Profile					
Change Pa	assword		and an and an		and the second second	an an
Delete Ap	plication	Nelcome XYz hospital		and the second	Dat	e : 30-9-
Send us yo	ur feedback		V			
Send us yo and sugge	ur feedback	General Details Bio-Medical Waste Ge BMW Treatment Equipments details	√ neration Detail ocuments	s Bio-Medical Waste Ma	anagement Detail	5
Send us yo and sugge lick here for complaint	any kind so or query	General Details BMW Treatment Equipments details BMW-General Details Wheather your HCF/CBMWTF generates/handles Bio-Medical Wastes	Veneration Detail	s Bio-Medical Waste Ma	anagement Detail	5
Send us yo and sugge lick here for complaint	ur feedback	General Details BMW Treatment Equipments details BMW-General Details Wheather your HCF/CBMWTF generates/handles Bio-Medical Wastes BMW Authorization now Applied For * :	Veneration Detail	s Bio-Medical Waste Ma	anagement Detail:	5
Send us yo and sugge dick here for complaint	ur teedback	General Details BMW Treatment Equipments details BMW-General Details Wheather your HCF/CBMWTF generates/handles Bio-Medical Wastes BMW Authorization now Applied For * : Activity for which Authorization is required	Veneration Detail	s Bio-Medical Waste Ma	anagement Detail:	5

If you do not have all the details with you at this time, then you can fill whatever you have. In this case, you can click button 'Inprogress' and then 'Save'. Now It will save your application in OCMMS and a number shall be allotted (See next slide) and you can logout. You can collect all the details as per your convenience and then login at any time.



You can view your "Application Number". At this stage the application is not submitted to HSPCB and hence can not be viewed by officers of HSPCB



hrocmms.nic.in/OCMMS/bioMedicalWaste/show/4020009#country5



After login, you can click at the tab 'Inprogress Applications' and at application number you want to edit or fill details, whatever you have collected. At this stage, if you are again unable to fill all the details, then you can again save your application as 'inprogress'. It can be for any number of times





Now click tab 'Edit' and fill the details one by one



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Fill Bio-Medical Waste Generation Details.

Authorization Applications		
▶ Change Password	and the second sec	
▶ Delete Application	Welcome XYz hospital	Date : 20-9-201
Send us your feedback and suggestions	General Details Bio-Medical Waste Generation Details BMW Treatment Equipments details Documents	Bio-Medical Waste Management Details
click here for any kind	HCF/CBMWTF Type *	select T
complaints or query	Bio-Medical Waste Facility Status *	Select Status
	CBMWTE-location and Office address of treatment and	Select CBMWTF Location address
	disposal *	Select CBMWTF Office 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)	

Fields marked * are mandatory

Do you want to save the application as \bigcirc Completed ④ Inprogress

Fill Bio-Medical Waste Management Details

Change Password



Fill BMW Treatment Equipments Details

Apply Authorization															
Waste Management	and the second se	Profession in													
Industry Profile					the state of the s										
▶ Change Password	1950	and the second second		and the second	manage of the second second										
Delete Application	Welcor	ne XYz hospital			Date : 20-9-2016										
Send us your feedback and suggestions		General Details Bio-Medical Waste Generation Details Bio-Medical Waste Management Details BMW Treatment Equipments details Documents													
click here for any kind	Details	Details of Treatment Equiments available for treatment of Bio-Medical Waste													
complaints or query	SI No.	Treatment equipment	No o	f Units	Type and capacity of each unit										
	1	Incinerators													
	2	Plasma Pyrolysis													
	3	Autoclaves													
	4	Microwave													
	5	Hydroclave													
					20										

 For uploading documents click on tab 'Documents' and then upload soft copies one by one by clicking 'Upload'
 For deleting any document, click on tab 'Delete'



When you have filled all details and uploaded all the documents and you feel your application is correct and complete in all respects, click button 'Completed' and then 'Save'.



Now your application has been submitted to HSPCB and a message appears.



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You can view your application in tab 'Completed Application' and then click on the respective number to know the status. You can see all the actions by officers of HSPCB by Clicking 'Note History'. At this stage you can not edit the application

HARYANA Haryana State Polluti	on Control Board Mo	Consent Man Sonitoring Sy	agement 8 stem	Gover Ministry of Environ	mment of Indi nment & Fores	a st सत्यमेव जयते
Home Consent Manage	ement Laboratory Man	agement BM	V CESS Ma	nagement	E-Waste	Logout
 Apply Authorization Waste Management Authorization Applications Industry Profile Change Password 						
 Delete Application 	Welcome XYz hos pital			inang Kapangan s	Date	e : 30-9-2016
Send us your feedback	InProgress Application Application Application 3389829 Bio-Medical Waste Application is Inpu Application is App Observation is rais C reply to observation	ion Completed Appl Authorization Appl Required For Generation, 20- segregation, Collection rogress or Unattended . proved or Rejected . sed on these application. on raised on application ha	cation Date Status 09-2016 11:31 Inprogress	Keeping With Regional Officer Note History		
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If there is some deficiency conveyed by HSPCB in your application then you will see and can click on tab. Now you can see the observation and also the copy of document attached by officer.





Now you can also edit your application as per observations of the officers of HSPCB at this stage and then submit your reply by typing in the box. And then click on 'save' tab. After this, your reply has been submitted to the board and further editing is not possible at this stage. For editing application, see next slide.





For editing your application click on the tabs ' Completed application' and respective number .



hrocmms.nic.in/OCMMS/hazardeousWasteAuthApp/list#

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For editing click on the tab 'Edit' and then making change in the information any part of the application . After editing your application you can follow the procedure given on slide no. 26



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Part 2 Sub Part B

'How to submit Annual Report under Bio-Medical Waste Rules'

Industry already register in BMW then user login in HCF login.



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After login click on BMW Annual Report



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Then click on "Submit annual report "







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Fill BMW Annual Report form



After filling the form, click button "Completed" and then click button "Save" to submit form.

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← → C ③ Not secure hroo	mms.nic.in/OCMMS/bmwRenew/applyBmwR	enew#		€☆ :							
		Number of personnel trained at the time of induction	1								
		Number of personnel not undergone any training so far.	1								
		Whether standard manual for training is available ?	● No ○ Yes								
		Any other information	hfgduyhgjhfgtu								
			Accident Occurred								
		Number of Accidents occurred	1								
		Number of the persons affected	1								
		Remedial Action taken (Please attach details if any)	testing								
		Any Fatality occurred, details.	testing								
			Other Details								
		Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?	testing								
		Details of Continuous online emission monitoring systems installed	testing								
		Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	testing								
		It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	testing								
		Any other relevant information	testing (Air Pollution Control Device attached with the incinerator)								
		Fields n Do you want to save the a	narked * are mandatory pplication 🖉 🖲 Complet d 🔍 Inprogress								
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After submitting annual report a number is allotted by system.

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