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Tantia University

Policy title	POLICY ON HAZARDOUS WASTE DISPOSAL
Effective date	25-09-2024
Next scheduled review	Three years after the effective date, or earlier if applicable rules change

The University is committed to protect human health, animal welfare, land, water resources, and ecosystems through the safe and responsible management of hazardous materials throughout their lifecycle, from procurement to final disposal. The University shall prioritise waste prevention and minimisation, ensure segregation at source, maintain safe storage and handling practices, and facilitate transportation and disposal exclusively through legally authorised channels.

The University shall comply with the Environment (Protection) Act, 1986; the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016; the Bio-Medical Waste Management Rules, 2016; the E-Waste (Management) Rules, 2022; the Battery Waste Management Rules, 2022; the Solid Waste Management Rules, 2016; applicable authorisations, directions, and requirements of the Rajasthan State Pollution Control Board (RSPCB); and all subsequent amendments and relevant statutory provisions. Where any consent condition, authorisation, or applicable legal requirement prescribes a stricter standard, the more stringent requirement shall prevail.

Hazardous waste covered

Waste stream	Examples	Required disposal route
Chemical and laboratory waste	Acids, alkalis, solvents, reagents, stains, heavy-metal solutions and contaminated containers	Compatible, labelled containers; recovery or pre-treatment where approved; authorised hazardous-waste recycler or treatment, storage and disposal facility.
Bio-medical waste	Anatomical, soiled, infectious, sharps, microbiology, pharmaceutical and cytotoxic waste	Segregate in prescribed colour-coded, labelled containers; hand over to an authorised common bio-medical waste treatment facility.
Used oil and maintenance waste	Used oil, lubricants, oily rags, paint, coolant and chemical residues	Separate storage with spill containment; authorised recycler, actual user or disposal facility.
E-waste and lamps	Computers, electronics, cables, circuit boards, fluorescent lamps and mercury-containing equipment	Secure collection; transfer to a registered producer, refurbisher or recycler, as applicable.

Waste batteries	Lead-acid, lithium-ion, UPS, portable and other batteries	No dismantling or acid draining; return through producer take-back or registered collection, refurbishment or recycling channels.
Agricultural and veterinary chemicals	Expired pesticides, herbicides, veterinary chemicals and contaminated packaging	Return to supplier where available or transfer through an authorised hazardous-waste route; never apply, burn or bury.

Mandatory Procedures for Hazardous Waste Management

1. Identification and Minimisation: Each waste-generating unit shall maintain an up-to-date chemical inventory and hazardous waste register. Less hazardous alternatives shall be adopted wherever feasible, only necessary quantities of materials shall be procured, and hazardous waste shall never be mixed with general waste, recyclable materials, or drain waste.

2. Segregation at Source: Waste shall be segregated by category and chemical compatibility at the point of generation. Biomedical, chemical, radioactive, electronic, battery, and general waste streams shall be kept separate and managed according to their respective regulatory requirements. Any radioactive waste generated shall be handled and disposed of in accordance with applicable Atomic Energy Regulatory Board (AERB) requirements.

3. Packaging and Labelling: Hazardous waste shall be stored in leak-proof, closable containers made of materials compatible with the waste. Each container shall be labelled with its contents, associated hazards, generating unit, and accumulation date. Sharps shall be placed in puncture-resistant containers. Incompatible chemicals shall not be stored together in the same container or secondary containment area.

4. Safe Storage: Designated hazardous waste storage areas shall be covered, adequately ventilated, access-controlled, and equipped with impervious flooring, secondary containment, warning signs, fire-protection equipment, and appropriate spill-response materials. Waste shall not be stored beyond the time limits prescribed by applicable legislation or authorisations. Untreated anatomical, soiled, and biotechnology-related biomedical waste shall ordinarily not be stored for more than 48 hours, subject to applicable regulatory provisions.

5. Transfer Through Authorised Channels: Hazardous waste shall be transferred only to legally authorised transporters, recyclers, actual users, common biomedical waste treatment facilities, or treatment, storage, and disposal facilities, as applicable to the waste category. All required manifests, barcodes, consignment notes, transfer records, and receipts shall be maintained to document and verify each transfer.

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6. Prohibited Practices: Hazardous waste shall not be discharged into sinks, toilets, soil, or stormwater drains; mixed with municipal waste; burnt, buried, or abandoned in unauthorised locations; or sold or transferred to unauthorised persons. Dilution of hazardous waste to circumvent treatment requirements or regulatory standards shall be strictly prohibited.

Emergency Response

Any spill, leak, exposure, fire, or hazardous waste container failure shall be reported immediately to the Security Office, the concerned facility head, and the Maintenance Team. Trained personnel shall secure and isolate the affected area, use appropriate personal protective equipment (PPE) and spill-control materials, arrange medical assistance where necessary, and ensure safe containment, clean-up, and disposal of the affected materials. Significant incidents shall be reported to the competent authorities whenever required by applicable law. Each incident shall be investigated and documented, and appropriate corrective and preventive measures shall be implemented to prevent recurrence.

Responsibilities

Registrar's Office: Maintain all applicable statutory authorisations, oversee designated common storage facilities, verify authorised waste-management vendors, maintain manifests and transfer records, coordinate emergency response arrangements, and conduct an annual review of regulatory compliance.

Hospital Administration and Bio-Medical Waste Management Committee: Ensure the proper implementation of colour-coded segregation, barcoding, staff training, and the authorised collection, treatment, and disposal of biomedical waste in accordance with applicable regulations.

Deans, Laboratory Heads, and Concerned Departments: Deans, laboratory heads, and personnel responsible for pharmacy, veterinary services, agriculture, information technology, stores, and engineering shall maintain relevant inventories, ensure waste segregation and labelling, maintain generation and disposal records, and arrange timely collection through authorised channels.

Purchase Section: Ensure the procurement of compliant materials and incorporate appropriate supplier take-back provisions and authorised waste-disposal requirements into purchase orders, tenders, and vendor contracts.

Employees, Students, Contractors, and Vendors: Comply with established hazardous waste management procedures, use prescribed personal protective equipment, follow safety instructions, and promptly report spills, leaks, accidental exposure, or improper waste handling and disposal.

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Training, monitoring and review

All personnel involved in handling hazardous waste shall undergo induction training and annual refresher training covering safe handling, segregation, labelling, storage, emergency response, and applicable disposal procedures. Each waste-generating unit shall maintain records of the waste category, quantity, date of generation, storage location, and transfer or disposal details.

Quarterly inspections shall be conducted to verify proper waste segregation, container integrity, labelling, storage conditions, availability of emergency equipment, and maintenance of required records. The University shall undertake an annual hazardous waste audit to assess compliance, identify gaps, and implement corrective measures.

All relevant statutory authorisations, waste inventories, training records, inspection reports, manifests, transfer and disposal receipts, and incident reports shall be maintained for the retention period prescribed under applicable legislation. This policy shall be reviewed every three years or earlier whenever changes in applicable laws, regulatory requirements, or operational practices necessitate revision.

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