Draft Format Of The Pollution Audit Report submission to MPCB

To,
Member Secretary
Maharashtra Pollution Control Board,
Kalpataru Point, Sion Circle,
Mumbai 400 072

(To be submitted in triplicate)

(Period from..... To.....)

(A)	GENERAL
1	Name of the Industry:
	UAN No. of Consent to Operate issued by MPCB- Validity of Consent to Operate:
2	Location (Address) of the Industry: : Latitude and longitude of location:
3	Registered Office Address:
4	Month & Year of establishment:
5	Details of consents/authorization and its validity
6	- No. of workers employed :
7	- No. of electrical connections with service numbers: - Total connected load - Electric consumption per tones of product manufactured: - Percentage enhancement in energy: - Saving as compared to previous year:
8	Number of D.G. Set & their capacity :
9	Name/Residential address of all directors/partners:
10	Telephone Nos:(Residential & Industrial) Fax No: E-mail of Industry : E-mail of Partners/Directors:
11	No. of shifts & timings :
12	Name & Address of the in charge of Environment/Safety Division/Cell/Unit:
13	No. of days during which production activities were in operation during the Audit period covered:

14	Has the industry obtained ISO 9000/ISO 14000/OSHAS 18000/Any other EM accreditation/Certification recognition? (If yes, please mention the year of certification and validity)

(B)	**PRODUCT DETAILS**
1	Name of products(s) & installed capacity with Yield/purity per day.
2	Name of all by products and its quantity per day:
3	Date of commencement of production for each product. Whether production is as per consented quantity:
4	Give details of last three years of actual production quantity (It should be min and max per day or min and max per month, whichever mentioned in the consent) along with total quantity produced during the years.
5	All raw materials required per kg of the product(s) (It should be related with the by-products and hazardous waste also):
6	-Whether the manufacturing process is continuous or batch wise: -Indicate the batch capacity: -If the process is in batch operation, no. of batches/month along with the duration of the completion of each batch:
7	-Detailed manufacturing process with schematic flow diagram:- -List of unit operation & processes & with all chemical reactions along with the time required (in hrs) for completion of each unit operation/process and the total time for completion of the entire batch: -Mass balance in respect of the quantity of water, input of raw materials and waste water generation. (Attach separate sheet)
(C)	**WATER**
1	-The quantity of water consumed per day as well as per tones of product manufactured: -(Attach water balance diagram)* over the last three years (Source with qty and permission for water supply/usage):
2	The quantity of waste water (trade effluent) generated per tones of each product per day, as well as per batch* over the last three years.
3	-The particulars of effluent treatment plant (Attach separate sheets):- -Name and Size of each unit: - Capacity of ETP: - Flow diagram & Hydraulic diagram, of ETP to be submitted: - Whether lighting arrangement around ETP is provided: - Whether separate energy meter is installed for effluent treatment plant. If yes, readings of the meter for consumption every month: - Whether flow meters are provided at the inlet and outlet of the ETP. Please indicate the type of the flow meter: - Comments about adequacy of ETP, considering inlet effluent quality and quantity: - Whether OCEMS is mandated? If yes, details of parameters along with connectivity

	status to MPCB and CPCB server. - If ZLD (Zero liquid discharge mandated? If yes, then if camera is installed? - If the industry is discharging to CETP? If yes, give following details – - 1. Positive discharge, - 2. Separation of high COD and low COD stream - 3. Provision of auto sampler - 4. Provision of non-return valve (NRV) with a two-way SCADA attached to CETP
4	The method of disposal of final treated effluent and the point of disposal (Please attach sketch):
5	The quality of trade effluent at the inlet and outlet of ETP and at various stages of treatment (Attach separate sheets):
6	The quantity and quality of sewage and its method of treatment and disposal (Attach separate sheets): a) As per norms : b) Total pollution load*:
7	The open area available for disposal of the treated effluent
8	-Whether the quality of treated effluent meets the specified norms: -If no, the extent of deviation and reasons thereof:
9	Give comments on adequacy of STP:
10	-Improvement in effluent quality and quantity since previous environmental audit based on performance evaluation of effluent management systems: -If yes, provide details (Attach separate sheets):
11	-Retrofitting undertaken to improve performance of ETP: -If yes, provide details:
12	Major problems encountered during operation of effluent treatment facilities, if any and reasons thereof:
13	The details about the operator/chemist responsible for operation & maintenance of effluent treatment plant: - Name of the operators/employees: - Qualification & Experience of each Operator/employee whether trained in such operation or not: -Total cost incurred for treatment of effluent for last three years (Average cost per day):
14	Quantity of electricity and chemical consumption
15	Whether environment monitoring cell exist? If yes, provide details- manpower, educational background etc.
16	If CETP has done the industry's monitoring? - If yes, provide details

(D)	**AIR**

1	No. of the flue gas stacks, their height (from ground level) nature & consumption of fuel:
2	Source of emission, fuel consumption, expected pollutants, control systems provided, stack height?
3	The details pertaining to the stack monitoring facilities:
4	Number of process stacks, their height (from ground level) source, expected pollutants (emission) & the ~~d~~ pertaining to the provisions of stack monitoring facilities, control measures provided?
5	The quality/ concentration of emission from each flue gas stack & the process stack & the extent of deviation from them: If OCEMS installed as per CPCB guidelines or not (17 categories)?
6	If CAAQMS are provided in neighboring area? (wherever applicable)
7	The ambient air quality within the factory premises, along with the number of ambient air quality monitoring stations outside the industry:
8	If buffer zone is provided? If yes, give details. If green zone is provided? If yes, give details.
9	Fugitive/ secondary emissions (VOC)- Source and control measures adopted? Suggest if any improvement needed:
10	The details of air pollution control measures for all process & flue gas stacks, along with adequacy report:
11	-Improvement in emission quality since previous environmental audit based on performance evaluation of air pollution management system: -If yes, provide details. (Attach separate sheets) - average of last three years emissions quality:
12	Retrofitting undertaken to improve emission quality. If yes, provide details:
13	Major problems encountered during operation of control device, if any and reasons thereof:
NOTE : Total pollution load each for air, water and hazardous waste should have mentioned along with the quality of effluent, emission or solid waste as the case may be. Whether measures taken for reduction of pollution load.	
(E) HAZARDOUS (SOLID) WASTE:	
1	-The quantity, sources & characteristics of hazardous waste/solid waste from each process/source over the last three years. (Total sludge generation per tonne of product): - Whether it is as per the consented quantity: Remarks about the quantity of hazardous waste generation: (It should be compared with generation of the category as well as quantity of the similar nature of industry)

2	a) The method of storage, treatment & disposal of hazardous/solid waste: - The details should include area of storage and disposal and whether storage and disposal system is covered and made impervious (pucca) : - The quantity of Hazardous waste sent to TSDF/ (authorized) recyclers - Please also indicate how the quantity of hazardous /solid shall be reduced in next three months: c) The data/information about leachate generation, quantity & characteristics and treatment facility: d) Preferred treatment mechanism depending upon characteristics of Hazardous waste (landfillable/incineration/processing/recycling) and actual treatment quantity by mode of treatment (1998 HW Rules have it)
3	The status of authorization under the Hazardous and Other Waste (Management and Transboundary Movement) Rules 2016, for hazardous and other waste
	Statutory submissions/ records maintenance at plant site- such as Records of form III, annual returns in form IV
4	Plan, if any to reduce hazardous waste generation or its recycling.
(F) Non-Hazardous Waste:	
	Quantity of non-hazardous waste generation in last three years:
	Disposal of the non-hazardous waste and mode of disposal:
(G) ACCIDENTS	
1	The details of accidents (including fire) in the factory if any, root cause analysis & remedial measures taken to avoid such type of accidents in future -- Incidents of spillages, leakages etc. and remedial measures thereof

(H) SAFETY MEASURES

1	General Environment of the factory. Please tick ( ) the appropriate column			
	a. House Keeping	Good	Fair	Poor
	b. Dustiness	High	Medium	Low
	c. Lighting	Good	Fair	Poor
	d. Ventilation	Good	Fair	Poor

2	Whether the following protective appliances are provided to all the persons		
	Goggles	Yes/No (Utilization level) ✓	If yes; How many?
	Gloves	Yes/No (Utilization level)	
	Gumboot	Yes/No (Utilization level)	
	Helmet	Yes/No (Utilization level)	
	Skin Cream	Yes/No (Utilization level)	
	Soap	Yes/No (Utilization level)	
	Ear Plug	Yes/No (Utilization level)	

	Face Masks	Yes/No (Utilization level)	
	Clothing	Yes/No (Utilization level)	
3	The details of facilities for disaster management/gas leakage.		
4	Whether on site/off site emergency plans are prepared (if applicable) and are being implemented/upgraded regularly; please give details If safety plan is prepared? Name of responsible officer, Whether safety mock drills conducted?		
5	Whether records of occupational hazards are maintained?		
6	Preventive measures adopted to minimize occupational hazard.		

(I) REMEDIAL MEASURES	
1	The details of sources; monitoring & measures taken for control of noise pollution in & around the industrial premises:
2	The measures taken for prevention treatment & control of odour nuisance in & around the industrial premises:
3	The details in respect of legal actions initiated in last three years, under the Water Act-1974, the Air Act-1981 & the EPA-1986: a) Details of compliances of directions (SCN/PD/ID) issued by the SPCB: b) Whether closure directions issued in last three years? If yes, compliance status of conditions mentioned in restart directions:
4	The compliance report with respect to all the conditions of NOC/Consent(Under all the Acts)/ Bank Guarantee:
6	-Whether insurance policy obtained under PLI Act (if applicable): Yes/No -If yes, provide details
(J) The name and address of the Consultant engaged by the Company/Industry, if any:	

It is hereby declared that all the information submitted in and with respect to this format is correct and we will be responsible for any lapse regarding incorrect or incomplete information.

(A)			(B)		
Name & Signature of responsible persons of industry/organization/institute/CETP/TSDF with stamp.			Name & Signature of all the members of Audit Team		
Sr. No	Name	Sign.	Sr.No	Name	Sign.