HAZARDOUS WASTE DISPOSAL POLICY

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Version	1.0	**Owner**	Office of the Registrar / IQAC

1. Preamble

The University's laboratories, workshops, health centre and maintenance operations generate hazardous waste including chemical, biomedical and electronic waste that requires careful handling. This policy establishes the procedures by which such waste is segregated, stored, transported and disposed of, in compliance with the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016, the Bio-Medical Waste Management Rules, 2016, and the E-Waste (Management) Rules, 2022, as administered by the Gujarat Pollution Control Board (GPCB).

2. Objectives

- To ensure safe segregation, storage and disposal of all categories of hazardous waste generated on campus.
- To comply fully with GPCB and central hazardous-waste, biomedical-waste and e-waste regulations.
- To protect the health and safety of laboratory staff, students and waste handlers.
- To maintain complete, auditable records of hazardous-waste generation and disposal.

3. Scope

This policy applies to all chemical, biomedical, radioactive (where applicable), and electronic waste generated by laboratories, workshops, the University Health Centre, and administrative or academic offices across the campus.

4. Definitions

Hazardous Waste: Waste that, owing to its physical, chemical or biological characteristics, requires special handling to avoid harm to health or the environment, as defined under the Hazardous and Other Wastes Rules, 2016.

Biomedical Waste: Waste generated during diagnosis, treatment or research activity at the Health Centre or life-sciences laboratories, regulated under the Bio-Medical Waste Management Rules, 2016.

E-Waste: Discarded electrical and electronic equipment, including computers, laboratory instruments and batteries, regulated under the E-Waste (Management) Rules, 2022.

Authorised Recycler/Disposer: A GPCB or Central Pollution Control Board-authorised agency engaged by the University for collection and disposal of hazardous, biomedical or e-waste.

5. Policy Statement

5.1 Segregation at Source

All laboratories, workshops and the Health Centre shall segregate waste at the point of generation into clearly labelled categories chemical, biomedical, sharps, e-waste and general waste using colour-coded containers as prescribed under applicable rules.

5.2 Authorisation and Registration

The University shall maintain valid authorisation from the Gujarat Pollution Control Board for generation, storage and handover of hazardous waste, and shall renew such authorisation before expiry.

5.3 On-Campus Storage

Hazardous waste shall be stored in a designated, secured storage area, clearly signed, with restricted access, pending collection by an authorised recycler or disposer, and shall not be stored beyond the permissible retention period prescribed under applicable rules.

5.4 Biomedical Waste Handling

Biomedical waste generated at the Health Centre and life-sciences laboratories shall be handled in accordance with the Bio-Medical Waste Management Rules, 2016, including use of colour-coded bags/containers and handover to an authorised common biomedical waste treatment facility.

5.5 E-Waste Management

Discarded computers, laboratory instruments, batteries and other electronic equipment shall be collected centrally by the Estate Office and handed over to a Central Pollution Control Board-authorised e-waste recycler, and shall not be sold to unauthorised scrap dealers.

5.6 Authorised Disposal Partners

The University shall engage only GPCB or CPCB-authorised agencies for collection, transport and disposal of hazardous, biomedical and e-waste, and shall maintain manifests and disposal certificates for every consignment.

5.7 Laboratory Safety Training

All faculty, research scholars and laboratory staff handling hazardous materials shall undergo safety training on correct segregation, handling and spill-response procedures at the start of each academic year.

5.8 Record-Keeping and Reporting

The Estate Office, in coordination with laboratory heads, shall maintain a hazardous-waste generation and disposal register, and shall file the annual return required under applicable GPCB regulations.

5.9 Emergency Response

Each laboratory handling hazardous chemicals shall maintain a spill-response kit and a documented emergency procedure, and staff shall be trained in its use.

6. Roles & Responsibilities

Role	Responsibility
Estate Office	GPCB authorisation, waste storage, and coordination with authorised disposers.
Laboratory Heads / Department Heads	Source segregation, staff training, and departmental compliance.
University Health Centre	Biomedical waste segregation and handover compliance.

7. Implementation Measures

- Colour-coded waste bins provided in every laboratory, workshop and the Health Centre.
- Annual renewal of GPCB hazardous-waste authorisation.
- Documented contracts with authorised biomedical and e-waste disposal partners.
- Annual laboratory safety and waste-handling training for relevant staff.

8. Monitoring & Review

The Estate Office shall maintain disposal manifests and shall report annual hazardous, biomedical and e-waste volumes to the Board of Management and to GPCB as required. This policy shall be reviewed every three years or immediately upon regulatory amendment.

9. Grievance Redressal

Safety concerns relating to hazardous-waste handling may be reported to the Estate Office or the respective laboratory head, with escalation to the Registrar's office.

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