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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\SAVBHAGYA\My Drive\IPC-VI\Drafting\Transparent Logo.png** | | **General Format for Inspection of Industries**  **INSPECTION REPORT FORMAT** | | | | | | |
| **PAERT-A: General Information & Operational Details** | | | | | | | | |
|  | Name & complete address |  | | | | | | |
|  | Geographical coordinates | N: XX.XXXXX  E: YY.YYYYY | | | | | | |
|  | Name of the occupier/ contact person(s) with designation:   1. Telephone/Mobile(s) 2. E-mail ID(s) |  | | | | | | |
|  | Date/year of commissioning |  | | | | | | |
|  | Name of SPCB Regional Office |  | | | | | | |
|  | Date of inspection |  | | | | | | |
|  | Purpose of inspection |  | | | | | | |
|  | Operational status of the unit  *(In case of non-operational unit, mention the date since when and the reason due to which the unit is closed. Attach supporting documents, if any)* | (Operational / Non-operational) | | | | | | |
|  | Status of Display Board at the entrance gate (as per Hon’ble Supreme Court order in WP 657/1995) |  | | | | | | |
|  | Operational Schedule | …………………… Operation hours per day  ……………………. Number of Working days per year | | | | | | |
|  | **CGWA NOC status** | **Validity with date**  *(Valid copy to be attached)* | | **If not valid, whether Applied for renewal?**  *(application and expired NOC copy to be attached)* | | | | |
| NOC from CGWA as a permission to abstract groundwater |  | |  | | | | |
|  | **Consent Status** | **Validity with date**  *(Valid copies to be attached)* | | **If not valid, whether Applied for renewal?**  *(application and expired consent copies to be attached)* | | | | |
| Consent to Operate issued under Water Act, 1974 by SPCB |  | |  | | | | |
| Consent to Operate issued under Air Act, 1981 by SPCB |  | |  | | | | |
| Authorization for Hazardous Waste Disposal issued under Hazardous and Other Wastes (Management & Transboundary Movement) Rules, 2016 by SPCB |  | |  | | | | |
|  | Product(s) & Capacity-  {For all main product(s) and by-product(s)} | 1. TOTAL Permitted production (As per consent):   Raw material (in nos. and weight in TPD):  Semi-finished/Finished product (in TPD):  Other(s):   1. ACTUAL TOTAL production (during the inspection):   Raw material (in nos. or weight in TPD):  Semi-finished/ Finished product (in TPD):  Other(s): | | | | | | |
|  | Sector and category industry / Processes involved in operation | *Manufacturing process flow chart for main products.* | | | | | | |
| **PART-B: Water Consumption, Wastewater Generation and Treatment Details** | | | | | | | | |
|  | **Fresh Water Supply** | | | | | | | |
| Source(s) of raw water supply | (River/ Municipal supply/ Tankers/ Borewell/ Tubewell/ Others) | | | | | | |
| Logbook maintained:(Yes/No)  *(Last two months’ logbooks to be attached)* | Whether flow meter with totalizer installed at borewell/freshwater line (Yes/No)  Type(s) and nos. of the source: …………  Type of Flowmeter: mechanical/ digital/ electromagnetic/ ultrasonic etc.  Instantaneous Reading:……………………m3/hr  Totalizer Reading: ………………………….. m3  *(Please mention details for all the flowmeters)* | | | | | | |
|  | **Production process, Washing, etc.** | | | | | **Domestic** | **Others (specify)** |
| Average water consumption (KLD)  (based on logbook of water abstracted) |  | | | | |  |  |
|  | **Effluent Treatment Plant** | | | | | | | |
| ETP Installed | Yes/No | | | | | | |
| Status of ETP/ PETP | (Operational / Non-Operational) | | | | | | |
| Sample collected during inspection | (Yes/No)  If No, specify the reason. | | | | | | |
| Type of sampling | {Grab/ Composite (hours)} | | | | | | |
| Designed capacity of ETP /PETP (in KLD) |  | | | | | | |
| Names of all treatment units | *(Flowchart of treatment process to be attached)* | | | | | | |
| Processes from where wastewater streams reaching ETP/ PETP |  | | | | | | |
| Type of treatment process | {Physical/ Chemical/ Physico-chemical/ Biological (Aerobic or Anaerobic)/ UV/ RO/ etc.} | | | | | | |
| Name of chemical(s) consumed in ETP/ PETP and their quantity (in kg/day) |  | | | | | | |
| System of chemical mixing for solution preparation (Manual/ Mixer) |  | | | | | | |
| System of chemical dosing  (Manual/ Mechanical through  pumps) |  | | | | | | |
| Whether separate energy meter installed for ETP | Yes/No | | | | | | |
| Average Electricity Consumption (in KWh/day) (based on logbook) |  | | | | | | |
| Availability of In-house Environmental Lab  (Mention the name of parameters monitored) | Yes/No | | | | | | |
| Staff engaged at ETP (along with nos.) |  | | | | | | |
| **ETP/ PETP Inlet** | | | | | | | |
| Flow meter with totalizer installed at ETP/ PETP inlet  Logbook maintained: (Yes/No)  *(Last two months’ logbooks to be attached)* | (Yes/No)  Type of Flowmeter: mechanical/ digital/ electromagnetic/ ultrasonic etc.  Instantaneous flow rate Reading:……………………m3/hr  Totalizer Reading: ………………………….. m3 | | | | | | |
|  | **Production processes** | | | **Domestic uses** | | | **Others (specify)** |
| Average effluent generation (KLD)  (based on logbook of ETP/ PETP inlet) |  | | |  | | |  |
| **ETP/ PETP Outlet** | | | | | | | |
| Flow meter with totalizer installed at ETP/ PETP outlet  Logbook maintained: (Yes/No) **(Last two months’ logbooks to be attached)** | (Yes/No)  Type of Flowmeter: mechanical/ digital/ electromagnetic/ ultrasonic etc.  Instantaneous flow rate Reading:……………………m3/hr  Totalizer Reading: ………………………….. m3 | | | | | | |
|  | **Production processes** | | | | **Domestic uses** | | **Others (specify)** |
| Average Effluent Discharge (KLD)  (based on logbook of ETP/ PETP outlet) |  | | | |  | |  |
|  | **Treated Effluent Recycling** | | | | | | | |
| Flow meter (s) at all recirculation lines installed with totalizer  Logbook maintained: (Yes/No)  *(Last two months’ logbooks to be attached)* | (Yes/No)  Type of Flowmeter: mechanical/digital/electromagnetic/ ultrasonic etc.  (mention these values for all recirculation lines with flowmeters)  Instantaneous flow rate Reading:….m3/hr  Totalizer Reading: ………….. m3 | | | | | | |
|  | **Production processes** | | | | **Domestic uses** | | **Others (specify)** |
| Average water recycled (KLD) (based on logbook of Recirculated water) |  | | | |  | |  |
| Whether unit was required to achieve Zero Liquid Discharge?  If Yes, confirm ZLD condition with Consent to Operate issued under Water Act, 1974. | (Yes/ No)  (Confirmed/ Not-confirmed) | | | | | | |
|  | **Treated Effluent Discharge** | | | | | | | |
| 1. No. of consented outlets 2. Actual no. of outlets observed during visit |  | | | | | | |
| Whether any By-pass / multiple Outlets of Effluent observed  **(Photograph and bypassed effluent sample to be attached along with analysis report)** | (Yes/No) | | | | | | |
| Mode of discharge from the unit premises | Open channel (lined/ unlined)/ Underground pipeline/ Surface pipeline/ tanker | | | | | | |
| Disposal point of treated effluent  (mention the name) | Drain) / river / land or irrigation / CETP etc. | | | | | | |
|  | **Sewage Management** | | | | | | | |
| Quantity of sewage generated (KLD) |  | | | | | | |
| Method of sewage management | Soak pit/ septic tank/ disposal in sewer line/ STP/ETP etc. | | | | | | |
|  | | | | | | | |
| **20** | **Effluent Quality Analysis Report-** Quality of discharged effluent (**for all parameters as notified for the UNIT** under Environment (Protection) Rules, 1986/ required as per Consents)  *(Please attach lab analysis reports and copy of Form-I served under Rule-7 of Environment Protection Rules, 1986)*   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Parameter** | | **ETP inlet** | | **ETP outlet** | **Any other location** | **Norms as per consent** | **Notified discharge standard** | **Compliance w.r.t. consent/notified standard** | | pH | |  | |  |  |  |  |  | | BOD (mg/l) | |  | |  |  |  |  |  | | COD (mg/l) | |  | |  |  |  |  |  | | TSS (mg/l) | |  | |  |  |  |  |  | | Oil and Grease (mg/l) | |  | |  |  |  |  |  | | TDS (mg/l) | |  | |  |  |  |  |  | | Others… | |  | |  |  |  |  |  | | \*In Aeration Tank(s), |  | | MLSS (mg/l): …………………………;  MLVSS (mg/l):………………………………… | | | | | |   **By-pass sampling analysis report (If applicable):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Sampling location** | **Parameters (all values are in mg/l except pH)** | | | | | | **pH** | **BOD** | **COD** | **TSS** | **Oil & grease** | | Sample (mention location details) |  |  |  |  |  | | | | | | | | |
| **21** | **PART-D: Air Pollution – Emission Sources & Control** | | | | | | | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Sources of air pollution | Chimney  Details | APC Equipment | | Emission Quality | | | | | | Stipulated | Provided | Quality  Parameters | Monitored  Values | Norms as per consent | Notified emission norms | Compliance Status | |  |  |  |  |  |  |  |  |  | | Details of D.G Set | | Capacity | | Exhaust pipe height  (in m) | | | Acoustic enclosures  (Yes/No) | | |  | |  | | |  | | | Fuel Consumption | | Type of fuel | | Consumption | | | Process/ Machine | | |  | |  | | |  | |   *(Please attach lab analysis reports and copy of Form-I served under Rule-7 of Environment Protection Rules, 1986)* | | | | | | | |
| **22** | **PART-D: OCEMS STATUS AND DETAILS** | | | | | | | |
|  | |  |  | | --- | --- | | Whether installed or not | (Yes/No) | | Location of OCEMS and type (In-line/ On-line) |  | | Whether connected to CPCB server | (Yes/No) | | Name of Technology Provider (TPDS) |  | | Analyzer Details | Manufacturer/model/serial no./parameter/measurement technology | | URL, Password and login ID |  | | Frequency of calibration |  | | Last date of calibration |  | | Instantaneous values shown on OCEMS during inspection | Flow (m3/hr):  pH :  BOD (mg/l):  COD (mg/l):  TSS (mg/l):  Any other parameter(s): | | Installation of camera to monitor effluent discharge | Whether industry was required to install camera as per CPCB/SPCB direction: Yes/No  If yes: Is the camera installed: Yes/No  Location of camera:  Type of camera:  Availability of video feed on OCEMS portal of CPCB: |   **I. Effluent Monitoring** | | | | | | | |
|  | **II. Emission Monitoring**   |  |  | | --- | --- | | Whether installed or not | (Yes/No) | | Location of OCEMS and type (In-situ/ Extractive) |  | | Whether connected to CPCB server | (Yes/No) | | Name of Technology Provider (TPDS) |  | | Analyzer Details | Manufacturer/model/serial no./parameter/measurement technology | | URL, Password and login ID |  | | Frequency of calibration |  | | Last date of calibration |  | | Instantaneous values shown on OCEMS during inspection | PM:  CO:  SO2:  NOx:  Any other parameter(s): | | | | | | | | |
| **23** | **PART-E: HAZARDOUS AND OTHER WASTE MANAGEMENT** | | | | | | | |
|  | |  |  | | --- | --- | | Hazardous waste generated | Production process waste –  ETP chemical sludge –  Raw material residues-  Used oil –  Others (if any) – | | ETP sludge dewatering system | (Sludge drying beds/ Centrifuge/ Filter press/ Decanter) | | Whether logbook for hazardous waste generation and disposal is maintained?  *(Last two months’ logbooks to be attached)* | (Yes/ No) | | Average quantity of solid waste generated (in kg/day, based on the logbook) |  | | Mode of Hazardous waste disposal  (as per authorization and actual practice followed) | CHWTSDF/CHWIF/Co-processing/Re-use/Recycling/Captive secured landfill/Utilization as resource/others (please specify) | | If Disposal through TSDF site:  *(Last two Form- 10 to be attached)* | (Yes/ No) | | Details of other wastes and their disposal |  | | | | | | | | |
| **24** | **PART-F: ADDITIONAL INFORMATION** | | | | | | | |
|  | Name and Address of Power Supply Agency | |  | | | | | |
|  | Name and Address of Water Supply Agency | |  | | | | | |
|  | Whether ONSITE/OFFSITE emergency plan prepared (Yes/No/Not Applicable) | |  | | | | | |
|  | Whether Public Liability Insurance taken (Yes/No/Not Applicable) | |  | | | | | |
| **25** | **PART-G: OBSERVATIONS AND RECOMMEDNATIONS** | | | | | | | |
|  | **I. Specific Observations:**   1. ... 2. ... | | | | | | | |
|  | **II. Non-compliances (as per Rules):**   1. ... 2. ... | | | | | | | |
|  | **III. Suggested Remedial/Mitigation Measures:**   1. … 2. … | | | | | | | |
|  | **IV. Recommendations of Inspection Team:**   1. … 2. …   Signature of Team Member(s)  Date: | | | | | | | |
|  | **V. Recommendations of Regional Director:**   1. … 2. …   (Signature of Regional Director)  Date: | | | | | | | |