VINAYAKA MISSION'S
RESEARCH FOUNDATION
(Deemed to be University under section 3 of the UGC Act 1956)



Policy For Waste disposal – Hazardous Materials

www.vmrfdu.edu.in

VINAYAKA MISSION'S RESEARCH FOUNDATION
(Deemed to be University under section 3 of the UGC Act 1956)

POLICY FOR WASTE DISPOSAL – HAZARDOUS MATERIALS

Drafted by	Dy. Director-Research
Verified by	Director I/c, Accreditation & Ranking
Passed by	Vice-Chancellor
Approved by	Executive Council
Effective date	From the Date of Approval
Review cycle	Every Year
Recent Review	10.11.2025

INDEX

S. No	Contents	Page No
1	Preamble	3
2	Short Title and Commencement	3
3	Purpose	3
4	Scope and Applicability	4
5	Policy Statement	4
6	Objectives	4
7	Definitions	5
8	Categories Covered	5
9	Policy Requirements and Procedures	6
10	Emergency Preparedness and Spill Response	10
11	Training and Awareness	10
12	Roles and Responsibilities	11
13	Monitoring Records and Reporting	11
14	Compliance and Corrective Action	12
15	Review and Amendment	12
16	Applicable Legal and Institutional Framework	12
	Annexure I — Hazardous Waste Transfer Register	13

VINAYAKA MISSION'S RESEARCH FOUNDATION
(DEEMED TO BE UNIVERSITY)
POLICY FOR WASTE DISPOSAL – HAZARDOUS MATERIALS

1. Preamble

Vinayaka Mission's Research Foundation (Deemed to be University) [VMRF (DU)] is committed to protecting human health, occupational safety, animal welfare where relevant, and the environment through responsible management of hazardous materials and hazardous waste. This Policy establishes a common framework for prevention, identification, segregation, packaging, labelling, storage, internal movement, collection, treatment and final disposal across University activities.

Hazardous waste shall be managed through approved procedures and appropriately authorized service providers, with documented accountability from the point of generation to final treatment or disposal. Applicable legal requirements and specific procedures for biomedical, chemical, radiological, electronic and other regulated waste shall take precedence where they impose more specific controls.

2. Short Title and Commencement

a. This Policy Shall be called "**Policy for Waste Disposal – Hazardous Materials" in University operations.**

b. This policy shall come into force from the date of approval of the Executive Council of the university.

3. Purpose

- Prevent injury, exposure, fire, chemical reactions, environmental contamination and unauthorized disposal.
- Ensure hazardous materials and waste are identified, classified, labelled, segregated, stored, transported and disposed of safely.
- Minimize waste generation and hazardous characteristics through substitution, careful purchasing, inventory control and sound laboratory practices.
- Define responsibilities and oversight for departments, laboratories, healthcare facilities, contractors and waste handlers.
- Maintain traceable records of waste generation, collection, transfer, treatment and final disposal.

- Provide suitable training, emergency preparedness, inspections and continuous improvement.

4. Scope and Applicability

This Policy applies to all VMRF (DU) campuses, constituent colleges, departments, research centres, laboratories, workshops, hospitals and other healthcare facilities, pharmacies, engineering and maintenance units, stores, utility areas, hostels and University-controlled premises.

It applies to faculty, staff, students, researchers, clinical personnel, visitors, contractors, suppliers, housekeeping and maintenance teams, outsourced service providers and external partners whose University-related activities involve hazardous materials or generate hazardous waste. Relevant requirements shall be incorporated into contracts for collection, transportation, treatment and disposal.

5. Policy Statement

VMRF(DU) is committed to the safe, responsible and environmentally sound management of hazardous materials and hazardous waste across all its campuses and facilities. The University shall ensure proper identification, segregation, labelling, storage, handling, transportation, treatment and final disposal through approved procedures and authorized waste handlers, in compliance with applicable laws and regulations. It shall promote waste minimization, prevent occupational hazards and environmental contamination, maintain appropriate records, and provide necessary training, emergency preparedness and monitoring to protect human health and the environment.

6. Objectives

- To prevent injuries, hazardous exposure, environmental contamination and unauthorized waste disposal.
- To ensure the proper identification, classification, segregation, labelling, storage, transportation, treatment and disposal of hazardous waste.
- To minimize hazardous waste generation through safer alternatives, careful purchasing, inventory control and good laboratory practices.
- To ensure compliance with applicable laws, regulations and approved University procedures.

- To define the responsibilities of departments, laboratories, healthcare facilities, contractors and waste handlers.
- To maintain traceable records of hazardous waste generation, collection, transfer, treatment and final disposal.
- To strengthen safety through appropriate training, inspections, emergency preparedness and spill-response procedures.
- To promote continuous improvement through monitoring, compliance reviews and corrective actions.

7. Definitions

- **Hazardous material:** A chemical, biological, radiological or physical substance, product or agent capable of harming people, animals, property or the environment.
- **Hazardous waste:** Discarded material with hazardous properties such as toxicity, corrosivity, flammability, reactivity, infectiousness or radioactivity, or material otherwise requiring controlled management under applicable rules.
- **Waste generator:** The person, laboratory, department or facility where hazardous waste is produced.
- **Authorized waste handler:** A provider holding the licences, permits, registrations or other authorizations required for the relevant waste category and service.
- **Safety Data Sheet (SDS):** A supplier-provided document describing a chemical's hazards, safe handling, storage, emergency measures and related information.
- **Secondary containment:** An additional tray, bund or containment system designed to contain leakage from a primary container.
- **Waste minimization:** Prevention or reduction of waste generation or toxicity through substitution, purchasing controls, process improvement and safe, lawful recovery.

8. Categories Covered

Depending on the activities and waste generated at a particular VMRF (DU) unit, this Policy may cover:

- Chemical waste: spent solvents, acids, alkalis, laboratory reagents, chemical residues, toxic-metal-containing materials, contaminated absorbents and certain paints, oils or maintenance chemicals.

- Biological, infectious and clinical waste, including waste requiring management under applicable biomedical-waste rules.
- Pharmaceutical and cytotoxic or other specially controlled waste, where generated.
- Radiological materials and radioactive waste, where authorized activities are undertaken.
- Sharps, contaminated glass and other objects capable of causing injury or exposure.
- Batteries, lamps, electronic waste and hazardous components from equipment or maintenance activities.
- Other hazardous or unidentified waste requiring assessment and controlled handling.

The applicable waste category and disposal route must be determined before handling or transfer. This Policy does not replace category-specific legal requirements or approved standard operating procedures.

9. Policy Requirements and Procedures

9.1 Prevention and Minimization

- Assess whether hazardous material is necessary and whether a less hazardous alternative can meet the technical or clinical requirement.
- Purchase quantities appropriate to actual needs; maintain stock and expiry records to prevent accumulation of expired, unused or surplus chemicals.
- Use microscale or small-volume methods, accurate dispensing, process controls and planned experiments where appropriate to reduce waste.
- Reuse or recover materials only where a documented assessment and approved procedure confirm that this is safe, technically suitable and lawful.
- Departments and principal investigators shall report significant changes in hazardous-waste generation and document feasible reduction actions.

9.2 Identification, Classification and Inventory

- Identify and classify hazardous materials before use and waste before packaging, storage, treatment or disposal.
- Maintain accessible, current SDSs for relevant chemicals and an inventory of hazardous materials and waste generated by the unit.
- Unknown, unlabelled or mixed waste must be isolated in a safe location and assessed by competent personnel; it must not be guessed at, mixed or disposed of as ordinary waste.

- Classification and documentation must reflect relevant physical, chemical, biological or radiological hazards and applicable statutory categories.

9.3 Segregation, Containers and Labelling

- Segregate waste at the point of generation into the approved category-specific streams. Follow applicable statutory colour coding and University procedures where prescribed.
- Never mix incompatible chemicals or combine different waste streams unless an approved procedure explicitly permits it.
- Use containers compatible with the waste, in sound condition, resistant to leakage or breakage and suitable for safe closure and transport.
- Keep containers closed except when waste is being added or removed safely. Do not overfill; leave adequate headspace where required by the waste characteristics and container guidance.
- Label each container with, as applicable: waste contents, hazard class or symbols, originating department/unit, accumulation start date, responsible person/contact, and any required waste tag or regulatory information.
- Use secondary containment where required by risk assessment, especially for liquids or incompatible storage groups.
- Place sharps in designated puncture-resistant, leak-resistant containers; do not recap, bend, break or manually remove contaminated needles.

A University-approved waste segregation chart and container/label specification shall be maintained separately by the designated coordinating unit. No universal colour code is established by this policy; units must follow the current rules applicable to each waste category.

9.4 Temporary Storage

- Store hazardous waste only in designated, secure and appropriately marked areas with access limited to authorized personnel.
- Provide safeguards suitable to the hazard, including ventilation, spill containment, fire protection, weather protection, controlled access and separation of incompatible materials as required.
- Protect containers from physical damage, heat or other conditions that could cause reaction, deterioration, leakage or release.

- Inspect storage areas and containers at planned intervals and record defects, corrective actions and collection needs.
- Do not exceed applicable statutory accumulation periods, quantities or approved University limits. Arrange collection before safe storage capacity is exceeded.
- Do not store hazardous waste in public corridors, exits, food-preparation areas or other unsuitable locations.

9.5 Internal Collection and Transportation

- Internal collection and movement shall be performed only by trained and authorized personnel using suitable closed containers, carts or equipment.
- Use secondary containment and appropriate handling aids where required. Plan routes and schedules to reduce exposure to students, patients, staff and visitors.
- Do not transport incompatible waste together in a manner that could result in dangerous mixing or release.
- Spills, leaks, damaged containers or suspected exposure during movement must be reported immediately and managed under the relevant emergency procedure.

9.6 Treatment and Final Disposal

Treatment and disposal shall be selected according to waste classification, risk assessment, applicable law, required authorizations and approved University procedures. Waste generators shall submit the prescribed waste-disposal request or collection record to the designated coordinating unit before transfer, except where emergency procedures require immediate action.

- Chemical waste: Transfer to an appropriately authorized handler unless an approved written procedure permits a specific on-site treatment. Neutralization, recovery or other treatment must not be undertaken informally or solely to make waste appear less hazardous.
- Biological and clinical waste: Segregate, store, transfer and treat through the applicable biomedical-waste management system and authorized facilities. Use on-site treatment only where approved, validated and legally permitted.
- Pharmaceutical waste: Segregate and manage through the approved route appropriate to the medicine, formulation and hazard. Do not discard medicines into ordinary waste or drains unless expressly permitted by applicable rules and approved procedures.

- Radiological waste: Manage only under the supervision of designated competent personnel and relevant authorizations. Storage, decay, transfer, release and disposal require applicable controls and documented verification.
- Sharps and contaminated glass: Keep in designated containers and transfer through the approved treatment and disposal route.
- Batteries and electronic waste: Store safely and transfer to authorized collection, recovery, recycling or disposal providers under applicable rules.
- Other hazardous materials: Use the disposal route determined by a competent assessment and applicable legal requirements.

On-site treatment is permitted only when a written, approved procedure identifies the waste streams, equipment, operating conditions, trained personnel, protective measures, emergency arrangements and verification records. No waste shall be treated, discharged or released merely to bypass a regulated disposal route.

9.7 Prohibited Practices

- Disposing of hazardous waste in ordinary bins or mixing it with general municipal waste.
- Discharging hazardous waste into sinks, drains, sewers, soil or surface water unless expressly permitted by applicable requirements and an approved written procedure.
- Open burning, illegal dumping, uncontrolled burial, abandonment or unauthorized treatment.
- Dilution or mixing is intended to evade hazardous-waste controls or conceal its hazardous characteristics.
- Transferring hazardous waste to an unauthorized provider or releasing it without required documentation.
- Reusing single-use or contaminated materials contrary to safety requirements, manufacturer instructions or law.

9.8 External Waste Handlers and Traceability

- Before engagement, Procurement/Contracting and the responsible coordinating unit shall verify and document that the provider holds valid authorizations for the specific waste categories and services.

- Contracts specify safe packaging, collection and transport, incident notification, authorized treatment/disposal routes, records and provision of final treatment or disposal confirmation.
- Each transfer record shall identify the originating unit, waste description and category, quantity, relevant hazards, date of collection, receiving provider, intended destination and transfer documentation.
- Obtain and retain receipts, manifests or equivalent transfer records and certificates or confirmations of treatment/disposal where applicable.
- Missing documentation, unexplained discrepancies or suspected improper handling must be investigated and escalated.

10. Emergency Preparedness and Spill Response

Units handling hazardous materials shall maintain emergency procedures appropriate to their risks. Suitable spill kits, personal protective equipment, emergency contact information and access to safety information shall be available where required.

- Immediately alert the local responsible person and the designated University emergency/EHS contact for spills, leaks, exposure, fire, loss or accidental release; contact external emergency services when necessary.
- Warn others, restrict access and evacuate the affected area where indicated by the risk or emergency procedure.
- Only personnel trained and equipped for the specific hazard may contain or clean up a spill. Do not attempt cleanup of unknown, highly reactive, volatile, radiological or otherwise high-risk material without specialist direction.
- Arrange medical evaluations or exposure management where needed and follow applicable reporting requirements.
- Document the incident, investigate contributing factors and implement corrective and preventive actions.

11. Training and Awareness

Personnel shall receive role-appropriate training before handling hazardous materials or waste and refresher training at intervals set by the University or applicable rules. Training shall cover hazard identification, SDS use, segregation, compatible containers, labelling, storage, personal

protective equipment, internal movement, waste requests, emergency response and disposal routes. Training and competency records shall be maintained.

12. Roles and Responsibilities

- **University Administration / competent authority:** Approve the Policy, assign institutional oversight and provide resources for implementation.
- **Designated EHS / Environment coordinating unit:** Maintain procedures and guidance; coordinate training, inspections, incident reporting, data collection, audits and annual review.
- **Deans, directors and heads of departments:** Ensure compliance in their units, provide resources and designate trained waste coordinators where appropriate.
- **Laboratory, clinical and facility supervisors / principal investigators:** Ensure identification, segregation, labelling, safe storage, approved procedures and accurate records for waste generated by their activities.
- **Procurement and Stores:** Support safer substitutions and appropriate purchasing; maintain relevant inventories; verify supplier or waste-handler requirements with the coordinating unit.
- **Facilities and Maintenance:** Coordinate safe internal collection, movement, storage infrastructure and service arrangements with the coordinating unit.
- **Radiation-safety or other specialist personnel:** Oversee relevant regulated waste streams where such activities exist.
- **Faculty, staff, students and researchers:** Follow approved procedures, use required protective equipment, complete training and promptly report hazards or incidents.
- **Contractors, vendors and external waste handlers:** Follow applicable laws, contractual conditions and University procedures and provide required authorizations and records.

13. Monitoring Records and Reporting

The designated coordinating unit, together with waste-generating departments, shall maintain records in accordance with applicable requirements and University record-management procedures. Records shall be available for authorized review.

- Hazardous material inventories and relevant SDSs.
- Waste category, quantity, generating unit and accumulation dates.

- Collection requests, internal inspections and transfer records.
- Provider authorizations, contracts and final treatment/disposal confirmations.
- Training attendance and competency records.
- Spill, exposure and other incident reports, investigations and corrective actions.
- Risk assessments, audits, compliance findings and improvement plans.

Monitoring indicators should include quantities of hazardous waste by category, compliance with segregation and labelling, storage inspection findings, timely collection, contractor documentation, training completion, incidents and closure of corrective actions. An annual report should summarize waste quantities and disposal routes, significant incidents, compliance gaps and improvement actions.

14. Compliance and Corrective Action

All covered persons and service providers are required to comply with this Policy, approved procedures and applicable law. Non-compliance shall be addressed through documented corrective action and, where appropriate, University disciplinary procedures or contractual remedies. Unsafe activities may be paused until adequate controls are established. Urgent risks must be escalated immediately.

15. Review and Amendment

The policy owner shall review this Policy at least annually and when significant legal, operational or technical changes occur. Review shall consider audit findings, waste quantities, incidents, contractor performance, training needs and feedback from campus units. Changes shall be approved by the competent authority and communicated to affected stakeholders.

16. Applicable Legal and Institutional Framework

Implementation shall comply with the Indian environmental, occupational health and safety, public health and other requirements applicable to the relevant waste stream, including, as applicable, the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, Biomedical Waste Management Rules, E-Waste Management Rules, Battery Waste Management Rules, and requirements governing radioactive materials and waste. All references shall be read with amendments and requirements in force.

Before formal adoption, VMRF (DU)’s designated compliance/legal team must confirm which rules and authorizations apply to each campus and waste stream, verify the current legal text, and align this Policy with existing University procedures and authorized service arrangements.

Annexure I — Hazardous Waste Transfer Register

	Generating unit	Waste category / description	Quantity	Handler / authorization reference	Transfer record / destination	Final disposal confirmation

***