FORM - 19

APPLICATION FOR REGISTRATION OF PESTICIDE RE-FILLING / RE-PACKING PLANT

1. Name & Address of the applicant.

2. Type of Plant **i) Liquid (EC, SL, SC, EW, OD, ZC, SE, AS, WSL & FS)**
ii) Powder (WP, WS, SP, WDG, DS, ST, WSP & WSG)
iii) Granules (Gr)

3. Location / address
(Away from populated area)

4. Area
(i) Covered (ii) Uncovered

6. Details of each member of the technically qualified staff.

7. Details of semi – skilled employees

8. Plant Safety.

(I) Safety Officer

(II) Ventilation

(III) Fire – fighting equipment

(IV) Emergency shower, eyewash **& change room**.

(V) Protective equipment

(VI) Protected / explosion proof electrical installations.

(VII) Emergency exit plan.

9. Analytical quality control Lab.

In – house (Analytical facilities exist on site)
Details of equipment **(Minimum test facilities with separate quality control)**

10. Filling Facilities

I) For liquids

a) Pneumatic or ex-proof automation.

b) Accurate measured quantity automatic dispensing.

c) Safety device on main opening of filling unit.

d) Automatic nitrogen purging system.

e) Automatic / semi automatic heat sealing / capping system.

II) For Powder

a) **Automatic measured quantity dispensing.**

b) **Semi automatic measured quantity dispensing.**

III) For Granules (formulation plant including repackaging plant)

11. Packing and Transport

Details of packaging & transport facilities.

12. Warehouse & Storage of pesticides

I) Type of storage

(Brick / Concrete / Sheets / Wood)

Floors: Pervious / impervious

II) Capacity

III) Maintenance

13. Occupational Health

Site medial probationers (Full time / Part time)**(Agreement on company letter head with hospital or doctor and employees health record)**

14. Environmental Control

I) Effluent & waste water disposal system (given details)

II) Solid waste disposal system (given details)

III) Emission monitoring system (given details)

IV) In-house incinerator **or agreement with approved incinerator facilities)**
(Detail of obsolete pesticides incinerated shall be provided regularly after six months to the Department of Plant Protection).

15. Registration fee – Rs. _____

16. Any other additional information

Date:

Signature of the applicant

Designation: