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# Handling of liquid hazardous and toxic waste (B3) at Cijerah Health Center UPT Bandung

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## ABSTRAK

Hazardous and Toxic Waste (B3) as hazardous waste produced by Public Health Centers (Puskesmas) is still a major problem in the health sector because in general there are still many health centers that manage liquid B3 waste manually, namely directly disposed of into septic tanks as is done at the Cijerah Health Center UPT, even though the management of liquid B3 waste has been clearly regulated in Government Regulation of the Republic of Indonesia Number 101 of 2014 (PP 101/2014) concerning the Management of Hazardous and Toxic Waste and Regulation of the Minister of Health of the Republic of Indonesia (Permenkes RI) Number 43 of 2019 (Permenkes RI 43/2019) concerning Public Health Centers (Puskesmas). This article will examine the Implementation of Liquid B3 Waste Management at the Cijerah Health Center UPT. The research method used is normative juridical. The data obtained were analyzed using qualitative descriptive methods. The implementation results show that the management of liquid B3 waste as mandated in PP 101/2014 concerning the Management of Hazardous and Toxic Waste has not been carried out optimally at the Cijerah Health Center UPT, because there are no specific regulations that outline the provisions of the Government Regulation at the regional level, especially regarding the implementation procedures and the still very weak control aspect by the Bandung City Government in the management and supervision of liquid B3 waste management at the health center.

Keywords: Management, Liquid B3 Waste, Cijerah Health Center UPT.

## *ABSTRACT*

*Hazardous and Toxic Waste (B3) as a hazardous waste produced by Community Health Centers (Puskesmas) is still a major problem in the health sector because in general there are still many puskesmas that manage liquid B3 waste manually, which is directly discharged into septic tanks as practiced at UPT Puskesmas Cijerah, whereas the management of liquid B3 waste has been clearly regulated in Government Regulation of the Republic of Indonesia Number 101 of 2014 (PP 101/2014) concerning Management of Hazardous and Toxic Waste as well as Regulation of the Minister of Health of the Republic of Indonesia (Permenkes RI) Number 43 of 2019 (Permenkes RI No. 43/2019) concerning Community Health Centers (Puskesmas). This thesis will examine the implementation of the management of liquid B3 waste in UPT Cijerah Puskesmas. The research method used is normative juridical. The data obtained were analyzed using qualitative descriptive methods. Implementation results show that the management of liquid B3 waste as mandated in PP 101/2014 regarding Management of Hazardous and Toxic Waste Material has not been carried out optimally at the Cijerah Puskesmas UPT, because there are no specific regulations outlining the provisions of the Government Regulation at the regional level, specifically regarding the procedure for its implementation. and still very weak aspects of control by the City Government of Bandung in the management and supervision of the management of liquid B3 waste in puskesmas.*

***Keywords: Management, Liquid B3 Waste, UPT Puskesmas Cijerah.***

## A. INTRODUCTION

The commitment to environmental management in Indonesia has been regulated in the 1945 Constitution of the Republic of Indonesia (UUD NKRI 1945) Article 28 H paragraph (1), which states: "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy environment and has the right to receive health services." Furthermore, in Article 9 paragraph (3) of Law No. 39 of 1999 concerning Human Rights, it is stated that everyone has the right to a good and healthy environment. Law Number 32 of 2009 concerning Environmental Protection and Management Life (UUPLH) also regulates in more detail the supervision of environmental management. Moreover, in achieving the Sustainable Development Goals (SDGs) or the Implementation of Long-Term and Sustainable Development, serious knowledge is needed, both in terms of legal and technical aspects in the utilization of available natural resources.

Indonesia as a country with the concept of a welfare state, which places the government as the party responsible for the welfare of the people, has mandated the protection and management of the environment. As one of the state health institutions, it should be able to be an example of waste management, in this case the management of good liquid B3 medical waste, but in reality, until now almost all health centers in the city of Bandung, one of which is the UPT Cijerah Health Center, do not yet have an IPAL or a liquid B3 waste management system in accordance with statutory regulations. Referring to PP 101/2014 on Management of Hazardous and Toxic Waste (B3) and Permenkes RI 75/2014 on Health Centers, every health center is required to manage the solid and liquid B3 waste produced. Health center medical waste is considered as one of the links in the spread of infectious diseases. This waste can be a place for disease organisms to accumulate. Medical waste is waste originating from health center medical service activities which include medical services in the operating room, dental care, pharmacy, treatment, which use toxic, infectious, and dangerous materials, unless safeguards are taken. tertentu.[1] Waste also contains various toxic chemicals and sharp objects that can cause health problems and injuries, and contaminate medical equipment and food. Liquid medical waste generated from medical activities has a very high risk that can cause health problems to visitors and especially to officers who handle the liquid waste problem. Health centers as one of the sources of hazardous liquid waste are also required to have a liquid waste processing unit which is part of the environmental sanitation efforts themselves, to prevent an increase in nosocomial infections (infection with disease bacteria others) within the health center environment. Liquid waste from health center activities can function as a medium for spreading disorders or diseases for officers, patients and the community. Liquid waste from blood residue from health center activities and other liquid waste can be a risk factor for the transmission of various diseases such as diseases due to

[1] Adisasmito W. *Sistem Manajemen Rumah Sakit*. PT. Raja Grafindo Persada. Jakarta. 2007. Hlm. 35.

nosocomial infections, HIV/AIDS, Hepatitis and other diseases transmitted through blood.

Health center medical waste management has complex problems. This waste needs to be managed in accordance with existing regulations so that environmental management must be carried out systematically and sustainably. Planning, implementation, and continuous improvement of health center management must be carried out consistently. In addition, human resources who understand environmental problems and management are very important to achieve good environmental performance.

To achieve the requirements for operational permits at health centers, each health center is required to have an SPPL document which includes, among other things, the requirements for managing B3 liquid waste, so as not to pollute the environment and endanger officers and the surrounding work environment. The unavailability of IPAL to manage liquid B3 waste in health centers is one of the important and urgent environmental health problems that need immediate concrete action so that liquid B3 waste is handled properly and in accordance with the established regulations.

The city of Bandung, as the capital city of West Java Province, apparently only has special regulations that regulate Hazardous and Toxic Materials (B3) waste, namely the Bandung City Regional Regulation (Perda) Number 2 of 2014 concerning the Management and Control of Hazardous and Toxic Materials Waste. Beracun Toxic and Bandung Mayor Regulation Number 1023 of 2016 Concerning Green Buildings which only touches on the management of wastewater treatment installations. Looking at the Bandung city regional regulations, the management of hazardous and toxic waste (B3) liquid at the Cijerah Health Center UPT should have an IPAL or at least a simple procedure for managing B3 liquid waste in health service facilities (fasyankes) as has also been regulated in the Indonesian Minister of Health Regulation 43/2019 concerning Health Centers, but seeing the reality that the management of B3 liquid waste at the Cijerah Health Center UPT is not carried

out according to the mandate of the applicable laws and regulations. The Cijerah Health Center UPT currently does not have an IPAL or a procedure for managing B3 liquid waste. B3 liquid waste generated from the health center's medical activities is disposed of directly through two places, namely the toilet and the sink. Waste that is disposed of into the toilet is channeled to the septic tank, likewise liquid waste that is disposed of through the sink will be channeled directly to the septic tank as well. The Cijerah Health Center UPT is located in Bandung Kulon District, geographically directly adjacent to the city of Cimahi, the location of this health center is indeed right in the middle of a densely populated settlement, precisely in the BTN Saibi housing complex. Sociocultural diversity, disparities in economic and intellectual levels, and skeptical views of health workers regarding the management of liquid B3 waste in health centers, set aside the potential danger of water pollution and the surrounding environment, namely if the health center's liquid B3 waste is disposed of directly into groundwater sources, through this septic tank and the environment around the health center, it will ultimately have the potential to cause poisoning in groundwater or the environment around this septic tank. This is of course very detrimental and dangerous to health. Based on the background of the problem, the problem that will be discussed in this article is how the regulation of the B3 Wastewater Treatment Plant (IPAL) is based on applicable laws and regulations [2] and Bandung Mayor Regulation Number 1023 of 2016 Concerning Green Buildings which only touches on the management of wastewater treatment installations. Looking at the Bandung city regional regulations, the management of hazardous and toxic waste (B3) liquid at the Cijerah Health Center UPT should have an IPAL or at least a simple procedure for managing B3 liquid waste in health service facilities (fasyankes) as also regulated in the Indonesian Minister of Health Regulation 43/2019 concerning Health Centers, but seeing the reality that the management of B3 liquid waste at the Cijerah Health Center UPT is not carried out according to the mandate of the applicable laws and regulations. The

[2]Lihat pasal 7 dan 8 Perda Kota Bandung nomor 2 tahun 2014 Tentang Pengelolaan dan Pengendalian Limbah Bahan Berbahaya Dan Beracun

Cijerah Health Center UPT currently does not have an IPAL or a procedure for managing B3 liquid waste. B3 liquid waste generated from the health center's medical activities is disposed of directly through two places, namely the toilet and the sink. Waste that is disposed of into the toilet is channeled to the septic tank, likewise liquid waste that is disposed of through the sink will be channeled directly to the septic tank as well. The Cijerah Health Center UPT is located in Bandung Kulon District, geographically directly adjacent to the city of Cimahi, the location of this health center is indeed right in the middle of a densely populated settlement, precisely in the BTN Saibi housing complex. Sociocultural diversity, disparities in economic and intellectual levels, and skeptical views of health workers regarding the management of liquid B3 waste in health centers, set aside the potential danger of water pollution and the surrounding environment, namely if the health center's liquid B3 waste is disposed of directly into groundwater sources, through this septic tank and the environment around the health center, it will ultimately have the potential to cause poisoning in groundwater or the environment around this septic tank. This is of course very detrimental and dangerous to health. Based on the background of the problem, the problem that will be discussed in this article is how the regulation of the B3 Wastewater Treatment Plant (IPAL) based on applicable laws and regulations is related to aspects of environmental control by the city government Bandung and how the implementation of the B3 Wastewater Treatment Plant (IPAL) regulation at the Cijerah Health Center UPT.

This legal study was conducted using a normative legal approach method in the sense of using library/secondary data (either in the form of primary legal materials, secondary legal materials or tertiary legal materials) as the main research material. In this case, a descriptive analytical research method with a systemic approach was used. Qualitative legal analysis was used by relying on the ability of theoretical abstraction of the legal materials above, using the method of legal interpretation and legal construction of laws and regulations related to the study material. Data collection was carried out by means of a literature study. In addition to the literature study, information collection was carried out using the interview

method with sources determined purposively (judgementally). Interviews were conducted in a directed manner using interview guidelines that had been prepared as their direction.

## B. RESULTS AND DISCUSSION

Everyone is obliged to maintain the sustainability of environmental functions and prevent and overcome environmental pollution and destruction. In order to be able to carry out activities that may have an impact on the environment, health facilities or B3 waste producers must have B3 waste management standards, including medical liquid waste. The management procedure is supervised by the permit issuer in an effort to maintain the sustainability of environmental functions.

The case raised by the author in this article is the case of the disposal of liquid waste from medical activities at health centers, such as residual blood fluid from the laboratory, residual fluid from the dental and general rooms, action rooms, and from the KIA-KB and MTBS rooms.

B3 waste management has actually been outlined in the internal document of the Cijerah Health Center UPT, which is stated in the Decree (SK) of the Head of the Cijerah Health Center UPT Number 038/SK/UKP-8/UPTCJR/2018 concerning the Control and Disposal of Hazardous Waste of the Cijerah Health Center UPT and Standard Operating Procedure (SOP) Number C/VIII/SOP(KESLING)/5/2018/224 concerning the Control and Handling of Hazardous Waste. SK and SOP waste This health center has indeed tried to regulate the problem of B3 waste management, but unfortunately it does not specifically include the management of liquid B3 waste, because it only includes the control, handling and disposal of hazardous waste.

### 1. General Review of PP 101/2014.

Government Regulation Number 101 of 2014 concerning the Management of Hazardous and Toxic Waste defines Hazardous and Toxic Materials (B3) as substances, energy, and/or other components that due to their nature, concentration,

and/or quantity, either directly or indirectly, can pollute and/or damage the environment, and/or endanger the environment, health, and survival of humans and other living things. B3 waste generated from health facility activities in this case health centers should be managed properly and in order for the management of B3 waste to run properly, a management system needs to be created and implemented, especially in sectors of activity that have the potential to produce B3 waste. This can be implemented by enforcing environmental laws and regulations as a basis for its implementation. With the enactment of these regulations, the rights, obligations and authorities in the management of B3 waste by every person or business entity or community organization are maintained and protected by law. To support the implementation of these programs, human resources (HR) are needed who master the management of B3 waste management, the rights and obligations of the agencies or business entities they lead and the awareness to protect the environment from pollution and destruction.

Government Regulation number 101 of 2014 concerning the Management of Hazardous and Toxic Waste (PP 101/2014), is a regulation implementing B3 waste management at a more detailed level. PP 101/2014 further defines the B3 waste management system which includes definitions of producers, collectors, transporters, users, processors, and storage of B3 waste. PP 101/2014 also defines the characteristics of B3 waste, where in addition to other B3 waste characteristics, the main characteristic of B3 waste is infectious.

2. General Review of the Indonesian Minister of Health Regulation Number 43 of 2019 concerning Community Health Centers (Puskesmas).

In the Indonesian Minister of Health Regulation Number 43 of 2019 concerning Puskesmas, Article 2 reads:

1) Health development carried out at Puskesmas aims to create a society that: a. has healthy behavior which includes awareness, willingness and ability to live healthily; b. is able to access quality health services c. lives in a healthy

environment; and d. has an optimal level of health, both individuals, families, groups and communities.

2) Health development carried out at Puskesmas as referred to in paragraph (1) supports the realization of healthy sub-districts.

This article in principle explicitly explains that the main objective of Puskesmas is to maintain public health and prevent unhealthy environments. The position of the health center as the first medical service closest to the community is certainly expected in its medical management to always maintain environmental health, in this case the issue of B3 waste disposal.

Efforts to optimize the environmental health of the Health Center from the pollution of the waste it produces, the health center must have its own facilities as stipulated in the Decree of the Minister of Health of the Republic of Indonesia No. 1428 / Menkes / SK / XII / 2006 concerning the Requirements for Sanitation Facilities and Facilities, especially liquid waste, namely:

Every health center must provide a septic tank that meets health requirements. Wastewater channels must be watertight, clean from garbage and equipped with a cover with a control tank every 5 meters. Household waste is disposed of through water channels that are watertight, clean from garbage and equipped with a cover with a control tank every 5 meters. Waste disposal after SPAL is done by being absorbed into the ground. The management of health center medical waste has quite complex problems considering the limited resources owned by the Health Center. Institutions that produce medical waste must voluntarily dispose of it or outsource it to a private waste disposal company.

3. Bandung City Regional Regulation (Perda) Number 02 of 2014 Concerning Management and Control of Hazardous and Toxic Waste and Wastewater Treatment Installation Regulations.

Bandung City itself has special regulations governing Hazardous and Toxic Waste (B3), namely Bandung City Regional Regulation (Perda) Number 02 of 2014

Concerning Management and Control of Hazardous and Toxic Waste which regulates several matters regarding B3 waste. Regulations regarding Wastewater Treatment Installations (IPAL) are explained in general in this Perda. Article 1 paragraph 10 of Regional Regulation number 2 of 2014 states that this B3 waste is a residue that generally does not come from the main process, but rather from equipment maintenance activities, washing, corrosion prevention, dissolving scale, packaging, and others. B3 waste management is carried out through several stages, namely reduction, storage, collection, transportation, utilization, processing and landfill. Before proceeding to the next stage, the B3 waste is stored in a Temporary Storage Place (TPS). This B3 waste is managed by individuals or an agency by first requesting permission from the government to carry out B3 waste management activities. Based on existing regulations, operational permits for health centers and their extensions must have an SPPL document. SPPL (Environmental Management Statement Letter) is the ability of the person in charge of a business and/or activity to carry out environmental management and monitoring of the environmental impacts of their business and/or activities outside of businesses and/or activities that require an AMDAL or UKL-UPL. Upaya Pengelolaan Lingkungan Hidup (UKL) dan Upaya Pemantauan Lingkungan Hidup (UPL) is an effort made in environmental management and monitoring by the person in charge and/or activities that are not required to conduct AMDAL.

To prepare SPPL or UKL-UPL we can understand the contents of the regulating regulation. In Bandung City Regulation Number 2 of 2014 itself, it requires everyone who produces B3 waste to conduct testing in terms of pollution levels and if waste content is still found, retesting is carried out.

Based on this, everyone who has activities to produce B3 waste must have the following:

a. have a temporary storage place for B3 Waste;

b. carry out B3 Waste management, including B3 Waste reduction;

c. have an emergency response system;

d. carry out accident management due to B3 Waste; and

e. carry out recovery of pollution due to B3 Waste.

In terms of storage itself, Regional Regulation No. 2 of 2014 has regulated the following:

1. B3 Waste Storage is placed at the B3 Waste TPS for a maximum period of 90 (ninety) calendar days.

2. If B3 waste is produced at less than 50 (fifty) kilograms per calendar day, the B3 waste producer may store the B3 waste they produce for a maximum of 180 (one hundred and eighty) calendar days. Supervision of B3 Waste and IPAL itself is recognized as very important in maintaining a clean and sustainable environment. Therefore, the Bandung city government must act firmly in carrying out this supervision.

4. Environmental Aspects

An integrated environmental law development program is indeed a must considering the wide scope of the development sector that must be managed simultaneously. This requires legal circles to take an interdisciplinary and cross-sectoral approach. Some related sectors can be mentioned including the population, health, transmigration, settlements and housing, mining, industry, agriculture, forestry, maritime, trade, fisheries, irrigation, spatial planning, and other sectors.

Law enforcement must be improved, the law must be able to explain the standard criteria for environmental damage. Because cases of environmental damage by industrial/company waste are more due to an understanding of the limits of damage and the impacts caused are not anticipated by environmental management provisions or laws. With this improved environmental protection and management law, it is hoped that all environmental problems can be resolved properly and completely, the perpetrators can be subject to criminal penalties

commensurate with their actions. Based on this, it is necessary and obligatory for every human being to maintain and protect the environment on earth as ALLAH Subhanahu wa Ta'ala says: God willing عَمِلُوا لَعَلَّهُمْ يَرْجِعُونَ "Damage has appeared on land and in the sea caused by the actions of human hands, so that Allah may feel for them part of (the consequences of) their actions, so that they return (to the right path)." [ar-Rûm/30:41]

ALLAH Subhanahu wa Ta'ala says: وَلَا تُفْسِدُوا فِي الْأَرْضِ بَعْدَ إِصْلَاحِهَا "And do not cause damage on the face of the earth, after (Al lah) fix it." [al-A'râf/7:56] In Islam, it is also explained that protecting the environment will result in extraordinary blessings as narrated in the hadith: مَا مِنْ مُسْلِمٍ غَرَسَ غَرْسًا فَأَكَلَ "Any Muslim who plant a tree and then a person or animal eats from that tree, it will be written for him as a reward for charity. " (HR Bukhâri (6012)

A good and healthy environment is a basic right of every Indonesian citizen as mandated in Article 28 H of the 1945 Constitution. Likewise, to advance general welfare as stated in the 4th paragraph of the Preamble to the 1945 Constitution. This provision confirms the state's obligation and the government's duty to protect all sources in the Indonesian environment for the happiness of all Indonesian people. More concretely, this basic idea is regulated in Article 33 paragraph (3) as follows: "The earth and water and the natural resources contained therein controlled by the State and used for the greatest prosperity of the people".

This provision grants the state the right to control all of Indonesia's natural resources and imposes an obligation on the state to use them for the greatest prosperity of the people. And also to achieve an orderly life of happiness, safe and prosperous based on the ideal foundation of Pancasila, it is necessary to strive for harmonious and balanced environmental preservation to support sustainable development based on integrated and comprehensive national policies. It is necessary to establish a law as a basis. for environmental management.

In Chapter XII of Law Number 32 of 2009, the first part regulates supervision in environmental protection and management starting from Article 71 to Article 75. The authorized agency in implementing environmental control, including

environmental impacts, is the Environmental Office Life or the Regional Environmental Control Agency (BPLHD) at the provincial level and the Environmental and Sanitation Service Office (DLHK) at the Regency/Municipality level. Law Number 32 of 2009 concerning Environmental Protection and Management (UUPPLH) regulates environmental issues as a guideline for law enforcement officers to prosecute perpetrators of environmental crimes and subject them to criminal penalties in accordance with applicable regulations. Article 1 number 16 states that the definition of environmental damage is "The actions of people who cause direct or indirect changes to the physical, chemical, and/or biological properties of the environment so that they exceed the standard criteria for environmental damage".

4. Implementation of Waste Management Installation (IPAL) Regulations at the Cijerah Health Center UPT.

Based on the interview results, it was explained that:

"The Cijerah Health Center UPT generally produces liquid B3 waste every day from medical activities, but this liquid B3 waste is still managed manually due to limited management of liquid B3 waste and lack of financing, resulting in liquid B3 waste still being processed and disposed of directly into septic tanks"

The financing itself is the main reason for the ineffective management of B3 IPAL at the Cijerah Health Center UPT because the procurement of IPAL requires very large costs while the health center's own funding sources are very limited.

The limited budget available means that environmental health management is not a priority in health service efforts. This causes the physical environmental aspects of health service facilities, especially health centers, to be ignored.

The Cijerah Health Center UPT itself has actually issued a Decree of the Head of the Cijerah Health Center UPT Number: 038/SK/ukp-8/uptcjr/2018 Concerning Control and Disposal of Hazardous Waste. Which contains the following:

1. Handling and disposal of infectious materials originating from health services and laboratories are regulated in standard procedures.

2. Control and disposal of hazardous waste need to be carried out with monitoring, evaluation and follow-up on the implementation of hazardous material handling procedures at the Cijerah Health Center UPT. The decision of the head of the health center above explains the B3 waste handling procedure at the Cijerah Health Center UPT where infectious materials originating from medical and laboratory activities are carried out with this standard procedure in accordance with applicable laws and regulations. It is only unfortunate that the regulation of handling and handling of liquid medical waste has not been discussed in this document. This is because the Cijerah Health Center UPT which has been accredited does not have a WWTP. Efforts to reduce liquid waste have also not been made due to the lack of budget. The Bandung City Environmental and Sanitation Agency (DLHK) has the authority to issue environmental licensing recommendations, this is stated in Bandung City Mayor Regulation Number 884/2013 concerning Guidelines for Compiling Environmental Management Effort Forms, Environmental Monitoring Efforts (UPL-UKL) and Statement of Commitment to Environmental Management and Monitoring (SPPL).

The results of an interview with Mrs. Arsi, the licensing division of the Bandung City DLHK, explained the licensing recommendation procedure:

"Environmental licensing is currently according to the Electronically Integrated Business Licensing system or Online Single Submission (OSS). DLHK will provide recommendations if environmental documents have been fulfilled. She also explained: Disposal of liquid medical waste can be disposed of in water channels on the condition that it has gone through the IPAL or involved the private sector in terms of transporting medical waste. "Solid medical waste can be collected in a shelter and liquid medical waste can be collected in jerry cans and then deposited with a third party (wastex), with a maximum storage period of 7 days, after that it is recommended to be put in the refrigerator". However, most health centers do not have refrigerators for storing liquid waste, while medical waste transportation services come every 30 days. In fact, until now, liquid medical waste is disposed of or stored in septic tanks. The accumulation of liquid waste in septic

tanks is feared to seep and pollute groundwater which will have an effect on environmental damage and also has the potential to explode if not sucked out regularly. Seeing the problem of waste disposal in health centers, enforcement of environmental permits in health centers is very important in order to maintain the environment where the business/activity takes place. The good and bad quality of the environment depends on the contents of the environmental documents managed by business/activity actors, because the environmental permits managed are a form of accountability of business actors when environmental pollution/environmental damage occurs due to business/activity. Amdal or UKL-UPL is basically a study of the positive and negative impacts of a planned activity/project, which is used by the government in deciding whether an activity/project is environmentally feasible or not. Thus, Amdal or UKL-UPL is expected to be able to answering the challenges of development, because development not only has positive impacts but also has negative effects on the environment which will cause environmental problems. Environmental problems will affect the environmental carrying capacity and environmental capacity.

The classification of businesses that must have environmental permits in the City of Bandung is:

1) Classification of businesses and/or activities that have environmental impacts is divided into 3 (three) categories: a. businesses and/or activities that have the potential for large and significant impacts on the environment are required to prepare an AMDAL document; b. businesses and/or activities that have the potential to have significant impacts on the environment and are not included in the list of businesses and/or activities that require an AMDAL as referred to in paragraph (1) letter (a) and/or regulated in the Regulation of the Minister of Environment Number 05 of 2012 concerning Types of Business Plans and/or Activities that Must Have Environmental Impact Analysis Documents, are required to prepare UKL-UPL documents; and c. businesses and/or activities that have impacts on the environment outside the classifications in letters a and b, are required to make an SPPL.

2) The types of business and/or activities as referred to in paragraph (1) letter b, are listed in the Attachment which is an integral part of this Mayoral Regulation.

3) Determination of the types of business and/or activities as referred to in paragraph (1) letter c is carried out based on the following criteria: a. not included in the criteria as referred to in paragraph (1) and paragraph (2); b. micro or small business activities. In terms of supervision itself, SPPL is regulated as follows:

1. Supervision of the implementation of UKL-UPL or SPPL is carried out by BPLH cq. Environmental Planning Sector

2. The initiator must report the results of environmental management as stated in the UKL-UPL document owned by the Head of BPLH cq. Environmental Planning Sector.

3. Activities/businesses that are required to prepare UKL-UPL or SPPL documents whose initiators are the Government/Regional Government are prepared by the agency in charge of the relevant activities/businesses or can use the services of a consultant.

The administrative sanctions are regulated in Article 4 of the Regulation of the Minister of Environment of the Republic of Indonesia Number 02 of 2013 concerning Guidelines for the Implementation of Administrative Sanctions in the Field of Environmental Protection and Management, including:

a. written warning

b. government coercion;

c. freezing of Environmental Permits and/or Environmental Protection and Management Permits; and

d. revocation of Environmental Permits and/or Environmental Protection and Management Permits.

The absence of IPAL, SPPL documents and management of liquid B3 waste at the UPT Cijerah Health Center due to cost constraints, even though this is a mandatory requirement for licensing by every health facility that produces B3 waste. The obligation to manage B3 waste itself must be carried out by the health center. For those who violate these provisions, the legal sanctions are also not small

and severe. This is stated in the legislation "Law No. 32 of 2009". Article 102 states that "management of B3 waste without a permit will be subject to imprisonment of at least 1 year and a maximum of 3 years and a fine of at least 1 billion and a maximum of 3 billion". Article 103 states that “for B3 waste producers who do not manage B3 waste will be subject to a minimum of 1 year and a maximum of 3 years in prison and a minimum of 1 billion and a maximum of 3 billion in fines”. Article 112 states that “if authorized officials do not supervise, they will be subject to an indefinite prison sentence of a minimum of 1 year and a maximum of 1 year and a maximum fine of 500 million”.

Even though there is no IPAL and B3 liquid waste management system or environmental documents, the Mayor of Bandung still issued an operational permit for the health center. In issuing an environmental permit, officials (in this case the Mayor of Bandung) should consider the various principles contained in Article 2 of Law 32/2009, including:

1. Principle of state responsibility:

a. the state guarantees that the use of natural resources will provide the greatest possible benefits for the welfare and quality of life of the people, both the present and future generations;

b. the state guarantees the rights of citizens to a good and healthy environment;

c. the state prevents the use of natural resources that cause pollution and/or damage to the environment;

When associated with this case, the principle of state responsibility explains the obligations of the regional government (in this case the Mayor of Bandung) including supervision and law enforcement carried out for the sake of preserving environmental functions. In this case, the government has been negligent in supervising the disposal of liquid B3 waste carried out by health centers in the city of Bandung, especially the UPT Cijerah Health Center (in the previous permit) so that the operational permit for the health center was considered appropriate to be issued.

2. The principle of sustainability and continuity, namely that everyone bears obligations and responsibilities towards future generations and towards each other in one generation by making efforts to preserve the carrying capacity of the ecosystem and improve the quality of the environment;

In relation to this case, the principle of sustainability and continuity explains that in issuing policies, the government (in this case the Mayor of Bandung) must pay attention to the sustainability and continuity of the surrounding environment. With the issuance of an operational permit by the Mayor of Bandung, directly concerned does not pay attention to the preservation and sustainability of environmental health and environmental management around residential areas.

1. The principle of precaution, namely that uncertainty regarding the impact of a business and/or activity due to limited mastery of science and technology is not a reason to postpone steps to minimize or avoid threats to environmental pollution and/or damage;

The local city government, in this case the Bandung City Government, must prioritize this principle to avoid threats to environmental pollution and/or damage. In the case discussed, the Mayor of Bandung did not prioritize this principle because he continued to issue an operational permit for the health center. This is also reinforced by the absence of specific regional regulations regarding liquid B3 waste in health facilities, especially in health centers, so that they do not pay attention to the Principle of Precaution because they have issued an operational permit whose liquid B3 waste is disposed of into a septic tank which will not only pollute but is already polluted.

2. Participatory principle, namely that every member of society is encouraged to play an active role in the decision-making process and implementation of environmental protection and management, both directly and indirectly;

This participatory principle is important, especially in the case of the B3 liquid waste management system in health centers, which is a real example where decision-making does not involve the affected community or the community

potentially affected, only there has been no reporting or lawsuits from residents around the health center.

3. The principle of good governance, namely that environmental protection and management are inspired by the principles of participation, transparency, accountability, efficiency, and justice;

In this case, policies must not eliminate aspects of social, economic and environmental life. Policies must be born from a proposal and socio-economic and environmental interests. The Mayor of Bandung does not pay attention to this principle in issuing operational permits, this can be seen from the flawed operational permits because they are not accompanied by one of the studies in the technical requirements.

The government has the responsibility to manage the environment and prevent environmental pollution. The action of the Bandung City Government in granting a permit to dispose of liquid B3 waste into a polluted septic tank shows that the Bandung City Government does not hold the function of the permit as a pollution control, instead it only sees the budgetary function of the permit. In granting a permit, the Bandung City Government only pays attention to the administrative requirements of the permit application without paying attention to the technical requirements of the permit. So that the function of the permit as a control is not carried out by the Bandung City Government. Furthermore, the granting of this permit shows that the Bandung City Government has forgotten its responsibility for environmental protection, by allowing environmental pollution to continue to occur. This means that the Bandung City Government has neglected its responsibility to manage the environment and provide a healthy environment for the community.

C. CONCLUSION AND SUGGESTIONS

Conclusion

1. Regulation of the B3 Wastewater Treatment Plant (IPAL) based on applicable laws and regulations is linked to the environmental control aspect by the Bandung City Government.

Government Regulation of the Republic of Indonesia Number 101 of 2014 concerning Management of Hazardous and Toxic Waste and Regulation of the Minister of Health of the Republic of Indonesia (Permenkes RI) No. 43 of 2019 concerning Community Health Centers (Puskesmas) regulates the management of liquid B3 waste and regulates how to manage a healthy environment. This regulation is outlined in Bandung City Regional Regulation Number 2 of 2014 concerning Control and Processing of Hazardous and Toxic Waste, which in essence stipulates in Article 7 paragraph (1): "Every person who carries out a business and/or activity that uses B3 and/or produces B3 waste is obliged to carry out B3 Waste management in accordance with laws and regulations", and paragraph (2): "B3 Waste Management as referred to in paragraph (1) can be carried out by the B3 Waste producer themselves or the B3 Waste producer hands over the management of the B3 Waste they produce to the B3 Waste processor or user", and article 10 paragraph (1): "Every person whose activities produce B3 Waste is required to have a temporary storage place for B3 Waste; and carry out B3 Waste management, including B3 Waste reduction."

2. Implementation of B3 Wastewater Treatment Plant (IPAL) Regulations at the Cijerah Health Center UPT.

B3 IPAL Regulations have not been implemented at the Cijerah Health Center UPT. The Cijerah Health Center UPT does have a decree and SOP for the management of Hazardous and Toxic Waste, but it does not include the management of liquid B3 waste, so that until now the Cijerah Health Center UPT does not have an IPAL and Environmental Management Statement Letter (SPPL) document, so that liquid B3 waste is directly discharged into the septic tank, which of course has the potential to cause pollution of groundwater and the environment around the health center.

Suggestions

1. B3 IPAL regulations must be applied strictly to all health service facilities (fasyankes) both public and private. Especially for public health facilities such as health centers, this can be done by taking action by PPNS and BPLH to coordinate

with the Health Office and the local City Government. The general public is advised that if there is misuse of permits or non-compliance with permits carried out by health centers, they should submit a report to the local Environmental Service.

2. Health facilities, especially the Cijerah Health Center UPT, must understand the principles of managing liquid B3 waste that have been mandated by law, so that as long as there is no IPAL, IMB, land certificate and other complete administrative requirements, the Cijerah Health Center UPT should immediately make a Decree and SOP. regarding the management of B3 liquid waste in health centers and SPPL documents, as well as the urgency of procuring contracting out for the transportation of B3 liquid waste, can be with the nearest hospital or with Wastec or Medives or other transporters. SPPL must be made immediately in addition to being one of the requirements for extending the operational permit of health centers also to fulfill the mandate of applicable laws.

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