

Regional Office No. VIII

DENR 8 Compound, Brgy. 2, Jones Extension, Tacloban City

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MEMORANDUM

FOR

THE REGIONAL DIRECTOR

Environmental Management Bureau Region VIII

ATTENTION

LEGAL UNIT

:

FROM

THE UNDERSIGNED

SUBJECT

RECOMMENDATION FOR THE ISSUANCE OF NOTICE

OF VIOLATION (NOV) TO JAVIER MUNICIPAL

INFIRMARY

DATE

6 JULY 2021

Pursuant to Travel Order No. EMBR8-2021-002961 the undersigned conducted compliance monitoring at Javier Municipal Infirmary located at Poblacion Zone 1, Javier, Leyte on May 21, 2021 to determine compliance status of firm with the environmental regulations, permit conditions, and other requirements. The following are the findings and recommendations formulated, to wit:

Finding/Observation:

1. The facility has no Wastewater Discharge Permit for domestic wastewater generated.

Remark/Recommendation:

For issuance of Notice of Violation for:

1. Operating with discharge regulated water pollutants without the valid required permit as required under Sec 27 paragraph (c) of DAO 2005-10.

Prepared by:

Inspectors

Recommending Approval:

Approved by:

OIC-Chief, Chemical and Hazardous Waste Management Section

Chief, Environmental Monitoring and

Enforcement Division

OB. BARRA, PME.



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Prepared by:

ANA & ENGR. ALMIRA O. RIPALDA

Inspectors

Recommending Approval:

Approved by:

OIC-Chief, Chemical and Hazardous Waste

Management Section

REYNALDO B. BARRA, PME. Chief, Environmental Monitoring and

Enforcement Division



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https://iis.emb.gov.ph/embis/Dms/Dms/dispositionForm

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CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number:		HCW - 59 TO No.: EMBR8-2021-008067				
Date of Inspection:		May 21, 2021				
	L. Santa and Market an					
1. GENERAL INFORM				9.4.4.DV		
Name of Establishmer	nt:		UNICIPAL INFIR			
Address:		Poblacion Zone 1, Javier, Leyt	The second secon	nates: 10.7944536 N		
Nature of Business:		Healthcare Facility	124.936163			
PSIC Code: 86219		Product: Healthcare	Year Establis			
Operating Hours/day:	24	Operating days/week: 7	Operating da	Operating days/year: 365		
Product Lines		Production Rate as declared in the	ECC Actual Produ	uction Rate (Unit / day)		
****		(unitday)				
N/A	4	N/A		N/A		
			*			
Name of Managing He	ead:	DR. RAYMOND MOLON				
Name of PCO:		JAN RYAN ALSONADO				
PCO Accreditation:		2019-RVIII-0083		tivity: August 9, 2019		
Phone Fax:		0920-682-0636	Emai: janryar	nalsonado16@gmail.com		
		4				
2. PURPOSE OF INS						
Verify accu	racy of informatio	n submitted by the establishment pe	ertaining to new pe	rmit		
applications	s, renewals, or mo	dification				
PMPIN App	lication			New Renewal		
Hazardous	Waste ID Registart	ion				
hazardous \	Waste Transporter	Registration				
	Waste TSD Registr	3				
		n Control Installation				
Discharge P						
Others						
	mpliance status with	environmental regulations, permit condition	ns, and other requireme	ents		
	community compl			77.57		
	s of voluntary com					
Industrial E	and the property of the proper					
		nership Program (PEPP)				
	djudication Board (
/ Others		ste Compliance Monitoring				
/ Others	. Healthcare wa	ste compnance Monitoring				
Name of Contact Perso	on	Jan Ryan Alsonado		<u> </u>		
Position / Designation		PCO				
3. COMPLIANCE STA	ATUS					
	censes/Clearances					
Environmental Law	Jenses, cicarances		Date of Issue	Expiry Date		
PD 1586	ECC 1		nuary 22, 2019	None		
1 0 1300	ECC 2		madi y 22, 2013	None		
	ECC 3			 		
DA 6060	DENR ID	For Application				
RA 6969		FOI Application				
	PCL Cert.			 		
(IL (L) REGISTRY	1				

POA-2019-I-0837-0298

For Application

September 13, 2019

September 4, 2024

PTT

PO No.

ECC SLF

DP No.

RA 8749

RA 9003

RA 9275

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored MONITORING CHECKLIST

May 21, 2021

BASIC INFORMATION

1

	ame of Healthcare Facility	JAVIER MU				_
2000	ddress	Poblacion Zone 1, Javier, Leyte				
	ollution Control Officer	Jan Ryan Al				_
	ategory		Primary		Tertiary	
	uthorized Bed Capacity (ABC)		25 beds	Dayusand	Malan	2
Se	ervices / Department involve on Waste Manager	ment _	Dr	. Raymond	iviolon	-
	Services Department / Unit					
a)	Administrative Department	/	Yes		No	
b)	Nursing Service	/	Yes		No	
c)	Housekeeping Service		Yes		No	
d)	Building and Maintenance	/	Yes		No	
e)	Laboratory		Yes		No	
f)	Dental Service		Yes	/	No	
g)	Medical		Yes		No	
h)	Pharmacy		Yes		No	
i)	Dietary Service		Yes		No	
j)	Linen		Yes		No	
5.	1 Who is the lead Service / Department/Unit?	30000		Administ	rator	22
6 Is	there an existing committee on Waste Manager	ment?			Yes	_
6.	1 If Yes, what is the composition of the committee	e?				
	(Write only designation or position of members)					
	Chairman: Dr. Zyneil Proto B. Brazil				_	
	Co-Chairman: Cart Sunrise Aguillon				_	
	Members: 12 hospital staff					
	PCO	VII				
					_	
					_	
7	Do you have a separate budget for waste man	agement?			No	<u>≅</u>
8	If Yes, what is the annual amount alloted by yo	our institution	n / health	facility		
	for Hospital Waste Management?	1	lone		_	
9	Total amount of Waste collected per month (kg	gs)				7
10	Total amount of hazardous waste collected per	r month? (kg	gs)			
II	HEALTH CARE WASTE MANAG	EMENT SY	STEM			
	Is segregation practiced?	/	Yes		No	
W. C.	Coding practiced?		Yes		. No	
	Labeling practiced		Yes		. No	
C)	Labeling practiced		162		·	
2	Methods of Segregation:					
	Bins or Receptacles					
a)		/	Yes		No	
b)			Yes		. No	
c)	Cans		Yes		No	
	Wooden box		Yes		. No	
	Cartons		Yes		No	
٥,	Color Coded plastic bags		163		, 110	
~ \		,			•100	
a)	Black		Yes		No	
p)	Green		Yes		No	
c)	Yellow	? ?	Yes		No	
d)	Orange		Yes		No	
e)	Red		Yes		No	
3	Pretreatment of Hazardous Waste Practiced	?			NO	ri
4	Methods of Pretreatment					
a)	Chemical disinfection		Yes	1	No	
,	Autoclave		Yes		No	
~)		<u> </u>				

	Delay to			***************************************	Yes	/	No	
	Dilution 8	& Dispers	ion		Yes	/	No	
	Ozone				Yes	/	. No	
f)	Others (Specify)						
5	Storage	Facilities	5					
a)	Storage	Room		/	Yes		No	
b)	Storage	Pit			Yes	W. A.	No	
3	On-site	collection	n and transport system					
	Push car				Yes		No	
	Mobile co		pins		Yes		No	
C)	Others (s	ьреспу)		***************************************			-	_
7			ency per day	0,000,000	davi			
	In-house Off-site			Once per o				_
3		of collec	tion points (on-site)			1		_
)	Disposa	l System:	s					
a)	Septic Ta	ank			Yes	7	No	
	Incinerat	ion			Yes	/	No	
c)	Burying	•			Yes	/	No	
d)	Compost				Yes		No	
e)	Open Bu	rning		E	Yes	/	No	
			e collection and disposal	outside inst	itutions:			
	Collect	1.75	osal outside the hospital se/compound	Choose wh	ere these	wastes are o	disposed by co	ollector
		YES	NO	*	**	***	****	***
	ate		1		and the second s			
-	ntractor nicipal/City	,	1				-	+
Coll	ection	/				/		
	working h other							
	pital							
	titution		1					
	ected by vengers							
/pe	ddlers		,					
	vidual gend:	*	Incineration					
LU	genu.	**	Sanitary Landfill					
		***	Open Dumping					
		***	Burying					
		****	Don't Know					
						\/F6		
			ecycling? cify what type of wastes are	e recycled?		YES		-
	11 163, pit		pers, cartons	s recycled?				
								_
	Personal	Protecti	ve Equipment (PPE) used	1				_
	Coverall				Yes	/	No	
	Gloves				Yes		No	
	Goggles				Yes	1	No	
- 3	Safety Sh	ioes			Yes		No	
e) f)	Hard Hat				Yes	/	No	
TI	Mask			/	Yes		No	
1)	Monitoria	ng device	es for Waste Managemen	t				
	MOUNTOLL				Yes	/	No	
a)	Radiation	_						
a)		_			Yes	/	No	
a) b)	Radiation Air quality	monitori	ng equip.	vaste manage		/	No	1
a) b)	Radiation Air quality Number	monitori				/	No	1

15 IEC materials used in relation to Hospital Waste Management

a)	Comics	none
b)	Posters	
c)	Handouts	
d)	Stickers	
e)	Manual	

Remarks:

- 1. Establishment is operational at the time of inspection.
- 2. Operating with an approved ECC with reference number: ECC-RO8-1812-0063 issued on January 22, 2019.
- 3. With valid PTO for one (1) unit 40 kW "Powerman" standby diesel generator set.
- 4. Submitted 1st Quarter 2021 SMR on June 7, 2021.
- 5. Facility has no issued DP and DENR ID.
- 6. New managing head has not attended managing head seminar yet.

Recommendations:

1. For issuance of Notice of Violation for failure to comply with the requirements under General Conditions of the approved ECC, specifically the proponent shall conform to the applicable provisions of RA 9275 and RA 6969 in securing Discharge Permit and Hazardous Waste Genrator ID respectively.

Photo Log Documentation:



Valid EMB issued permits





Entrance of Javier Municipal Infirmary with ECC Billboard posted



Infectious wastes pit

1 unit standby Generator Set THE CHARLES TO MAKE IT WAS BUILD IN

Monitored by:

HANNAH JOY D. MONTALLANA / ALMIRA O. RIPALDA

Technical Staff

EMS I

Recommending Approval:

pic-chwws Noted by:

Approved by:

REYNALDO B. BARRA, PME CHIEF, EMED

JMI Checklist