



**CHEMICAL AND HAZARDOUS WASTE MANAGEMENT SECTION
COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS**

Report Control Number: HCW-7 TO No: EMBR8-2022-005207
Date of Inspection: February 2, 2022

1. GENERAL INFORMATION

Name of Establishment:	VILLAFLOR'S CLINIC AND HOSPITAL		
Address:	R.V Fulachi St, Hilongos, Leyte	Geo Coordinates:	10.37494N 124.750870E
Nature of Business:	Health Care Services		
PSIC Code:	Product: N/A	Year Established:	September 1982
Operating Hours/day: 24	Operating days/week: 7		
Product Lines	Production Rate as declared in the ECC	Actual Production Rate	(Unit / day)
N/A	N/A	N/A	
Name of Managing Head:	ELEANOR R. VILLAFLOR		
Name of PCO:	CARLA B. YEE		
PCO Accreditation:	2021-RVIII-0169	Date of Effectivity:	September 21, 2021-September 21, 2024
Phone Fax:	(053) 567-9541	Email:	villaflorsclinic@yahoo.com

2. PURPOSE OF INSPECTION

Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification	New	Renewal
PMPIN Application		
Hazardous Waste ID Registration		
hazardous Waste Transporter Registration		
Hazardous Waste TSD Registration		
Permit to Operate Air Pollution Control Installation		
Discharge Permit		
Others		
Determine compliance status with environmental regulations, permit conditions, and other requirements		
Investigate community complaints		
Check status of voluntary commitment		
Industrial EcoWatch		
Philippine Environmental Partnership Program (PEPP)		
Pollution Adjudication Board (PAB)		
/ Others : Healthcare Waste Compliance Monitoring		
Name of Contact Person	Carla B. Yee	
Position / Designation	PCO	

3. COMPLIANCE STATUS

3.1 DENR permits/Licenses/Clearances

Environmental Law	Permits	Date of Issue	Expiry Date
PD 1586	ECC 1	CNC-R08-1006-0007	May 8, 2010
	ECC 2		N/A
	ECC 3		
RA 6969	DENR ID	0837-0183	May 15, 2012
	PCL Cert.		N/A
	CCO Registry		
	PTT		
RA 8749	PO No.	PTO-OL-R08-2021-01488	March 12, 2021
RA 9003	ECC SLF		March 12, 2026
RA 9275	DP No.	DP-R08-21-02216	April 15, 2021
			February 15, 2022

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored February 2, 2022
MONITORING CHECKLIST

I

BASIC INFORMATION

- 1 Name of Healthcare Facility
 - 2 Address
 - 3 Pollution Control Officer
 - 4 Category
 - 5 Authorized Bed Capacity (ABC)
- Services / Department involve on Waste Management

<u>Villaflor's Clinic</u>	
<u>R.V Fulachi St, Hilongos, Leyte</u>	
<u>Carla B. Yee</u>	
/	Primary _____ Secondary _____
<u>10 Beds</u>	
<u>Eleanor R. Villaflor</u>	

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? | <u>Chief of Hospital</u> _____ |

- 6 Is there an existing committee on Waste Management?
 6.1 If Yes, what is the composition of the committee?

(Write only designation or position of members)

Chairman: Chief Nurse
 Members: Nurses and Nursing Aide
Pollution Control Officer

- 7 Do you have a separate budget for waste management? Yes _____
 8 If Yes, what is the annual amount allotted by your institution / health facility
 for Hospital Waste Management? estimated: P 25, 000.00
 9 Total amount of Waste collected per month (kgs) No available inventory
 10 Total amount of hazardous waste collected per month? (kgs) No available inventory

II

HEALTH CARE WASTE MANAGEMENT SYSTEM

- | | | |
|------|---------------------------|----------------------|
| 1 a) | Is segregation practiced? | / Yes _____ No _____ |
| b) | Coding practiced? | / Yes _____ No _____ |
| c) | Labeling practiced | / Yes _____ No _____ |

2 **Methods of Segregation:**

Bins or Receptacles

- | | | |
|---------------------------------|------------|----------------------|
| a) | Plastic | / Yes _____ No _____ |
| b) | Stainless | / Yes _____ No _____ |
| c) | Cans | / Yes _____ No _____ |
| d) | Wooden box | / Yes _____ No _____ |
| e) | Cartons | / Yes _____ No _____ |
| <i>Color Coded plastic bags</i> | | |
| a) | Black | / Yes _____ No _____ |
| b) | Green | / Yes _____ No _____ |
| c) | Yellow | / Yes _____ No _____ |
| d) | Orange | / Yes _____ No _____ |
| e) | Red | / Yes _____ No _____ |

3	Pretreatment of Hazardous Waste Practiced?	Yes
4	Methods of Pretreatment	
a)	Chemical disinfection	/ Yes _____ No _____
b)	Autoclave	/ Yes _____ No _____
c)	Delay to decay	/ Yes _____ No _____
d)	Dilution & Dispersion	/ Yes _____ No _____
e)	Ozone	/ Yes _____ No _____
f)	Others (Specify)	_____

5	Storage Facilities	
a)	Storage Room	/ Yes _____ No _____
b)	Storage Pit	/ Yes _____ No _____

6	On-site collection and transport system	
a)	Push cart	_____ Yes / No _____
b)	Mobile collection bins	_____ Yes / No _____
c)	Others (specify)	Hand Carry

7	Collection frequency per day	once a day
a)	In-house	_____
b)	Off-site	_____

8 **Number of collection points (on-site)** 1

9	Disposal Systems	
a)	Septic Tank	/ Yes _____ No _____
b)	Incineration	_____ Yes / No _____
c)	Burying	_____ Yes / No _____
d)	Composting	_____ Yes / No _____
e)	Open Burning	_____ Yes / No _____

10 **Health care waste collection and disposal outside institutions:**

Collection & Disposal outside the hospital premise/compound		Choose where these wastes are disposed by collector					
	YES	NO	*	**	***	****	*****
Private Contractor		/					
Municipal/City Collection	/				/		
Networking with other hospital /institution		/					
Collected by scavengers /peddlers individual		/					

Legend:

- * Incineration
- ** Sanitary Landfill
- *** Open Dumping
- **** Burying
- ***** Don't Know

11 **Do you practice recycling?** YES _____
 If Yes, please specify what type of wastes are recycled?
paper, cartons, plastic bottles

12 **Personal Protective Equipment (PPE) used**
 a) Overall / Yes _____ No _____
 b) Gloves / Yes _____ No _____
 c) Goggles / Yes _____ No _____
 d) Safety Shoes / Yes _____ No _____
 e) Hard Hat / Yes _____ No _____
 f) Mask / Yes _____ No _____

13 **Monitoring devices for Waste Management**
 a) Radiation survey meter _____ Yes / _____ No _____
 b) Air quality monitoring equip. _____ Yes / _____ No _____

14 **Number of personnel trained on hospital waste management** 2
 14.1 Who are these personnel? (Write designation only)
 PCO _____
 Managing Head _____

15 **IEC materials used in relation to Hospital Waste Management**
 a) Comics _____
 b) Posters _____
 c) Handouts _____
 d) Stickers _____
 e) Manual _____
None

Recommendations / Remarks:

Remarks:

1. The facility has an approved CNC issued on May 8, 2010.
2. Operating with valid DP, PTO & PCO Accreditation Certificate & old DENR ID Registration issued on May 12, 2012.
3. The facility is operating with new laboratory since 2020.
4. Compliant as per submission of 4th Quarter 2021 Self Monitoring Report dated February 1, 2022.
5. No record of off-site transport of healthcare waste for final treatment & disposal as of to date. Generated healthcare wastes particularly M501-Infectious and Pathological Wastes are stored in a concrete septic vault located at the back of the facility.
6. Designated Hazardous Waste Storage facility do not conform to the standard prescribed under sec 3.5 of DAO 2013-22.
7. The facility has an in-process Discharge Permit application with application number: 175124

Recommendations:

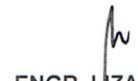
1. The Management shall immediately apply for ECC under Category B: Non-ECP for Operating as a hospital in compliance to the EMB Memorandum Circular 2014-0005 otherwise known as the Revised Guidelines for Coverage Screening and Standardized Requirements under the Philippine EIS System.
2. To immediately update DENR ID Registration as Hazardous Waste Generator.
3. To improve hazardous waste storage facility. It should be properly secured and not easily accessed by unauthorized persons. Likewise, must implement proper labeling with placards appropriate to the hazard classifications of wastes being generated.
4. To strictly comply with the requirements relative to Discharge Permit application through the EMB Online Permitting System (<https://opms.emb.gov.ph/>).
5. Strict and continuous compliance to RA 6969 & other environmental laws.

Prepared by:



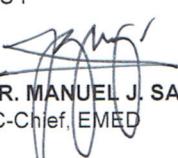
ENGR. ALMIRA O. RIPALDA
EMS I

Recommending Approval:



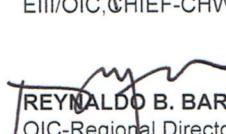
ENGR. LIZA A. TAN
EIII/OIC, CHIEF-CHWMS

Approved by:



FOR. MANUEL J. SACEDA, JR.
OIC-Chief, EMED

Noted by:



REYNALDO B. BARRA, PME
OIC-Regional Director

PHOTO DOCUMENTATION



Villaflor's Clinic & Hospital located at R.V
Fulachi St, Hilongos, Leyte



Designated Hazardous Waste Storage Area

