



COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number:

HCW - 24

TO No: EMBR8-2021-001684

Date of Inspection:

February 2, 2021

1. GENERAL INFORMATION

Name of Establishment:	UNITED SHALOM MEDICAL CENTER		
Address:	Real St. Tacloban City	Geo Coordinates: 11.233N 125.0026E	
Nature of Business:	Health Care Services		
PSIC Code:	Product: N/A	Year Established: 2017	
Operating Hours/day: 8	Operating days/week: 4		
Product Lines	Production Rate as declared in the ECC	Actual Production Rate (Unit / day)	
N/A	N/A	N/A	
Name of Managing Head:	DR. KHALIL B. IBAOC		
Name of PCO:	FARAH SHEILINE A. CONCEPCION (Designated)		
PCO Accreditation:	None	Date of Effectivity: N/A	
Phone Fax:	0961-5055-112/0956-869-3939	Email: not available	

2. PURPOSE OF INSPECTION

Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification		
PMPIN Application	New	Renewal
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	Farah Sheiline A. Concepcion	
Position / Designation	Designated PCO	

3. COMPLIANCE STATUS

3.1 DENR permits/Licenses/Clearances

Environmental Law	Permits	Date of Issue	Expiry Date
PD 1586	ECC 1	ECC-R08-1805-0023	May 31, 2020
	ECC 2		N/A
	ECC 3		
RA 6969	DENR ID	For Application	N/A
	PCL Cert.		N/A
	CCO Registry		
	PTT		
RA 8749	PO No.	For Application	N/A
RA 9003	ECC SLF		N/A
RA 9275	DP No.	For Application	N/A

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored
MONITORING CHECKLIST

February 2, 2021

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BASIC INFORMATION

1	Name of Healthcare Facility	<u>United Shalom Medical Center</u>		
2	Address	<u>Real St. Tacloban City</u>		
3	Pollution Control Officer	<u>Farah Shelline A. Concepcion</u>		
4	Category	<u>/</u> Primary	Secondary	
5	Authorized Bed Capacity (ABC)	<u>100</u>		
	Services / Department involve on Waste Management	<u>DR. KHALIL B. IBAOC</u>		
Services Department / Unit				
a)	Administrative Department	<u>/</u>	Yes	No
b)	Nursing Service	<u>/</u>	Yes	No
c)	Housekeeping Service	<u>/</u>	Yes	No
d)	Building and Maintenance	<u>/</u>	Yes	No
e)	Laboratory	<u>/</u>	Yes	No
f)	Dental Service	<u>/</u>	Yes	No
g)	Medical	<u>/</u>	Yes	No
h)	Pharmacy	<u>/</u>	Yes	No
i)	Dietary Service	<u>/</u>	Yes	No
j)	Linen	<u>/</u>	Yes	No
5.1	Who is the lead Service / Department/Unit?	<u>Managing Head</u>		
6	Is there an existing committee on Waste Management?	<u>No</u>		
6.1	If Yes, what is the composition of the committee? (Write only designation or position of members)	 		
7	Do you have a separate budget for waste management?	<u>No</u>		
8	If Yes, what is the annual amount allotted by your institution / health facility for Hospital Waste Management?	 		
9	Total amount of Waste collected per month (kgs)	<u>No available inventory</u>		
10	Total amount of hazardous waste collected per month? (kgs)	<u>No available inventory</u>		

II HEALTH CARE WASTE MANAGEMENT SYSTEM

1 a)	Is segregation practiced?	<u>/</u>	Yes	No
b) Coding practiced?	<u>/</u>	Yes	No
c) Labeling practiced	<u>/</u>	Yes	No
2	Methods of Segregation:			
	<i>Bins or Receptacles</i>			
a)	Plastic	<u>/</u>	Yes	No
b)	Stainless	<u>/</u>	Yes	No
c)	Cans	<u>/</u>	Yes	No
d)	Wooden box	<u>/</u>	Yes	No
e)	Cartons	<u>/</u>	Yes	No
	<i>Color Coded plastic bags</i>			
a)	Black	<u>/</u>	Yes	No
b)	Green	<u>/</u>	Yes	No
c)	Yellow	<u>/</u>	Yes	No
d)	Orange	<u>/</u>	Yes	No
e)	Red	<u>/</u>	Yes	No

3 Pretreatment of Hazardous Waste Practiced? No

4 Methode 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

a) In-house once a day

b) Off-site N/A

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? No
If Yes, please specify what type of wastes are recycled?

12 **Personal Protective Equipment (PPE) used**

a)	Coverall	<u> </u>	Yes	<u> / </u>	No
b)	Gloves	<u> </u>	Yes	<u> / </u>	No
c)	Goggles	<u> </u>	Yes	<u> / </u>	No
d)	Safety Shoes	<u> </u>	Yes	<u> / </u>	No
e)	Hard Hat	<u> </u>	Yes	<u> / </u>	No
f)	Mask	<u> / </u>	Yes	<u> </u>	No

13 **Monitoring devices for Waste Management**

a)	Radiation survey meter	<u> </u>	Yes	<u> / </u>	No
b)	Air quality monitoring equip.	<u> </u>	Yes	<u> / </u>	No

14 **Number of personnel trained on hospital waste management**

14.1 Who are these personnel? (Write designation only)

None

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. Operational at the time of inspection.
2. Has an approved ECC with reference number: ECC-R08-1805-0023 issued on May 31, 2020.
3. Classified as hazardous waste generator.
4. Designated PCO is not yet EMB Accredited.
5. Posted ECC Billboard was observed at the site during inspection.
6. No record of off-site transport for generated hazardous wastes (M501) and other generated hazardous wastes.
7. No submission of Compliance Monitoring Report.
8. Compliant to the recommendation from previous inspection to improve proper management of generated hazardous wastes.
9. Was given Notice last December 3, 2021 to comply with EMBs findings within thirty (30) days upon receipt of the said notice however, no compliance was made on securing necessary permits such as DP, PTO & DENR ID.

Recommendations:

For Issuance of Notice of Violation:

1. Failure to comply requirements under General Conditions of the approved ECC:

1. The project operation shall conform to the applicable provisions of RA 6969 (Toxic and Hazardous Waste Act of 1990), RA 9275 (Philippine Clean Water Act of 2004) & RA 8749 (Clean Air Act of 1999).

2. That a Compliance Monitoring Report (CMR) shall be submitted to EMB Office semi-annually.

Evaluated by:


ALMIRA O. RIPALDA
EMS I

Recommending Approval:


LIZA A. TAN
EIII/OIC, CHIEF-CHWMS

Approved by:


REYNALDO B. BARRA
CHIEF, EMED

Noted by:


LETECIA R. MACEDA
Regional Director

FM-EMED

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01/10/2017

