

Report Control Number:

Republic of the Philippines Department of Environment and Natural Resources ENVIRONMENTAL MANAGEMENT BUREAU

Regional Office No. VIII

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

HCW - 25



CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

| Date of Inspection: | February 16, 2021 | | | |
|--|---|--------------------------------------|--|--|
| 4 CENTERAL INICORNATION | | | | |
| 1. GENERAL INFORMATION Name of Establishment: | | | | |
| Address: | | Geo Coordinates: 10.9793N, 124.8889E | | |
| nadi ess. | Burauen, Leyte | | | |
| Nature of Business: | Health Care Services | | | |
| PSIC Code: 851 | Product: N/A | Year Established: April 1, 1972 | | |
| 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: | DR. EUGENIE N. ORTEGA | | | |
| Name of PCO: | FRANCIS ANGELO ALMO | | | |
| PCO Accreditation: | for application | Date of Effectivity: NA | | |
| Phone Fax: | 9362403519 | Email: Not Available | | |
| applications, renewals, or m PMPIN Application | ion submitted by the establishment pertaining odification | New Renewal | | |
| Hazardous Waste ID Regista | rtion | | | |
| hazardous Waste Transport | er Registration | | | |
| Hazardous Waste TSD Regis | tration | | | |
| Permit to Operate Air Pollut | ion Control Installation | | | |
| Discharge Permit | | | | |
| Others | | | | |
| | h environmental regulations, permit conditions, and o | ther requirements | | |
| Investigate community com | | | | |
| Check status of voluntary co | mmitment | | | |
| Industrial EcoWatch | | | | |
| Philippine Environmental Pa | | | | |
| Pollution Adjudication Board | | | | |
| / Others : Healthcare W | /aste Compliance Monitoring | | | |
| Name of Contact Parson | Erancis Angolo Almo | | | |
| Name of Contact Person | Francis Angelo Almo | | | |
| 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-R08-1710-0041 | November 28, 2017 | N/A | |
| | ECC 2 | | | | |
| | ECC 3 | | | | |
| RA 6969 | DENR ID | GR-R8-37-00117 | April 6, 2017 | N/A | |
| | PCL Cert. | | | | |
| | CCO Registry | | | | |
| | PTT | | | | |
| RA 8749 | PO No. | 18-POA-C-0837-0049 | March 30, 2016 | March 30, 2020 | |
| RA 9003 | ECC SLF | | A CONCORD TO THE RESERVE AND | | |
| RA 9275 | DP No. | DP-R08-20-00692 | February 6, 2020 | February 6, 2021 | |

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored

February 16, 2021

No available

No available inventory

inventory

No

MONITORING CHECKLIST

BASIC INFORMATION

for Hospital Waste Management?

d) Orange

e) Red

ı

| 1 Name of Healthcare Facility | BURAU | EN DISTR | ICT HOSP | ITAL |
|--|-------------|---------------|-----------------|--------------|
| 2 Address | Brgy. D | istrict I, B | urauen Le | eyte |
| 3 Pollution Control Officer | Francis | Angelo A | lmo | |
| 4 Category | 1 | Primary | | Secondary |
| 5 Authorized Bed Capacity (ABC) | | 75 Beds | | |
| Services / Department involve on Waste Management | | | | |
| 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 | (0 <u>===0)</u> | _ No |
| h) Pharmacy | / | Yes | · | _ No |
| i) Dietary Service | / | Yes | | _ No |
| j) Linen | / | Yes | | - No |
| 5.1 Who is the lead Service / Department/Unit? | | | Chief of | 75/10/00/201 |
| 6 Is there an existing committee on Waste Management? | | | | NO |
| 6.1 If Yes, what is the composition of the committee? | | | | |
| (Write only designation or position of members) | | | | |
| N/A | | | | <u>.</u> |
| | | | | _ |
| | | | | _ |
| | | | | _ |
| 7 D. L | | | | No. |
| Do you have a separate budget for waste management If Yes, what is the annual amount alloted by your inst | | nalth facilit | ., | No |

N/A

Yes Yes

| 9 | Total amount of Waste collected per month (kgs) | | | | | | |
|------|--|---|-----|---|----|--|--|
| 10 | Total amount of hazardous waste collected per month? (kgs) | | | | | | |
| 11 | 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 | | |
| | Color Coded plastic bags | | | | | | |
| a) | Black | / | Yes | | No | | |
| b) | Green | | Yes | / | No | | |
| c) | Yellow | | Yes | 1 | No | | |

| 3 | | | ous Waste Practiced? | | | 1_ | VO | _ |
|----------|--|-----------|----------------------------|--------------------|--------------|-------------|---------------|--------------|
| 4 | Methods of Pre | | nt | | | | | |
| | Chemical disinfe | ection | | | . Yes | | No | |
| b) | Autoclave | | | | Yes | | No | |
| C) | | 2 | | | Yes | <u></u> | No | |
| d) | | rsion | | | - Yes | | No | |
| e) | Ozone | | | | Yes | | No | |
| f) | Others (Specify) |) | | DISINFE | CTION | | | - |
| 5 | Storage Facilit | ies | | | | | | |
| a' | Storage Room | | M501, M506 & I101 | 1 | Yes | | No | |
| | Storage Pit | | | / | Yes | | No | |
| 6 | On site collect | ion and t | ransport system | | | | | |
| | Push cart | ion and t | ansport system | | Yes | | No | |
| |) Mobile collection | o bino | | - | - Yes | | No | |
| - 8 | | | | Manual / | Hand car | ried only | 110 | |
| C) | Others (specify) | K | | <u>Iviariuai /</u> | i iailu cari | ned offing | | _ |
| 7 | Collection freq | uency pe | er day | | | | | |
| | In-house | | | | A DAY | | | |
| b | Off-site | | | N | I/A | | | |
| 8 | 8 Number of collection points (on-site)1 | | | | | | | |
| 9 | Disposal Syste | ems | | | | | | |
| |) Septic Tank | | | | Yes | / | No | |
| b | | | | - | Yes | | No | |
| C | | | | | Yes | | No | |
| |) Composting | | | | Yes | | No | |
| | Open Burning | | | | Yes | | No | |
| 10 | Hoolth care wa | ete colle | ction and disposal outsi | do inetitutio | ne. | | | |
| | | | | | | wastes are | disposed by a | ollector |
| C | ollection & Disposa | , | ne hospital premise/compou | na Choose w | ** | *** | **** | ***** |
| \vdash | | YES | NO | + | | | **** | +++++ |
| Pr | ivate Contractor | | 1 | | | | | |
| М | unicipal/City Collection | / | | | | 1 | | |
| N | etworking with other | | | | | | | |
| | ospital /institution | | 1 | | | | | 1 1 |
| L | | | 1 | | | | | |
| C | ollected by scavengers | | | | | | | |
| | eddlers individual | | 1 | 1 | | | | 1 1 |
| Ľ | | | | | | | | |
| L | egend: | * | Incineration | | | | | |
| | | ** | Sanitary Landfill | | | | | |
| | | *** | Open Dumping | | | | | |
| | | **** | Burying | | | | | |
| | | **** | Don't Know | | | | | |

| 11 | | Do you practic | e recycling? | 1999 | 163 | | | |
|--------|---|------------------|---|-----------------------|-------------|-------------------|---|--|
| | | If Yes, please s | pecify what type of wastes are rec | cycled? | | | | |
| | | | Plastic Bottles, Papers | | | | | |
| | | | Tidoto Detales, Capace | | | | _ | |
| | | | | | | | | |
| 12 | | Personal Prote | ctive Equipment (PPE) used | | | | | |
| | a) | Coverall | | Y | es/ | No | | |
| | b) | Gloves | | Y | es/ | No | | |
| | c) | Goggles | | Y | es/ | No No | | |
| | d) | Safety Shoes | | Υ | es/ | No No | | |
| | | Hard Hat | | Υ | es / | No | | |
| | f) | Mask | | Y | es <u>/</u> | No | | |
| 40 | | Manitonina do | vices for Maste Management | | | | | |
| 13 | | | vices for Waste Management | v | es / | No | | |
| | | Radiation surve | <u></u> | | | No No | | |
| | b) | Air quality moni | toring equip. | Y | es <u>/</u> | | | |
| 14 | | Number of per | sonnel trained on hospital was | te management | | | 0 | |
| 10.574 | | | personnel? (Write designation on | | | | *************************************** | |
| | | | | 25.5 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | · | | 28 (680-7) (680-7) | | | | |
| 15 | | | used in relation to Hospital Was | te Management | | | | |
| | a) | Comics | | | | | | |
| | b) | Posters | | | | | | |
| | c) | Handouts | | | | | | |
| | d) | Stickers | | | | | | |
| | e) | Manual | / | | | | | |
| | 151 | | | | | | | |
| | | | | | | | | |
| | Re | emarks: | 1. Operating with approved ECC | , DENR ID registrat | ion & Desi | gnated PCO. | | |
| | | | 2. Operating with expired DP & PTO dated March 30, 2020 & February 6, 2021, | | | | | |
| | | | respectively. As of to date, no pe | ending application fo | or renewal | of expired permit | s as per | |
| | | | EMB-CPD. | | | | | |
| | | | 3. No submission of Compliance | Monitoring Report | (CMRs) ar | d Self Monitoring | g | |
| | | | Report (SMRs) for CY 2020. | ٠. | | | - | |
| | | | 4. No record of off-site transport | of generated hazar | dous waste | e . | | |
| | | | 5. Designated Pollution Control | | | | | |
| (pr | <u>4</u> 05 | 200 100 | | • | | | | |
| F | Recommendations: 1. EMB to issue Notice of Technical Conference in relation to the abovementioned findings. | | | | | | | |









Monitored by:

ALMIRA O. RIPALDA

EMS I

Recommending Approval:

LIZA A. TAN EIII/OIC-CHWMS

01/10/2017

Approved by:

REYNALDO B. BARRA CHIEF, EMED

Noted by:

LETEGIA R MACEDA Regional Director

FM-EMED-44



Republic of the Philippines Department of Environment and Natural Resources ENVIRONMENTAL MANAGEMENT BUREAU

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UKAS

WANAGEMENT

OIS

Certificate No 67201

OUNTY

MANAGEMENT

OIS

Certificate No 67202

24 February 2021

DR. EUGENIE N. ORTEGA

Chief of Hospital Burauen District Hospital Brgy. Camansi, Poblacion District I, Burauen Leyte ENVIRONMENTAL MANAGE FONT BUREAU .

RELEASED 03 01 2021

DATE: 3:C407

Dear Dr. Ortega:

Environmental Greetings!

This has reference with your compliance on the approved Environmental Compliance Certificate (ECC) with reference number: ECC-R08-1710-0041 issued by this Office on November 28, 2017 to your facility. The following are the findings and recommendations formulated, to wit:

Findings:

- The facility is operating with expired Permit to Operate for the two (2) units Standby Generator Set and expired Wastewater Discharge Permit for the generated domestic wastewater dated March 30, 2020 & February 6, 2021, respectively. Likewise, Hazardous Waste Registration (DENR ID) is subject for amendment.
- 2) Designated PCO is not yet EMB accredited.
- 3) No submission of Compliance Monitoring Report (CMRs) and Self-Monitoring Report (SMRs) for CY 2020 in compliance to the condition stipulated in the approved EMB permits.

Recommendations:

- To apply for renewal of expired Wastewater Discharge Permit, Permit to Operate and amendment of Hazardous Waste Registration (DENR ID) through the EMB Online Permitting System.
- 2) Designated Pollution Control Officer must attend the 40-hr Basic PCO Training and apply for PCO accreditation.
- 3) To submit Compliance Monitoring Report (CMRs) and Self-Monitoring Report (SMRs) pursuant to the conditions stipulated in the approved EMB permits.

As such, you are hereby enjoined to comply with the above-cited recommendations in compliance with the requirements of the Environmental Laws and its Implementing Rules and Regulations of PD 1586 (Philippine Environmental Impact Statement System), Republic Act No. 6969 (Toxic Substance and Hazardous and Nuclear Wastes Control Act of 1990), Republic Act No. 9275 (Philippine Clean Water Act of 2004) and Republic Act No. 8749 (Philippine Clean Air Act of 1999) within thirty (30) days from the receipt of this letter.

Further, we would like to invite you or any authorized representative to attend a virtual technical conference scheduled on <u>March 8, 2021</u>, at <u>9:00am</u> to discuss the above-mentioned findings.

Failure to do so shall be deemed as violations of applicable rules and regulations. This Office will be compelled to take appropriate legal action against your establishment.

Please be guided accordingly.

Very truly yours,

LETECIAIR. MACEDA
Regional Director