



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



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

Report Control Number:

HCW - 18

TO No: EMBR8-2022-006482

Date of Inspection:

February 22, 2022

**1. GENERAL INFORMATION**

Name of Establishment:	ST. JUDE HOSPITAL		
Address:	Cor. Guimbalibot and Loyola Ave. Salug, Guian Eastern Samar	Geo Coordinates:	11.0291N, 125.7310E
Nature of Business:	Health Care Services		
PSIC Code: 86, 87	Product: N/A	Year Established:	2018
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:	FERNANDO C. NAPOTO, JR., MD		
Name of PCO:	RONALDO C. NAPUTO		
PCO Accreditation:	2021-RVIII-0054	Date of Effectivity:	May 17, 2021-May 17, 2024
Phone Fax:	9171774750	Email:	donaputo80@gmail.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	Ronaldo C. Naputo	
Position / Designation	PCO	

**3. COMPLIANCE STATUS**

**3.1 DENR permits/Licenses/Clearances**

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC 1	ECC-RO8-1110-0104	November 2, 2011	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	OL-GR-R8-26-002358	August 17, 2020	N/A
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	18-POA-I-0826-0229	September 3, 2018	September 3, 2023
RA 9003	ECC SLF			
RA 9275	DP No.	DP-RO8-21-06481	October 6, 2021	October 6, 2022

## HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored February 22, 2022  
**MONITORING CHECKLIST**

### BASIC INFORMATION

1	Name of Healthcare Facility	<u>St. Jude Hospital</u>		
2	Address	<u>Cor. Guimbalibot and Loyola Ave.</u>		
3	Pollution Control Officer	<u>Salug, Guiuan Eastern Samar</u>		
4	Category	<u>Ronaldo C. Naputo</u>		
5	Authorized Bed Capacity (ABC)	<u>/</u>	Primary	Secondary
Services / Department involve on Waste Management				
<b>I. Services Department / Unit</b>				
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>Chief of Hospital</u>		
6	Is there an existing committee on Waste Management?	<u>Yes</u>		
6.1	If Yes, what is the composition of the committee? (Write only designation or position of members)			
	Chairman/Administrator: Chief of Hospital			
	Members: Chief Nurse	<u>Transport Service</u>		
	PCO	<u>Head Housekeeping &amp; Security</u>		
	Head Cardiopulmonary&Radiology	<u>Maintenance Head</u>		
7	Do you have a separate budget for waste management?	<u>Yes</u>		
8	If Yes, what is the annual amount allotted by your institution / health facility for Hospital Waste Management?	<u>50K</u>		
9	Total amount of Waste collected per month (kgs)	<u>450</u>		
10	Total amount of hazardous waste collected per month? (kgs)	<u>20</u>		
<b>II HEALTH CARE WASTE MANAGEMENT SYSTEM</b>				
1 a)	Is segregation practiced?	<u>/</u>	Yes	No
b)	..... Coding practiced?	<u>/</u>	Yes	No
c)	..... Labeling practiced	<u>/</u>	Yes	No
2	<b>Methods of Segregation:</b>			
	<i>Bins or Receptacles</i>			
a)	Plastic	<u>/</u>	Yes	No
b)	Stainless	<u>/</u>	Yes	<u>/</u>
c)	Cans	<u>/</u>	Yes	<u>/</u>
d)	Wooden box	<u>/</u>	Yes	<u>/</u>
e)	Cartons	<u>/</u>	Yes	No
	<i>Color Coded plastic bags</i>			
a)	Black	<u>/</u>	Yes	No
b)	Green	<u>/</u>	Yes	<u>/</u>
c)	Yellow	<u>/</u>	Yes	<u>/</u>
d)	Orange	<u>/</u>	Yes	<u>/</u>
e)	Red	<u>/</u>	Yes	<u>/</u>
3	<b>Pretreatment of Hazardous Waste Practiced?</b>	<u>Yes</u>		
4	<b>Methods of Pretreatment</b>			
a)	Chemical disinfection	<u>/</u>	Yes	No
b)	Autoclave	<u>/</u>	Yes	<u>/</u>
c)	Delay to decay	<u>/</u>	Yes	<u>/</u>
d)	Dilution & Dispersion	<u>/</u>	Yes	<u>/</u>
e)	Ozone	<u>/</u>	Yes	<u>/</u>
f)	Others (Specify)	<u>/</u>	Yes	No

5	<b>Storage Facilities</b>				
a)	Storage Room	/	Yes	_____	No
b)	Storage Pit	/	Yes	_____	No
6	<b>On-site collection and transport system</b>				
a)	Push cart	_____	Yes	/	No
b)	Mobile collection bins	_____	Yes	/	No
c)	Others (specify)	Hand carry			
7	<b>Collection frequency per day</b>				
a)	In-house	3 / day			
b)	Off-site	Daily			
8	<b>Number of collection points (on-site)</b>	1			
9	<b>Disposal Systems</b>				
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?

Plastic Bottles, Cartons

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

a)	Coverall	/	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

Who are these personnel? (Write designation only)

Pollution Control Officer & 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 is operating with EMB approved permits/licences/clearances such as ECC, DP, PTO, updated DENR ID & PCO Accreditation Certificate.
2. ECC Billboard was installed at the entrance of the hospital as observed during site inspection.
3. Submitted the Quarter Self Monitoring Reports for CY 2021.
4. No record of off-site transport of healthcare waste for final treatment & disposal as of to date. Generated healthcare wastes particularly M501-Infectious Wastes are stored in a concrete septic vault located within the facility.
5. The management of hazardous waste conformed to the standard prescribed under sec 3.5 of DAO 2013-22.

Recommendations:

1. To amend DENR ID Registration to include hazardous wastes classified as follows; I101-Used Industrial Oil from generator set, D406-Mercury and Mercury Compound, and D406- Lead and Lead Compound for busted bulbs.
2. To improve SMR preparations specifically, Inventory of generated hazardous wastes. Infectious Waste should be classified as M501 instead of M502.
3. Strict and continuous compliance to RA 6969 & other environmental laws.

**PHOTO DOCUMENTATION:**

Prepared by:

LIZA A. TAN  
EIII/OIC-CHIEF, CHWMS

Approved by:

*[Signature]*  
FOR. MANUEL J. SACEDA, JR.  
OIC-Chief, EMED

Noted by:

*[Signature]*  
REYNALDO B. BARRA, PME  
OIC-Regional Director