

Report Control Number:

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

HCW - 21

Regional Office No. VIII
DENR 8 Compound, Brgy. 2, Jones Extension, Tacloban City



TO No.: EMBR8-2022-006706

CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Date of Inspection:		March 1, 2022					
 GENERAL INFORI Name of Establishmer 		ST	CAMILLI	JS HOSPITAI			
	11.	31	Geo Coordinate				
Address:		Brgy. Trinidad, Calbayog Cit	- 1	12.0778N, 124.			
Notes of Deciment		Healthcare Facility		-			
Nature of Business:		Product: Healthcare Year Establis			hed: 1995		
PSIC Code: 86121	24	Operating days/week: 7		Operating days/year: 365			
Operating Hours/day:	. 24	Operating days/ week.		operating days	7 year. 303		
Product Lines		Production Rate as declared in	the FCC	Actual Product	ion Rate (Unit / day)		
Product Lines		(unitday)	Time Loc	7.0000	(2,		
NI /	'Λ	N/A		N/A			
N/	A	IV/A			.,,,,		
		ED DENIATO D MALIMAT MI					
Name of Managing H	ead:	FR. RENATO P. MALIWAT, MI ORLANDO BILLATE & NANITO C. CAJURAO					
Name of PCO:			C. CAJORAC	Date of Effectivity: December 9, 2020 -			
PCO Accreditation:		2020-RVIII-0112		December 9, 20			
		2020-RVIII-0113		Email: natzcajurao@gmail.com			
Phone Fax:		0917-888-9986		Email: natzcajui	ao@gman.com		
	PECTION						
2. PURPOSE OF INS		n submitted by the establishmer	t portaining	to new permit			
			it pertaining	to new permit			
	ns, renewals, or mo	uncation		1	New Renewal		
PMPIN Ap	s Waste ID Registart	ion		Ĺ	The state of the s		
				F			
hazardous Waste Transporter Registration							
Hazardous Waste TSD Registration							
Permit to Operate Air Pollution Control Installation							
	Discharge Permit						
Others							
		environmental regulations, permit con	iditions, and ot	ner requirements			
	e community compl						
	cus of voluntary com	nmitment					
	EcoWatch	(2522)					
		tnership Program (PEPP)					
	Adjudication Board						
/ Others	: Healthcare Wa	ste Compliance Monitoring					
Name of Contact Per	200	Orlando Billate & Nanito Caju	ıran				
Position / Designatio	n	PCO					
3. COMPLIANCE S							
	Licenses/Clearance		D-1-	-f leave	Evning Data		
Environmental Lav		Permits 0053		of Issue	Expiry Date		
PD 1586	ECC 1	ECC-R08-1105-0053	June 1	5, 2011	N/A		
	ECC 2						
	ECC 3	1 22 22 22 22 22		0.2010	NI/A		
RA 6969	DENR ID	M-GR-R8-60-00032	August	: 8, 2019	N/A		
	PCL Cert.						
	CCO Registry						
24.0740	PTT	DOA 2020 D 0000 0042	N A = u = l=	E 2020	February 28, 2025		
RA 8749	PO No.	POA-2020-B-0860-0043	iviarch	5, 2020	rebiualy 20, 2025		
RA 9003	ECC SLF	DD 000 310 03300	A.,	16 2010	August 16, 2020		
RA 9275	DP No.	DP-R08-219-02308	August	16, 2019	August 16, 2020		

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored MONITORING CHECKLIST

March 1, 2022

BASIC INFORMATION

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1 Name of Healthcare Facility ST. CAMILLUS HOSPITAL								
		dress	Brgy. Trinidad, Calbayog City, Samar					
		lution Control Officer	Orlando Billate & Nanito Cajurao					
		egory	/ Primary			Secondary		
	Authorized Bed Capacity (ABC)		50 beds					
		vices / Department involve on Waste Managen	nent			•		
		viodo / Boparament inverse en vienes managem						
		Services Department / Unit						
a	1)	Administrative Department	/	Yes		No		
	,	Nursing Service	/	Yes		No		
C	;)	Housekeeping Service	/	Yes		No		
C	1)	Building and Maintenance	/	Yes		No		
6	(e)	Laboratory	/	Yes		No		
f)	Dental Service	/	Yes		No		
9	J)	Medical	/	Yes		No		
r	1)	Pharmacy	/	Yes		No		
i)	Dietary Service	/	Yes		No		
j)	Linen	/	Yes		No		
		Who is the lead Service / Department / Unit?			Administ	rator		
6 I	s t	here an existing committee on Waste Manager	ment?			Yes		
6	3.1	If Yes, what is the composition of the committee	ee?					
		(Write only designation or position of members)						
		Head: PCOs				-		
		Members: Dept. Heads				-		
		Utilities				-		
						-		
_						Voc		
7		Do you have a separate budget for waste man	agement?	n / haalth	facility	Yes		
8		If Yes, what is the annual amount alloted by yo	our institutio					
		for Hospital Waste Management?	_	45,0	00.00	- 45		
9		Total amount of Waste collected per month (k				<u>45</u> 30		
10		Total amount of hazardous waste collected pe	r month? (K	gs)				
	П	HEALTH CARE WASTE MANAG	EMENT SY	STEM				
1	-		/	Yes		No		
		Is segregation practiced? Coding practiced?		Yes		- No		
		Labeling practiced		Yes		- No		
	()	Labeling practiced		103		-		
2		Methods of Segregation:						
_		Bins or Receptacles						
	a)	Plastic	/	Yes		No		
	,	Stainless		Yes		_ No		
	c)	Cans		Yes		_ No		
	/	Wooden box		Yes		_ No		
	,			Yes		_ No		
	e)	Cartons		163				
		Color Coded plastic bags	,	V		Ma		
	,	Black		Yes		_ No		
	,	Green		Yes		_ No		
	,	Yellow	/	Yes		_ No		
	d)	8		Yes	/	_ No		
	e)	Red		Yes	/	No		
3 Pretreatment of Hazardous Waste Practiced?						YES		

	a) b) c) d)	Methods of Chemical Autoclave Delay to d Dilution & Ozone Others (Sp	disinfectio ecay Dispersio	n		Yes Yes Yes Yes	/ / /	No No No No	
5		Storage Facilities Storage Room Storage Pit			/	Yes Yes		No No	
6	b)	On-site collection and transport system Push cart Mobile collection bins Others (specify)			/	Yes Yes		No No	
7	a)	Collection frequency per day In-house Off-site Number of collection points (on-site)			Once a da Twice pe				
9	b) c) d)	Septic Ta Incineration Burying Composti Open Bur	ng rning			Yes Yes Yes Yes Yes	/ / /	No No No No	
10	Health care waste collection and disposal outside institutions: Collection & Disposal outside the hospital premise/compound Choose where these wastes are disposed by collectors							lector	
			YES	NO	*	**	***	****	****
		/ate		1					
	Mu	ntractor nicipal/City lection	/	/		/			
	Net without /instance / col sca	tworking h other spital stitution lected by vengers eddlers		1					
individual Legend: * Incineration ** Sanitary Landfill *** Open Dumping **** Burying ***** Don't Know									
11	Do you practice recycling? If Yes, please specify what type of wastes are recycled? Cartons, plastic bottles								
Personal Protective Equipment (PPE) used a) Coverall								-	
13	a)	Monitori Radiation Air qualit	n survey n		2	Yes Yes	/	No No	

14.1 Who are these personnel? (Write designation only)

PCO - 2

Housekeeping and Nurse Department Heads

- 15 IEC materials used in relation to Hospital Waste Management
 - a) Comics
 - b) Posters /
 - c) Handouts
 - d) Stickers
 - e) Manual

Remarks / Recommendations:

- 1. The hospital was operational at the time of inspection, with ECC bilboard posted at the entrance.
- 2. With valid PTO, ECC, manual DENR ID, two (2) accredited PCOs.
- 3. Discharge Permit is expired. Renewal application was submitted last July 31, 2021 with application number: 138332, already for approval of OIC-RD.
- 4. Submitted 4th Quarter 2021 SMR on January 6, 2022.
- 5. Hazardous waste storage area have proper labels and packaging which conforms to the standards stipulated in DAO 2013-22.
- 6. As stated by the PCOs, the non-pathological infectious wastes are accepted and collected by the city garbage collector after pre-treatment (chemical dinsinfection) and stored in a building/storage for infectious wastes at the city's sanitary landfill.
- 7. DENR ID is on updating process online with application number: 82762.
- 8. To facilitate transport of other stored hazardous wastes to any EMB accredited TSD facility.
- 9. Strict and continuous compliance to RA 6969 and other environmental laws.

Photo Log Documentation:















Monitored by:

HANNAH OY D. MONTALLANA

Technical Staff

Recommending Approval:

LIZA A TAN

OIC-Chief, CHWMS

Approved by:

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

Noted by:

REYNALDO B. BARRA, PME

OIC-Regional Director

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