



COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number:

HCW-3

TO No: EMBR8-2021-00413

Date of Inspection:

January 13, 2021

1. GENERAL INFORMATION

Name of Establishment:	SCHISTOSOMIASIS HOSPITAL		
Address:	Brgy. Salvacion Palo Leyte	Geo Coordinates: 11.1555N, 124.9948E	
Nature of Business:	Health Care Services		
PSIC Code: 86, 87	Product:	Year Established: 2010	
Operating Hours/day: 24	Operating days/week: 7	Operating days/year: 365	
Product Lines	Production Rate as declared in the ECC	Actual Production Rate (Unit / day)	
N/A	N/A	N/A	
Name of Managing Head:	LYN L. VERONA, MD, MHA		
Name of PCO:	NOEL ANGELO E. GALBAN		
PCO Accreditation:	2017-RVIII-0097	Date of Effectivity: December 12, 2017-December 12, 2020	
Phone Fax:	9166788197 / (053) 832-0157	Email: schistosomiasishospital@gmail.com	

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	Noel Angelo E. Galban	
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-OL-R08-2015-0016	October 15, 2015
	ECC 2		
	ECC 3		
RA 6969	DENR ID	GR-R8-37-00107	March 24, 2017
	PCL Cert.		
	CCO Registry		
	TSD Reg		
RA 8749	PO No.	POA-2020-B-0837-0056	March 5, 2020
RA 9003	ECC SLF		February 18, 2025
RA 9275	DP No.	On process renewal	

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored

MONITORING CHECKLIST

January 13, 2021

I BASIC INFORMATION

- | | | | |
|---|-----------------------------------|----------------|----------------------------------|
| 1 Name of Healthcare Facility | SCHISTOSOMIASIS HOSPITAL | | |
| 2 Address | Brgy. Salvacion Palo Leyte | | |
| 3 Pollution Control Officer | Noel Angelo E. Galban | | |
| 4 Category | <u> </u> / <u> </u> | Primary | <u> </u> Secondary |
| 5 Authorized Bed Capacity (ABC) | 25 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 | | 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 Hospital

- 6 Is there an existing committee on Waste Management?

Yes

6.1 If Yes, what is the composition of the committee?

(Write only designation or position of members)

Administrative Officer V

Engineering

Head nurse

Head Medical

- | | | |
|---|---|-----|
| 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? | 50,000.00 |
|---|---|-----------|

- | | | |
|---|---|--------------------|
| 9 | Total amount of Waste collected per month (kgs) | estimated: 1500kgs |
|---|---|--------------------|

- | | | |
|----|--|-----------------|
| 10 | Total amount of hazardous waste collected per month? (kgs) | estimated:50kgs |
|----|--|-----------------|

II HEALTH CARE WASTE MANAGEMENT SYSTEM

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

2 Methods of Segregation:

Bins or Receptacles

- | | | | | |
|---------------|---------------------------------|-----|---------------------------------|----|
| a) Plastic | <u> / </u> | Yes | <u> </u> | No |
| b) Stainless | <u> </u> | Yes | <u> / </u> | No |
| c) Cans | <u> / </u> | Yes | <u> </u> | No |
| d) Wooden box | <u> </u> | Yes | <u> / </u> | No |
| e) Cartons | <u> / </u> | Yes | <u> </u> | No |

Color Coded plastic bags

- | | | | | |
|-----------|-----------------------------------|-----|------------------------------|----|
| a) Black | <u> / </u> | Yes | <u> / </u> | No |
| b) Green | <u> </u> | Yes | <u> / </u> | No |
| c) Yellow | <u> </u> | Yes | <u> / </u> | No |
| d) Orange | <u> </u> | Yes | <u> / </u> | No |
| e) Red | <u> </u> | Yes | <u> / </u> | 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)

Manual / Hand carry

7 Collection frequency per day

a) In-house

THRICE A DAY

b) Off-site

N/A

8 Number of collection points (on-site)

2

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

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Do you practice recycling?

YES

If Yes, please specify what type of wastes are recycled?

Plastic Bottles , Paper, Cartons

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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

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Monitoring devices for Waste Management

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

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Number of personnel trained on hospital waste management

26

14.1 Who are these personnel? (Write designation only)

Utility -25

PCO-1

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IEC materials used in relation to Hospital Waste Management

a) Comics	
b) Posters	/
c) Handouts	
d) Stickers	
e) Manual	

Remarks / Recommendations :

- Remarks:

1. Operating with accredited PCO, DENR ID & valid PTO.

2. Operating with expired DP dated March 31, 2018.

3. With newly installed STP.

4. Has generated hazardous wastes such as; D407 (615pc), I102 (58kg), M501 (2,593.65), M503 (1,342.68kg) & B299 (68.13kg).

5. No record of off-site transport of hazardous wastes as of 4th quarter of 2020.

6. With pending application for renewal of expired DP, application number 18135.

7. Compliant as per submission of 3rd Quarter SMR dated December 21, 2021.
- Recommendations:

1. Facilitate transport of infectious wastes & other generated hazardous wastes to EMB accredited TSD Facility for final treatment and disposal.

2. Maintain proper storage, labeling & packaging of generated hazardous wastes in compliance to sec 6 of DAO 2013-22.

3. Improve proper inventory of generated hazardous wastes

4. To apply for ECC amendment for the newly installed STP.

5. To apply online and secure new version of DENR ID.

6. Facilitate renewal of expired DP.

7. For submission of 4th Quarter SMR.

8. Strict and continuous compliance to RA 6969 & other environmental laws.



Newly Installed STP

Monitored by:

ALMIRA O. RIPALDA
EMS I

Recommending Approval:

LIZA A. TAN
OIC, Chief-CHWMS

Approved by:

REYNALDO B. BARRA, PME
CHIEF, EMED

Noted by:

LETECIA R. MACEDA
Regional Director

FM-EMED

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01/10/2017