



CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number: **HCW - 10** MO No: **EMBR8-2021-000638**
Date of Inspection: **January 20, 2021**

1. GENERAL INFORMATION

Name of Establishment:	R8 H.I. DIALYSIS CENTER	
Address:	Brgy. 92, Apitong, Tacloban City	Geo Coordinates: 11.22317N, 124.99090E
Nature of Business:	Health Care Facility	
PSIC Code: 86, 87	Product: Healthcare	Year Established: 2019
Operating Hours/day: 8	Operating days/week: 6	Operating days/year: 312
Product Lines	Production Rate as declared in the ECC (unit/day)	Actual Production Rate (Unit / day)
N/A	N/A	N/A
Name of Managing Head:	DIOMAR RAAGAS	
Name of PCO:	MARC-IVAN BENONI N. LUGO (Designated)	
PCO Accreditation:	None	Date of Effectivity: N/A
Phone Fax:	09267543155	Email: r8hi.ict@gmail.com

2. PURPOSE OF INSPECTION

Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification		
<input type="checkbox"/> PMPIN Application	New	Renewal
<input type="checkbox"/> Hazardous Waste ID Registration		
<input type="checkbox"/> hazardous Waste Transporter Registration		
<input type="checkbox"/> Hazardous Waste TSD Registration		
<input type="checkbox"/> Permit to Operate Air Pollution Control Installation		
<input type="checkbox"/> Discharge Permit		
<input type="checkbox"/> Others		
Determine compliance status with environmental regulations, permit conditions, and other requirements		
<input type="checkbox"/> Investigate community complaints		
<input type="checkbox"/> Check status of voluntary commitment		
<input type="checkbox"/> Industrial EcoWatch		
<input type="checkbox"/> Philippine Environmental Partnership Program (PEPP)		
<input type="checkbox"/> Pollution Adjudication Board (PAB)		
<input type="checkbox"/> / Others : Healthcare Waste Compliance Monitoring		
Name of Contact Person	Marc-Ivan Benoni N. Lugo	
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	NONE	N/A	
	ECC 2			
	ECC 3			
RA 6969	DENR ID	ON PROCESS APPLICATION	N/A	
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	ON PROCESS APPLICATION	N/A	N/A
RA 9003	ECC SLF			
RA 9275	DP No.	ON PROCESS APPLICATION	N/A	N/A

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored January 20, 2021

MONITORING CHECKLIST

I BASIC INFORMATION

1 Name of Healthcare Facility R8 H.I. Dialysis Center
 2 Address Brgy. 92, Apitong, Tacloban City
 3 Pollution Control Officer Marc-Ivan Benoni N. Lugo
 4 Category / Primary Secondary
 5 Authorized Bed Capacity (ABC) 10 units Dialysis Machine
 Services / Department involve on Waste Management

Services Department / Unit

a) Administrative Department	<u>/</u>	Yes	<u> </u>	No
b) Nursing Service	<u>/</u>	Yes	<u> </u>	No
c) Housekeeping Service	<u>/</u>	Yes	<u> </u>	No
d) Building and Maintenance	<u>/</u>	Yes	<u> </u>	No
e) Laboratory	<u>/</u>	Yes	<u> </u>	No
f) Dental Service	<u> </u>	Yes	<u>/</u>	No
g) Medical	<u>/</u>	Yes	<u> </u>	No
h) Pharmacy	<u>/</u>	Yes	<u> </u>	No
i) Dietary Service	<u> </u>	Yes	<u>/</u>	No
j) Linen	<u>/</u>	Yes	<u> </u>	No

5.1 Who is the lead Service / Department/Unit?

Administrator

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)

Chairman: Administrator

Members: Dialysis Technician

PCO

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?

5,000.00

9 Total amount of Waste collected per month (kgs)

200

10 Total amount of hazardous waste collected per month? (kgs)

800

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 | <u> / </u> | Yes | <u> / </u> | No |
| b) Autoclave | <u> </u> | Yes | <u> / </u> | No |
| c) Delay to decay | <u> </u> | Yes | <u> / </u> | No |
| d) Dilution & Dispersion | <u> </u> | Yes | <u> / </u> | No |
| e) Ozone | <u> </u> | Yes | <u> / </u> | No |
| f) Others (Specify) | <u> </u> | | | |

5 Storage Facilities

- | | | | | |
|-----------------|--------------------------|-----|-----------------------------|----|
| a) Storage Room | <u> / </u> | Yes | <u> </u> | No |
| b) Storage Pit | <u> / </u> | Yes | <u> </u> | No |

6 On-site collection and transport system

- | | | | | |
|---------------------------|---|-----|---|----|
| a) Push cart | <u> / </u> | Yes | <u> </u> | No |
| b) Mobile collection bins | <u> </u> | Yes | <u> / </u> | No |
| c) Others (specify) | <u> </u> | | | |

7 Collection frequency per day

- | | |
|-------------|---------------|
| a) In-house | TWICE A DAY |
| b) Off-site | ONCE PER WEEK |

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?

YES

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

Cartons

Plastic containers

12	Personal Protective Equipment (PPE) used
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- | | | | | |
|-----------------|---------------------------|-----|---------------------------|----|
| 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 | _____ | Yes | _____ / _____ | No |
| b) Air quality monitoring equip. | _____ | Yes | _____ / _____ | No |

- 15 **IEC materials used in relation to Hospital Waste Management**
- a) Comics _____
- b) Posters _____
- c) Handouts _____ none
- d) Stickers _____
- e) Manual _____

Recommendations / Remarks:

1. The establishment was operational at the time of inspection, with two(2) shifts per day and four(4) hours per shift, from Monday to Saturday.

2. Still on process of securing permits from the office with the following application numbers: 111077 for DP, 109562 for PTO and 30668 for DENR ID.

3. Designated PCO is to undergo training on February and to secure PCO Accreditation.

4. To improve storage, packaging and labeling of hazardous wastes in compliance to Sec. 6 of DAO 2013-22.

5. To submit inventory of hazardous wastes thru SMR once application of permits are completed.

6. Strict compliance to RA 6969 and other existing environmental laws.



Monitored by:

HANNAP JOY D. MONTALLANA
Technical Staff

Approved by:

REYNALDO B. BARRA , PME
CHIEF, EMED

FM-EMED

Recommending Approval:

LIZA A. TAN
OIC-CHWMS

Noted by:

LETECIA R. MACEDA
Regional Director

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10/1/2017