



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



**COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS**

Report Control Number: **HCW - 4**  
Date of Inspection: **January 14, 2021**

**1. GENERAL INFORMATION**

Name of Establishment:	<b>CLINICA GATCHALIAN &amp; HOSPITAL</b>	
Address:	JT Kangleon St., Ormoc City	Geo Coordinates: 10.1170205N, 124.5862364E
Nature of Business:	Healthcare Facility	
PSIC Code: 86, 87	Product: Healthcare	Year Established: 2016
Operating Hours/day: 16	Operating days/week: 6 days	Operating days/year: 365

Product Lines	Production Rate as declared in the ECC (unit/day)	Actual Production Rate (Unit / day)
Name of Managing Head:	Jaime L. Garchalian Jr.	
Name of PCO:	Jezyll C. Ceniza (Designated)	
PCO Accreditation:	None	Date of Effectivity: N/A
Phone Fax:	0995-471-5391	Email: jgatchalian@yahoo.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 : Healthcare Waste Generator Compliance Monitoring		
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 : SMR Evaluation		
Name of Contact Person	Jezyll C. Ceniza	
Position / Designation	PCO	

**3. COMPLIANCE STATUS**

**3.1 DENR permits/Licenses/Clearances**

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC 1	RO8-1009-0129	November 5, 2010	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	M-GR-R8-37-00214	March 9, 2020	N/A
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	POA-2019-G-0837-0207	August 14, 2019	August 14, 2024
RA 9003	ECC SLF			
RA 9275	DP No.	DP-R08-20-06601	December 23, 2021	March 23, 2021

# HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored

January 14, 2021

## MONITORING CHECKLIST

### BASIC INFORMATION

1 Name of Healthcare Facility CLINICA GATCHALIAN & HOSPITAL  
 2 Address Kangleon St. Ormoc City  
 3 Pollution Control Officer Jezyll C. Ceniza  
 4 Category / Primary          Secondary           
 5 Authorized Bed Capacity (ABC) 14

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)

Administrator  
PCO  
Utility

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? 350K

9 Total amount of Waste collected per month (kgs) 100

10 Total amount of hazardous waste collected per month? (kgs) 90

### II 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	<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>	<u>        </u>	<u>        </u>	<u>        </u>



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

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

a) In-house	twice/day
b) Off-site	daily

a) Septic Tank	<u>          /          </u>	Yes	<u>                                </u>	No
b) Incineration	<u>                                </u>	Yes	<u>          /          </u>	No
c) Burying	<u>          /          </u>	Yes	<u>                                </u>	No
d) Composting	<u>                                </u>	Yes	<u>          /          </u>	No
e) Open Burning	<u>                                </u>	Yes	<u>          /          </u>	No

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							

11 **Do you practice recycling?** \_\_\_\_\_ Yes  
If Yes, please specify what type of wastes are recycled?

cartons
plastic bottles

a) Overall	<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

a) Radiation survey meter	_____	Yes	<u>  /  </u>	No
b) Air quality monitoring equip.	_____	Yes	<u>  /  </u>	No

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Utility -7

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PCO

## 15

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

### Observations and Recommendation:

1. Operating with approved ECC, valid DP, PTO & DENR ID registration.
2. Designated PCO is to secure PCO accreditation from this office.  
Has generated hazardous wastes of different types such as; M501 (2.67MT), M503 (0.78MT), I102 (38L) & D406 (16.06KG)
3. Compliant as per submission of 3rd and 4th Quarter SMRs dated September 10, 2020 & December 18, 2020.
4. To submit Compliance Monitoring Report (CMR) in compliance to the condition stipulated in the approved ECC.
6. To improve SMR preparation specifically, Module 2B: Inventory of generated hazardous wastes. To transport generated hazardous wastes to any EMB accredited TSD facility for final treatment and disposal.
7. To apply online and secure new version of DENR ID. To include or add generation of D406 (Busted bulbs containing Lead).
- 8.

**Prepared by:**

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EMS I

**Recommending Approval:**

**LIZA A. TAN**  
EIII/OIC-CHWMS

**Approved by:**

**REYNALDO B. BARRA, PME**  
CHIEF, EMED

**Noted by:**

**LETECIA R. MACEDA**  
Regional Director