



CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION
COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number: **HCW - 01** TO No. **EMBR8-2022-002127**
Date of Inspection: **February 02, 2022**

1. GENERAL INFORMATION

Name of Establishment:	LEYTE PROVINCIAL HOSPITAL	
Address:	Candahug Palo Leyte	Geo Coordinates: 11.18079°N, 125.00556°E
Nature of Business:	Hospital	
PSIC Code: 86, 87	Product: Healthcare	Year Established: December 3, 1981
Operating Hours/day: 24	Operating days/week: 7 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:	Dr. Amelita G. Avenido, MD, DPPS	
Name of PCO:	CLARK WINDELL D. AURELIA	
PCO Accreditation:	2021-RVIII-0099	Date of Effectivity: July 07, 2021
Phone Fax:	0905-4916617	Email: clarkwindelldiaz@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 : Hazardous Waste Generator Monitoring		
Name of Contact Person	CLARK WINDELL D. AURELIA	
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-R08-1008-0113	February 9, 2017	Amended
	ECC 2			
	ECC 3			
RA 6969	DENR ID	OL-GR-R8-37-010882	November 6, 2021	
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	POA-2019-E-0837-0140	May 8, 2019	May 8, 2024
		PTO-OL-R08-2021-07268	September 14, 2021	September 13, 2026
RA 9275	DP No.	DP-R08-21-07299	November 09, 2021	November 09, 2022

HOSPITAL WASTE MANAGEMENT PROGRAM

MONITORING CHECKLIST

Date Monitored

February 02, 2022

I BASIC INFORMATION

- 1 Name of Healthcare Facility
 2 Address
 3 Pollution Control Officer
 4 Category Primary
 5 Authorized Bed Capacity (ABC)

LEYTE PROVINCIAL HOSPITAL

Candahug, Palo Leyte

Clark Windell D. Aurelia

Secondary

Tertiary

100

/

Services / Department involve on Waste Management

Chief of Hospital: Dr. Amelita G. Avenido

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)

Chairman - Chief of Hospital

Members: Department Heads

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? 50K

9 Total amount of Waste collected per month (kgs) 1020

10 Total amount of hazardous waste collected per month? (kgs) 200

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 | / | Yes | No |
| b) Stainless | / | Yes | No |
| c) Cans | / | Yes | No |
| d) Wooden box | / | Yes | No |
| e) Cartons | / | Yes | No |

Color Coded plastic bags

- | | | | |
|-----------|---|-----|----|
| a) Black | / | Yes | No |
| b) Green | / | Yes | No |
| c) Yellow | / | Yes | No |
| d) Orange | / | Yes | No |

e) Red _____ Yes / 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) | _____ | | | |

7 Collection frequency per day

- | | | | | |
|-------------|-------|-------|-------|--|
| a) In-house | _____ | 3/day | _____ | |
| b) Off-site | _____ | daily | _____ | |

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

11 Do you practice recycling? _____ Yes

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

cartons

plastic bottles

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

11

14.1 Who are these personnel? (Write designation only)

IW	10
PCO	1

15 IEC materials used in relation to hHospital Waste Management

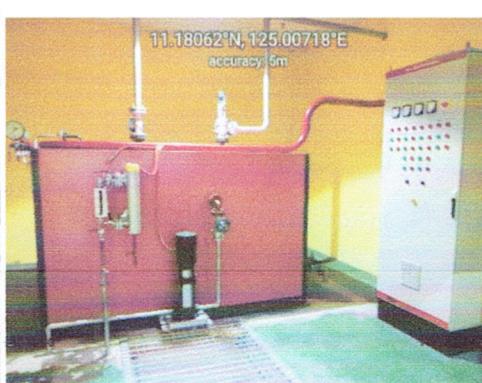
a) Comics	/
b) Posters	/
c) Handouts	/
d) Stickers	/
e) Manual	/

Remarks/ Observations:

1. This facility started its operation on December 1, 1981.
2. Operational at the time of inspection.
3. With valid PTO, DP, and updated DENR ID registration.
4. Treatment of infectious waste is included in the amended ECC, thus, treatment will commence once TSD registration is approved.
5. The autoclave has a capacity of 80Kg per cycle. It is equipped with boiler, shredder, and disinfection unit.
6. Autoclave and boiler are issued with Permit to Operate.
7. Has an ongoing negotiation with PASSI for the disposal of the generated infectious wastes.
8. Submitted the SMRs and CMRs for 2021.
9. The facility has 20 units septic tanks. Wastewater generated is stored in septic tanks.
10. The placenta pit and vault for syringes are in good condition.

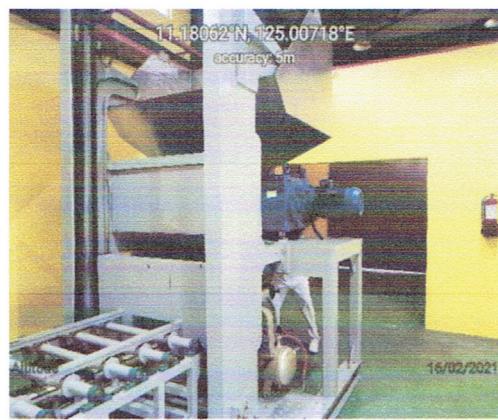
Recommendations:

1. To update on-process TSD online application.
2. To transport the infectious wastes generated to an accredited EMB Transporter/Treater.
3. Continuous and strict compliance to RA 6969 and other environmental laws.



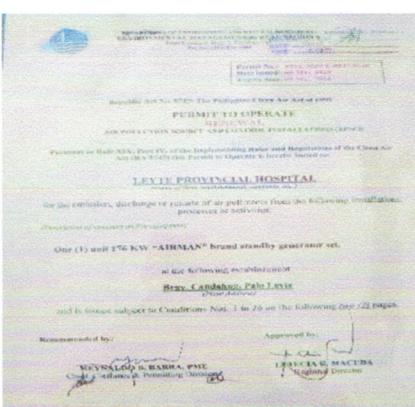
Electric Boiler 150KW

80/cycle Autoclave



 BAJ PHARMACEUTICALS <small>MANUFACTURERS OF</small> PHARMACEUTICALS & MEDICAL EQUIPMENT SPECIFICATION SHEET	
ON-SITE AUTOCLAVE MEDICAL WASTE STERILIZATION SYSTEM BING CYCLE WITH: BOILER, DEDICATED, AND CLEANING & DISINFECTANT UNIT PROVINCIAL INSTAL. PALE, LTD.	
1. SCOPE OF PROJECT: <i>On-Site Autoclave Medical Waste Sterilization System BING CYCLE</i>	
2. EQUIPMENT MODEL: <i>MPAB-1000</i> <small>(Autoclave Capacity: 1000 Liters)</small>	
3. OVERALL DIMENSION (HxWxD): <i>2.07m x 2.10m x 2.00m</i>	
4. POWER SUPPLY REQUIREMENT: <i>220V 50Hz 3 Phase</i>	
5. OPERATING CONDITIONS: <ul style="list-style-type: none"> • Electrical Voltage: <i>220V ± 10% AC</i> • Average Startup Weight: <i>80kg</i> • Average Cycle Time: <i>65-90 minutes</i> • Sterilization Temperature: <i>121°C</i> • Steam Pressure: <i>0.23mbar (2 Bar)</i> • Water Consumption: <i>100L/H (100 Litres/min)</i> • Volume Reduction: <i>99.99%</i> 	
6. SEMI-AUTOMATION: <ul style="list-style-type: none"> • S.I. AUTOCLOAKS • Model: <i>MPAB-1000</i> • Type: <i>Boilerless</i> • Chamber Material: <i>Carbon Steel Outer Material, 316L Stainless Steel Inner Material</i> • Anti-compressive Inner Wall Chamber: <i>10mm</i> • Net Weight: <i>125 kg</i> • Rated Power: <i>15kW</i> • Design Temperature: <i>121°C</i> • Design Pressure: <i>0.23 mbar (2 Bar)</i> • Design Vacuum: <i>-0.05 mbar</i> • Pressure Increase Rate: <i>1</i> • Cleaning Medium: <i>Saturated Steam</i> 	

SHREDDER MACHINE



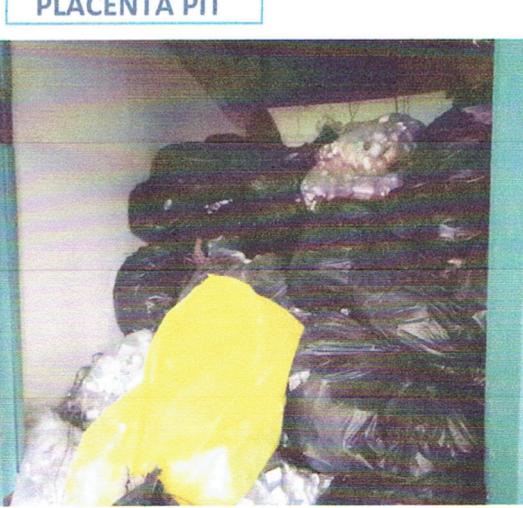
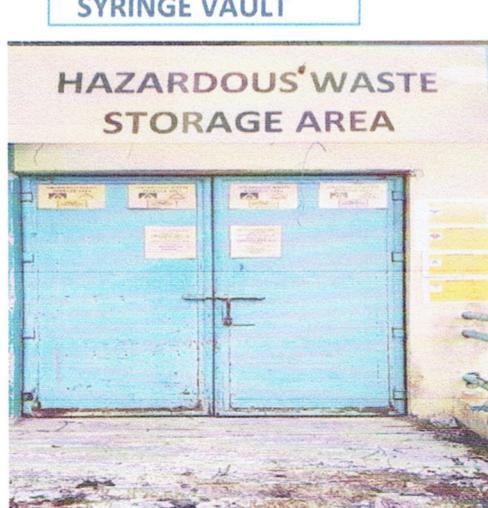
**BOILER &
AUTOCLAVE PTO**



VALID DENR ID

VALID DP

PTO FOR STANDBY GENSET

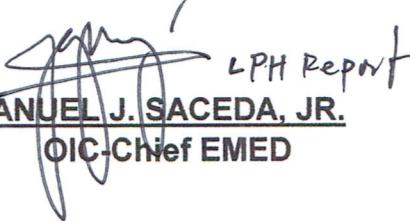


INFECTIOUS WASTES

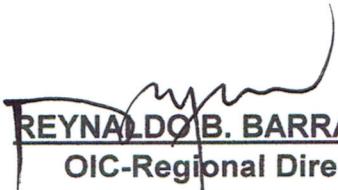
Monitored by:

Liza A. Tan
EIII/OIC-CHWMS

Approved by:


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OIC-Chief EMED

Noted by:


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