



CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number: **HCW - 22** TO No.: **EMBR8-2022-006706**
Date of Inspection: **March 2, 2022**

1. GENERAL INFORMATION

Name of Establishment:	ADVENTIST HOSPITAL - CALBAYOG, INC.	
Address:	Brgy. San Policarpo, Calbayog City, Samar	Geo Coordinates: 12.06804N, 124.56622E
Nature of Business:	Healthcare Facility	
PSIC Code: 86221	Product: Healthcare	Year Established: 1978
Operating Hours/day: 24	Operating days/week: 7	Operating days/year: 365
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:	PASTOR RICHARD T. JONDONERO	
Name of PCO:	MARLON C. PUHANTE	
PCO Accreditation:	2019-RVIII-0060	Date of Effectivity: April 24, 2019 - April 24, 2022
Phone Fax:	0967-317-7063	Email: adventisthospital44@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		
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	Marlon C. Puhante	
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-R08-1009-0131	November 5, 2010	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	M-GR-R8-60-00014	August 8, 2019	N/A
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	18-POA-C-0860-0057	March 27, 2018	March 27, 2023
RA 9003	ECC SLF			
RA 9275	DP No.	DP-R08-21-07298	November 9, 2021	November 9, 2022

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored MONITORING CHECKLIST

March 2, 2022

I BASIC INFORMATION

- 1 Name of Healthcare Facility ADVENTIST HOSPITAL - CALBAYOG, INC.
 2 Address Brgy. Mabolo, Catarman, Northern Samar
 3 Pollution Control Officer Marlon C. Puhante
 4 Category / Primary / Secondary
 5 Authorized Bed Capacity (ABC) 15 beds
 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?

Admin

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)

Head: President
 Members: Chief of Hospital
 PCO
 Housekeeping

- 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? 30,000.00
 9 Total amount of Waste collected per month (kgs) 65 kgs
 10 Total amount of hazardous waste collected per month? (kgs) 20 kgs

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

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>	No

a) Storage Room / Yes / No

b) Storage Pit / Yes / No

a) Push cart _____ Yes / No

b) Mobile collection bins _____ Yes / No

c) Others (specify) Hand carry _____ / _____

a) In-house	Once a day
b) Off-site	Twice weekly

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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		/					

Do you practice recycling? YES
If Yes, please specify what type of wastes are recycled?
Plastics

a) Overall		Yes	/	No
b) Gloves	/	Yes	/	No
c) Goggles		Yes	/	No
d) Safety Shoes	/	Yes		No
e) Hard Hat		Yes	/	No
f) Mask	/	Yes		No

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

14 Number of personnel trained on hospital waste management

1

14.1 Who are these personnel? (Write designation only)

PCO

Housekeeping

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 billboard posted at the entrance.
2. With valid Permit to Operate, Discharge Permit, DENR ID, ECC & PCO Accreditation.
3. Submitted 4th Quarter SMR on January 12, 2022.
4. According to the PCO, the non-pathological infectious wastes are accepted and collected by the city garbage collector after pre-treatment (chemical disinfection) and stored in a building/storage for infectious wastes at the city's sanitary landfill.
5. DENR ID on process for updating online with application number: 65647.
6. To improve proper waste management of the hazardous waste storage area as required under sections 6.1 - 6.4 of DAO 2013-22.
7. To facilitate transport of other stored hazardous wastes to any EMB accredited TSD facility.
8. Strict and continuous compliance to RA 6969 and other environmental laws.

Photo Log Documentation:



Monitored by:

Hannah Joy D. Montallana
HANNAH JOY D. MONTALLANA
Technical Staff

Recommending Approval:

Liza A. Tan
LIZA A. TAN
OIC-Chief, CHWMS

Approved by:

Manuel J. Saceda, Jr.
FOR: MANUEL J. SACEDA, JR.
OIC-Chief, EMED

Noted by:

Reynaldo E. Barra, PME
REYNALDO E. BARRA, PME
OIC-Regional Director