



## CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

### COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number: **HCW - 13** TO No.: **EMBR8-2022-006158**  
Date of Inspection: **February 16, 2022**

#### 1. GENERAL INFORMATION

Name of Establishment:	<b>TACLOBAN DIALYSIS CARE, INC.</b>	
Address:	Real St., Brgy 31, Tacloban City	Geo Coordinates: 11.23991N, 125.00515E
Nature of Business:	Dialysis Center	
PSIC Code: 86221	Product: Healthcare	Year Established: 2017
Operating Hours/day: 12	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:	<b>RUBY ANN REANDINO</b>	
Name of PCO:	<b>RUBY ANN REANDINO</b>	
PCO Accreditation:	2021-RVIII-0037	Date of Effectivity: April 8, 2021 - April 8, 2024
Phone Fax:	0917-421-7870	Email: rubyannreandino@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	<b>Ruby Ann Reandino</b>
Position / Designation	PCO

#### 3. COMPLIANCE STATUS

##### 3.1 DENR permits/Licenses/Clearances

Environmental Law	Permits	Date of Issue	Expiry Date
PD 1586	ECC 1	CNC-OL-R08-2017-04-	April 28, 2017
	ECC 2		
	ECC 3		
RA 6969	DENR ID	OL-GR-R8-37-000205	July 28, 2020
	PCL Cert.		
	CCO Registry		
	PTT	OL-PTT-R7-22-034318	October 1, 2021
RA 8749	PO No.	17-POA-K-0837-0561	November 10, 2017
RA 9003	ECC SLF		
RA 9275	DP No.	<b>DP-R08-20-06573</b>	<b>December 23, 2020</b>
			<b>December 23, 2021</b>

# HOSPITAL WASTE MANAGEMENT PROGRAM

## MONITORING CHECKLIST

Date Monitored

February 16, 2022

### I BASIC INFORMATION

- 1 Name of Healthcare Facility TACLOBAN DIALYSIS CARE, INC.
- 2 Address Real St., Brgy 31, Tacloban City
- 3 Pollution Control Officer Ruby Ann C. Reandino
- 4 Category / Primary / Secondary
- 5 Authorized Bed Capacity (ABC) 15 Dialysis Machines
- 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)

Chair: PCO

Members: Utilities

- 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? 400,000.00
- 9 Total amount of Waste collected per month (kgs) 45
- 10 Total amount of hazardous waste collected per month? (kgs) 30

### 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	/	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	Once a day
b) Off-site	Daily

8 **Number of collection points (on-site)**

0

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?

Clean papers, 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

1

14.1 Who are these personnel? (Write designation only)

PCO

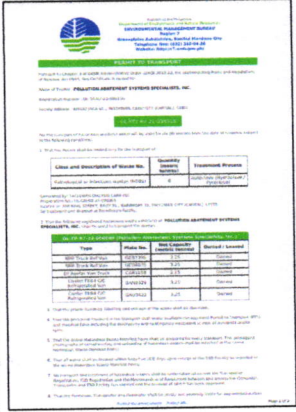
15 IEC materials used in relation to Hospital Waste Management

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

Remarks / Recommendations:

- 1. Operating with updated DENR ID, valid PTO, DP, and accredited PCO.
- 2. Compliant to the standard packaging, storage and labelling of hazardous wastes as required in DAO 2013-
- 3. Transport of 1,000 kg infectious wastes was conducted by PASSI on February 12, 2022 under Manifest No.:M-R8-2022-02-117975, PTT No.:OL-PTT-R7-22-034318 and COT No.:COT-R7-2022-02-117975.
- 4. Submitted 4th Quarter 2021 SMR on January 14, 2022.
- 5. Renewal application for Discharge Permit was already submitted last November 24, 2021 with application number 159867.
- 5. The installed STP was already operational last 2021.
- 9. To facilitate transport of remaining stored hazardous wastes to any EMB accredited TSD facility.
- 10. 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:

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

Noted by:

*Reynaldo B. Barra, PME*  
REYNALDO B. BARRA, PME  
OIC-Regional Director