



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



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

Report Control Number:

HCW - 17

TO No: EMBR8-2022-006482

Date of Inspection:

February 21, 2022

1. GENERAL INFORMATION

Name of Establishment:	PONFERRADA POLYMEDIC HOSPITAL		
Address:	Brgy. Cantahay Guiuan, Eastern Samar		Geo Coordinates: 11.04166N, 125.73055E
Nature of Business:	Health Care Services		
PSIC Code: 86,87	Product: N/A	Year Established:	2016
Operating Hours/day: 8	Operating days/week: 4		
Product Lines	Production Rate as declared in the ECC	Actual Production Rate	(Unit / day)
N/A	N/A	N/A	
Name of Managing Head:	SOCORRO DE LIRA-PONFERRADA, M.D		
Name of PCO:	ESTAN PHILIPP Q. AMBOY		
PCO Accreditation:	2019-RVIII-0034	Date of Effectivity: March 4, 2019-March 4, 2022	
Phone Fax:	9452178485	Email: estanphilippamboy@gmail.com	

2. PURPOSE OF INSPECTION

Verify accuracy of information submitted by the establishment pertaining to new permit applications, renewals, or modification	New	Renewal
PPPIN 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 : Healthcare Waste Compliance Monitoring		
Name of Contact Person	Estan Philipp Q. Amboy	
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-R08-1107-0074	July 20, 2011	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	OL-GR-R8-26-014342	September 10, 2021	N/A
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	PTO-OL-R08-2020-00225	July 23, 2020	July 23, 2025
RA 9003	ECC SLF			
RA 9275	DP No.	DP-R08-21-04236	July 13, 2021	July 13, 2022

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored February 21, 2022
MONITORING CHECKLIST

BASIC INFORMATION

- 1 Name of Healthcare Facility
 - 2 Address
 - 3 Pollution Control Officer
 - 4 Category
 - 5 Authorized Bed Capacity (ABC)
- Services / Department involve on Waste Management

Ponferrada Polymedic Hospital
Brgy. Cantahay Guiuan, Eastern Samar
Estan Philipp Q. Amboy
 Primary Secondary
23
SOCORRO DE LIRA-PONFERRADA, M.D.

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?	<u>Chief of Hospital</u>		
6 Is there an existing committee on Waste Management?	<u>Yes</u>		
6.1 If Yes, what is the composition of the committee? (Write only designation or position of members)			
Chairman/Administrator: Gil E. Ponferrada			
Members: Chief Nurse	<u>PCO</u>		
Chief Pharmacist	<u>Radiation Technologist</u>		
Infection Control Nurse	<u>Housekeeping & Maintenance Head</u>		
7 Do you have a separate budget for waste management?	<u>Yes</u>		
8 If Yes, what is the annual amount allotted by your institution / health facility for Hospital Waste Management?	<u>P30,000.00</u>		

9	Total amount of Waste collected per month (kgs)	<u>59kgs</u>
10	Total amount of hazardous waste collected per month? (kgs)	<u>No available inventory</u>

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:		
	<i>Bins or Receptacles</i>		
a)	Plastic	/	Yes _____ No _____
b)	Stainless	/	Yes _____ / No _____
c)	Cans	/	Yes _____ / No _____
d)	Wooden box	/	Yes _____ / No _____
e)	Cartons	/	Yes _____ No _____
	<i>Color Coded plastic bags</i>		
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?		
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)	<u>CHLORINATION</u>	

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)	Hand carry			
7	Collection frequency per day				
a)	In-house	once a day			
b)	Off-site	None			
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?

Plastic Bottles, Cartons

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**

14.1	Who are these personnel? (Write designation only)	4
	PCO	1
	Utility	3

15 **IEC materials used in relation to Hospital Waste Management**

a)	Comics	
b)	Posters	
c)	Handouts	
d)	Stickers	
e)	Manual	
	None	

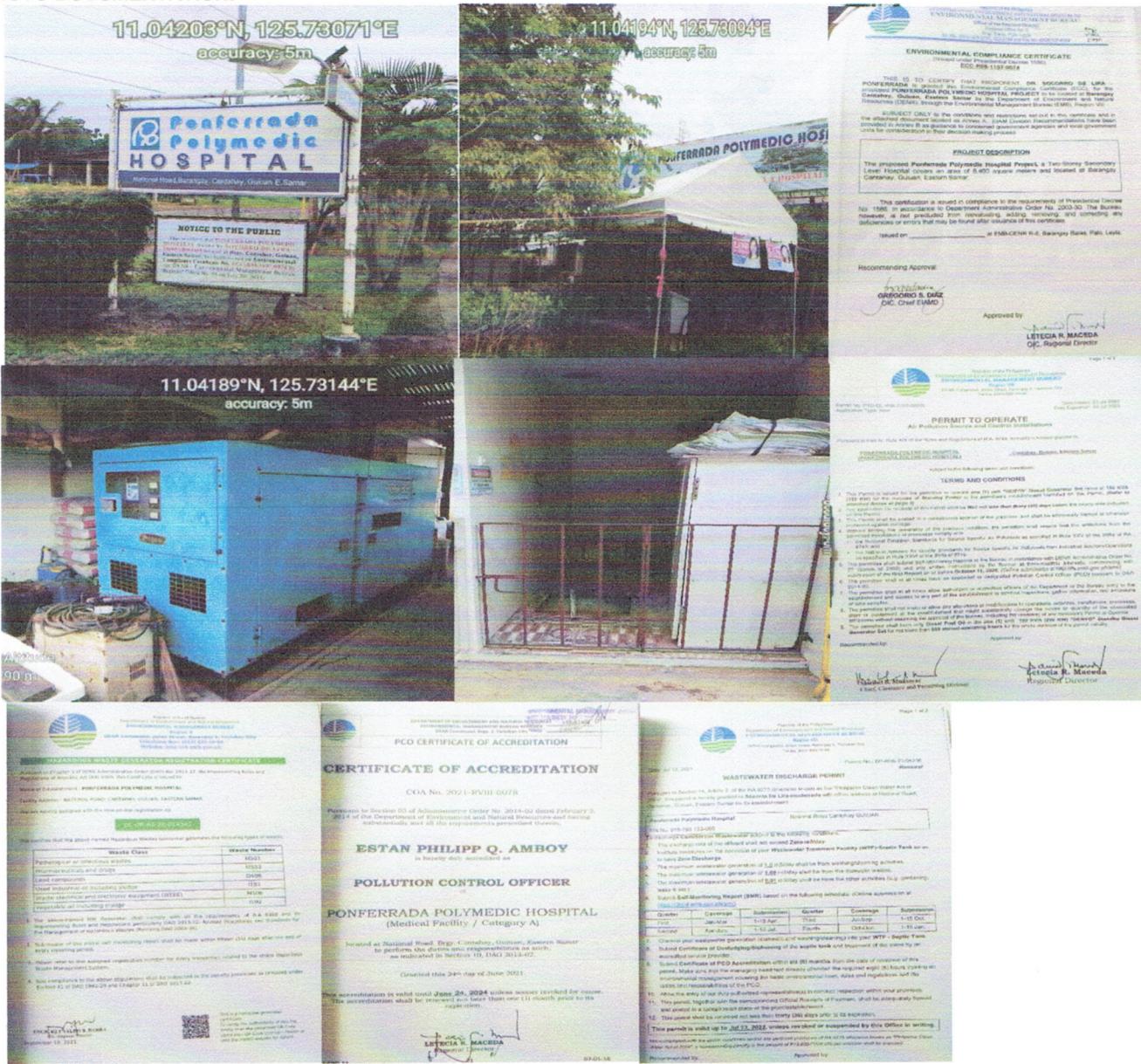
Recommendations / Remarks:

Remarks:

1. The facility is operating with valid EMB permits and/or certifications such as ECC, PTO, DENR ID, DP & PCO Accreditation.
2. All issued permits are valid.
3. ECC Billboard was installed at the entrance of the hospital as observed during site inspection.
4. Submitted the SMRs and CMRs for CY 2021.
5. No record of off-site transport of healthcare waste for final treatment & disposal as of to date. Generated healthcare wastes are stored in a concrete septic vault located within the facility.
6. Designated Hazardous Waste Storage facility conforms to the standard prescribed under sec 6 of DAO 2013-22.

Recommendations:

1. To dispose generated hazardous wastes to an EMB accredited Transporter/Treater.
2. Strict and continuous compliance to RA 6969 & other environmental laws.

PHOTO DOCUMENTATION:

Prepared by:


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Approved by:


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OIC-CHIEF, EMED

Noted by:


REYNALDO B. BARRA
OIC-Regional Director