



COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number:

HCW-3

TO No: EMBR8-2022-005257

Date of Inspection:

February 02, 2022

1. GENERAL INFORMATION

Name of Establishment:	SCHISTOSOMIASIS HOSPITAL		
Address:	Brgy. Salvacion Palo Leyte		Geo Coordinates: 11.1555N, 124.9948E
Nature of Business:	Health Care Services		
PSIC Code: 86, 87	Product:		Year Established: 2010
Operating Hours/day: 24	Operating days/week: 7		Operating days/year: 365
Product Lines	Production Rate as declared in the ECC	Actual Production Rate	(Unit / day)
N/A	N/A	N/A	
Name of Managing Head:	NOEL ANGELO E. GALBAN		
Name of PCO:	ARNOLD M. BRIT		
PCO Accreditation:	New Designated PCO	Date of Effectivity:	
Phone Fax:	9166788197 / (053) 832-0157	Email: schistosomiasishospital@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 : Healthcare Waste Compliance Monitoring		
Name of Contact Person	Arnold M. Brit	
Position / Designation	Designated PCO	

3. COMPLIANCE STATUS

3.1 DENR permits/Licenses/Clearances

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC 1	ECC-OL-R08-2015-0016	October 15, 2015	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	GR-R8-37-00107	March 24, 2017	N/A
	PCL Cert.			
	CCO Registry			
	TSD Reg			
RA 8749	PO No.	POA-2020-B-0837-0056	March 5, 2020	February 18, 2025
RA 9003	ECC SLF			
RA 9275	DP No.	On process renewal		

HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored _____
MONITORING CHECKLIST February 02, 2022

I BASIC INFORMATION

1 Name of Healthcare Facility	SCHISTOSOMIASIS HOSPITAL		
2 Address	Brgy. Salvacion Palo Leyte		
3 Pollution Control Officer	Arnold M. Brit		
4 Category	/	Primary	Secondary
5 Authorized Bed Capacity (ABC)	25 Beds		

Services / Department involve on Waste Management

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)

Administrative Officer	V
Engineering	
Head nurse	
Head Medical	
PCO	

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>50,000.00</u>
9 Total amount of Waste collected per month (kgs)	<u>estimated: 1500kgs</u>
10 Total amount of hazardous waste collected per month? (kgs)	<u>estimated:50kgs</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:

Bins or Receptacles

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

Color Coded plastic bags

a) Black	/	Yes	No
b) Green		Yes	/
c) Yellow		Yes	/
d) Orange		Yes	/
e) Red		Yes	/

3 Pretreatment of Hazardous Waste Practiced? YES

4 Methods of Pretreatment

- | | | | | |
|--------------------------|---|-----|---------------|----|
| a) Chemical disinfection | / | Yes | <u> </u> | 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 | <u> </u> | No |
| b) Storage Pit | / | Yes | <u> </u> | No |

6 On-site collection and transport system

- | | | | | |
|---------------------------|--|-----|---------------------|----|
| a) Push cart | | Yes | <u> </u> | No |
| b) Mobile collection bins | | Yes | <u> </u> | No |
| c) Others (specify) | | | Manual / Hand carry | |

7 Collection frequency per day

- | | | | | |
|-------------|--|-------------|--|--|
| a) In-house | | THRIC A DAY | | |
| b) Off-site | | N/A | | |

8 Number of collection points (on-site)

2

9 Disposal Systems

- | | | | | |
|-----------------|---|-----|---------------|----|
| a) Septic Tank | / | Yes | <u> </u> | 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 , Paper, 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 26

14.1 Who are these personnel? (Write designation only)
Utility -25
PCO-1

15 IEC materials used in relation to Hospital Waste Management

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

Remarks / Recommendations :

Remarks:

1. Operating with accredited PCO, DENR ID & valid PTO.
2. Operating with expired DP dated March 31, 2018.
3. With newly installed STP under commissioning.
4. Has generated hazardous wastes such as; D407 (615pc), I102 (58kg), M501 (2,593.65), M503 (1,342.68kg) & B299 (68.13kg).
5. No record of off-site transport of hazardous wastes as of 4th quarter of 2021.
6. With pending application for renewal of expired DP, application number 18135.
7. New Designated PCO has attended the 40Hr Basic PCO Training.
8. Submitted SMRs and CMRs for 2021.

Recommendations:

1. Facilitate transport of infectious wastes & other generated hazardous wastes to EMB accredited TSD Facility for final treatment and disposal.
2. Maintain proper storage, labeling & packaging of generated hazardous wastes in compliance to sec 6 of DAO 2013-22.
3. Improve proper inventory of generated hazardous wastes.
4. To update DENR ID to new version.
5. Facilitate renewal of expired DP.
6. The new Managing has to attend the 8Hr Environmental Training.
7. Designated PCO to apply for PCO Accreditation.
8. Strict and continuous compliance to RA 6969 & other environmental laws.



Hazardous Waste storage area



Pre-treated Sharps & Vials



DENR ID



40Hr Basic PCO Cert. of Attendance



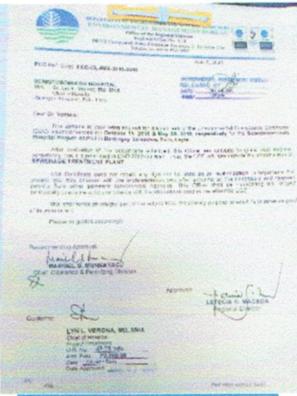
Infectious Waste Storage Area



Infectious Waste Generated



Valid PTO



Amended ECC-with WTF

Monitored by:

LIZA A. TAN
EIII/OIC-Chief, CHWMS

Approved by:

FOR. MANUEL J. SACEDA, JR.
OIC-CHIEF, EMED

Noted by:

REYNALDO B. BARRA, PME
OIC-Regional Director