



CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION

COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS

Report Control Number: **HCW - 15** TO No.: **EMBR8-2022-006158**
Date of Inspection: **February 16, 2022**

1. GENERAL INFORMATION

| | | |
|-------------------------|---|--|
| Name of Establishment: | REMEDIOS TRINIDAD ROMUALDEZ HOSPITAL | |
| Address: | BRGY. 96, Calanipawan, Tacloban City | Geo Coordinates: 11.21205N, 125.00003E |
| Nature of Business: | Healthcare Facility | |
| PSIC Code: 86121 | Product: Healthcare | Year Established: 1999 |
| 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: | ATTY. CHERYL L. CHU | |
| Name of PCO: | MELANIE Z. CARDINAS | |
| PCO Accreditation: | 2019-RVIII-0039 | Date of Effectivity: March 11, 2019 - March 11, 2022 |
| Phone Fax: | 0997-205-1332 | Email: PCOrtrhospital@gmail.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 | Melanie Z. Cardinas |
| 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-R08-1808-0036 | September 10, 1997 |
| | ECC 2 | | |
| | ECC 3 | | |
| RA 6969 | DENR ID | OL-GR-R8-37-000882 | September 30, 2020 |
| | PCL Cert. | | |
| | CCO Registry | | |
| | PTT | OL-PTT-R7-22-033451 | September 27, 2021 |
| RA 8749 | PO No. | POA-2019-H-0837-0247 | September 9, 2019 |
| RA 9003 | ECC SLF | | |
| RA 9275 | DP No. | 16-DP-B-0837-0097 | September 30, 2016 |
| | | | February 11, 2017 |

HOSPITAL WASTE MANAGEMENT PROGRAM

MONITORING CHECKLIST

Date Monitored

February 16, 2022

I BASIC INFORMATION

- 1 Name of Healthcare Facility REMEDIOS TRINIDAD ROMUALDEZ HOSPITAL
- 2 Address BRGY. 96, Calanipawan, Tacloban City
- 3 Pollution Control Officer Melanie Z. Cardinas
- 4 Category Primary / Secondary
- 5 Authorized Bed Capacity (ABC) 100
- 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: Hospital Administrator

Co-Chair: Chief Nurse

Coordinator: Nurse Supervisor

Members: Medical Director

Housekeeping Service Dept.

Asst. Chief Nurse

Maintenance Section

PCO

Rehabilitation Dept.

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?

1,000,000.00

9 Total amount of Waste collected per month (kgs)

estimated: 1600

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

estimated: 150

II HEALTH CARE WASTE MANAGEMENT SYSTEM

- | | | | | |
|--------------------------------|----------|-----|-----------------|----|
| 1 a) Is segregation practiced? | <u>/</u> | Yes | <u> </u> | No |
| b) Coding practiced? | <u>/</u> | Yes | <u> </u> | No |
| c) Labeling practiced | <u>/</u> | Yes | <u> </u> | 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 Thrice daily
- b) Off-site Twice per week

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

2

14.1 Who are these personnel? (Write designation only)

PCO
Chief Nurse

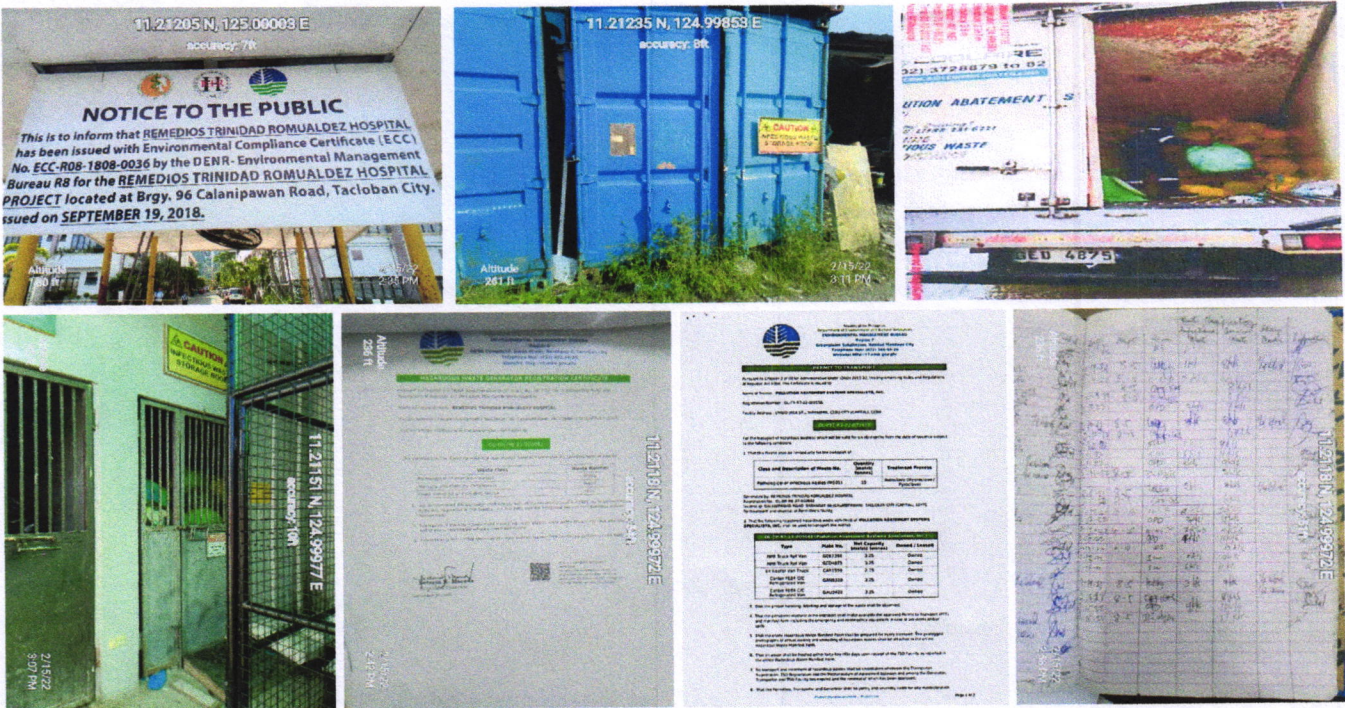
15 IEC materials used in relation to Hospital Waste Management

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

Remarks / Recommendations:

1. Operating with updated DENR ID, valid PTO, accredited PCO.
2. Compliant to the standard packaging and labelling of hazardous wastes as required in DAO 2013-22.
3. The PCO and Chief Nurse attended an online DOH training on Healthcare Waste Management on November 23, 2021.
4. Transport of 2,250 kg infectious wastes conducted by PASSI on February 12, 2022 under Manifest No.:M-R8-2022-02-117263, PTT No.:OL-PTT-R7-22-033451 and COT No.:COT-R7-2022-02-117263.
5. Compliant as per submission of 4th Quarter SMR on January 15, 2022.
6. The last issued Discharge Permit has already expired. There is already a renewal application with reference number 25083 submitted last October 13, 2018, but still on process due to non-compliance of the issued NOV for operating without a valid Discharge Permit.
7. Was able to conduct water sampling for analysis of effluent parameters, witnessed by EMB personnel on February 14. Still awaiting results from third party laboratory.
7. To facilitate transport of remaining 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:

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