



**CHEMICAL & HAZARDOUS WASTE MANAGEMENT SECTION**

**COMPLIANCE INSPECTION REPORT FOR HEALTHCARE WASTE GENERATORS**

Report Control Number: **HCW - 21** Table Monitoring  
Date of Inspection: **January 18, 2021**

**1. GENERAL INFORMATION**

Name of Establishment:	<b>EASTERN VISAYAS REGIONAL MEDICAL CENTER</b>	
Address:	Magsaysay Blvd, Tacloban City	Geo Coordinates: 11.2510311N, 125.0023818E
Nature of Business:	Health Care Services	
PSIC Code: 851	Product: Healthcare	Year Established: 2019
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:	<b>GUY NESTOR A. ALCANTARA</b>	
Name of PCO:	<b>YVAN DOMINIQUE C. NICOLAS/BRYAN C. PEDERE</b>	
PCO Accreditation:	2019-RVIII-0146/2018-RVIII-0153	Date of Effectivity: Oct. 29, 2019 / Oct. 16, 2018
Phone Fax:	09163449178/09078202661	Email: vandomwork@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	<b>: Healthcare Waste Compliance Monitoring</b>	

Name of Contact Person	Yvan Dominique C. Nicolas/Bryan C. Pedere
Position / Designation	PCOs

**3. COMPLIANCE STATUS**

**3.1 DENR permits/Licenses/Clearances**

Environmental Law	Permits		Date of Issue	Expiry Date
PD 1586	ECC 1	ECC-R08-1101-0008	February 14, 2011	N/A
	ECC 2			
	ECC 3			
RA 6969	DENR ID	GR-R8-37-00069	September 26, 2016	N/A
	PCL Cert.			
	CCO Registry			
	PTT			
RA 8749	PO No.	POA-2019-C-0837-0076	March 11, 2019	March 11, 2024
RA 9003	ECC SLF			
RA 9275	DP No.	ON RENEWAL APPLICATION	N/A	N/A

## HOSPITAL WASTE MANAGEMENT PROGRAM

Date Monitored

January 18, 2021

## MONITORING CHECKLIST

## BASIC INFORMATION

- |   |   |         |                           |
|---|---|---------|---------------------------|
| 1 Name of Healthcare Facility                     | Eastern Visayas Regional Medical Center   |         |                           |
| 2 Address   | Magsaysay Blvd, Tacloban City             |         |                           |
| 3 Pollution Control Officer                       | Yvan Dominique C. Nicolas/Bryan C. Pedere |         |                           |
| 4 Category  | <u>        </u> / <u>        </u>         | Primary | <u>        </u> Secondary |
| 5 Authorized Bed Capacity (ABC)                   | <u>50 beds</u>                            |         |                           |
| 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)

Chairman: Managing Head

Member: PCO

- |   |   |    |
|---|---|----|
| 7 | Do you have a separate budget for waste management? | No |
|---|---|----|

- |   |   |     |
|---|---|-----|
| 8 | If Yes, what is the annual amount allotted by your institution / health facility for Hospital Waste Management? | N/A |
|---|---|-----|

- |   |   |       |
|---|---|-------|
| 9 | Total amount of Waste collected per month (kgs) | 8,092 |
|---|---|-------|

- |    |  |       |
|----|--|-------|
| 10 | Total amount of hazardous waste collected per month? (kgs) | 7,344 |
|----|--|-------|

## 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)	<u>Disinfection</u>			

5 **Storage Facilities**

a) Storage Room	(M501, D407, I101)	_____ / _____	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)	<u>Manual/Hand Carry</u>			

7 **Collection frequency per day**

a) In-house	<u>TWICE A DAY</u>
b) Off-site	<u>EVERYDAY (Non-infectious wastes collected by City ENRO daily)</u>

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?

Empty Plastic Bottles	Cartons
Vials	Used Paper

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

8

14.1 Who are these personnel? (Write designation only)

2 PCO  
6 Personnel Admin Aide

15 IEC materials used in relation to Hospital Waste Management

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

Recommendations / Remarks:

- Remarks:
1. The establishment is operational, accommodating Covid-19 positive patients as quarantine facility.
  2. Submitted SMR online on January 15, 2021.
  3. With valid PTO, DENR ID and two accredited PCOs.
  4. Operating with expired DP and pending renewal application.
  5. Supposed transport of hazardous waste was lagged due to Covid-19 lockdown.

- Recommendations:
1. To complete renewal application of expired DP.
  2. To amend DENR ID online.
  3. Maintain proper storage, packaging and labeling of hazardous wastes in compliance to Sec. 6 of DAO 2013-22.
  4. To ensure transport of generated infectious and other hazardous wastes to EMB accredited TSD facility for treatment and final disposal.
  5. Strict and continuous compliance to RA 6969 and other environmental laws.



Monitored by:

Recommending Approval:

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

*Liza A. Tan*  
LIZA A. TAN  
OIC-CHWMS

Approved by:

*Reynaldo B. Barra*  
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Chief, EMED

Noted by:

*Letecia R. Maceda*  
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Regional Director

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10/1/2017