

**Department of Environment and Natural Resources
Environmental Management Bureau**

Reference No:

(to be filled up by DENR only)

GENERAL INFORMATION SHEET

Name of the Establishment/Facility			
Establishment/Facility Address (NOT the company of head office)	Street # & Street Name: _____ Barangay: _____ City/Municipality: _____ Province: _____		
Name of Owner/Company			
Address (if address is not the same as previous address)	Street # & Street Name: _____ Barangay: _____ City/Municipality: _____ Province: _____		
Phone Number		Fax Number	
e-mail address			
Type of Business/ Industry Classification	Philippine Standard Industry Classification Code No. _____ Philippine Standard Industry Descriptor: _____ _____		
Responsible Officer/s:	CEO/President. _____ Tel #: _____ Fax #: _____ e-mail address: _____ Plant Manager: _____ Tel #: _____ Fax #: _____ e-mail address: _____		
Pollution Control Officer	Name. _____ Tel #: _____ Fax #: _____ e-mail address: _____		
Legal Classification	<input type="checkbox"/> single proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> private domestic corporation <input type="checkbox"/> government corporation <input type="checkbox"/> Multi-national <input type="checkbox"/> _____		

We hereby certify that the above information are true and correct.

Name/Signature of CEO/President

Name/Signature of PCO

Name of Plant:

Reference No:

**Department of Environment and Natural Resources
Environmental Management Bureau**

QUARTERLY SELF-MONITORING REPORT

MODULE 1: GENERAL INFORMATION

Name of the Plant	
Please provide the necessary revised, corrected or updated information not contained in your <i>General Information Sheet</i>	
(use additional sheet/s if necessary)	

DENR Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	A/C No.		
	PO No.		
PD 1586	ECC 1		
	ECC 2		
	ECC 3		
RA 6969	DENR Registry ID		
	CCO Registry		
	Importer Clearance No		
	Permit to Transport		
RA 8749	A/C No.		
	PO No.		

Name of Plant:

Reference No:

Operation

	Operating hours/day	Operating days/week	# of shift/day
Average			
Maximum			

Operation/Production/Capacity:

Average Daily Production Output		Total Output this Quarter	
Total Water Consumption this Quarter (cubic meters)		Total Electric Consumption this Quarter (KwH)	

Please use additional sheet/s if necessary

Name of Plant:

Reference No:

MODULE 2: RA 6969

A. CCO Report (please accomplish this section for each chemical/substance)

Common Name/IUPAC/CAS Index Name. _____
 _____ CAS No.: _____
 Trade Name: _____

For importers only:

Quantity Requested	Import Clearance No.	Date of Arrival	Quantity Received*	Port of Entry	Country of Origin	Country of Manufacture
Total Quantity Requested (annual)				Total Quantity Received (annual)		

* attach copy/s of Bill of Lading

For distributors (importers/non-importers)

Name of Client	License No.	Quantity	Date of Distribution
Total Quantity Distributed			

For non-importer users:

Name of Distributor	Quantity	Date of Purchase
Total Quantity Purchased from Distributor		

Name of Plant:

Reference No:

For producers

Average Daily Production Output		Total Output this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	
Name of Buyer		Quantity	Date of Purchase
Total Quantity Sold			

Used in Production (please fill up only if chemical/substance is not main product)

Average Daily Production Output		Total Output this Quarter	
Average Quantity Used per month		Total Quantity Used this Quarter	
Describe any changes in Production/Process/Operations:			

Stock Inventory/Waste Chemical Generated:

Average Quantity of Waste Chemical Generated per month		Total Quantity of Waste Chemical Generated this Quarter	
Quantity of Stock Inventory (Start of Quarter)		Quantity of Stock Inventory (End of Quarter)	

Other Information:

Manner of handling hazardous wastes	<input type="checkbox"/> storage on-site <input type="checkbox"/> storage off-site	<input type="checkbox"/> Treatment on-site <input type="checkbox"/> Treatment off-site
Changes in Safety Management System	<input type="checkbox"/> Yes (please attach copy of revised plan) <input type="checkbox"/> No	
Chemical Substitute Plan	<input type="checkbox"/> Yes (please attach copy if not submitted/included in previous report/s or had been revised) <input type="checkbox"/> No	

Name of Plant:

Reference No:

B. Hazardous Wastes Generator

HW Generation:

HW No.	HW Class	HW Nature	HW Cataloguing	Remaining HW from Previous Report		HW Generated	
				Quantity	Unit	Quantity	Unit

Waste Storage, Treatment and Disposal: (Please fill-up one table per HW)

HW Details	HW No.: _____ Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: _____ Method: _____
Transporter	ID: _____ Name: _____ Date: _____
Treater	ID: _____ Name: _____ Method: _____ Date: _____
Disposal	ID: _____ Name: _____ Date: _____ Date: _____

HW Details	HW No.: _____ Qty of HW Treated: _____ Unit: _____ TSD Location: _____
Storage	Name: _____ Method: _____
Transporter	ID: _____ Name: _____ Date: _____
Treater	ID: _____ Name: _____ Method: _____ Date: _____
Disposal	ID: _____ Name: _____ Date: _____ Date: _____

Name of Plant:

Reference No:

On-Site Self Inspection of Storage Area:

Date Conducted	Premises/Area Inspected	Findings & Observations	Corrective Action Taken (if any)

Name of Plant:

Reference No:

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C. Hazardous Wastes Treater/Recycler

HW Stored and/or Untreated as of End of Quarter:

HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Valid until	Quantity	Type of Storage Container/ # of containers	Time Table for Treatment

HW Treated and/or Recycled as of End of Quarter:

Type of Wastes	HW Number	Wastes Generator	Date of Transport	Transport Permit/Date of Issue	Quantity	Type of Treatment or Recycling Process	Type & Quantity of Recycled or Treated Product

Residual Wastes Generated from the Treatment and/or Recycling Operation:

Type of Wastes	HW Number	Process by which the Wastes is Generated	Quantity	Type of Storage Container/ # of containers	Disposal Option	Time Table for Disposal

Name of Plant:

Reference No:

MODULE 3: P.D. 984 (Water Pollution)

Water Pollution Data

Domestic wastewater (cubic meters/day)		Process wastewater (cubic meters/day)	
Cooling water (cubic meters/day)		Others: _____ (cubic meters/day)	
Wash water, equipment (m ³ /day)		Wash water, floor (cubic meters/day)	

Record of Cost of Treatment (Separate entries for separate facilities)

	Month 1	Month 2	Month 3
Person employed, (# of employees)			
Person employed, (cost)			
Cost of Chemicals used by WTP			
Utility Costs of WTP (electricity & water)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory			
New/Additional Investments in WTP (Description)			
Cost of New/Add Investments			

WTP Discharge Location

Outlet Number	Location of the Outlet	Name of Receiving Water Body
1		
2		
3		
4		
5		

Name of Plant:

Reference No:

MODULE 4: R.A. 8749 (Air Pollution)

Summary of APSE/APCF

Process Equipment		Location		# of hrs of operations	
1.					
2.					
3.					
4.					
Fuel Burning Equipment	Location	Fuel Used	Quantity Consumed	# of hrs of operations	
1.					
2.					
3.					
4.					
5.					
6.					
Pollution Control Facility		Location		# of hrs of operations	
1.					
2.					
3.					
4.					

Cost of Treatment

	Month 1	Month 2	Month 3
Cost of Person employed, (salary)			
Total Consumption of Water (cubic meters)			
Total Cost of chemicals used (e.g., activated carbon, KMnO ₄)			
Total Consumption of Electricity (KwH)			
Administrative and Overhead Costs			
Cost of operating in-house laboratory, if any			
Improvement or modification, if any. (Description)			
Cost of improvement of modification			

Name of Plant:

Reference No:

Other ECC Conditions

ECC Condition/s	Status of Compliance		Actions Taken
	Yes	No	
1.			
2.			
3.			
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Environmental Management Plan/Program

Enhancement/Mitigation Measures	Status of Implementation		Actions Taken
	Yes	No	
1.			
2.			
3.			
4.			
5.			
6.			

Please use additional sheet/s if necessary.

Solid Waste Characterization/Information:

Average Quantity of Solid Wastes Generated per month		Total Quantity of Solid Wastes Generated this Quarter	
Average Quantity of Solid Wastes Collected per month		Total Quantity of Solid Wastes Collected this Quarter	
Entity in charge of collecting solid wastes			
Brief Description of Solid Waste Management Plan (e.g., waste reduction, segregation, recycling)			

Name of Plant:

Reference No:

MODULE 6: OTHERS

Accidents & Emergency Records

Date	Area/Location	Findings and Observation	Actions Taken	Remarks

Personnel/Staff Training

Date Conducted	Course/Training Description	# of Personnel Trained

I hereby certify that the above information are true and correct.

Done this _____, in _____.

Name/Signature of PCO

Name/Signature of CEO

SUBSCRIBED AND SWORN before me, a Notary Public, this _____ day of _____, affiants exhibiting to me their Community Tax Receipts:

Name	CTR No.	Issued at	Issued on
_____	_____	_____	_____
_____	_____	_____	_____