

SELF-MONITORING REPORT

for ___ Quarter, Year ____

MODULE 1: GENERAL INFORMATION

Name of the Enterprise:	
Address :	
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"/> Multi-national

Permits/Licenses/Clearances

Environmental Laws	Permits	Date of Issue	Expiry Date
P.D. 984	PTO		
PD 1586/SBMA	ECC		
EIS System	ECC Amendment 1		
	ECC Amendment 2		
RA 6969	DENR Registry ID		
	SBMA Registry No.		
	CCO Registry		
	Importer Clearance No		
	Permit to Transport		

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)

MODULE 2: RA 6969

A. Chemicals Used

Name		Origin	Volume/month
Common Name	CAS No.		

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 on-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	

B. Hazardous Wastes Generator

HW Generation:

Type	Vol. /month	Total for this Quarter	Transporter	Treater

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

Domestic wastewater	_____ (cu. m./day)	Process wastewater	_____ (cu. m./day)
Cooling water	_____ (cu. m./day)	Others	_____ (cu. m./day)
Wash water, equipment	_____ (cu. m./day)	Wash water, floor	_____ (cu. m./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		

Detailed Report of Wastewater Characteristics for Conventional Pollutants

DATE	Effluent Flow Rate (m ³ /day)	BOD (mg/L)	TSS (mg/L)	Color	pH	Oil & Grease (mg/L)	Temp rise (°C)
Standard							

(Please fill-up/accomplish separate form/s for other outlet/s.)

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

Summary of APSE/APCF

Process Equipment		# of hrs of operations	
1.			
2.			
3.			
Fuel Burning Equipment	Fuel Used	Quantity Consumed	# of hrs of operations
1.			
2.			
Pollution Control Facility/Device		# of hrs of operations	
1.			
2.			
3.			

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			
Cost of improvement of modification			

Detailed Report of Air Emission Characteristics

Description/Location of PCF								
DATE	Flow Rate (Ncm/day)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)
Standard								

MODULE 5: P.D. 1586 (Philippine EIS)

Ambient Air Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)
Standard								

(Please accomplish one table per monitoring station.)

Ambient Water Quality Monitoring (if required as part of ECC conditions)

Description/Location of Monitoring Station								
DATE	Noise Level (dB)	CO (mg/Ncm)	NO _x (mg/Ncm)	Particulates (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)	_____ (name) (mg/Ncm)
Standard								

(Please accomplish one table per sampling station.)

Other ECC Conditions

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

(Please accomplish one table per sampling station.)

Environmental Management Plan/Program

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

(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			

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 CEO

Name/Signature of PCO