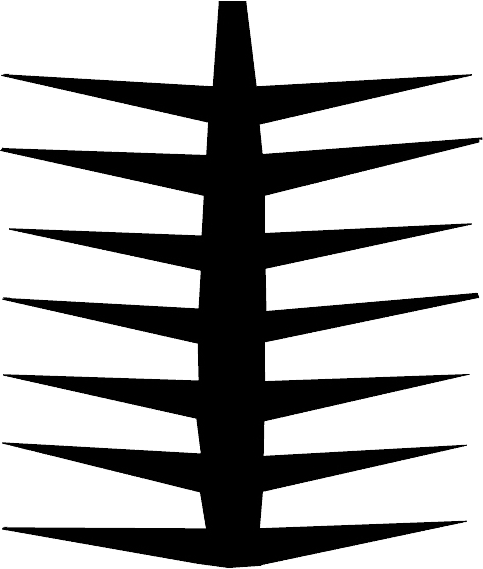
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**ANNEX 1**

*\*****This form can be completed electronically OR printed out and hand written - please ensure handwritten responses are legible****\**

*To complete check boxes electronically - double click the box and mark 'checked' for yes*

**HOSPITAL DETAILS**

**Hospital name:** *Insert full hospital name*

**Location:** *insert village/town/street name*

**Province:** *if applicable* **Island:**       **Country:**

**Phone number:**  *including country code*

**Question 1 - Operational requirements for healthcare waste treatment**

**(A)** **If your hospital currently incinerates healthcare waste, please indicate the number of staff responsible for incinerator operation?**

1 full time  1 part time

2 full time  2 part time

3 full time  3 part time

More than 3 full time  More than 3 part time

Not applicable

**(B) If your hospital DOES NOT currently incinerate healthcare waste, please indicate if there is an existing hospital position available that will be made responsible for incinerator operation:**

**YES**

2 full time  State position: *Click here and insert text*

1 full time  State position: *Click here and insert text*

1 part time  State position:  *Click here and insert text*

Other  Describe: *Click here and input number of staff and whether full or part time*

.......................................................................................................

**NO**

If no: *Click here and comment on proposed operation and maintenance of incinerator under existing arrangements*

**Question 2 - Ministry of Health funding commitment for 5 year period**

The proposed incinerator will require enough diesel to support operation for a minimum of two burns per day for five days per week. This will cost APPROXIMATELY $5000 USD per year.

**Will your hospital allocate a minimum of $5000 USD per year to support incinerator operation?**

**YES**  Comments: *Click and insert any comments*

**NO**  Comments: *Click and insert any comments*

**Question 3 – Preferred incinerator location for hospital**

**Will your proposed incinerator site:**

1. minimises nuisance impact on neighbouring properties? YES NO

(must consider noise, odour, average wind direction for stack emissions)

1. be safe and accessible for staff? YES NO

(lighting, proximity to hospital waste storage areas)

1. have access to AC power supply? YES NO Specify voltage and supply details:..............................................................................
2. require a concrete base? YES NO

If a concrete base already exists please specify size and condition:........................

................................................................................................................................................

1. require housing for weather protection and security? YES NO

If housing already exists please specify size and condition........................................

................................................................................................................................................

................................................................................................................................................

1. require construction approval from an authority? YES NO

If construction approval is required, please state the authority name: ...........................................................................................................................................................

...........................................................................................................................................................

**Question 3 *continued* – Preferred incinerator location for hospital**

**Please describe or insert a photo or diagram with scale bars for the proposed preferred incinerator installation location.**

*Insert description, photo, diagram, map etc for proposed incinerator site at hospital*

**Question 4 - Healthcare waste volume confirmation**

**To account for any changes to admission rates, bed numbers or hospital service extensions/reductions in the past 6 months, please indicate the average healthcare waste volume generated over a recent period of 3 weeks.**

This can be measured on a daily basis by either number of bags or actual weight.

**Please indicate the volume of waste types:**

**Sharps**:  insert weight or number of bags / insert day or week

**Pharmaceuticals:** insert weight or number of bags / insert day or week

**Pathological:** insert weight or number of bags / insert day or week

**Chemical:** insert weight or number of bags / insert day or week

**Anatomical:** insert weight or number of bags / insert day or week

**Cytotoxic:** insert weight or number of bags / insert day or week N/a

If responding using 'number of bags', please indicate the approximate weight of an average bag of healthcare waste: insert weight in kilograms

**If unable to provide separate volumes:**

**ALL healthcare waste**: insert weight or number of bags / insert day or week

**Question 5 - Hospital Healthcare Waste Focal Point**

The hospital contact will become a key contact for the PacWaste project team to co-ordinate implementation of healthcare waste management interventions and trainings at each hospital.

**Please nominate your hospital contact:**

**Name:** *First name, then last name*

**Position:** *Insert full position and location eg. Building C*

**Email:** insert email and double check

**Phone number:** *include country code*

**Question 6 - National Committee Focal Point for Healthcare Waste**

**TO BE ANSWERED BY THE SPREP OR PACWASTE FOCAL POINT ONLY**

PacWaste will establish a national committee in each demonstration country for the project's three thematic waste areas (asbestos, E-waste and healthcare waste).

This committee may be comprised of positions from more than one government department where deemed appropriate, for example, healthcare waste representation may be from Ministry of Health and asbestos representation may be from Ministry of Environment.

**For HEALTHCARE WASTE, please nominate a focal point for the PacWaste National Committee** -

**Name:** *First name, then last name*

**Position:** *Insert full position and location*

**Email:** insert email and double check

**Phone number:** *include country code*

[end of questions]