

GENERIC INITIAL ENVIRONMENTAL EXAMINATION (IEE) CHECKLIST REPORT
For

Project name or Title

This Generic IEE Checklist Report shall be used as the *interim* pro-forma EIA Report requirement for projects to be located within **Environmentally Critical Areas (ECA)** where a customized IEE Checklist Report Form has not yet been developed but are required IEE Checklist Report Form or IEE Report per existing guidelines

For ECC applications, this IEE Checklist Report shall be submitted with:

- Proof of Compatibility with the existing Land Use Plan
- Proof of Authority over the Project Site
- Accountability Statements of Proponent (see attached form) and the Preparer (if any, following Annexes 2-22 of Revised Procedural Manual for DAO 2003-30)
- Photographs or plates/vicinity map of the project site showing impact areas and affected areas and communities
- Duly Accomplished Project Environmental Monitoring & Audit Prioritization Scheme (PEMAPS) Questionnaire (see Annex 2-7d of Revised Procedural Manual for DAO 2003-30)

(No other documents shall be required as pre-requisite to ECC applications per DENR MC 2010-14)

Read the questions carefully and write the required information on the blank spaces provided or otherwise check (✓) the appropriate boxes or parenthesis (). Boxes with check marks () are automatically required. Use additional sheets if necessary and indicate this in the appropriate space.

Project proponents are strongly **discouraged** to engage the services of consultants/facilitators/preparers to accomplish/fill-up the IEE Checklist Report Form. The Report Forms have been designed to be user-friendly.

Furthermore, EMB Regional Office is required to complete the processing of an ECC application using the IEE Checklist Report within twenty (20) working days upon receipt for completed/duly-accomplished form.

Misleading or erroneous answers are basis for legal actions and/or denial of ECC issuance.

PROJECT FACT SHEET

Project Name: _____

Project Location: _____

Total Project Land Area: _____

Total Project/Building

Footprint Area _____

(Area actually utilized)

Project Proponent: _____

Office Address: _____

Contact Person: _____
Designation: _____
Contact Number/s
Landline : _____
Fax Number: _____
Mobile : _____
E-mail Address: _____

I. PROJECT DESCRIPTION

1.1 PROJECT LOCATION AND AREA: Street Name, Barangay, and Municipality/City, Province

See attached vicinity map/s and photographs of the project site and site development/layout plan.

Geographic coordinates of the project area (Preferably use WGS 84 datum, otherwise specify datum used).

Perimeter/Boundary points (based on OCT/TCT/etc)	Longitude	Latitude

1.2 PROJECT COMPONENTS

Facilities	No. of Units	Area (sq. m.) / Capacity	Specification/ Description / Remarks
Support Facilities (e.g. emergency generators, boilers, etc.)			
Admin support (e.g., canteen, office, clinic, quarters, etc.)			
Water source / supply			
Waste water management Facility			
Solid waste management facility			
Drainage system			

(Please list facilities by module/grouping. Use additional sheets if needed)

1.3 UTILITIES/REQUIREMENTS (Operation Phase):

Utilities	Source	Estimated Demand/Consumption
Power/Electricity (Total)		 KWh
Power/Electricity (From Renewable Energy Sources)		 KWh
Water (Total) (Fill-up table below if water is not obtained from the local water utility)		 Cubic meters/day
Water (Rainwater Collection System)		 Cubic meters/day

Water Source

[] ground water [] well [] spring [] others: _____

[] Surface water [] river [] lake [] others: _____

Location of water source

(Sitio/Zone, Barangay, Municipality/City, Province, Region)

Energy/Water Efficiency

Utilities	Estimated Savings	Proposed Efficiency/Conservation Measures
Power/Electricity	KWh	
Water	Cubic meters/day	

1.4 MANPOWER

a. Construction Phase

Manpower Requirement	Expertise/Skills	Total

b. Operation Phase

Manpower Requirement	Expertise/Skills	Total

1.5 INDICATIVE PROJECT COST

Project Cost (PhP): _____

II. ENVIRONMENTAL IMPACTS AND MANAGEMENT PLAN

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
LAND				
<input checked="" type="checkbox"/> Consistency with land use	<p>Current land use w/in 1km radius (as per zoning ordinance):</p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/ Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural/ Recreational <input type="checkbox"/> Protected Areas <input type="checkbox"/> Others, specify _____ <p>Actual land uses w/in 1km radius:</p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/ Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural/ Recreational <input type="checkbox"/> Protected Areas <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> See attached proof of compatibility with land use		
<input type="checkbox"/> Disturbance to wildlife due to vegetation clearing	<p>Existing vegetation in the area:</p> <input type="checkbox"/> Forestland <input type="checkbox"/> Marshland <input type="checkbox"/> Grassland <input type="checkbox"/> Mangrove <input type="checkbox"/> Wetland <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Compliance with conditions of DENR/LGU SLUP, Tree Cutting Permit, ROW, PCA Permit <input checked="" type="checkbox"/> Limit land clearing as much as possible <input checked="" type="checkbox"/> Provide temporary fencing for vegetation that will be retained <input checked="" type="checkbox"/> Promote restoration of damaged or destroyed vegetation where possible (e.g., tree planting);	<input checked="" type="checkbox"/> Annual inspection of area replanted/ revegetated	<input checked="" type="checkbox"/> Cost integrated in the construction /operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
<input type="checkbox"/> Change in surface landform/ topography/ terrain/slope <input type="checkbox"/> Soil Erosion	Slope: <input type="checkbox"/> flat (0-3%) <input type="checkbox"/> gently sloping to rolling (3-18%) <input type="checkbox"/> steep (>18%) Is the project site located in an area identified by MGB/PAG-ASA/ PHIVOLCS as hazard prone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provide erosion control and slope protection measures <input type="checkbox"/> Designate a Spoils Storage Area, with topsoil set aside for later use and allow maximum re-use of spoils <input type="checkbox"/> Construction during dry season <input type="checkbox"/> Stabilization of embankment with grasses or other soil cover <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> Compliance with the DENR Administrative Order No. 2003-30 and DENR Administrative Order No. 2000-28, Implementing Guidelines on Engineering Geological and Geo-hazard Assessment (EGGA).	<input type="checkbox"/> Regular inspection of slope protection measures in erosion-prone areas <input type="checkbox"/> Regular inspection for new eroded areas near the site <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Slope/ Erosion Control Cost: _____ <input type="checkbox"/> Others, specify _____
<input checked="" type="checkbox"/> Soil/Land contamination due to improper solid waste disposal	Existing soil type in the area: <input type="checkbox"/> sandy <input type="checkbox"/> clay <input type="checkbox"/> sandy-loam <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Implementation of the Ecological Solid Waste Management Plan (ESWMP) <input type="checkbox"/> Set-up temporary fence around the construction area <input checked="" type="checkbox"/> Implement re-use and recycling of waste materials <input checked="" type="checkbox"/> Implement proper segregation, collection and disposal of domestic wastes in designated areas <input checked="" type="checkbox"/> Provide receptacles / bins for solid wastes <input type="checkbox"/> Coordinate with the municipal / city waste collectors <input type="checkbox"/> Engage third party company for waste collection <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Daily inspection of waste/recycling bins for segregation <input checked="" type="checkbox"/> Daily inspection for presence of mixed garbage in the facility <input checked="" type="checkbox"/> Weekly inspection of waste accumulated <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Cost integrated in the construction /operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
<input type="checkbox"/> Impairment of visual aesthetics <input type="checkbox"/> Devaluation of land values	Presence of visually significant landforms/landscape/structures? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Implement landscaping and other beautification measures <input type="checkbox"/> Provide adequate buffer <input type="checkbox"/> Compensate adjacent property owners <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Regular inspection of landscaping and other beautification activities <input type="checkbox"/> Regular monitoring of buffer zones <input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints from adjacent property owners	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost
WATER				
<input type="checkbox"/> Increased siltation due to project activities <input type="checkbox"/> Water quality degradation <input type="checkbox"/> Others, specify _____	Specify nearest/receiving water body: _____ Distance to nearest/receiving water body: <input type="checkbox"/> 0 to less than 0.5 km <input type="checkbox"/> 0.5 to 1 km <input type="checkbox"/> More than 1 km If nearest/receiving water body is fresh water, specify classification: <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input checked="" type="checkbox"/> Set-up proper and adequate sanitary facilities <input checked="" type="checkbox"/> Strictly require the contractor and its workers to observe proper waste disposal and proper sanitation <input type="checkbox"/> Strictly observe proper waste handling and disposal <input checked="" type="checkbox"/> Provision of wastewater treatment facility (e.g. septic tank, oil and water separator, etc.) <input type="checkbox"/> Set up silt trap/stilling ponds to minimize downstream siltation <input type="checkbox"/> Provision of three-chambered septic tank for domestic sewage <input type="checkbox"/> Provide ring canals around fuelling tanks/ motorpool/ maintenance areas <input type="checkbox"/> Others, specify _____	Regular (ocular) inspection of: <input type="checkbox"/> Drainage / canal systems <input type="checkbox"/> Water treatment facility (i.e., grease trap, septic tank, etc.) Quarterly monitoring of the following: <input type="checkbox"/> pH <input type="checkbox"/> TSS concentration <input type="checkbox"/> BOD <input type="checkbox"/> Total Coliform <input type="checkbox"/> Color <input type="checkbox"/> Oil and Grease	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
	<p>If nearest/receiving water body is coastal or marine water, specify classification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SA <input type="checkbox"/> SB <input type="checkbox"/> SC <input type="checkbox"/> SD <p>Current Water Use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fishery <input type="checkbox"/> Tourist Zone / Park <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <p>Distance of project area to the nearest well used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 to less than 0.5 km <input type="checkbox"/> 0.5 to 1 km <input type="checkbox"/> More than 1 km <p>Use of the nearest well:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drinking/Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural 			

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
<input type="checkbox"/> Competition in water use <input type="checkbox"/> Depletion of water resources	Size of population using receiving surface water: <input type="checkbox"/> ≤ 1,000 persons <input type="checkbox"/> >1,000 and ≤ 5,000persons <input type="checkbox"/> >5,000person Available/nearest water source. <input type="checkbox"/> Deepwell <input type="checkbox"/> Water district/LGU <input type="checkbox"/> Surface water <input type="checkbox"/> Others, specify _____	<input type="checkbox"/> Implement rainwater harvesting and similar measures as an alternative source of water <input type="checkbox"/> Observe water conservation measures; <input type="checkbox"/> Careful selection of project site to avoid disruption of traditional water uses <input type="checkbox"/> Obtain Water Permit from NWRB <input type="checkbox"/> Improve efficiency of water supply and distribution system <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints <input checked="" type="checkbox"/> Regular coordination with concerned agencies <input checked="" type="checkbox"/> Regularly monitor occurrences of water shortages <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost
<input type="checkbox"/> Increased occurrence of flooding	Is the project site located in an area identified by MGB/PAG-ASA as flood prone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Use appropriate design for project facilities <input type="checkbox"/> Implement appropriate drainage system <input type="checkbox"/> Regularly remove debris and other materials that may obstruct water flow <input type="checkbox"/> Use appropriate technology (e.g. raised hand-pumps) to protect drinking water from flood contamination <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints <input checked="" type="checkbox"/> Regular coordination with concerned agencies <input checked="" type="checkbox"/> Regularly monitor increased frequency of flooding <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
AIR / NOISE				
<input type="checkbox"/> Air quality degradation	Distance to nearest community: <input type="checkbox"/> 0 to less than 0.5 km <input type="checkbox"/> 0.5 to 1 km <input type="checkbox"/> More than 1 km	<input type="checkbox"/> Properly operate and maintain all emission sources (e.g. vehicles, pumps, generator, etc) <input type="checkbox"/> Install when applicable, the appropriate air pollution control device/s <input type="checkbox"/> Strictly enforce good housekeeping practices <input type="checkbox"/> Control vehicle speed to lessen suspension of road dust <input type="checkbox"/> Conduct water spraying to suppress dust sources and minimize discomfort to nearby residents <input type="checkbox"/> Use covered vehicles to deliver materials that may generate dust <input type="checkbox"/> Other, specify _____	<input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints Regular (ocular) inspection of: <input type="checkbox"/> Absence of white or black smoke from vehicles, heavy equipment and generator <input type="checkbox"/> Presence of truck cover during deliveries	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost
<input type="checkbox"/> Nuisance due to noise generation	Distance to nearest community: <input type="checkbox"/> 0 to less than 0.5 km <input type="checkbox"/> 0.5 to 1 km <input type="checkbox"/> More than 1 km	<input type="checkbox"/> Properly operate and maintain all noise sources (e.g. vehicles, pumps, generator, etc) <input type="checkbox"/> Install when applicable, the appropriate noise control device/s (e.g., mufflers, silencer, sound barriers, etc.) <input type="checkbox"/> Implement appropriate operating hours <input type="checkbox"/> Provide adequate buffer and/or planting of trees <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints <input type="checkbox"/> Regular monitoring of buffer zones	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
PEOPLE				
<input type="checkbox"/> Displacement of residents in the project site and within its vicinity <input type="checkbox"/> Displacement of Indigenous People <input type="checkbox"/> Enhanced employment and/or livelihood opportunities <input type="checkbox"/> Reduced employment and/or livelihood opportunities <input type="checkbox"/> Increased revenues for LGU <input type="checkbox"/> Disruption/Competition in delivery of public services (e.g., education, peace and order, etc.) <input type="checkbox"/> Enhanced delivery of public services (e.g., education, peace and order, etc.) <input type="checkbox"/> Increase in traffic volume and worsening of traffic flow	<p>Size of population of host barangay:</p> <input type="checkbox"/> ≤ 1,000 persons <input type="checkbox"/> >1,000 and ≤ 5,000persons <input type="checkbox"/> >5,000person	<input type="checkbox"/> Provide relocation/disturbance compensation packages <input checked="" type="checkbox"/> Prioritize local residents for employment <input checked="" type="checkbox"/> Promptly pay local taxes and other financial obligations <input checked="" type="checkbox"/> Regular coordination with LGU <input type="checkbox"/> Prior consultation & coordination to minimize disruption on daily domestic activities & respect for IP rights and cultural practices <input type="checkbox"/> Ensure participation of IPs in consultations and dialogues <input type="checkbox"/> Provide appropriate traffic/warning signs, lighting, etc <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Regularly monitor presence/absence of complaints <input checked="" type="checkbox"/> Regular coordination with LGU <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost
<input type="checkbox"/> Impacts on community health and safety <input type="checkbox"/> Others, specify _____		<input checked="" type="checkbox"/> Regular coordination with LGU <input type="checkbox"/> Provide appropriate warning signs, lighting and barricades, whenever practicable <input checked="" type="checkbox"/> Observe proper housekeeping	<input checked="" type="checkbox"/> Presence/Absence of complaints <input checked="" type="checkbox"/> Regular coordination with LGU	<input checked="" type="checkbox"/> Cost integrated in the construction/ operation cost

Possible Environmental/ Social Impacts	Baseline Environment	Preventive/ Mitigating Measures	Monitoring Parameters/ Implementation	Cost of Mitigation/ Monitoring
		<input type="checkbox"/> Provide on-site medical services for any emergency. <input type="checkbox"/> Participate in public awareness programs on health and safety <input type="checkbox"/> Implement appropriate safety programs for both community and workers <input checked="" type="checkbox"/> Strictly comply with fire, safety and similar regulatory requirements <input type="checkbox"/> Strictly comply with requirements of RA 6969 <input type="checkbox"/> Others, specify _____	<input checked="" type="checkbox"/> Regular submission of reports to concerned agency <input type="checkbox"/> Others, specify _____	

**III. ABANDONMENT /DECOMMISSIONING/REHABILITATION POLICIES AND
GENERIC GUIDELINES (if Applicable)**

Project Life or Service: _____ years

Provide description of the Abandonment activities, such as, dismantling and waste disposal.

IV. INSTITUTIONAL PLAN FOR EMP IMPLEMENTATION

Organization Chart:



Attach drawing/plan of waste water treatment facility (with dimensions and descriptions)

Attach drawing/plan of air pollution source and control installations (with dimensions and descriptions)

SWORN STATEMENT OF ACCOUNTABILITY OF THE PROPONENT

This is to certify that all the information and commitments in this Initial Environmental Examination (IEE) Checklist Report are accurate and complete to the best of my knowledge.

By the authority vested in me by the _____ (*Company Name*) as _____ (*Position/Designation*), I hereby commit to ensure implementation of all commitments, mitigating measures and monitoring requirements indicated in this IEE Checklist Report as well as the following:

- Conform to pertinent provisions of applicable environmental laws e.g., R.A. No. 6969 (*Toxic Substances and Hazardous and Nuclear Wastes Control Act of 1990*), R.A. No. 9003 (*Ecological Solid Waste Management Act of 2000*), R.A. No. 9275 (*Philippine Clean Water Act of 2004*), and R.A. No. 8749 (*Philippine Clean Air Act of 1999*).
- Abide and conform to LGU development plans and guidelines.
- Promptly pay local taxes and other financial obligations.
- Regularly submit reports to concerned agencies.

I hereby bind myself to answer any penalty that may be imposed arising from any misrepresentation or failure to state material information in this IEE Checklist.

In witness whereof, I hereby set my hand this _____ day of _____ at _____.

NAME OF PROPONENT HEAD
(Position)
(Company Name)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 201__, affiant exhibiting his/her Community Tax Certificate No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____