

**Division of Materials Management  
New York State Department of Environmental Conservation  
Albany, New York 12233-7260**

**REGULATED MEDICAL WASTE FACILITIES**

**Annual Report**

**Submit the Annual Report no later than March 1, 2020.**

Reporting of the information indicated on this Regulated Medical Waste Annual Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii), (h)(8); 360-1.14(e)(2), (i)(1); 360-11.1(a), (b)(1)(viii); 360-11.4(h) and (j); 360-17.4(e)(2),(e)(3);. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360 and Part 365.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

**INSTRUCTIONS FOR COMPLETING THE FORM:**

**SECTION 1:** Provide facility information and identify whether the facility operated waste during the year.

**SECTION 2:** Identify the amount of each type of waste generated and treated on-site (if a generator permitted to treat on-site), or if a commercial facility, the amount received by the facility from the generators and how it was processed. If transferred off-site by the generator or if a transfer facility, identify the treatment facility where the waste was sent.

**SECTION 3:** If a treatment facility, identify the names and addresses of disposal facilities where treated waste was disposed.

**SECTION 4:** Identify any unauthorized waste that was received at the facility.

**SECTION 5:** If required, provide updated cost estimates and financial assurance documentation.

**SECTION 6:** Identify any problems which occurred at the facility.

**SECTION 7:** Identify any changes from the approved permit or permit documentation.

**SECTION 8:** Identify any additional permit or consent order reporting requirements.

**SECTION 9:** Sign and date the form and follow the instructions provided for submission of form.

## ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2019 to December 31, 2019

### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
<b>FACILITY NAME:</b> Albany Medical Center			
<b>FACILITY LOCATION ADDRESS:</b> 43-47 New Scotland Ave	<b>FACILITY CITY:</b> Albany	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12208-3478
<b>FACILITY TOWN:</b> Albany	<b>FACILITY COUNTY:</b> Albany	<b>FACILITY PHONE NUMBER:</b> 518-262-8700	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report). R4			<b>NYSDEC REGION #:</b>
<b>360 PERMIT #:</b> 4-0101-00036/02001	<b>DATE ISSUED:</b> 10/28/2016	<b>DATE EXPIRES:</b> 10/27/2026	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b>
<b>FACILITY CONTACT:</b> Nil McManus	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 518-262-8700	<b>CONTACT FAX NUMBER:</b> 518-262-4080
<b>CONTACT EMAIL ADDRESS:</b> mcmanun@amc.edu			
OWNER INFORMATION			
<b>OWNER NAME:</b> Albany Medical Center	<b>OWNER PHONE NUMBER:</b> 518-262-8700	<b>OWNER FAX NUMBER:</b> 518-262-4080	
<b>OWNER ADDRESS:</b> 43-47 New Scotland Ave	<b>OWNER CITY:</b> Albany	<b>STATE:</b> NY	<b>ZIP CODE:</b> 12208-3478
<b>OWNER CONTACT:</b> Albany Medical Center	<b>OWNER CONTACT EMAIL ADDRESS:</b> mcmanun@amc.edu		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b>	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

**Did you operate in 2019?**  Yes; Complete this form.

No; Complete and submit Sections 1 and 10. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at:  
<http://www.dec.ny.gov/chemical/52706.html>.

**SECTION 2 – PERMITTED RMW WASTE TRANSFER OR TREATMENT FACILITIES**

	<b>AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)</b>	<b>AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)</b>	<b>AMOUNT TREATED (tons)</b>	<b>AMOUNT BYPASSED (tons)</b>	<b>AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)</b>	<b>IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)</b>	<b>NYS PLANNING UNIT (See Attached List of NYS Planning Units)</b>
<b>RMW</b> (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)			0.02				
<b>Other Infectious Waste</b> (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)							
<b>Radioactive Waste</b> (specify for each very short lived, short lived or long lived)							
<b>Pharmaceutical Waste</b>							
<b>Hazardous Waste</b>							
<b>Other</b> (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)			13.18				
<b>TOTAL</b>	<b>13.20</b>						

**SECTION 3 – DISPOSAL DESTINATION**

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>
Treated Waste					
<b>TOTAL WASTE</b>					

**SECTION 4 – UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the facility during the reporting period?     Yes     No

If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

### **SECTION 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS**

Are there required cost estimates and financial assurance documents for closure?

Yes    No   If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

### **SECTION 6 – PROBLEMS**

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes    No   If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

### **SECTION 7 – CHANGES**

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes    No   If yes, attach additional sheets identifying changes with a justification for each change.

### **SECTION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS**

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes    No   If yes, attach additional sheets identifying the reporting requirements with their respective responses.


**SECTION 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

  
Signature

2/7/2020

Date

Nil McManus

Name (Print or Type)

Assistant Director for EH&S

Title (Print or Type)

mcmanun@amc.edu

Email (Print or Type)

43-47 New Scotland Avenue

Address

Albany

City

NY 12208-3478

State and Zip

(518) 262-8700

Phone Number

ATTACHMENTS:  YES  NO

### New York State Planning Units & Regions

When completing the annual report, please use the *Planning Unit* listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove (City)
	Hempstead		Hempstead (Town)
	Long Beach		Long Beach (City)
	North Hempstead Solid Waste Management Authority		North Hempstead (Town), except 10 villages (see below)
	Oyster Bay Solid Waste Disposal District		Oyster Bay (Town), except 17 villages (see below)
	Babylon	Suffolk	Babylon (Town)
	Brookhaven		Brookhaven (Town)
	East Hampton		East Hampton (Town)
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington (Town)
	Islip Resource Recovery Agency		Islip (Town)
	Riverhead		Riverhead (Town)
	Shelter Island		Shelter Island (Town)
	Smithtown		Smithtown (Town)
Southampton	Southampton (Town)		
Southold	Southold (Town), except Fishers Island		
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes (City)
			Colonie (Town)
			Colonie (Village)
			Menands (Village)
			Watervliet (City)
	Capital Region Solid Waste Management Partnership	Albany	Albany (City)
			Altamont (Village)
			Berne (Town)
			Bethlehem (Town)
			Green Island (Town/Village)
			Guilderland (Town)
			Knox (Town)
			New Scotland (Town)
			Rensselaerville (Town)
Voorheesville (Village)			
Westerlo (Town)			

		Rensselaer	East Greenbush (Town)	
			Rensselaer (City)	
4	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson (Village)	
			Hoosick Falls (Village)	
			Nassau (Village)	
			Pittstown (Town)	
			Schaghticoke (Town/Village)	
			Stephentown (Town)	
			Valley Falls (Village)	
			Berlin (Town)	Inactive Members
			Grafton (Town)	
			Hoosick (Town)	
			Nassau (Town)	
			Petersburg (Town)	
			Poestenkill (Town)	
			Columbia County	Columbia
Delaware County	Delaware			
Greene County	Greene			
Montgomery County	Montgomery			
Otsego County	Otsego			
Schoharie County	Schoharie			
Schenectady County	Schenectady			
5	Clinton County	Clinton		
	Essex County	Essex		
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin		
	Fulton County	Fulton		
	Hamilton County	Hamilton		
	Saratoga County	Saratoga		
	Warren County	Warren		
	Washington County	Washington		
6	Development Authority of the North Country (DANC)	Jefferson		
		Lewis		
		St. Lawrence		
	Oneida-Herkimer Solid Waste Authority	Oneida		
	Herkimer			
7	Broome County	Broome		
	Cayuga County	Cayuga		
	Chenango County	Chenango		
	Cortland County	Cortland		
	Madison County	Madison		
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneateles (See below)	
	Oswego County	Oswego		
	Tioga County	Tioga		
	Tompkins County	Tompkins		
8	Chemung County	Chemung		
	GLOW Region Solid Waste Management Committee	Genesee		
		Livingston		
	Monroe County	Monroe		
	Ontario County	Ontario		
	Orleans County	Orleans		
	Schuyler County	Schuyler		
Seneca County	Seneca			



	Steuben County	Steuben		
	Wayne County	Wayne		
	Yates County	Yates		
9	Allegany County	Allegany		
	Cattaraugus County	Cattaraugus		
	Chautauqua County	Chautauqua		
	GLOW Region Solid Waste Management Committee	Wyoming		
	Niagara	Niagara		
	Northeast-Southtowns Solid Waste Management Board (NEST)		Erie	Akron (Village)
				Alden (Town/Village)
				Angola (Village)
				Aurora (Town)
				Blasdell (Village)
				Boston (Town)
				Brant (Town)
				Cheektowaga (Town)
				Clarence (Town)
				Colden (Town)
				Collins (Town)
				Concord (Town)
				Depew (Village)
				East Aurora (Village)
				Eden (Town)
				Elma (Town)
				Evans (Town)
				Farnham (Village)
				Gowanda (Village)
				Hamburg (Town/Village)
				Holland (Town)
				Lackawanna (City)
Lancaster (Town/Village)				
Marilla (Town)				
Newstead (Town)				
North Collins (Town/Village)				
Orchard Park (Town/Village)				
Sardinia (Town)				
Sloan (Village)				
Springville (Village)				
Wales (Town)				
West Seneca (Town)				
Northwest Communities Solid Waste Management Board (NWCB)		Erie	Amherst (Town)	
			Grand Island (Town)	
			Kenmore (Village)	
			Tonawanda (Town/Village)	
			Williamsville (Village)	

## Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates (Village)
			Great Neck Plaza (Village)
			Mineola (Village)
			New Hyde Park (Village)
			Old Westbury (Village) (portion)
			Plandome (Village)
			Plandome Manor (Village)
			Roslyn Harbor (Village) (portion)
			Westbury (Village)
			Williston Park (Village)
			Oyster Bay
		Brookville (Village)	
		Centre Island (Village)	
		Cove Neck (Village)	
		East Hills (Village) (portion)	
		Glenwood – Glen Head Garbage District	
		Lattington (Village)	
		Laurel Hollow (Village)	
		Matinecock (Village)	
		Mill Neck (Village)	
		Muttontown (Village)	
		Old Brookville (Village)	
		Old Westbury (Village) (portion)	
		Oyster Bay Cove (Village)	
		Roslyn Harbor (Village) (portion)	
		Sea Cliff (Village)	
		Upper Brookville (Village)	
		4	Albany
Rensselaer	Ravena (Village)		
	Brunswick (Town)		
	North Greenbush (Town)		
	Sand Lake (Town)		
	Schodack (Town)		
Troy (City)			
Columbia	Canaan (Town)		
7	Onondaga	Skaneateles (Town/Village)	
9	Erie	Buffalo (City)	

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Solid Waste Management  
625 Broadway  
Albany, NY 12233-7260  
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - swmfannualreport@dec.ny.gov

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375  
SWMFAnnualReportR1@dec.ny.gov

#### REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896  
SWMFAnnualReportR2@dec.ny.gov

#### REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3123  
SWMFAnnualReportR3@dec.ny.gov

#### REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243  
SWMFAnnualReportR4@dec.ny.gov

#### REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster  
1115 State Route 86, PO Box 296  
Ray Brook, NY 12977  
Phone: (518) 897-1266  
SWMFAnnualReportR5@dec.ny.gov

#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2513  
SWMFAnnualReportR6@dec.ny.gov

#### REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419  
SWMFAnnualReportR7@dec.ny.gov

#### REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean  
6274 East Avon-Lima Road  
Avon, NY 14414  
Phone: (585) 226-5411  
SWMFAnnualReportR8@dec.ny.gov

#### REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220  
SWMFAnnualReportR9@dec.ny.gov