

## 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> <b>Cardinal Health Nuclear Pharmacy Services</b>			
<b>FACILITY LOCATION ADDRESS:</b> 303 Cayuga Road Ste. 200	<b>FACILITY CITY:</b> Cheektowaga	<b>STATE:</b> N.Y.	<b>ZIP CODE:</b> 14255
<b>FACILITY TOWN:</b> Cheektowaga	<b>FACILITY COUNTY:</b> Erie	<b>FACILITY PHONE NUMBER:</b> 716-634-8607	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report). Northeast Southtowns Solid Waste Management Board (NEST) <input checked="" type="checkbox"/>			<b>NYSDEC REGION #:</b> 9
<b>360 PERMIT #:</b> Reg# 15J10037	<b>DATE ISSUED:</b> 3/13/2019	<b>DATE EXPIRES:</b> 3/13/2024	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> 15J10037
<b>FACILITY CONTACT:</b> Joseph Czapczynski R.Ph	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 716-634-8607	<b>CONTACT FAX NUMBER:</b> 716-634-8782
<b>CONTACT EMAIL ADDRESS:</b> joseph.czapczynski@cardinalhealth.com			
OWNER INFORMATION			
<b>OWNER NAME:</b> Cardinal Health Nuclear Pharmacy Services 414LLC	<b>OWNER PHONE NUMBER:</b> 617-757-5000	<b>OWNER FAX NUMBER:</b>	
<b>OWNER ADDRESS:</b> 7000 Cardinal Place	<b>OWNER CITY:</b> Dublin	<b>STATE:</b> OH	<b>ZIP CODE:</b> 43017
<b>OWNER CONTACT:</b>	<b>OWNER CONTACT EMAIL ADDRESS:</b>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input 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**

	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)	AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)	AMOUNT TREATED (tons)	AMOUNT BYPASSED (tons)	AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	0.0355	0.0355				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chautauqua
Other Biohazard Waste (specify amount for each contaminated material including biohazard incident waste, human remains management waste, etc.)							
Radioactive Waste (specify for each very short lived, short lived or long lived)	Very SL 0.0775 Short Lived 0.1745	Very SL 0.0775 Short Lived 0.1745				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chautauqua
Radioactive Waste	Long Lived 0.008 I-131 Very LL 0.011	Long Lived 0.008 I-131 Very LL 0.011					
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
<b>TOTAL</b>	<b>0.3065</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

9/26/2020  
Date

Joseph Czapczynski  
Name (Print or Type)

R.Ph  
Title (Print or Type)

joseph.czapczynski@cardinalhealth.com  
Email (Print or Type)

303 Cayuga Road  
Address

Cheektowaga  
City

New York 14225  
State and Zip

( 7166 ) 8607 8607  
Phone Number

ATTACHMENTS:  YES  NO