

ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from ~~January 01, 2019~~ ²⁰²⁰ to ~~December 31, 2019~~ ²⁰²⁰

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: NYS Dept of Health Wadsworth Center- Griffin Laboratory			
FACILITY LOCATION ADDRESS: 5668 State Farm Rd	FACILITY CITY: Guilderland	STATE: NY	ZIP CODE: 12084
FACILITY TOWN: Guilderland	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 518-473-8034	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Capital Region Solid Waste Management Partnership (CRSWMP)			NYSDEC REGION #: 4
360 PERMIT #: 4-0130-00034/02001	DATE ISSUED: 4/3/2019	DATE EXPIRES: 4/2/2029	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Corey Bennett	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518485-6789	CONTACT FAX NUMBER: 518869-6684
CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov			
OWNER INFORMATION			
OWNER NAME: NYSDOH-Wadsworth Center	OWNER PHONE NUMBER: 518473-8034	OWNER FAX NUMBER: 5184743908	
OWNER ADDRESS: PO Box 509 Empire State Plaza, rm B940	OWNER CITY: Albany	STATE: NY	ZIP CODE: 12201-0509
OWNER CONTACT: Corey Bennett	OWNER CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p>Did you operate in 2019 ²⁰²⁰ <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> 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.</p>
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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)
ing:	1 st - 3.3	1 st - 1.3	1 st - 2.0				
an	2 nd - 1.7	2 nd - .4	2 nd - 1.3			Safeguard Waste Solutions Inc	CR 513 MP
an	3 rd - 3.3	3 rd - 1.6	3 rd - 1.7			Le Brown Rd	
ood	4 th - 3.2	4 th - 1.6	4 th - 1.6			Albany NY 12205	
aps, (Waste)	2020 - 11.5	2020 - 5.0	2020 - 6.5			Albany NY	
ous							
h material							
h human							
h very							
h lived or							
Waste							
ical							
amount							
al							
lystate,							
equiring							
ng.)							
TOTAL							

21)

1st - 99 lbs 2020 - 192.8 lbs

2nd - 39.2 lbs Medical marijuana waste generated @ Biggs Lab

3rd - 18.0 lbs transferred to Griffiths Lab Incinerator for

4th - 36 lbs

SECTION 3 – DISPOSAL DESTINATION

TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>
ste		N/A			
L WASTE					

SECTION 4 – UNAUTHORIZED SOLID WASTE

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

Information below for each incident (attach additional sheets if necessary):

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.

Corey J Bennett
Signature

3/12/21
Date

Corey J Bennett
Name (Print or Type)

Asst. BSO
Title (Print or Type)

corey.bennett@health.ny.gov
Email (Print or Type)

5608 State Farm Rd.
Address

Guilderland
City

NY 12084
State and Zip

518.485.6789
Phone Number

ATTACHMENTS: YES NO

SECTION 13 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Per special condition 13 of permit number 4-0130-00034/02001, the following information must be included for the quarterly and annual reports for Griffin Labs.

Days and hours of operation of Griffin Labs Incinerator:

The Griffin Labs incinerator was operated between 7am and 1pm on the following days of 2020:

Jan	Feb	March	April	May	June
7-Jan	6-Feb	3-Mar	7-Apr	5-May	2-Jun
14-Jan	11-Feb	10-Mar	14-Apr	12-May	9-Jun
21-Jan	18-Feb	17-Mar	21-Apr	19-May	16-Jun
28-Jan	25-Feb	24-Mar	28-Apr	26-May	18-Jun
		31-Mar			23-Jun
					26-Jun
					30-Jun
July	Aug	Sept	Oct	Nov	Dec
2-Jul	4-Aug	1-Sep	6-Oct	3-Nov	1-Dec
6-Jul	6-Aug	3-Sep	13-Oct	10-Nov	8-Dec
9-Jul	11-Aug	8-Sep	20-Oct	18-Nov	15-Dec
14-Jul	13-Aug	15-Sep	27-Oct	24-Nov	22-Dec
16-Jul	18-Aug	22-Sep			29-Dec
21-Jul	25-Aug	29-Sep			
23-Jul	27-Aug				
28-Jul					
30-Jul					

Summary of Pathological waste incinerated:

1st Quarter 2020

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1330.6	0
Biggs Laboratory	0	0	99
Griffin Laboratory	182.5	1593.3	
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

2nd Quarter 2020

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	262	0
Biggs Laboratory	0	0	39.2
Griffin Laboratory	296	2014	
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

3rd Quarter 2020

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	660	0
Biggs Laboratory	0	0	18.6
Griffin Laboratory	246.7	2300	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

4th Quarter 2020

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1310	0
Biggs Laboratory	0	0	36
Griffin Laboratory	305	1534	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

2020 totals

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	3562	0
Biggs Laboratory	0	0	192.8
Griffin Laboratory	1030	5641	0
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.

The amount of ash residue disposed is provided below:

0 lbs