

REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Cardinal Health Nuclear and Precision Health Solutions			
FACILITY LOCATION ADDRESS: 6075 E Molloy Rd Bld6	FACILITY CITY: Syracuse	STATE: NY	ZIP CODE: 13211
FACILITY TOWN: Dewitt	FACILITY COUNTY: Onondaga	FACILITY PHONE NUMBER: 315.437.9845	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Onondaga County (except Skaneateles (T) & (V))			NYSDEC REGION #: 7
360 PERMIT #: 7-3126-138/00007	DATE ISSUED: 09/26/17	DATE EXPIRES: 92/25/24	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 34H01
FACILITY CONTACT: Gary Mantz	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 315.437.9845	CONTACT FAX NUMBER: 315.437.0617
CONTACT EMAIL ADDRESS: gary.mantz@cardinalhealth.com			
OWNER INFORMATION			
OWNER NAME: Cardinal Health	OWNER PHONE NUMBER: 614.757.5000	OWNER FAX NUMBER:	
OWNER ADDRESS: 7000 Cardinal Place	OWNER CITY: Dublin	STATE: OH	ZIP CODE: 43017
OWNER CONTACT: Glenn Sullivan	OWNER CONTACT EMAIL ADDRESS: glenn.sullivan@cardinalhealth.com		
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):			

Did you operate in 2020? 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)	0.0205	0.0205				Stericycle 798 Hartwell Ave East Syracuse, NY Onondaga	Onondaga County (except St
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)							
Radioactive Waste (specify for each very short lived, short lived or long lived)	1.03 (vsl) 0.042(LL)	1.02(vsl) 0.042(LL)				Stericycle 798 Hartwell Ave E. Syracuse, NY Onondaga	Onondaga County (except St
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	1.09						

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 3 – DISPOSAL DESTINATION

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

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 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.

Gary Mantz
Signature

1/29/21
Date

Gary Mantz
Name (Print or Type)

Pharmacy Manager
Title (Print or Type)

gary.mantz@cardinalhealth.com
Email (Print or Type)

6075 East Molloy Road Building 6
Address

Syracuse
City

NY 13211
State and Zip

(315) 437-9845
Phone Number

ATTACHMENTS: YES NO