

ANNUAL REPORT

This Regulated Medical Waste Facility Quarterly Report is for the quarter of operation from January 01 2020 to December 31 2020

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Cardinal Health Nuclear Pharmacy Services			
FACILITY LOCATION ADDRESS: 110 Science Parkway Suite 300	FACILITY CITY: Rochester	STATE: NY	ZIP CODE: 14620
FACILITY TOWN: Rochester	FACILITY COUNTY: Monroe	FACILITY PHONE NUMBER: 585-442-7030	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Monroe			NYSDEC REGION #: 8
360 PERMIT #: 8-2614-00812/00001	DATE ISSUED: 08/27/2015	DATE EXPIRES: 08/26/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Susan Welch	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-442-7030	CONTACT FAX NUMBER: 585-442-1886
CONTACT EMAIL ADDRESS: susan.welch@cardinalhealth.com			
OWNER INFORMATION			
OWNER NAME: Cardinal Health Nuclear Pharmacy Services	OWNER PHONE NUMBER: 614-757-5000	OWNER FAX NUMBER:	
OWNER ADDRESS: 7000 Cardinal Place	OWNER CITY: Dublin	STATE: OH	ZIP CODE: 43017
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input 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 <i>(See Attached List of NYS Planning Units)</i>
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	0.0615	0.0615				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Other Biohazard Waste <i>(specify amount for each contaminated material including biohazard incident waste, human remains management waste, etc.)</i>							
Radioactive Waste <i>(specify for each very short lived, short lived or long lived)</i>	Short Lived: 1.5165 Long Lived: 0.1865	Short Lived: 1.5895 Long Lived: 0.203				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Pharmaceutical Waste							
Hazardous Waste							
Other <i>(specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)</i>							
TOTAL	1.7645 tons						

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					
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 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 
 Date 01/26/2021

Name (Print or Type) Susan E Welch
 Title (Print or Type) Radiation Safety Officer

Email (Print or Type) susan.welch@cardinalhealth.com

Address 110 Science Parkway Suite 300
 City Rochester

State and Zip New York, 14620
 Phone Number (585)442-7030

ATTACHMENTS: YES NO