

## ANNUAL REPORT

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

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### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION				NYS DEC
FACILITY NAME: Cardinal Health Nuclear Pharmacy Services				REGION 9
FACILITY LOCATION ADDRESS: 303 Cayuga Rd. Ste. 200	FACILITY CITY: Cheektowaga	STATE: NY	ZIP CODE: 14255	
FACILITY TOWN: Cheektowaga	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 716-634-8607		
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northeast Southtowns Solid Waste Management Board (NEST)				NYSDEC REGION #: 9
360 Permit # NA	DATE ISSUED: 03/13/2019	DATE EXPIRES: 03/13/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 15J10037	
FACILITY CONTACT: Joseph Czapczynski R.Ph	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-634-8607	CONTACT FAX NUMBER: 716-634-8782	
CONTACT EMAIL ADDRESS: joseph.czapczynski@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**

	<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</b> <i>(See Attached List of NYS Planning Units)</i>
<b>RMW</b> (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	0.012	0.012				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>	Very Short Lived 0.092	Very Short Lived 0.092				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Radioactive Waste	Short Lived 0.105	Short Lived 0.105				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Radioactive Waste	Long Lived 0.007	Long Lived 0.007				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Radioactive Waste	Very Long Lived (I-131) 0.0035	Very Long Lived (I-131) 0.0035				Stericycle Inc 3472 Progress Dr. Dunkirk NY Chautauqua County	Chautauqua
Pharmaceutical Waste							

Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
<b>TOTAL</b>	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					
<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.

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NYS DEC  
REGION 9

**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

\_\_\_\_\_  
01/29/2021  
Date

\_\_\_\_\_  
Joseph Czapczynski  
Name (Print or Type)

\_\_\_\_\_  
Radiation Safety Officer  
Title (Print or Type)

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

\_\_\_\_\_  
303 Cayuga Road Suite 200  
Address

\_\_\_\_\_  
Cheektowaga  
City

\_\_\_\_\_  
New York, 14225  
State and Zip

\_\_\_\_\_  
(716) 634-8607  
Phone Number

ATTACHMENTS: \_\_ YES \_ X\_ NO