### NEW YORK STATE OF OPPORTUNITY OPPORTUNITY Department of Environmental Conservation

#### REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from <u>January 01, 2021</u> to <u>December 31, 2021</u>

#### **SECTION 1 – GENERAL INFORMATION**

		<b>FACILITY</b>	INFORMATION								
FACILITY NAME: RLS (USA) Inc											
FACILITY LOCATION ADDRESS	3:	FACILITY	CITY:		STATE	: ZIP CODE:					
80 Seaview BLV	)		<b>Nashington</b>		NY	11050					
FACILITY TOWN:	I	FACILITY	COUNTY:	FACI	LITYPH	ONE NUMBER:					
North Hempstead		Nassa				6-2799					
report). North Hempstead SWI		NYS Planning	Units can be found at the en	ıd of this		YSDEC EGION#: 1					
360 PERMIT #:	DATE IS 9/8/2		DATE EXPIRES: 9/7/2025		STRATIC	TIVITY CODE OR ON NUMBER:					
FACILITY CONTACT:		public	CONTACT PHONE		CONTAC	T FAX NUMBER:					
David Blanchard		□ private	<b>NUMBER:</b> 516.6262799								
CONTACT EMAIL ADDRESS: D	avid.Bla	ınchard@	rls.bio								
		OWNER I	INFORMATION								
OWNER NAME:		OWNER F	PHONE NUMBER:	OWNER FAX NUMBER:							
Werner Gruner											
OWNER ADDRESS:		OWNER (			STATE						
One Corporate Dr. Building one Su  OWNER CONTACT:	ilte 125	Lake Zu	JRICH Contact Email Addi		IL	60047					
Jaime Herner	I		e.Herner@rls		_						
				3.DIC	<i></i>						
OPERATOR NAME: Sa	me as owne		RINFORMATION		public	•					
Rinsi.Chacko	16 45 5	·1			privat						
			FERENCES	·							
Preferred address to receive correction Other (provide):	∍sponden	ı <b>ce</b> : 🗆 Facili	ty location address		□ Owner	address					
Preferred email address: Fac	cility Contact	t 🗆	Owner Contact								
Preferred individual to receive cor  Other (provide):	Preferred individual to receive correspondence: :  Facility Contact										
Did you operate in 2021? 🔳 Y	es; Comp	olete this for	m.								
☐ N wish to relinquish your permit/reg "Inactive Solid Waste Manageme	istration a	ssociated w		agemen							

http://www.dec.ny.gov/chemical/52706.html .

#### SECTION 2 – PERMITTED RMW WASTE TRANSFER OR TREATMENT FACILITIES

	A OUNT 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,	3.075	0.4475 1.9025 0.51				Stericycle Inc. Oneonta, NY Stericycle Inc. Warren, OH Curtis Bay Energy, Baltimore, I	Otsego County
and Animal Waste)		0.0325				Stericycle Inc. Woonsocket,RI	
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)							
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	3.075						

#### SECTION 3 – DISPOSAL DE TINATION

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 5 - COST ESTIMATE	S AND FINANCIAL ASSURANCE DOCUMENTS
Are there required cost estimates and financia	assurance documents for closure?
■ Yes □ No If yes, attach additional sho Closure Plan?	eets reflecting annual adjustments for inflation and any changes to the
SEC	TION 6 – PROBLEMS
Were any problems encountered during the re in facility procedures)?	porting period (e.g., specific occurrences which have led to changes
☐ Yes ■ No If yes, attach additional she problem.	eets identifying each problem and the methods for resolution of the
SE	CTION 7 - CHANGES
Were there any changes from approved report	s, plans, specifications, and permit conditions?
☐ Yes ■ No If yes, attach additional sho	eets identifying changes with a justification for each change.
SECTION 8 - PERMIT/CONS	SENT ORDER REPORTING REQUIREMENTS
Are there any additional permit/consent order r form?	eporting requirements not covered by the previous sections of this
☐ Yes ■ No If yes, attach additional shoresponses.	eets identifying the reporting requirements with their respective

#### 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 Solid Waste Management
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.

David Blanchard David Blanchard (Feb 28, 2022 11:57 EST)	Feb 28, 2022
Signature	Date
David Blanchard	RSO
Name (Print or Type)	Title (Print or Type)
David.Blanchard@rls	s.bio
Email (P	rint or Type)
80 Seaview Blvd	Port Washington
Address	City
NY, 11050  State and Zip	516 () Phone Number

ATTACHMENTS: \_\_\_\_ YES \_\_\_\_

### SECTION 2 - Quantity of Regulated Medical (RMW) Waste Received

	Week ,1	Week 2	Week 3	Week 4	Week 5	VVeek 6	VVeek	Week 8	Week 9	Week 10	Week	Week	Week
Date Recorded	1/1/21	1/8/21	1/15/21	1/22/21	1/29/21	2/5/21	2/12/21	2/19/21		3/5/21	3/12/21	3/19/21	3/26/21
Days Since Last Record	7	7	7	7	7	7	7	7	7	7	7	7	7
Very Short- lived Waste (lbs.)	100	100	100	110	110	110	110	110	110	110	110	110	110
Short-lived Waste (lbs.)	10	10		10	10	10	10	_	10	10	10	10	10
Long-lived Waste (lbs.)	_	10	10	10	_	_	10	_	10	10	10	-	
I-131 Syringes (lbs.)	-		_		_			0	_		•		
Decayed Waste in Storage* (lbs.)	110	120	110	130	120	120	130	110	130	130	130	120	120
Non-rad Waste in Storage* (lbs.)	20		20	20	20	20	20	_	20			20	20
Sm-153 Waste (lbs.)	_		_	_							-		_
Weekly Storage Total (lbs.)	1,229	1,349	1,414	1,564	1,164	1304	1,454	1,564	1,229	1,359	1,489	1,629	1,469
Incoming (lbs.)	130	120	130	150	140	140	150	110	150	130	130	140	140
Outgoing (lbs.)	360		65	_	540		_		485	-			300
(on the last day of the we	eek)						-			Quarterly T	-4-1		

	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
Date Recorded	4/2/21	4/9/21	4/16/21	4/23/21	4/3/21	5/7/21	5/14/21	5/21/21	5/28/21	6/4/21	411/21	6/18/21	6/25/21
Days Since Last Record	7	7	7	7	7	7	7	7	7	7	7	7	7
Very Short- lived Waste (lbs.)	110	100	100	100	100	100	160	100	90	90	90	90	90
Short-lived Waste (lbs.)	10	10	_	_	_	10	-	_	10	10		10	
Long-lived Waste (lbs.)	_	10	10		10	_	-	10	10	-	10	10	_
I-131 Syringes (lbs.)	_	-		-	_	_	_					_	
Decayed Waste in Storage* (lbs.)	110	120	110	100	110	110	100	110	110	100	100	110	90
Non-rad Waste in Storage* (lbs.)	_	20		_	20	20	_	J		20	20	_	
Sm-153 Waste (lbs.)		-	_		_	_					-		-
Weekly Storage Total (lbs.)	1.579	1,719	1.829	1,564	1,694	1,824	1924	1,644	1,754	1,874	1,994	1, 644	1,734
Incoming (lbs.)	110	140	110	100	130	136	100	110	110	120	120	110	90
Outgoing (lbs.)			_	365	_	_		390				460	

<sup>\* (</sup>on the last day of the week)

	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34	Week 35	Week 36	Week 37	Week 38	Week 39
Date Recorded	7/2/21	7/9/21	7/16/21	7/23/21	7/30/21	8/6/21	8/13/21	8/20/21	8/27/21	9/3/21	9/10/21	9/17/21	9/24/
Days Since Last Record	7	7	7	7	7	7	7	7	7	7	7	7	72
Very Short- lived Waste (lbs.)	90	90	90	90	90	90	90	90	90	90	90	90	90
Short-lived Waste (lbs.)	10	10	_			10	10	10	7	10	10	10	-
Long-lived Waste (lbs.)	10	_	_	10	10		10	-		-	10	10	10
I-131 Syringes (lbs.)			_	S. Comment	-	_	_	_		_	-	-	10
Decayed Waste in Storage* (lbs.)	110	100	90	100	100	100	110	100	90	100	110	100	100
Non-rad Waste in Storage* (lbs.)	10	16	10			10	10	-	-	_	-	10	10
Sm-153 Waste (Ibs.)	_			_	_	_	_	_	_			-	
Weekly Storage Total (lbs.) 1,734	1,854	1,964	1,699	1,799	1,829	1,939	2,059	1,694	1,784	1,884	1,994	1,499	11.0
Incoming (lbs.)	120	110	100	100	100	110	120	100	90	100	1.10	110	1,609
Outgoing (lbs.)  * (on the last day of the we			365		70			465			-	605	-

<sup>\* (</sup>on the last day of the week)

	Week 40	Week	Week 42	Week 43	, Week	Week 45	Week 46	Week 47	Week 48	Week 49	VVeek 50	Week 51	Week 52
Date Recorded	10/1/21	19/21	10/15/21	10/2/24	16/2/21	11/8/21	1/12/21	1/19/21	1/26/21	12/3/21	12/19/21	12/17/21	12/24/2
Days Since Last Record	7	7	7	7	7	7	7	7	7	7	7	7	7
Very Short- lived Waste (lbs.)	90	90	100	100	100	100	100	100	100	100	100	100	100
Short-lived Waste (lbs.)	10	10		_		10	16	10	_	_	10	10	_
Long-lived Waste (lbs.)	10			10	10	10			10	10	-	10	10
I-131 Syringes (¹bs.)						-	4-10-10-10-10-10-10-10-10-10-10-10-10-10-		-				
Decayed Waste in Storage* (lbs.)	110	100	100	110	110	120	110	110	110	116	110	120	110
Non-rad Waste in Storage* (lbs.)	10	16		10	and the same of th	10	10	10	_	10	10	10	10
Sm-153 Waste (lbs.)		_					s copposation.	_	-				
Weekly Storage Total (lbs.)	1,729	1,394	1,494	1,614	1,724	1,464	1,584	1,704	1,814	1,454	1,574	1,704	1,824
Incoming (lbs.)	120	110	100	120	110	130	120	120	110	120	120	130	120
Outgoing (lbs.)	-	445				390		_		480	e de tampa	-	

<sup>\* (</sup>on the last day of the week)



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			REGULATED MEDICAL WASTE TRACK	KING FORM	<u></u>	<u> </u>	Emergency Response Number: CHEMTREC Custome	er No. 21132 1-800-424-9300	
	1. (	Gei	erator's Name and Mailing Address	2. Tracking For	m Number		INSTRUCTIONS FOR COMPLETING REGULATED ME	DICAL WASTE TRACKING FORM	
	ATTN: RINSI CHACKO, .PH RLS (USA) INC. PORT WASHINGTO 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618			MDLI005QNL 4. State Permit or ID No.		INSTRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink)		
ŀ			enhone Number			S	Copy 5 – GENERATOR COPY – Retained by General		
-	(516) 626-2799  5. Transporter's Name and Mailing Address			6. Telephone Number		NSTR	1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.     2. Items numbered 1-14 must be completed before the generator can sign the		
		, 2 (17	ERICYCLE, INC	8006339278		_	certification. Items 4, 10 and 19 are optional unless rule.  Item 22 must be completed by the destination facility.		
1			161 North Keith Drive	7. State Transpo	orter or ID No(s).		16. Transporter 1 (Certification of receipt of waste as des	cribed n items 11, 12 & 13)	
			e Forest, Illinois 60045	IL-033 9. Telephone No	umher		Kanow molenia ak	1/14/2021	
			/	•	<i>'</i>		Print/Type Name Signature	Date	
			RRICYCLE INC. Lower River Street	866-783-74		_	17. Transporter 2 or Intermediate Handler	18. Telephone Number	
뜻	ONEONTA, NY 13820			10. State Permit or ID No.		ANSPORTER	(Name and Address)		
띩				4-3648-00034\00005				19. State Transporter or ID	
GENERATOR	11. USDOT Shipping Name (or waste description)  11a. Container Type		12. Total No. 13. Total Containers Volume		•		No(s).		
삥	8.	<b>)</b>	UN3291, Regulated Medical Waste, Corrugated Box n.o.s., 6.2, PGII (Untreated)		CF	₹	20. Transporter 2 or Intermediate Handler (Certificat	tion of receipt of wests on described in	
	b.	>	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Reusable Tub	\ 2	8 cf	] ⊢	items 11, 12 & 13)	ion of receipt of waste as described in	
	c.	*	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII Wheeled (Untreated) Rack		CF.		Print/Type Name Signature	Date	
	d.		Regulated Medical Waste (Treated)		CF		21. New Tracking Form Number (for consolidated o	r remanifested waste)	
Ī	14.	Ş	ecial Handling Instructions and Additional Information			_	22, Destination Facility (Carabation of receipt of waste		
	Ph ONTBOI					<u>ا</u> _ ـ	Received in accordance with items 11,122,13	as described in items 11, 12 & 13)	
						STINATION	Print/Type Name Xaning Signature	Y Date	
ŀ	DO 05-7001				AT	(If other than the destination facility, indicate address, phone,	and permit or ID no. in box 14)		
ŀ	1 h	Ara	enerator's Certification by declare that the contents of this consignment are fully and	accuragety describ	ed above by the		(If other than the destination facility, indicate address obene.  23. Discrepancy Box (Any discrepancies should be noted to be	ast Dr.	
	pro	pe	shipping name and are classified, packaged, marked and labelle per condition for transport according to applicable international and	ti/placarded, and a	are in all respects	S		tet RI 02985	
ŀ	,	\ \		///	11	Ö	Tel# 401-7 Permit# R		
	_	<u>/</u>	AVID BUNGHAN	1/14	/202 Date	<del>                                     </del>	Permit# N	114144-500	
	Pr	ากใ	Type Name Signature (	1/14	/ ZUZ Date	ĺ			



Cust-Site ID: 8322394-001

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REGULATED MEDICAL WASTE TRACI	KING FORM			Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
1. Generator's Name and Mailing Address	2. Tracking Form	n Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH	MDLI005TH	D	STRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)
80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618	4. State Permit of	or ID No.	Ē	Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
3. Telephone Number (516) 626-2799			Ž	Copy 5 – GENERATOR COPY – Retained by Generator (Gold)
5. Transporter's Name and Mailing Address	6. Telephone Nu	ımber	ST	A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
STERICYCLE, INC	8006339278	<b>;</b>	ž	2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.
28161 North Keith Drive	7. State Transpo	orter or ID No(s).		
Lake Forest, Illinois 60045	IL-033			16. Transporter 1 (Certification of receipt of waste as described in items 1/12 & 13)
8. Destination Facility Name and Address	9. Telephone Nu 866-783-74			Print/Type Name Signature Date
STERICYCLE INC. 31 Lower River Street	000-(63-74	122		17. Transporter 2 or Intermediate Handler // 18. Telephone Number
ONEONTA, NY 1382D	10. State Permit	or ID No.	ER	(Name and Address)
	4-3646-000	34\00005	R	19. State Transporter or ID
11. USDOT Shipping Name (or waste description) 11a. Container	Ipping Name (or waste description)   11a. Container   12. Total No.   13. Total   Type   Containers   Volume		SPORTE	No(s).
HM a. X UN3291, Regulated Medical Waste, Corrugated Box	27	90	RAN	
n.o.s., 6.2, PGII (Untreated) b. X UN3291, Regulated Medical Waste,	20	67 CF	TR	20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
n.o.s., 6.2, PGII (Untreated) Reusable Tub	-	CF	1	nems II, LE G 10)
c. X n.o.s., 6.2, PGII Wheeled (Untreated) Rack		CF		Print/Type Name Signature Date
d. Regulated Medical Waste (Treated)		ĊF		21. New Tracking Form Number (for consolidated or remanifested waste)
14. Special Handling Instructions and Additional Information				22 Pagtingtion Equility (Codification of resolut of wants on described in items 44, 40 8, 42)
P-20 WYCES			,	22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)  22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
0 20 111/20			Z	Mary Write 3.6.50
1170 WWWE			STINATION	Print/Type Name Signature Date (If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)
15. Generator's Certification			Z	23. Discrepancy Box (Any discrepancies should be noted by item (Michaels)
I hereby declare that the contents of this consignment are fully and proper shipping name and are classified, packaged, marked and the place.	ed/placarded, and a	are in all respects	STI	23. Discrepancy Box (Any discrepancies should be noted by jtere (note and leithels) Stericy 1901 Pine Avenue 1901 - Old 44483
in proper condition for transport according to applicable international an	national governme	ent regulations.		1901 Pine Avenue 1901 Pine Avenue Warren Olf 44483 Warren Olf 44483 330-393-0385 330-393-0385
1 Mictorialovan V	<b>∕</b>		_	Warren 01-03-0385 330-393-0385 Pormitik 0278080634
Print/Type Name Signature	2/25	7/202 Date		Louis



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REGULATED MEDICAL WASTE TRACI	KING FORM			Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
1. Generator's Name and Mailing Address	2. Tracking Form	n Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH	MDLI005TH	D	STRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)
80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618	4. State Permit of	or ID No.	Ē	Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
3. Telephone Number (516) 626-2799			Ž	Copy 5 – GENERATOR COPY – Retained by Generator (Gold)
5. Transporter's Name and Mailing Address	6. Telephone Nu	ımber	ST	A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
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28161 North Keith Drive	7. State Transpo	orter or ID No(s).		
Lake Forest, Illinois 60045	IL-033			16. Transporter 1 (Certification of receipt of waste as described in items 1/12 & 13)
8. Destination Facility Name and Address	9. Telephone Nu 866-783-74			Print/Type Name Signature Date
STERICYCLE INC. 31 Lower River Street	000-(63-74	122		17. Transporter 2 or Intermediate Handler // 18. Telephone Number
ONEONTA, NY 1382D	10. State Permit	or ID No.	ER	(Name and Address)
	4-3646-000	34\00005	R	19. State Transporter or ID
11. USDOT Shipping Name (or waste description) 11a. Container	Ipping Name (or waste description)   11a. Container   12. Total No.   13. Total   Type   Containers   Volume		SPORTE	No(s).
HM a. X UN3291, Regulated Medical Waste, Corrugated Box	27	90	RAN	
n.o.s., 6.2, PGII (Untreated) b. X UN3291, Regulated Medical Waste,	20	67 CF	TR	20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
n.o.s., 6.2, PGII (Untreated) Reusable Tub	-	CF	1	nems II, LE G 10)
c. X n.o.s., 6.2, PGII Wheeled (Untreated) Rack		CF		Print/Type Name Signature Date
d. Regulated Medical Waste (Treated)		ĊF		21. New Tracking Form Number (for consolidated or remanifested waste)
14. Special Handling Instructions and Additional Information				22 Pagtingtion Equility (Codification of resolut of wants on described in items 44, 40 8, 42)
P-20 WYCES			,	22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)  22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
0 20 111/20			Z	Mary Write 3.6.50
1170 WWWE			STINATION	Print/Type Name Signature Date (If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)
15. Generator's Certification			Z	23. Discrepancy Box (Any discrepancies should be noted by item (Michaels)
I hereby declare that the contents of this consignment are fully and proper shipping name and are classified, packaged, marked and the place.	ed/placarded, and a	are in all respects	STI	23. Discrepancy Box (Any discrepancies should be noted by jtere (note and leithels) Stericy 1901 Pine Avenue 1901 - Old 44483
in proper condition for transport according to applicable international an	national governme	ent regulations.		1901 Pine Avenue 1901 Pine Avenue Warren Olf 44483 Warren Olf 44483 330-393-0385 330-393-0385
1 Mictorialovan V	<b>∕</b>		_	Warren 01-03-0385 330-393-0385 Pormitik 0278080634
Print/Type Name Signature	2/25	7/202 Date		Louis



Cust-Site ID: 8322394-801

Route No: 695- 9

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	REGULATED MEDICAL WASTE TRACK	(ING FORM		Emergency Response Number: CHEMTREC Custome	r No. 21132 1-800-424-9300	
$\Box$	1. Generator's Name and Malling Address	2. Tracking Form Number		INSTRUCTIONS FOR COMPLETING REGULATED ME	DICAL WASTE TRACKING FORM	
	ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH	MDLI005XG7  4. State Permit or ID No.		Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)		
	80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618					
	3. Telephone Number (516) 626-2799		STRUCTIONS	A copy of this shipping document must accompany	each chinment of regulated	
	5. Transporter's Name and Mailing Address	6. Telephone Number 8006339278		medical waste generated in New York or another covered State.  2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.		
	STERICYCLE, INC 28161 North Keith Drive	7. State Transporter or ID No(s).	<u> </u>			
	Lake Forest, Illinois 60045	IL-033		16. Transporter 1 (Certification of receipt of waste as desc	4/22/2021	
	8. Destination Facility Name and Address	9. Telephone Number		Print/Type Name Signature	Date	
	STERICYCLE INC.	866-783-7422		17. Transporter 2 or Intermediate Handler	18. Telephone Number	
RO	31 Lower River Street ONEONTA, NY 13820	10. State Permit or ID No.		(Name and Address)	16. Telephone Number	
F		4-3646-00034\00005			19. State Transporter or ID	
GENERATO	11. USDOT Shipping Name (or waste description)  11a. Container Type	12. Total No. 13. Total Containers Volume	RANSPORT		No(s).	
8	a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Corrugated Box	16 672 cf	וּ	20. Transporter 2 or Intermediate Handler (Certificati		
	b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Reusable Tub	CF	-	items 11, 12 & 13)	on or receipt or waste as described in	
	c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII Wheeled (Untreated) Rack	CF		Print/Type Name Signature	Date	
	d. Regulated Medical Waste (Treated)	CF	1	21. New Tracking Form Number (for consolidated or	remanifested waste)	
Ī	14. Special Handling Instructions and Additional Information	<u> </u>	<u> </u>			
	0/016		z	22. Destination Facility (Certification of receipt of waste of Received in accordance with items 11, 12 & 13	as described in items 11, 12 & 13)	
İ	0/0/6		O.	Print/Type Name Signature	Date	
	15. Generator's Certification I hereby declare that the contents of this consignment are fully and a proper shipping name and are classified, packaged, marked and labelle in proper condition for transport according to applicable international and Print/Type Name  Signature	d/place/ded, find are in all respects I national government regulations.	DESTINATION	(If other than the destination facility, indicate address, phone, 23. Discrepancy Box (review 1901 Pine Avenue St. Warren OH 44483 330-393-0385 Permitif 0273080634	and permit of 10 no. In box 14)  by item number and initials)	



Cust-Site ID: 8322394-001

Route No: 885- 7

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	REGULATED MEDICAL	WASTE TRAC	KING FORM			Emergency Response Number: CHEMTREC Custor	ner No. 21132	1-800-424-9300	
	1. Generator's Name and Mailing Address		2. Tracking For	m Number		INSTRUCTIONS FOR COMPLETING REGULATED I	MEDICAL WASTE	TRACKING FORM	
	ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD		MDL1005ZGH		RUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)			
	PORT WASHINGTON, NY 1105	04618	4. State Permit	or ID <del>N</del> o.	7	Copy 4 – TRANSFER STATION COPY: Retained Copy 5 – GENERATOR COPY – Retained by Gene		on (Pink)	
	3. Telephone Number (516)	6. Telephone Number		INSTRU	A copy of this shipping document must accompa	nv each shinmen	t of regulated		
	5. Transporter's Name and Mailing Address				medical waste generated in New York or another covered State.  2. Items numbered 1-14 must be completed before the generator can sign the				
	STERICYCLE, INC		8006339278	}	J <del>ℤ</del>	certification. Items 4, 10 and 19 are optional unless required by the particular state.  Item 22 must be completed by the destination facility.			
	28161 North Keith Drive		7. State Transp	orter or ID No(s).		16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)		12 & 13)	
	Lake Forest, Illinois 6004	IL-033			Thimmenout		20/2021		
	8. Destination Facility Name and Address		9. Telephone N	umber		Print/Type Name Signature	<u>ven</u>	Date	
	STERICYCLE INC.	866-783-7422							
ጀ	31 Lower River Street ONEONTA, NY 13880		10. State Permit or ID No.		ËR	17. Transporter 2 or Intermediate Hándler (Name and Address)	18. Telepho	ne number	
			4-3646-00084\00005		RANSPORTE		10 State Tu	ansporter or ID	
NER	11. USDOT Shipping Name (or waste description) 11a. Container Type		12. Total No. Containers	lo. 13. Total Volume			No(s).	ansporter or in	
핑	a. X UN3291, Regulated Medical Waste,	Corrugated Box	/5	67 cr	. ₹				
	b. X UN3291, Regulated Medical Waste,			<del> </del>	7 ⊢	20. Transporter 2 or Intermediate Handler (Certificitiems 11, 12 & 13)	cation of receipt of v	vaste as described in	
	n.o.s., 6.2, PGII (Untreated)  uN3291, Regulated Medical Waste,		,	CF	1		,		
	n.o.s., 6.2, PGII (Untreated)	Wheeled Rack		CF		Print/Type Name Signature		Date	
	d. Regulated Medical Waste (Treated)			CF		21. New Tracking Form Number (for consolidated	or remanifested	waste)	
	14. Special Handling Instructions and Addi	tional Information		0		22. Destination Facility (Certification of receipt of was	te as described in it	ems 11, 12 & 13)	
	00	wy 45=15 ww 45=15				Received in accordance with items 11, 12,8 13			
	Wy 45=15					are lo-ho	َ ي	26-26	
					STINATION	Print/Type Name Signature (If other than the destination facility, indicate address, pho-		Date no. in box 14)	
1	15. Generator's Certification				ÌŽ	23. Discrepancy Box (Any discrepancies should be no	sted by item number	and initials)	
	I hereby declare that the contents of this co proper shipping name and are classified, pact	raged, marked and labell	ed/placarded, and	are in all respects	ST	St	ericycle inc.	iue SE	
	in proper condition for transport according to a	pplicable international an	d national governm	nent regulations.	H	1	901 Fill 444	183	
	X VICTOR KI PURTE	- x 9	· ·		_	Į v	tericycle Inc. tericycle Inc. 901 Pine Aver Narren OH 444 330-393-0385	050634	
	Print/Type Name	Signature	5/20	7202 <b>Pate</b>			Narren O. 330-393-0385 Permit# 0275		



Cust-Site ID: 8322394-001

Route No: 695- 20



	REGULATED MEDICAL WASTE TRAC	KING FORM		Emergency Response Number: CHEMTREC Custome	r No. 21132 1-800-424-9300	
	1. Generator's Name and Malling Address	2. Tracking Form Number		INSTRUCTIONS FOR COMPLETING REGULATED ME	DICAL WASTE TRACKING FORM	
	ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC PORT WASH	MDLI0061H8  4. State Permit or ID No.		Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)		
	80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618					
ı	3. Telephone Number (516) 626-2799				·	
	5. Transporter's Name and Mailing Address	6. Telephone Number	INSTRUCTIONS	A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.     Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.  16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)		
		8006339278				
	STERICYCLE, INC 28161 North Keith Drive	7. State Transporter or ID No(s).				
	Lake Forest, Illinois 60045	IL-033			6/17/2021	
	8. Destination Facility Name and Address	9. Telephone Number		Print/Type Name Signature	Date	
	STERICYCLE INC. 31 Lower River Street	866-783-7422		17. Transporter 2 or Intermediate Handler	18. Telephone Number	
심	ONEONTA, NY 13820	10. State Permit or ID No.		(Name and Address)	, , , , , , , , , , , , , , , , , , ,	
_		4-3646-00034\00005			19. State Transporter or ID	
ENERA	11. USDOT Shipping Name (or waste description) HM 11a. Container Type	Containers Volume	RANSPORTE	·	No(s).	
5	a. X UN3291, Regulated Medical Waste, Corrugated Box n.o.s., 6.2, PGII (Untreated)	20 84 CF	₹	20. Transporter 2 or Intermediate Handler (Certificat	on of receipt of waste as described in	
	b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Reusable Tub	CF		items 11, 12 & 13)		
	c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII Wheeled (Untreated) Rack	CF		Print/Type Name Signature	. Date	
	d. Regulated Medical Waste (Treated)	CF	•	21. New Tracking Form Number (for consolidated o	r remanifested waste)	
	14. Special Handling Instructions and Additional Information			22. Destination Facility (Certification of receipt of waste	as described in items 11, 12 & 13)	
	Plu 20- Wyer	. •		☐ Received in accordance with items 11, 12 & 13		
	plu 20- wher p615		Z	Colinkular Colik	~ 6/d/a	
	<i>y</i>	_	STINATION	Print/Type Name Signature (If other than the destination facility, indicate address, phone,	and permit or ID no. in box 14)	
	15. Generator's Certification I hereby declare that the contents of this consignment are fully and proper shipping name and are classified, packaged, marked and labell in proper condition for transport according to applicable international and proper conditions for transport according to applicable international and proper conditions for transport according to applicable international and proper conditions.  Print/Type Name  Signature	ed/placarded, and are in all respects		23. Discrepancy Box (Any discrepancies should be noted Stericycle Inc. 1901 Pine Aven. Warren OH 4448 330-393-0385 Permit# 027808	d by item number and initials) UE SE	
	cento i Maria de Companya de C	· · · · · · · · · · · ·	1			



Qust-Site ID: 8322394-001

Route No: 695- 13



	REGULATED MEDICAL WASTE TRACI	KING FORM		Emergency Response Number: CHEMTREC Customer No. 21132 1-800-2	424-9300	
	1. Generator's Name and Malling Address	2. Tracking Form Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING	NG FORM	
	ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD	MDLI0063H2  4. State Permit or ID No.		Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)		
	PORT WASHINGTON, NY 110504618			Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)		
	3. Telephone Number (516) 626-2799			A copy of this shipping document must accompany each shipment of regular	ated	
	5. Transporter's Name and Mailing Address	6. Telephone Number	INSTRUCTIONS	medical waste generated in New York or another covered State.		
	STERICYCLE, INC	8006339278		2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.		
	28161 North Keith Drive	7. State Transporter or ID No(s).		16. Vansporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)	<del></del>	
	Lake Forest, Illinois 60045	IL-033		Kanon moler Lanon mark	1	
	8. Destination Facility Name and Address STERICYCLE INC.	8 Telephone Number 860: 783-7422	1	Print/Type Name Signature	Date	
	31 Lower River Street	000 (00 1421		17. Transporter 2 or Intermediate Handler 18. Telephone Numb	<del></del>	
R	ONEONTA, NY 13820	10. State Permit or ID No.		(Atoma and Address)		
<b>VTC</b>		4-3646-0003 00005		10 Clear Turnered	ID	
GENERATOR	11. USDOT Shipping Name (or waste description) 1Ta. Container Type	12. Total No. 13. Total Containers Volume		19. State Transporte No(s).	rorib	
3E	a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	13 546 CF	RANSPORTE			
	b. X UN3291, Regulated Medical Waste,			20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as describe items 11, 12 & 13)		
:	n.o.s., 6.2, PGII (Untreated) Reusable Tub UN3291, Regulated Medical Waste,	CF	1			
	n.o.s., 6.2, PGII Wheeled Rack	CF		Print/Type Name Signature	Date	
			1	21. New Tracking Form Number (for consolidated or remanifested waste)		
	14. Special Handling Instructions and Additional Information		<u> </u>			
i	14. Special Handling Instructions and Additional Information  15. Generator's Certification  I hereby declare that the contents of this consignment are fully and proper shipping name and are classified, packaged, marked and labelle			Received in accordance with items 11, 12 & 13	2 & 13) , , ,	
	$\sim 1$		DESTINATION	person 1 4		
	No lomme	<u> </u>	F	Print/Type Name Signature (If other than the destination facility, indicate address, phone, and permit or ID no, in box		
	15. Generator's Certification I hereby declare that the contents of this consignment are fully and	accurately described above by the	2	23. Discrepancy Box (Any discrepancies should be noted by item number and initials		
	proper shipping name and are classified, packaged, marked and labelle in proper condition for transport according to applicable international and	ed/placarded, and are in all respects	S	Stericycle Inc.	a SE	
	1).	o national government regulations.	띰	Stericycle Inc. 1901 Pine Avenus 1901 OH 4448	3	
	X'VI OTON KIQUEUTE V	7:43,75054		Stericys: Avenue 1901 Pine Avenue 1901 Pine Avenue Warren OH 4448 Warren OH 4448	-0634	
	PrintType Name Signature	(/ 13/202 Date		Warren OH 44-7- Warren OH 44-7	180024	

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Cust-Site ID: 8322394-001

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		REGULATED MEDICAL WASTE TR	ACKING FOR	M		Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300		
	1. 0	Generator's Name and Mailing Address	2. Tracking Fe	orm Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM		
	IN	TTN: RINSI CHACKO, .PH MDL10064			RUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)		
	PO	) SEAVIEW BLVD ORT WASHINGTON, NY 110504618	4. State Perm	it or ID No.	5	Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)		
	3. T	Telephone Number (516) 626-2799			ͳ			
	5. T	Transporter's Name and Mailing Address	6. Telephone 80063392	6. Telephone Number		medical waste generated in New York or another covered State.  2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state.		
	;	STERICYCLE, INC		porter or ID No(s).		Item 22 must be completed by the destination facility.		
		28161 North Keith Drive				16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)		
		Lake Forest, Illinois 60045	IL-033		_	Tral Express 2 1/29/2021		
	8. D	Destination Facility Name and Address	9. Telephone	Number		Print/Type Name Signature Date		
		STERICYCLE INC.	866-783-1	866-783-7422		17. Transporter 2 or Intermediate Handler 18. Telephone Number		
R		31 Lower River Street ONEONTA, NY 13820	10. State Perm	10. State Permit or ID No.		(Name and Address)		
A			4-3646-0	0034\00005	RANSPORTER	19. State Transporter or ID		
GENERATOR	11. USDOT Shipping Name (or waste description)  11a. Container Type		iner 12. Total No. Containers			No(a).		
3E	a.	X UN3291, Regulated Medical Waste, Corrugated	Box		. ₹	\$ <del></del>		
	b.	n.o.s., 6.2, PGII (Untreated)  X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Reusable 1	ub 2	8 0	<b></b> ⊢	20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)		
	c.	X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII Wheeled (Untreated) Rack	i	CI	_	Print/Type Name Signature Date		
	d.	Regulated Medical Waste (Treated)		CI	_	21. New Tracking Form Number (for consolidated or remanifested waste)		
	14.	Special Handling Instructions and Additional Information	1		<u> </u>			
	DW2 TROI					22. Pestination Facility (Certification of receipt of waste as described in items 11, 12 & 13)  Received in accordance with items 11, 12 & 13		
	V				DESTINATION	Print/Type Name - Date		
-			·	· · · · · · · · · · · · · · · · · ·	₽	(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)		
- 1		Generator's Certification ereby declare that the contents of this consignment are fully	and accurately descr	ibed above by the	Z	23. Discrepancy Box (Any discrepancies should be noted by item number and initials)		
	prop	per shipping name and are classified, packaged, marked and la proper condition for transport according to applicable internation	abelled/placarded, and	are in all respects	S	<u>`</u>		
	0	$\langle \cdot, \cdot, \cdot \rangle$	ii and national govern	ment regulations.	ᆸ			
		MUID BLANCHAND STORME	<u> </u>					
	Pri	Int/Type Name Signature	7/:	29/202 <b>date</b>				





	REGULATED MEDICAL WASTE	TRACE	KING FORM			Emergency Response Number: CHEMTREC Custo	mer No. 21132 1-800-424-9300	
	1. Generator's Name and Mailing Address ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. FORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618				INSTRUCTIONS	INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM  Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White)  Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green)  Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)  Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink)		
.	3. Telephone Number (も16) - 626-27分)				Copy 5 - GENERATOR COPY - Retained by Generator (Gold)  1. A copy of this shipping document must accompany each shipment of regulated			
	5. Transporter's Name and Malling Address  STERICYCLE, INC 28161 North Keith Drive	<b>6. Telephone Number</b> 8006339278		INST	medical waste generated in New York or another covered State.  2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state.  Item 22 must be completed by the destination facility.			
	Lake Forest, Illinois 60045		7. State Transpo	orter or ID No(s).		16. Transporter 1 (Certification of receipt of waste as	•	
	8. Destination Facility Name and Address STERIOTOLE THOU		9 Telephone N	imber 2.2		Print/Type Name Signature	<u> </u>	
TOR	ONEONTA, NY 13820		10. State Permit or ID No 4-36/16-00034\00005		RTER	17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number	
ENERA	НМ	ontainer ype	12. Total No. Containers	13. Total Volume	NSPORTE		19. State Transporter or ID No(s).	
3	n.o.s., 6.2, PGil (Untreated) b. X UN3291, Regulated Medical Waste,	ed)  lical Waste, ed)  Reusable Tub	18	75.6 0	٦⊢	20. Transporter 2 or Intermediate Handler (Certifiems 11, 12 & 13)	Lication of receipt of waste as described in	
	C. A n.o.s., 6.2, PGII Wh	eeled Rack		C	F	Print/Type Name Signature	e Date	
	d. Regulated Medical Waste (Treated)  14. Special Handling Instructions and Additional Informat			С	F	21. New Tracking Form Number (for consolidate	d or remanifested waste)	
	Plo 18 November					22. Destination Facility (Certification of receipt of wa Received in accordance with Items 11, 12 & 13  W. Switz Market St. Print/Type Name Signature (If other than the destination facility, indicate address, pho	1991 Bate	
15. Generator's Certification I hereby declare that the contents of this consignment are fully and accurately of proper shipping name and are classified, packaged, marked and labelled/placarded in proper condition for transport according to applicable international and national go			ed/placarded, and a d national governm	are in all respects	DESTINATION	23. Discrepancy Box (Any discrepancies should be n Stericycle Inc. Ste 31 Lower River Street 36 Oneonta, NY 13820 (AN)	oted by item number and fillals) Elicycle Inc. O 1-vrk East Dr. Oonst Kei RI 02985	
	Print/Type Name Signature			Date	#	Phone # (607) 432-0301 Pormit # 4-3646-0034/00005	rmit FilmW-260	



Cust-Site ID: 8322394-001

Routo No: 695- 2

REGULATED MEDICAL WASTE TRACKING FORM					Emergency Response Number: CHEMTREC Custome	er No. 21132 1-800-424-9300
	1. Generator's Name and Malling Address	2. Tracking Form N	lumber		INSTRUCTIONS FOR COMPLETING REGULATED ME	EDICAL WASTE TRACKING FORM
	ATTN: RINGI CHACKO, .PH INC/RLS (USA) INC. PORT WASH	MDLI 0067WJ  4. State Permit or ID No.		RUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)	
	80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 3. Telephone Number					
	(5(6) 626-2799				1. A copy of this shipping document must accompany	each shipment of regulated
	5. Transporter's Name and Malling Address	6. Telephone Number 8006339278		INS		
	STERICYCLE, INC 29161 North Keith Drive	7. State Transporte	er or ID No(s).			
	Lake Forest, Illinois 60045	IL-033			16. Transporter 1 (Certification of receipt of maste as des	
	8. Destination Facility Name and Address	9. Telephone Numi	ber		TOWER LOCAL	9/15/2021
	STERICYCLE INC.	866-783-7422			Print/Type Name Signature	Date
띴	31 Lower River Street ONEONTA, NY 13820	10. State Permit or ID No.		ER	17. Transporter 2 or Interphediate Handler (Name and Address)	18. Telephone Number
٩T	*	4-3646-00034\00005 12. Total No. 13. Total Volume		K	·,	19. State Transporter or ID
GENERATOR	11. USDOT Shipping Name (or waste description)  HM  11a. Container Type			RANSPORTE		No(s).
3E	a. X UN3291, Regulated Medical Waste, Corrugated Box n.o.s., 6.2, PGII (Untreated)	/9 :	74. 5 CF	S		
•	b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) Reusable Tub		CF CF	TF	20. Transporter 2 or Intermediate Handler (Certifical items 11, 12 & 13)	lion of receipt of waste as described in
	c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII Wheeled		<u> </u>		B-1-15	
	(Untreated) Rack		ÇF		Print/Type Name Signature	Date
	d. Regulated Medical Waste (Treated)		CF		21. New Tracking Form Number (for consolidated o	r remanifested waste)
	14. Special Handling Instructions and Additional Information				22. Destination Facility (Certification of receipt of waste	on density of in items (1, 10 f. 12)
	P-19 WY 4.8				Received in accordance with items 11, 12 & 13	as described in lients 11, 12 & 15)
	P-19 WY 4.8				som In/Cula	79/20/21
	D-20 WOUS				Print/Type Name Signature (If other than the destination facility, Indicate address, phone.	Date and permit or ID no. in box 14)
	15. Generator's Certification			DESTINATION	23. Discrepancy Box (Any discrepancies should be note	d by item number and initials)
	I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects				23. Discrepancy Box (Any discrepancies should be note	7 <sub>C.</sub>
	in proper condition for transport according to applicable international and national government regulations.				1901 Pine A Warren Okta 330-393 (*	Venus or
4	1 4/90:09. Wal War				Warren Oktob 330-393-0-8 Permit# 0278	1493 OF
۵	Print/Type Name Signature	9/16/2	UZ.Date			(100



Cust-Site ID: 8322934-001

Route No: 685- 10

REGULATED MEDICAL WASTE TRACKING FORM					ASTE TRACI		Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-93	00			
1. Generator's Name and Mailing Address 2. Trac			2. Tracking For	m Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FOR	RM				
	ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH		MDL10069JW		STRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)					
	80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618		4. State Permit or ID No.		75	Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink)					
Ī	3.	Tel	ephone Num	ber (516) 62	6-2799				Copy 5 – GENERATOR COPY – Retained by Generator (Gold)		
	5. Transporter's Name and Mailing Address			6. Telephone Number		SI	A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.				
	STERICYCLE, INC			8006339278		Z	Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.				
		28	161 Nort	h Keith Drive		7. State Transporter or IQ No(s).			16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)		
	Lake Forest, Illinois 60045		IL-033			10/7/2021_					
	8. I	De	stination Fac	Ility Name and Address	= 1	9. Telephone N	umber	1	Some motor (consumous	and mouring	
	STERICYCLE INC.		866-783-7422								
8	31 Lower River Street ONEONTA, NY 13820		10. State Permit or ID No. 4-3646-00034\00005		교	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Number					
ĔĹ					] K	19. State Transporter or ID	,——				
GENERATOR		. U M		ng Name (or waste description	n) 11a. Container Type	12. Total No. Containers	13. Total Volume	RANSPORTE	No(*).		
뜅	a.	] }	n.o.s., 6.2	Regulated Medical Waste, 2. PGII (Untreated)	Corrugated Box	14	58-8 c	₽ <b>3</b>	20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described	in	
	b.	-	X UN3291, n.o.s., 6.3	Regulated Medical Waste, 2. PGH (Untreated) Regulated Medical Waste,	Reusable Tub		С	7 ⊢	Items 11, 12 & 13)		
	C.	2	n.o.s., 6.2 (Untreate	2, PĞII	Wheeled Rack		c	E	Print/Type Name Signature Date	_	
	d.		Regulate	d Medical Waste (Treated)			C	F	21. New Tracking Form Number (for consolidated or remanifested waste)		
	14.	. s	pecial Handii	ng Instructions and Additional	Information			}_	22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)		
- 1	P/N 147-W443					☐ Received in accordance with items 11, 12 & 13					
1						z	Kerry Horaness Kthanklus w/15/2	1			
	D/0 (151- 744)7-0				W17-0	ESTINATION	Print/Type Name Signature Date	<u> </u>			
1	15. Generator's Certification					٦≨	(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)  23. Discrepancy Box (Any discrepancies should be noted by item number and initials)  Stericycle Inc.				
	I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelied/placarded, and are in all respects				E	1901 Pine Avenue SE					
	in	pro	per condition	for transport according to applica	los litternational and	d national governm	ent regulations.	Ä	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		X	Kire	ti Chacko	will	<u> </u>		_	330-393-0385 Permit# 0278080634		
	Print/Type Name Signature 1077/202 bate				10//		- Committee 027000004				



Cust-Site ID: 8322394-001

Route	No:	895-	7

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REGULATED MEDICAL WASTE TRACKING FORM						Emergency Response Number: CHEMTREC Custo	omer No. 21132 1-800-424-9300		
	1. G	ienera	ator's Name and Mailing Address		2. Tracking For	m Number		INSTRUCTIONS FOR COMPLETING REGULATED	MEDICAL WASTE TRACKING FORM
	ATTN: RINSI CHACKO, PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVDPORT-WASHINGTON, NY-110504618		MDLI006BQ		STRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink) Copy 5 – GENERATOR COPY – Retained by Generator (Gold)			
			6. Telephone Number		INSTE	1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.      2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.			
			RICYCLE, INC	!	7. State Transp	orter or ID No(s).			
	28161 North Keith Drive Lake Forest, Illinois 60045		IL-033		<del> </del> -	16. Transporter 1 (Certification of receipt of waste as  Let Expense Let	described in items 11, 12 & 13)		
	8. C	estin	nation Facility Name and Address		9. Telephone N	umber		Print/Type Name Signatur	
	9	TER	RICYCLE INC.		866-783-7	<b>4</b> 22			
OR	31 Lower River Street ONEONTA, NY 13820		10. State Permit or ID No.		표	17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number		
A	<u> </u>		4-3646-00034\00005				19. State Transporter or ID		
GENERATOR	11. HI		OT Shipping Name (or waste description	) 11a. Container Type	12. Total No. Containers	13. Total Volume	RANSPORTE		No(s).
36	a.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGil (Untreated)	Corrugated Box	12	84 c	ַוּ		
	b.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		O C	7 -	20. Transporter 2 or Intermediate Handler (Certi items 11, 12 & 13)	ication of receipt of waste as described in
	c.	X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Wheeled Rack		C	F	Print/Type Name Signatur	e Date
	d.		Regulated Medical Waste (Treated)			C		21. New Tracking Form Number (for consolidate	d or remanifested waste)
	14. Special Handling Instructions and Additional Information				┧				
	Plu-12-1470 Plo12					_	22/Destination Facility Certification of receipt of wa  Received in accordance with items 11, 12 & 13	ste as described in items 11, 12 & 13)	
	0/012				DESTINATION	Print/Type Name Signatur (if other than the destination facility, indicate address, pho	one, and permit or ID no. In box 141		
į			erator's Certification		المرابع المراب	and about the M	≧	23. Discrepancy Box (Any discrepancies should be n	oted by item number and initials)
	I hereby deciare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects				ES.	23. Discrepancy Box (Any discrepancies should be n	1901 Pine Avalus Warren OH 44483 Warren 393-0385		
	in p	roper	condition for transport according to applica	bie international an	d national governm	ent regulations.	Щ		Warren OH 477
	Melan & Rion & Sur					10		Warren OH 257 330-393-0385 330-393-0385 Permit# 0278080634	
	_//		pe Name	Janeture		4/202 <sup>Qate</sup>	1		Permit# 02.



REGULATED MEDICAL WASTE TRACKING FORM  1. Generator's Name and Mailing Address ATTYN: KINST CHRCKO, PH  1NC/RLS (USA) 1NC. PORT WASH 80 SEAVIEW BLVD FORT MASHINGTON, NY 110504618  Emergency Response Number: CHEMTREC Custo  INSTRUCTIONS FOR COMPLETING REGULATED  Copy 1 - GENERATOR COPY: Sent by Destinati Copy 2 - DESTINATION FACILITY COPY: Retained by Transporter COPY: Retained C	ion Facility to Generator (White) ned by Destination Facility (Green) ransporter (Yellow) I by Transfer Station (Pink) nerator (Gold)		
ECKI MASHINGTON, NI 110304010	l by Transfer Station (Pink) nerator (Gold)		
1NC/RLS (USA) 1NC. PORT WASH 80 SEAVIEW BLVD FORT WASHINGTON, NY 110504618 4. State Permit or ID No.  Copy 1 - GENERATOR COPY: Sent by Destinati Copy 2 - DESTINATION FACILITY COPY: Retained by True Copy 3 - TRANSPORTER COPY: Retained by True Copy 5 - GENERATOR COPY - Retained by Ger  3. Telephone Number	any odon omprisorit or regulated		
5. Transporter's Name and Mailing Address  STERICYCLE, INC 28161 North Reith Drive  6. Telephone Number 8006339278  Callerns numbered 1-14 must be completed before certification. Items 4, 10 and 19 are optional unless than 10 and 10 are optional unless than 10	11.7 copy of this shipping document inter accompany each shipmont of regulated		
Lake Folest, Illinois 60045  7. State Transporter or ID No(s).  16. Transporter 1 (Certification of receipt of waste as IL-033  8. Destination Facility Name and Address.  9. Telephone Number 2	escribed in items 11,]12 £33)2021		
31 Lower River Street ONEONTA, HY 1 820  Print/Type Name Signature 17 Temperature 2 or Intermediate Handler	Date 18. Telephone Number		
10. State Permit or ID No. (Name and Address)  11. USDOT Shipping Name (or waste description) 11a. Container Type Containers Volume  HM  LM  Volume  12. Total No. 13. Total Volume  Volume  13. Total Volume  14. X UN3291, Regulated Medical Waste, n.o.s., 6.2. PGil (Untreated)  Corrugated Box 15 63 CF	19. State Transporter or ID		
11. USDOT Shipping Name (or waste description) Type 12. Total No. Type Containers Volume  Volume  Volume  Volume	No(s).		
b. X UN3291, Regulated Medical Waste, n.o.s., 6.2. PGII (Untreated) Reusable Tub CF	lication of receipt of waste as described in		
c. X n.o.s., 6.2, PGII Wheeled (Untreated) Rack CF	e Date		
d. Redulated Marting Waste (Treated)  14. Special Handling Instructions and Additional Information	d or remanifested waste)		
DEC 14 2021  CURTIS BAY ENERGY  CURTIS BAY ENERGY  Print/Type Name  (If other than the destination facility, Indicate address, pho	12/13 M		
1 hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.			
	Baltimore, MD 21226		



February 15, 2022

Ms.Jie Zhao NY State Department of Environmental Conservation Division of Solid & Hazardous Materials, Region One Building 40 – SUNY Stony Brook, New York 11790-2356

RE: Financial Assurance Reporting for Registration #30J10120

Dear Ms. Zhao:

RLS (USA) Inc. would like to submit this correspondence to satisfy as required by 6 CRR-NY 360.22 (b)(3) regarding the adjustment of facility closure costs due to inflation.

As required by 6 CRR-NY 360.22 (b)(3) the attached table shows that taking into account Implicit Price Deflator adjustments issued by the U.S. Department of Commerce, to adjust the closure cost estimate so as not to exceed our credit limit. credit limit year to date.

RLS (USA) Inc. currently holds a financial surety bond in the amount of \$ 105,000.00 for this permit. The current cost has been calculated to be \$ 89,498.63 If you are in need of any additional information or clarification regarding the above mentioned items, please contact me @ 516. 626.2799 or by email @ David.Blanchard@rls.bio

Regards,

David Blanchard

David Blanchard

Radiation Safety Officer

## RLS (USA) Inc. Port Washington Facility Registration #30J10120

- 1. As required by 6 CRR-NY 360.22 (b)(3) states "During the active life of a facility, other than a landfill that requires financial assurance, the owner or operator must annually submit to the department for review and approval adjusted closure cost estimates, including supporting justification to account for inflation and changes in facility conditions. This adjustment is made by recalculating the maximum cost of closure in current dollars, or by using an inflation factor derived from the most recent Implicit Price Deflator for Gross National Product published by the U.S. Department of Commerce in its Survey of Current Business. The inflation factor is the result of dividing the latest published annual deflator by the deflator for the previous year. The first adjustment is made by multiplying the closure cost estimate by the inflation factor. Subsequent adjustments are made by multiplying the latest closure cost estimate by the latest inflation factor".
- Gross Domestic Product: Implicit Price Deflator (U.S. Department of Commerce: Bureau
  of Economic Analysis) table was used. The table was aquired from
  https://research.stlouisfed.org/fred2/data/GDPDEF.txt
- The inflation factor was determined by dividing the latest inflaction factor obtained from the IPD table and the inflation value used in the previous years report.
- 4. The closure cost estimate was provided as \$84,550.00 in September of 2020.
- 5. Each year the previous years adjusted cost is adjusted again by the new inflation factor.

Finanical Assurance Closure Cost Estimate	Previous Year's adjusted Closure Cost \$84,550.00	Current Year's Adjusted Cost \$89,498.63	
	<u>Inflation Date</u>	<u>Inflation Value</u>	
Previous Years Inflation Value	10/1/2020	114.439	
Latest Inflation Value	10/1/2021	121.137	
Calculated Inflation Factor	1.058528998		



Cust-5ite ID: 8322394-001

Route No: 595- 4



	REGULATED MEDICAL WASTE TRACI		Emergency Response Number: CHEMTREC Custome	r No. 21132 1-800-424-9300			
	1. Generator's Name and Mailing Address	2. Tracking For	m Number		INSTRUCTIONS FOR COMPLETING REGULATED ME	DICAL WASTE TRACKING FORM	
	INC/RLS (USA) INC. PORT WASH	MDLI006FI9  4. State Permit or ID No.		TRUCTIONS	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White) Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green) Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)		
	ORT WASHINGTON, NY 110504618			15	Copy 4 ~ TRANSFER STATION COPY: Retained by Copy 5 – GENERATOR COPY – Retained by General	Transfer Station (Pink)	
	3. Telephone Number (516) 626-2799			Š		• •	
	5. Transporter's Name and Mailing Address	6. Telephone Number 8006339278		INST	1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.  2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.		
	STERICYCLE, INC						
	28161 North Keith Drive	7. State Transpo	orter or ID No(s).	<u> </u>	16. Transporter 1 (Certification of receipt of waste as des		
	Lake Forest, Illinois 60045	IL-033			Lel Eparer Les	12/20/2021 .	
	8. Destination Facility Name and Address STERICYCLE INC.	<b>9. Telephone N</b> t 866-783-742			Print/Type Name Signature	Date	
	31 Lower River Street	000 700 742	<b>.</b>		17. Transporter 2 or Intermediate Handler	18. Telephone Number	
Ř	ONEONTA, NY 13820	10. State Permit or ID No. 4-3646-00034\00005		出	(Name and Address)	10. Teleprione Italiibei	
GENERATOR				RANSPORTER			
2	11. USDOT Shipping Name (or waste description) 11a. Container	12. Total No. 13. Total		8		19. State Transporter or ID No(s).	
뿡	НМ Туре	Containers	Volume	125			
뜅	a. X UN3291, Regulated Medical Waste, Corrugated Box n.o.s. 6.2, PGII (Untreated)	16	67.2 CF	3	20. Transporter 2 or Intermediate Handler (Certifical		
	b. X UN3291, Regulated Medical Waste,	1		1 ⊨	items 11, 12 & 13)	ion of receipt of waste as described in	
	n.o.s. 6.2. PGII (Untreated) Reusable Tub  uN3291, Regulated Medical Waste,		CF	1			
	n.o.s., 6.2, PGII Wheeled Rack		CF		Print/Type Name Signature	Date	
	d. Regulated Medical Waste (Treated)		CF	]	21. New Tracking Form Number (for consolidated o	r remanifested waste)	
	44 Special Handling instructions and Additional Information						
	Plu 16-wyut				22, Destination Facility (Certification of receipt of waste	as described in Items 11, 12 & 13)	
	, per				Image ( Silming	1/1/0/02	
	b/0 /2			STINATION	Man mille	0 1/5/20	
					PrintType Name Signature (if other than the destination facility, indicate address, phone,		
	15. Generator's Certification				23. Discrepancy Box (Any discrepancies should be note	San San San San San	
	I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.				Alternate Destination Facility S. ericycle, Inc - Permit # 0278080634	1511/2000 No. 15 151	
	KHALID KAR	15		DE	1901 Pine Ave SE Warren, OH 44483	in the second	
	Print/Type Name Signature	12/00	/2021 Date		4330) 393-0370	في مدار مدار ما ما ما ما الما الما وووورا الله	
	- 1/5 - 11-1			I			

# 2022-2-28 POR 2021 Regulated Medical Waste Facility Annual Report Form

Final Audit Report 2022-02-28

Created: 2022-02-28

By: Jaime Herner (jaime.herner@rls.bio)

Status: Signed

Transaction ID: CBJCHBCAABAAYpkIWQMFeZux8pAFeP3kB0YXVg4KGBpI

## "2022-2-28 POR 2021 Regulated Medical Waste Facility Annual Report Form" History

- Document created by Jaime Herner (jaime.herner@rls.bio) 2022-02-28 4:53:03 PM GMT
- Document emailed to David Blanchard (david.blanchard@rls.bio) for signature 2022-02-28 4:54:06 PM GMT
- Email viewed by David Blanchard (david.blanchard@rls.bio) 2022-02-28 4:54:42 PM GMT
- Document e-signed by David Blanchard (david.blanchard@rls.bio)
  Signature Date: 2022-02-28 4:57:55 PM GMT Time Source: server
- Agreement completed. 2022-02-28 - 4:57:55 PM GMT