



REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

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

SECTION 1 – GENERAL INFORMATION

| FACILITY INFORMATION | | | |
|--|--|--|--|
| FACILITY NAME: RLS (USA) Inc | | | |
| FACILITY LOCATION ADDRESS: 80 Seaview BLVD | FACILITY CITY: Port Washington | STATE: NY | ZIP CODE: 11050 |
| FACILITY TOWN: North Hempstead | FACILITY COUNTY: Nassau | FACILITY PHONE NUMBER: 516-626-2799 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). North Hempstead SWMA | | | NYSDEC REGION #: 1 |
| 360 PERMIT #: | DATE ISSUED: 9/8/2020 | DATE EXPIRES: 9/7/2025 | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 30J10120 |
| FACILITY CONTACT: David Blanchard | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: 516.6262799 | CONTACT FAX NUMBER: |
| CONTACT EMAIL ADDRESS: David.Blanchard@rls.bio | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Werner Gruner | OWNER PHONE NUMBER: | OWNER FAX NUMBER: | |
| OWNER ADDRESS: One Corporate Dr. Building one Suite 125 | OWNER CITY: Lake Zurich | STATE: IL | ZIP CODE: 60047 |
| OWNER CONTACT: Jaime Herner | OWNER CONTACT EMAIL ADDRESS: Jaime.Herner@rls.bio | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: Rinsi.Chacko | <input type="checkbox"/> same as owner | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| Preferred address to receive correspondence: <input 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 2021? 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) | 3.075 | 0.4475 1.9025 0.51 0.0325 | | | | Stericycle Inc. Oneonta, NY Stericycle Inc. Warren, OH Curtis Bay Energy, Baltimore, MD Stericycle Inc. Woonsocket, RI | Otsego County |
| Other Infectious Waste <i>(specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)</i> | | | | | | | |
| Radioactive Waste <i>(specify for each very short lived, short lived or long lived)</i> | | | | | | | |
| Pharmaceutical Waste | | | | | | | |
| Hazardous Waste | | | | | | | |
| Other <i>(specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)</i> | | | | | | | |
| TOTAL | 3.075 | | | | | | |

SECTION 3 – DISPOSAL DE TINATION

| WASTE TYPE | AMOUNT (tons) | FACILITY NAME AND ADDRESS | STATE | COUNTY | NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i> |
|--------------------|------------------|---------------------------|-------|--------|---|
| 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 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.bio

Email (Print or Type)

80 Seaview Blvd

Port Washington

Address

City

NY, 11050

(516)

State and Zip

Phone Number

ATTACHMENTS: YES

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

| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 | Week 9 | Week 10 | Week 11 | Week 12 | Week 13 |
|----------------------------------|--------|--------|---------|---------|---------|--------|---------|---------|---------|---------|---------|---------|---------|
| 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 | 2/26/21 | 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.) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 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.) | 1,459 | 1,229 | 1,349 | 1,414 | 1,564 | 1,164 | 1,304 | 1,454 | 1,564 | 1,229 | 1,359 | 1,489 | 1,629 |
| 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 week)

Quarterly Total:
RMW Limit:

| | 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 | 4/30/21 | 5/7/21 | 5/14/21 | 5/21/21 | 5/28/21 | 6/4/21 | 6/11/21 | 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 | 100 | 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 | - | - | - | 20 | 20 | - | - | |
| Sm-153 Waste (lbs.) | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Weekly Storage Total (lbs.) | 1,469 | 1,579 | 1,719 | 1,829 | 1,564 | 1,694 | 1,824 | 1,924 | 1,644 | 1,754 | 1,874 | 1,994 | 1,644 | 1,734 |
| Incoming (lbs.) | 110 | 140 | 110 | 100 | 130 | 130 | 100 | 110 | 110 | 120 | 120 | 110 | 90 | |
| Outgoing (lbs.) | - | - | - | 365 | - | - | - | 390 | - | - | - | 460 | - | |

* (on the last day of the week)

Quarterly Total:
RMW Limit:

| | 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 | 9/24/21 |
| Days Since Last Record | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 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 | — | 10 | 10 | — | — |
| Long-lived Waste (lbs.) | 10 | — | — | 10 | 10 | — | 10 | — | — | — | 10 | 10 | 10 |
| I-131 Syringes (lbs.) | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 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 | 10 | 10 | — | — | 10 | 10 | — | — | — | — | 10 | 10 |
| Sm-153 Waste (lbs.) | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 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 |
| Incoming (lbs.) | 120 | 110 | 100 | 100 | 100 | 110 | 120 | 100 | 90 | 100 | 110 | 110 | 110 |
| Outgoing (lbs.) | — | — | 365 | — | 70 | — | — | 465 | — | — | — | 605 | — |

* (on the last day of the week)

Quarterly Total:
RMW Limit:

| | Week 40 | Week 41 | Week 42 | Week 43 | Week 44 | Week 45 | Week 46 | Week 47 | Week 48 | Week 49 | Week 50 | Week 51 | Week 52 | |
|----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------|
| Date Recorded | 10/1/21 | 10/8/21 | 10/15/21 | 10/22/21 | 10/29/21 | 11/5/21 | 11/12/21 | 11/19/21 | 11/26/21 | 12/3/21 | 12/10/21 | 12/17/21 | 12/24/21 | |
| 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 | 10 | 10 | - | - | 10 | 10 | - | |
| Long-lived Waste (lbs.) | 10 | - | - | 10 | 10 | 10 | - | - | 10 | 10 | - | 10 | 10 | |
| I-131 Syringes (lbs.) | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Decayed Waste in Storage* (lbs.) | 110 | 100 | 100 | 110 | 110 | 120 | 110 | 110 | 110 | 110 | 110 | 120 | 110 | |
| Non-rad Waste in Storage* (lbs.) | 10 | 10 | - | 10 | - | 10 | 10 | 10 | - | 10 | 10 | 10 | 10 | |
| Sm-153 Waste (lbs.) | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Weekly Storage Total (lbs.) | 1,609 | 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 | - | - | - | |

* (on the last day of the week)

Quarterly Total:
RMW Limit:



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 675- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

INSTRUCTIONS

TRANSPORTER

DESTINATION

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Roman mskew *Roman mskew* 1/14/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number
19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
JAN 19 2021

Print/Type Name *Kandy Armstrong* Signature *Kandy Armstrong* Date
(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)
369 Park East Dr.
Woonsocket RI 02985
Tel# 401-769-5800
Permit# RIMW-260

1. Generator's Name and Mailing Address
ATTN: RINSI CHACKO, .PH
RLS (USA) INC. PORT WASHINGTON
80 SEAVIEW BLVD
PORT WASHINGTON, NY 110504618
3. Telephone Number (516) 626-2799

2. Tracking Form Number
MDLI005QNL
4. State Permit or ID No.

5. Transporter's Name and Mailing Address
STERICYCLE, INC
28161 North Keith Drive
Lake Forest, Illinois 60045
6. Telephone Number 8006339278
7. State Transporter or ID No(s) IL-033

8. Destination Facility Name and Address
STERICYCLE INC.
31 Lower River Street
ONEONTA, NY 13820
9. Telephone Number 866-783-7422
10. State Permit or ID No. 4-3646-00034\00005

| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers | 13. Total Volume |
|--|--|---------------------|--------------------------|------------------|
| HM | | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | | CF |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | 2 | 8 CF |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | CF |
| d. | Regulated Medical Waste (Treated) | | | CF |

14. Special Handling Instructions and Additional Information
plw @ RTB01
plw @ RTB01

15. Generator's Certification
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.
X DAVID KUNYANTZ Signature *[Signature]* 1/14/2021 Date



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 295- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

INSTRUCTIONS

TRANSPORTER

DESTINATION

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

1. Generator's Name and Mailing Address
ATTN: RINSI CHACKO, .PH
INC/RLS (USA) INC. PORT WASH
80 SEAVIEW BLVD
PORT WASHINGTON, NY 110504618

2. Tracking Form Number
MDLI005THD

4. State Permit or ID No.

5. Transporter's Name and Mailing Address
STERICYCLE, INC
28161 North Keith Drive
Lake Forest, Illinois 60045

6. Telephone Number
8006339278

7. State Transporter or ID No(s).
IL-033

8. Destination Facility Name and Address
STERICYCLE INC.
31 Lower River Street
ONEONTA, NY 13820

9. Telephone Number
866-783-7422

10. State Permit or ID No.
4-3646-00034\00005

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Francis [Signature] 2/25/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler
(Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers | 13. Total Volume | |
|--|--|---------------------|--------------------------|------------------|----|
| HM | | | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 20 | 89 | CF |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | | CF |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | | CF |
| d. | Regulated Medical Waste (Treated) | | | | CF |

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
[Signature] *[Signature]* 3-6-21
Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

14. Special Handling Instructions and Additional Information
P-20 WYCE
D-20 WWCES

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
Received in accordance with items 11, 12 & 13
[Signature] *[Signature]* 3-6-21
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
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.

Victor [Signature]
Print/Type Name Signature Date 2/25/2021

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)
Stericycle Inc
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit # 0278080634



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 295- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

INSTRUCTIONS

TRANSPORTER

DESTINATION

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Francis [Signature] 2/25/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number
19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
Received in accordance with items 11, 12 & 13
Marie [Signature] *Whitney [Signature]* 3-6-21
Print/Type Name Signature Date
(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 #068
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit # 0278080634

1. Generator's Name and Mailing Address
ATTN: RINSI CHACKO, .PH
INC/RLS (USA) INC. PORT WASH
80 SEAVIEW BLVD
PORT WASHINGTON, NY 110504618
3. Telephone Number (516) 626-2799

2. Tracking Form Number
MDLI005THD
4. State Permit or ID No.

5. Transporter's Name and Mailing Address
STERICYCLE, INC
28161 North Keith Drive
Lake Forest, Illinois 60045

6. Telephone Number
8006339278
7. State Transporter or ID No(s).
IL-033

8. Destination Facility Name and Address
STERICYCLE INC.
31 Lower River Street
ONEONTA, NY 13820

9. Telephone Number
866-783-7422
10. State Permit or ID No.
4-3646-00034\00005

| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers | 13. Total Volume | |
|--|--|---------------------|--------------------------|------------------|----|
| HM | | | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 20 | 89 | CF |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | | CF |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | | CF |
| d. | Regulated Medical Waste (Treated) | | | | CF |

14. Special Handling Instructions and Additional Information
P-20 WYCE
D-20 WWCE

15. Generator's Certification
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.
Victor [Signature]
Print/Type Name Signature Date 2/25/2021



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 895- 9



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

INSTRUCTIONS

TRANSPORTER

DESTINATION

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

Ted Espinoza *[Signature]* 4/22/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13
[Signature] *[Signature]* 5/4/21
Print/Type Name Signature Date
(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)

23. Discrepancy Box (If any discrepancies should be noted by item number and initials)

stericycle inc
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit # 0273080634

1. Generator's Name and Mailing Address

ATTN: RINSI CHACKO, .PH
INC/RLS (USA) INC. PORT WASH
80 SEAVIEW BLVD
PORT WASHINGTON, NY 110504618

3. Telephone Number

(516) 626-2799

5. Transporter's Name and Mailing Address

STERICYCLE, INC
28161 North Keith Drive
Lake Forest, Illinois 60045

8. Destination Facility Name and Address

STERICYCLE INC.
31 Lower River Street
ONEONTA, NY 13820

2. Tracking Form Number

MDLI005XG7

4. State Permit or ID No.

6. Telephone Number

8006339278

7. State Transporter or ID No(s).

IL-033

9. Telephone Number

866-783-7422

10. State Permit or ID No.

4-3646-00034\00005

11. USDOT Shipping Name (or waste description)

HM

11a. Container Type

12. Total No. Containers

13. Total Volume

a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)

Corrugated Box

16

622 CF

b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)

Reusable Tub

CF

c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)

Wheeled Rack

CF

d. Regulated Medical Waste (Treated)

CF

14. Special Handling Instructions and Additional Information

D/L to waste
D/L to 16

15. Generator's Certification

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.

[Signature]
Print/Type Name

[Signature]
Signature

4/22/2021 Date



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 9322394-001

Route No: 885- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|--|---------------------|--|------------------|
| 1. Generator's Name and Mailing Address ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | 2. Tracking Form Number MDLI005ZGH | |
| 3. Telephone Number (516) 626-2799 | | 4. State Permit or ID No. | |
| 5. Transporter's Name and Mailing Address STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 6. Telephone Number 8006339278 | |
| 8. Destination Facility Name and Address STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | 7. State Transporter or ID No(s). IL-033 | |
| 9. Telephone Number 866-783-7422 | | 10. State Permit or ID No. 4-3646-00034\00005 | |
| 11. USDOT Shipping Name (or waste description) HM | 11a. Container Type | 12. Total No. Containers | 13. Total Volume |
| a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 15 | 63 CF |
| b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | CF |
| c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | CF |
| d. Regulated Medical Waste (Treated) | | | CF |

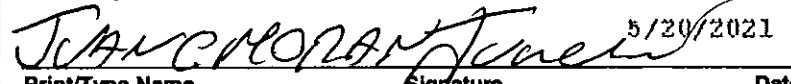
INSTRUCTIONS

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

 Print/Type Name: _____ Signature: _____ Date: 5/20/2021

17. Transporter 2 or Intermediate Handler (Name and Address)

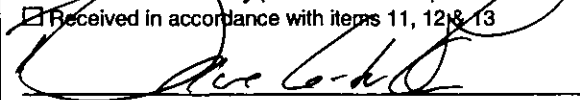
18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name _____ Signature _____ Date _____

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

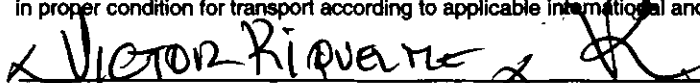
22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

 Print/Type Name _____ Signature _____ Date 5-26-21
 (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.
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit# 0278080634

14. Special Handling Instructions and Additional Information
 DC
 wt 45 = 15
 DC
 wt 45 = 15

15. Generator's Certification
 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.


 Print/Type Name: Victor Riquelme Signature: _____ Date: 5/20/2021



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 695- 20



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|---|--|---|-------------------------|
| 1. Generator's Name and Mailing Address ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC... PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | 2. Tracking Form Number MDLI0061H8 | |
| 3. Telephone Number (516) 626-2799 | | 4. State Permit or ID No. | |
| 5. Transporter's Name and Mailing Address STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 6. Telephone Number 8006339278 | |
| 8. Destination Facility Name and Address STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | 7. State Transporter or ID No(s). IL-033 | |
| 11. USDOT Shipping Name (or waste description) HM | | 9. Telephone Number 866-783-7422 | |
| 11a. Container Type | | 10. State Permit or ID No. 4-3646-00034\00005 | |
| a. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 12. Total No. Containers | 13. Total Volume |
| b. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 20 | 84 CF |
| c. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | CF |
| d. | Regulated Medical Waste (Treated) | | CF |

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)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

John Espinoza *[Signature]* 6/17/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Colin Kuan *[Signature]* 6/2/22
Print/Type Name Signature Date
(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.
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit# 0278080634

14. Special Handling Instructions and Additional Information
Plu 20- WYU
b615

15. Generator's Certification
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.

Victor Riquelme *[Signature]* 6/17/2022 Date
Print/Type Name Signature Date



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 695- 13



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|---|--|--|---|
| 1. Generator's Name and Mailing Address ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | 2. Tracking Form Number MDLI0063HZ | |
| 3. Telephone Number (516) 626-2799 | | 4. State Permit or ID No. | |
| 5. Transporter's Name and Mailing Address STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 6. Telephone Number 8006339278 | |
| 8. Destination Facility Name and Address STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | 7. State Transporter or ID No(s). IL-033 | |
| 11. USDOT Shipping Name (or waste description) HM | | 9. Telephone Number 860-783-7422 | 10. State Permit or ID No. 4-3646-00034 00005 |
| a. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 12. Total No. Containers | 13. Total Volume |
| b. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 13 | 54.6 CF |
| c. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | CF |
| d. | <input type="checkbox"/> Regulated Medical Waste (Treated) | | CF |
| 14. Special Handling Instructions and Additional Information pls @ 13 WY45 D/O @ 10 WY45 | | | |

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in Items 11, 12 & 13)
 Print/Type Name: Ramon Morales Signature: Ramon Morales Date: 7/15/2021

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name: _____ Signature: _____ Date: _____

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in Items 11, 12 & 13)
 Received in accordance with Items 11, 12 & 13
 Print/Type Name: _____ Signature: _____ Date: 7 14 21

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)

15. Generator's Certification
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.

Print/Type Name: Xiloron Riquelme Signature: [Signature] Date: 7/15/2021

Stericycle Inc.
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
0278080634



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 685- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|--|----------------------------|--|-------------------------|
| 1. Generator's Name and Mailing Address | | 2. Tracking Form Number | |
| ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | MDLI0064JC | |
| 3. Telephone Number | | 4. State Permit or ID No. | |
| (516) 626-2799 | | | |
| 5. Transporter's Name and Mailing Address | | 6. Telephone Number | |
| STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 8006339278 | |
| 8. Destination Facility Name and Address | | 7. State Transporter or ID No(s). | |
| STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | IL-033 | |
| 9. Telephone Number | | 10. State Permit or ID No. | |
| 866-783-7422 | | 4-3646-00034\00005 | |
| 11. USDOT Shipping Name (or waste description) | 11a. Container Type | 12. Total No. Containers | 13. Total Volume |
| HM | | | |
| a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | | |
| b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | 2 | 8 |
| c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | |
| d. Regulated Medical Waste (Treated) | | | |
| 14. Special Handling Instructions and Additional Information | | | |
| plw 2 TBO1 | | | |
| 15. Generator's Certification | | | |
| 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 labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations. | | | |
| DAVID BRANCHAY | | Signature | |
| Print/Type Name | | 7/29/2021 Date | |

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

Yolo Espinoza *[Signature]* 7/29/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

M. Swift Michelle Swift *[Signature]* 8/10/21
Print/Type Name Signature Date
(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)



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

8322394-001

Route No. 605



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

1. Generator's Name and Mailing Address
ATTN: RINSI CHACKO, .PH
INC/RLS (USA) INC. FORT WASH
80 SEAVIEW BLVD
PORT WASHINGTON, NY 110504618
----- (516) 626-2700 -----
3. Telephone Number

2. Tracking Form Number
MDLI0065KI
4. State Permit or ID No.

5. Transporter's Name and Mailing Address
STERICYCLE, INC
28161 North Keith Drive
Lake Forest, Illinois 60045

6. Telephone Number
8006339278
7. State Transporter or ID No(s).
IL-033

8. Destination Facility Name and Address
STERICYCLE INC.
31 Lower River Street
ONEONTA, NY 13820

9. Telephone Number
866-787-7422
10. State Permit or ID No.
4-3646-00034\00005

| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers | 13. Total Volume | |
|--|--|---------------------|--------------------------|------------------|----|
| HM | | | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 18 | 75.6 | CF |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | | CF |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | | CF |
| d. | Regulated Medical Waste (Treated) | | | | CF |

| 14. Special Handling Instructions and Additional Information |
|--|
| AC 15-11-14 D/O 12/2021 |

14. Special Handling Instructions and Additional Information
AC 15-11-14
D/O 12/2021

15. Generator's Certification
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.
Victor Riquelme Signature 8/12/2021 Date
Print/Type Name Signature Date

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)
- Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

- 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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
J. Espana Print/Type Name [Signature] Signature 8/12/2021 Date

17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number
19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
M. Swift Print/Type Name [Signature] Signature 8/19/21 Date
(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. 31 Lower River Street Oneonta, NY 13820 Phone # (607) 432-0301 Permit # 4-3646-0034/00005
Stericycle Inc. 369 Park East Dr. Woonsocket RI 02985 Tel# 401-269-5800 Permit# RHW-260

8322394-001

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 695- 2



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|---|--|---|-------------------------|
| 1. Generator's Name and Mailing Address ATTN: RINGI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | 2. Tracking Form Number MDLI0067WJ | |
| 3. Telephone Number (516) 626-2799 | | 4. State Permit or ID No. | |
| 5. Transporter's Name and Mailing Address STERICYCLE, INC 29161 North Keith Drive Lake Forest, Illinois 60045 | | 6. Telephone Number 8006339278 | |
| 8. Destination Facility Name and Address STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | 7. State Transporter or ID No(s). IL-033 | |
| 11. USDOT Shipping Name (or waste description) HM | | 9. Telephone Number 866-783-7422 | |
| 11a. Container Type | | 10. State Permit or ID No. 4-3646-00034\00005 | |
| a. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 12. Total No. Containers | 13. Total Volume |
| b. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | 19 | 79.5 CF |
| c. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | CF |
| d. | Regulated Medical Waste (Treated) | | CF |

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name: *Francis Francis* Signature: *[Signature]* Date: 9/16/2021

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name: _____ Signature: _____ Date: _____

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Print/Type Name: *Francis Francis* Signature: *[Signature]* Date: 9/16/21

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.
1901 Pine Avenue SE
Warren OH 44093
330-393-0285
Permit# 0328055

14. Special Handling Instructions and Additional Information

P-19 WY 9.5
P-20 WY 4.5

15. Generator's Certification

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 labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

Print/Type Name: *Melvin G. Pina* Signature: *[Signature]* Date: 9/16/2021



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 685- 10



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

| | | | |
|---|--|--|---------------------------------|
| 1. Generator's Name and Mailing Address | | 2. Tracking Form Number | |
| ATTN: RINSI CHACKO, .PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 | | MDLI0069JW | |
| 3. Telephone Number | | 4. State Permit or ID No. | |
| (516) 626-2799 | | | |
| 5. Transporter's Name and Mailing Address | | 6. Telephone Number | |
| STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 8006339278 | |
| 8. Destination Facility Name and Address | | 7. State Transporter or ID No(s). | |
| STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | IL-033 | |
| 8. Destination Facility Name and Address | | 9. Telephone Number | |
| | | 866-783-7422 | |
| | | 10. State Permit or ID No. | |
| | | 4-3646-00034\00005 | |
| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers |
| HM | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 14 |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | 58-8 |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | |
| d. | Regulated Medical Waste (Treated) | | |
| 14. Special Handling Instructions and Additional Information | | | |
| Plw (14)-WY45 D/O (15)-WY7-0 | | | |
| 15. Generator's Certification | | | |
| 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. | | | |
| X Rinsi Chacko | | [Signature] | |
| Print/Type Name | | Signature | |
| | | 10/17/2021 Date | |

GENERATOR

| | | | |
|--|--|---|-----------------------------|
| 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) Copy 5 – GENERATOR COPY – Retained by Generator (Gold) | | |
| TRANSPORTER | 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. | | |
| | 16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13) | | |
| [Signature] | | 10/17/2021 | [Signature] |
| Print/Type Name | | Signature | Date |
| DESTINATION | 17. Transporter 2 or Intermediate Handler (Name and Address) | | 18. Telephone Number |
| | | | |
| | | 19. State Transporter or ID No(s). | |
| | | | |
| 20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13) | | | |
| [Signature] | | [Signature] | [Date] |
| Print/Type Name | | Signature | Date |
| 21. New Tracking Form Number (for consolidated or remanifested waste) | | | |
| | | | |
| 22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13) | | | |
| <input type="checkbox"/> Received in accordance with items 11, 12 & 13 | | | |
| [Signature] | | [Signature] | 10/15/21 |
| Print/Type Name | | Signature | Date |
| <i>(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)</i> | | | |
| 23. Discrepancy Box (Any discrepancies should be noted by item number and initials) | | | |
| Stericycle Inc. 1901 Pine Avenue SE Warren OH 44483 330-393-0385 Permit# 0278080634 | | | |



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 895- 7



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

| | | | |
|---|--|---|--|
| 1. Generator's Name and Mailing Address ATTN: RINSI CHACKO, PH INC/RLS (USA) INC. PORT WASH 80 SEAVIEW BLVD PORT WASHINGTON, NY 110504618 3. Telephone Number (516) 626-2799 | | 2. Tracking Form Number MDLI006BQL | |
| 5. Transporter's Name and Mailing Address STERICYCLE, INC 28161 North Keith Drive Lake Forest, Illinois 60045 | | 4. State Permit or ID No. IL-033 | |
| 8. Destination Facility Name and Address STERICYCLE INC. 31 Lower River Street ONEONTA, NY 13820 | | 6. Telephone Number 8006239278 | |
| 11. USDOT Shipping Name (or waste description) HM | | 7. State Transporter or ID No(s) | |
| 11a. Container Type | | 9. Telephone Number | |
| a. <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | 866-783-7422 | |
| b. <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | 10. State Permit or ID No. | |
| c. <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | | 4-2646-00034\00005 | |
| d. <input type="checkbox"/> Regulated Medical Waste (Treated) | | | |
| 12. Total No. Containers | | 13. Total Volume | |
| 12 | | 84 | |

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)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)

[Signature] 11/4/2021
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

DESTINATION

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

[Signature] 11/11/21
Print/Type Name Signature Date
(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
1901 Pine Avenue SE
Warren OH 44483
330-393-0385
Permit# 0278080634

14. Special Handling Instructions and Additional Information

plc-12-W470
0/012

15. Generator's Certification

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.

[Signature] 11/4/2021
Print/Type Name Signature Date

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator



**New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials**

REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

1. Generator's Name and Mailing Address
 ATTN: KINGS CIRCUIT, PH
 INC/RLS (USA) INC. PORT WASH
 80 SEAVIEW BLVD
 PORT WASHINGTON, NY 110504618
 (516) 626-2700

2. Tracking Form Number
 NY110504618

4. State Permit or ID No.

5. Transporter's Name and Mailing Address
 STERICYCLE, INC
 29161 North Keith Drive
 Lake Forest, Illinois 60045

6. Telephone Number
 8006339278

7. State Transporter or ID No(s)
 IL-033

8. Destination Facility Name and Address
 31 Lower River Street
 ONEONTA, NY 11820

9. Telephone Number
 4-3640-00034\00005

10. State Permit or ID No.

| 11. USDOT Shipping Name (or waste description) | 11a. Container Type | 12. Total No. Containers | 13. Total Volume |
|---|---------------------|--------------------------|------------------|
| HM a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 15 | 63 |
| b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | |
| c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | |
| d. Regulated Medical Waste (Treated) | | | |

14. Special Handling Instructions and Additional Information
 DEC 14 2021
 P/O CURTIS BAY ENERGY
 40 WW45 = 15

15. Generator's Certification
 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.
 VICTOR RIQUELME
 Signature: [Signature] Date: 12/2/2021

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)
 Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

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.

16. Transporter 1 (Certification of receipt of waste as described in Items 11, 12 & 13) 2021
 Hector B [Signature]
 Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number
19. State Transporter or ID No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 [Signature] 12/13/21
 Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in Items 11, 12 & 13)
 Received in accordance with Items 11, 12 & 13
 [Signature] 12/13/21
 Print/Type Name Signature Date
 (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)

#8 Curtis Bay Energy
 3200 Hawkins Point Road
 Baltimore, MD 21226
 Phone # (443) 692-2360
 Permit # 2017-WVMP-0036



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 (Feb 28, 2022 11:57 EST)

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".
2. Gross Domestic Product: Implicit Price Deflator (U.S. Department of Commerce: Bureau of Economic Analysis) table was used. The table was acquired from <https://research.stlouisfed.org/fred2/data/GDPDEF.txt>
3. The inflation factor was determined by dividing the latest inflation 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.

| Financial Assurance Closure Cost Estimate | <u>Previous Year's adjusted Closure Cost</u> | <u>Current Year's Adjusted Cost</u> |
|--|--|-------------------------------------|
| | \$84,550.00 | \$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 | |



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8322394-001

Route No: 695- 4



REGULATED MEDICAL WASTE TRACKING FORM

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

GENERATOR

INSTRUCTIONS

TRANSPORTER

DESTINATION

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)
- Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

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.

16. Transporter 1 (Certification of receipt of waste as described in Items 11, 12 & 13)
Felipe... 12/30/2021
 Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)
 18. Telephone Number
 19. State Transporter or ID No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in Items 11, 12 & 13)
 Print/Type Name Signature Date

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in Items 11, 12 & 13)
 Received in accordance with Items 11, 12 & 13
John I. Wallace 1/5/22
 Print/Type Name Signature Date
 (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)
 Alternate Destination Facility
 Stericycle, Inc - Permit # 0278080634
 1901 Pine Ave SE
 Warren, OH 44483
 (330) 393-5370

1. Generator's Name and Mailing Address
 ATTN: RINSI CHACKO, .PH
 INC/RLS (USA) INC. PORT WASH
 50 SEAVIEW BLVD
 PORT WASHINGTON, NY 110504618

2. Tracking Form Number
 MDLI006FI9

3. Telephone Number (516) 626-2799

4. State Permit or ID No.

5. Transporter's Name and Mailing Address
 STERICYCLE, INC
 28161 North Keith Drive
 Lake Forest, Illinois 60045

6. Telephone Number
 8006339278

7. State Transporter or ID No(s).
 IL-033

8. Destination Facility Name and Address
 STERICYCLE INC.
 31 Lower River Street
 ONEONTA, NY 13820

| 9. Telephone Number 866-782-7422 | | 10. State Permit or ID No. 4-3646-00034\00005 | |
|---|---------------------|--|------------------|
| 11. USDOT Shipping Name (or waste description) | 11a. Container Type | 12. Total No. Containers | 13. Total Volume |
| HM | | | |
| a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | 16 | 67.2 CF |
| b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | CF |
| c. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | CF |
| d. Regulated Medical Waste (Treated) | | | CF |

14. Special Handling Instructions and Additional Information
 D/O 16-6444
 D/O 16

15. Generator's Certification
 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 labeled/placarded, and are in all respects in proper condition for transport according to applicable International and national government regulations.
KHALID 12/30/2021
 Print/Type Name Signature Date






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: | CBJCHBCAABAAYpkIWQMFzLux8pAFep3kB0YXVg4KGBpl |

"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