# NEW YORK STATE OF 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**

		FACILITY I	NFORMATION	4						
FACILITY NAME:			E 0 50 E 05							
Nuclear Diagnost	ic Pr									
FACILITY LOCATION ADDRESS	S:	FACILITY	CITY:		STATE:	ZIP CODE:				
130 Commercial St. Suit	e 1	Plainv			NY	11803				
FACILITY TOWN:		FACILITY	COUNTY:	FACI	LITY PHO	NE NUMBER:				
Oyster Bay		Nassa	au	516	6-575	-4201				
report). Oyster Bay Solid Was		_		d of this		SDEC GION#: 1				
360 PERMIT #: 1-2824-02390-00001		8/2020	DATE EXPIRES: 11/17/2025			VITY CODE OR N NUMBER:				
FACILITY CONTACT: Dublic CONTACT PHONE CONTACT FAX NUMBER:										
Neal Levy or Tom Boland										
CONTACT EMAIL ADDRESS: NealL@ndprx.com										
MILES THE THE THE	Fig. 180		INFORMATION		STATE OF THE PARTY	The state of the s				
OWNER NAME:			PHONE NUMBER:		NER FAX N	The state of the s				
Gerard Strugala-PharmaLogic Ho	dings		39-9395	56	-416-					
OWNER ADDRESS: 5301 N. Federal Highway-Si	uite 280	Boca Ra			STATE:	ZIP CODE: 33487				
OWNER CONTACT:		OWNER	CONTACT EMAIL ADD	RESS:						
732-539-9395		gstrug	gala@radiop	hai	macy	com.				
		OPERATO	RINFORMATION			Arman				
OPERATOR NAME:   See Nuclear Diagnostic Production	ame as own				public private					
			FERENCES							
Preferred address to receive cor	responde	nce: I Facil	ity location address		Ownera	ddress				
Preferred email address: Facility Contact										
Preferred individual to receive correspondence:   Facility Contact  Owner Contact  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: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a>.

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

	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)	AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)	AMOUNT TREATED (tons)	AMOUNT BYPASSED (tons)	AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	2.65	2.65				AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo, NY 14221	Oyster Bay Solid Waste D
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	2.65						

### SECTION 3 - DISPOSAL DESTINATION

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

### SECTION 4 - UNAUTHORIZED SOLID WASTE

Non-considerational and the constant bears and the facility of the constant of	
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	
			· · · · · · · · · · · · · · · · · · ·	
	THE PER PERSON OF THE			

	SECTIO	ON 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS
Are ther	e 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 ar	ny probler y procedu	ns encountered during the reporting period (e.g., specific occurrences which have led to changes ires)?
■ Yes	□ No	If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.
		SECTION 7 - CHANGES
Were th	ere any c	hanges from approved reports, plans, specifications, and permit conditions?
□Yes	■ No	If yes, attach additional sheets identifying changes with a justification for each change.
	SEC	TION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS
Are ther form?	re any add	ditional permit/consent order reporting requirements not covered by the previous sections of this
□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.

hable as a Class A misdemeanor pursuan	t to Section 210,45 of the Penal La
Meal Sulf Signature	$\frac{2/21/202}{Date}$
Neal Levy	Radiation Safety Officer
Name (Print or Type)	Title (Print or Type)
NealL@ndprx.com	
Email (Pr	int or Type)
130 Commercial Street	Plainview
Address	City
NY, 11803	516 575-4201
State and Zip	Phone Number

ATTACHMENTS: \_ YES \_

### 130 Commercial St # 1- Plainview NY

Sarah Novoseller <sarah@advowastemedical.com>

Thu 1/27/2022 12:43 PM

To: Neal Levy < NealL@ndprx.com>

Hi Neal,

Just to confirm that the weights we have on the 2021 manifests for the medical waste collected from the above mentioned sites are just estimates and not an exact weight which is why you are seeing a discrepancy on your end.

Thanks,

Sarah

Thank you,

Sarah Novoseller

P 855-678-1098 F 716-328-0128 www.advowastemedical.com To whom it may concern,

As per the above e-mail the weights provided on most of the waste manifests by the waste disposal company AdvoWaste were estimates of the weight of each shipment, not the exact weight. This is the reason for the discrepancy between the weight of the waste on our internal spreadsheet and the weight of the waste on the waste manifests that were filled out by the disposal company. In the future the company will use the weight that we provide on the waste manifest to avoid such a discrepancy in the future. Also, the weight was missing on the February 2021 waste manifest and our internal weight for that month's waste shipment was used

Neal Levy, RPh, ANP, RSO Nuclear Diagnostic Products of NY NealL@ndprx.com (516)575-4201 Fax: (516)575-4204

#### Incoming Weeks 1-13

		Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
		1	2	3	4	5	6	7	8	9	10	11	12	13
	Date Recorded	1/3/21	1/10/21	1/17/21	1/24/21	1/31/21	2/7/21	2/14/21	2/21/21	2/28/21	3/7/21	3/14/21	3/21/21	3/28/21
	Days Since Last Record	1/1/21	1/4/21	1/11/21	1/18/21	1/25/21	2/1/21	2/8/21	2/15/21	2/22/21	3/1/21	3/8/21	3/15/21	3/22/21
Tc-99m	Very Short-lived waste (fbs)	0	82	87	137	87	114	131	92	68	79	128	79	115
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	0	4	0	0	22	0	0	0	0	4	0
I-125/ Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	0	0	4	0	0	0	0	0	0	0	0	0
Ga-68/Ge-68***	Ge-68**	0	22	0	0	0	0	0	0	0	0	0	26	0
	Decayed Waste in Storage* (lbs.)	1000.64	1000.64	650.64	737.64	898.64	985.64	459.64	620.64	712.64	788.64	867.64	589.64	706.64
	Non-Rad Waste in Storage* (lbs)	0	8	0	16	0	0	8	0	8	0	16	8	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	1000.64	650.64	737.64	898.64	985.64	459.64	620.64	712.64	788.64	867.64	589.64	706.64	821.64
	Incoming (lbs.)	0	90	87	161	87	114	161	92	76	79	144	91	115
	Outgoing (lbs.)	0.00	462.00	0.00	0.00	0.00	640.00	0.00	0.00	0.00	0.00	422.00	0.00	0.00

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly 821.64 RMW Limit: 1400\_\_\_\_

It is being transferred to a radioactive waste disposal company for disposal

\*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

to reflect the actual weight at time of shipment each quarter.

#### Incoming Weeks 14-26

		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	4/4/2021	4/11/2021	4/18/2021	4/25/2021	5/2/2021	5/9/2021	5/16/2021	5/23/2021	5/30/2021	6/6/2021	6/13/2021	6/20/2021	6/27/2021
	Days Since Last Record	3/29/2021	4/5/2021	4/12/2021	4/19/2021	4/26/2021	5/3/2021	5/10/2021	5/17/2021	5/24/2021	5/31/2021	6/7/2021	6/14/2021	6/21/2021
Tc-99m	Very Short-lived waste (lbs)	104	105	97	67	121	67	104	99	100	71	137	96	118
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	0	37	0	0	0	0	26	0	0	0	0
I-125/Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	4	0	0
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decayed Waste in Storage* (lbs.)	821.64	925.64	657.64	762.64	874.64	995.64	554.64	658.64	765.64	891.64	962.64	707.64	803.64
	Non-Rad Waste in Storage* (lbs)	0	0	8	8	0	8	0	8	0	0	8	0	9
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	925.64	657.64	762.64	874.64	995.64	554.64	658.64	765.64	891.64	962.64	707.64	803.64	930.64
	Incoming (lbs.)	104	105	105	112	121	75	104	107	126	71	149	96	127
	Outgoing (lbs.)	0.00	373.00	0.00	0.00	0.00	516.00	0.00	0.00	0.00	0.00	404.00	0.00	0.00

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly 930.64 RMW Limit: 1400

It is being transferred to a radioactive waste disposal company for disposal

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

to reflect the actual weight at time of shipment each quarter.

<sup>\*\*</sup> Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Incoming Weeks 27-39

			Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
		27	28	29	30	31	32	33	34	35	36	37	38	39
	Date Recorded	7/4/2021	7/11/2021	7/18/2021	7/25/2021	8/1/2021	8/8/2021	8/15/2021	8/22/2021	8/29/2021	9/5/2021	9/12/2021	9/19/2021	9/26/202
	Days Since Last Record	6/28/2021	7/5/2021	7/12/2021	7/19/2021	7/26/2021	8/2/2021	8/9/2021	8/16/2021	8/23/2021	8/30/2021	9/6/2021	9/13/2021	9/20/202
Tc-99m	Very Short-lived waste (lbs)	79	94	92	84	126	118	118	138	111	123	68	119	106
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	20	0	16	4	0	0	0	0	0	0	0	(
I-125/ Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	(
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	(
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	4	0	(
	Decayed Waste in Storage* (lbs.)	930.64	1009.64	1123.64	848.64	948.64	1095.64	1213.64	1331.64	975.64	1086.64	1209.64	1289.64	964.64
	Non-Rad Waste in Storage* (lbs)	0	0	9	0	17	0	0	0	0	0	8	0	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	1009.64	1123.64	848.64	948.64	1095.64	1213.64	1331.64	975.64	1086.64	1209.64	1289.64	964.64	1070.64
	Incoming (lbs.)	79	114	92	100	147	118	118	138	111	123	80	119	106
	Outgoing (lbs.)	0	0	376	0	0	0	0	494	0	0	0	444	0

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly Total:

1070.64 1400

It is being transferred to a radioactive waste disposal company for disposal

RMW Limit:

\*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

reflects the actual weight at time of shipment each quarter.

#### Incoming Weeks 40-53

		Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
		40	41	42	43	44	45	46	47	48	49	50	51	52
	Date Recorded	10/3/2021	10/10/2021	10/17/2021	10/24/2021	10/31/2021	11/7/2021	11/14/2021	11/21/2021	11/28/2021	12/5/2021	12/12/2021	12/19/2021	12/31/202
	Days Since Last Record	9/27/2021	10/4/2021	10/11/2021	10/18/2021	10/25/2021	11/1/2021	11/8/2021	11/15/2021	11/22/2021	11/29/2021	12/6/2021	12/13/2021	12/20/202
Tc-99m	Very Short-lived waste (lbs)	66	100	72	119	110	56	109	135	56	126	95	85	124
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	C
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	0
I-125/ Cr-51	Long-lived waste (lbs)	0	4	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decayed Waste in Storage* (lbs.)	1070.64	1146.64	1250.64	613.64	740.64	850.64	914.64	1023.64	618.64	674.64	800.64	903.64	996.64
	Non-Rad Waste in Storage* (lbs)	10	0	0	8	0	8	0	0	0	0	8	8	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	1146.64	1250.64	613.64	740.64	850.64	914.64	1023.64	618.64	674.64	800.64	903.64	996.64	666.64
	Incoming (lbs.)	76	104	72	127	110	64	109	135	56	126	103	93	124
	Outgoing (lbs.)	0	0	709	0	0	0	0	540	0	0	0	0	454

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly Total:

666.64

It is being transferred to a radioactive waste disposal company for disposal

**RMW Limi** \*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

reflects the actual weight at time of shipment each quarter.



Medical Waste Track	ing Form			Emergency Response Numb	er: 855 6	78-1098				
Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803	2. Tracking Form Number: 2690662  4. State Permit or ID No.:			Instructions for completing the medical waste tracking for Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter						
3. Telephone number: (516) 575-4201			CT	Copy 4 - GENERATOR COPY: Retained	The state of					
Transporter's Name and Mailing Address:     AdvoWaste Medical Services     1967 Wehrle Drive     Suite 1	6. Telephone Number: (716) 205-3793			<ol> <li>This multi-copy (4 page) shipping shipment of regulated medical war.</li> <li>Items numbered 1-14 must be consignated the certification. Items 4,7,10</li> </ol>	iste genera ompleted b	ted in New York State. before the generator can				
Buffalo NY 14221	7. State Trans MA-167	sporter or ID No.	Z	by the particular state. Item 22 mu facility.						
8. Destination Facility Name and Address: PA DANIELS Sharpsmart Easton 925 Conroy Place  Easton PA 18040	9. Telephone	e Number:		16. Transporter 1 (Certification of Receipt of NJ NJ1		01-08-2021 11:10 AM				
925 Conroy Place	(484) 54	6-2130		Print/Type Name Sig	gnature	Date				
Easton PA 18040	10. State Permit or ID No. 400693			17. Transporter 2 or Intermediate Hand (Name and Address)	ller	18. Telephone Number				
11. USDOT Shipping Name:    HM	12. Total No. Containers	13. Total Weight or volume	SPORTER			19. State Transporter Permit or ID No.				
b. 4.5 cu ft. box  14. Special Handling Instructions:	25	462	TRAN	20. Transporter 2 or Intermediate Handler (described in items 11, 12 & 13)	Certification	of Receipt of Waste as				
The special randing fluid details.				Print/Type Name S	Signature	Date				
				21. New Tracking Form Number (for co	onsolidated	or remanifested waste)				
14.(a) Additional Information	V-40-10		TIO	22. Destination Facility (Certificate of Finitems 11, 12 & 13)  ■ Received in accordance with items 11		fedical Waste as described				
15. Generator's Certification: I hereby declare, on behalf of the generator Nuclear Diagnostic Pro-			Y	Gabe	Y	01-22-2021 9:44 AM				
that the contents of this consignment are fully and accurately described al classified, packed, marked, and labeled, and are in all respects in proper of according to applicable international and national government regulations	condition for transport	ng name and are by highway		If other than destination facility, indicate address,						
and regulations.		21 11:10 414	E	23. Discrepancy Box (Any discrepancies s	should be not	ed by item number and initials)				
Print/Type Name Signature	01-00-20	21 11:10 AM Date	7							



	Medical Waste Trackin	g Form			Emergency Response Number: 855	678-1098		
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803	277304	Form Number: 8 mit or ID No.:	SNO	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter			
	3. Telephone number: (516) 575-4201			CLI	Copy 4 - GENERATOR COPY: Retained by Generator			
	Transporter's Name and Mailing Address:     AdvoWaste Medical Services     1967 Wehrle Drive     Suite 1	6. Telephon (716) 20		STRU	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required</li> </ol>			
OK	Buffalo NY 14221	7. State Trans MA-167	sporter or ID No.	E	by the particular state. Item 22 must be completed by the destination facility.			
JENEKA	Destination Facility Name and Address:     Future Healthcare Systems	9. Telephone Number:			16. Transporter 1 (Certification of Receipt of Waste a  NJ James NJ1	os described in items 11, 12 & 13) 02-08-2021 2:17 PM		
Z	750 South Ave	(888) 38	8-2525		Print/Type Name Signature	Date		
5	Bridgeport CT 06604	10. State Permit or ID No. 01501203-PCO		TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Number			
1	11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,PGII	12. Total No. Containers	13. Total Weight or volume	SPORTER		19. State Transporter Permit or ID No.		
	b. 4.5 cu ft. box 35  14. Special Handling Instructions:		TRAN	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as				
	14. Special Handing Instituctions.				Print/Type Name Signature	Date		
					21. New Tracking Form Number (for consolidate	ed or remanifested waste)		
	14.(a) Additional Information			0	22. Destination Facility (Certificate of Receipt of in items 11, 12 & 13)  ■ Received in accordance with items 11, 12 & 13	2004 200 200		
	15. Generator's Certification: I hereby declare, on behalf of the generator  Nuclear Diagnostic Produc	ets		₹.	on file	03-02-2021 8:06 PM		
	that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway			TI	Print/Type Name Signature (If other than destination facility, indicate address, phone, and	Date		
	according to applicable international and national government regulations an and regulations.	d state laws	21 2:17 PM	TA	23. Discrepancy Box (Any discrepancies should be			
	Print/Type Name Signature	32 00 20	Date					



Medical Waste	<b>Tracking Form</b>		Ш	Emergency Response Number:	855 678-1098		
Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803  3. Telephone number:     (516) 575-4201	2846754	2. Tracking Form Number: 2846754  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No.		Instructions for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator			
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	(716) 20			<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required</li> </ol>			
Buffalo NY 14221	7. State Trans	porter or ID No.	Z	by the particular state. Item 22 must be facility.			
8. Destination Facility Name and Address: PA DANIELS Sharpsmart Easton 925 Conroy Place Easton PA 18040		9. Telephone Number: (484) 546-2130  10. State Permit or ID No. 400693		NJ James NJ1 Print/Type Name Signatu	03-08-2021 12:43 PM		
925 Conroy Place Easton PA 18040	10. State Perm			17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number		
11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,F	12. Total No. Containers	13. Total Weight or volume	SPORTE		19. State Transporter Permit or ID No.		
b. 14. Special Handling Instructions:	4.5 cu ft. box 23 422		TRAN	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as			
14. Special Handing Instructions.				Print/Type Name Signal 21. New Tracking Form Number (for consol			
14.(a) Additional Information			TION	22. Destination Facility (Certificate of Recein items 11, 12 & 13)  ■ Received in accordance with items 11, 12			
15. Generator's Certification: I hereby declare, on behalf of the generator that the contents of this consignment are fully and accuraclassified, packed, marked, and labeled, and are in all reaccording to applicable international and national governand regulations.  Print/Type Name Sign	spects in proper condition for transport unent regulations and state laws 03-08-20		STINA	on file  Print/Type Name (If other than destination facility, indicate address, phon 23. Discrepancy Box (Any discrepancies should	ne, and permit or ID no. in box 14)		



Medical Waste Tracki	ng Form			Emergency Response Number: 855	678-1098		
1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (516) 575-4201	Tracking Form Number:     2922658  4. State Permit or ID No.:		SNOIL	Instructions for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator			
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	6. Telephon (716) 20		STRUC	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can</li> </ol>			
D. Well- NIV 4 4004	7. State Trans MA-167	7. State Transporter or ID No.		by the particular state. Item 22 must be completed by the destination facility.			
8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604	9. Telephone (888) 38			16. Transporter 1 (Certification of Receipt of Waste at NJ James NJ1  Print/Type Name  Signature	04-05-2021 1:07 PM Date		
Bridgeport CT 06604	10. State Permit or ID No. 01501203-PCO		TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Nur			
11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,PGII	12. Total No. Containers	13. Total Weight or volume	SPORTER		19. State Transporter Permit or ID No.		
b. 4.5 cu ft. box  14. Special Handling Instructions:			TRAN	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)			
				Print/Type Name Signature 21. New Tracking Form Number (for consolidate	Date ed or remanifested waste)		
14.(a) Additional Information  15. Generator's Certification:  Thereby declare, on behalf of the generator.  Nuclear Diagnostic Productions	ucts		ATIO	22. Destination Facility (Certificate of Receipt of in items 11, 12 & 13)  8 Received in accordance with items 11, 12 & 13 on file	3		
I hereby declare, on behalf of the generatorNuclear Diagnostic Product that the contents of this consignment are fully and accurately described abord classified, packed, marked, and labeled, and are in all respects in proper conaccording to applicable international and national government regulations and regulations.	ove by proper shippin indition for transport and state laws	ng name and are by highway 21 1:07 PM		Print/Type Name Signature If other than destination facility, indicate address, phone, and 23. Discrepancy Box (Any discrepancies should be recommended)	d permit or ID no. in box 14)		
Print/Type Name Signature	5 . 55 EVE	Date					



	Medical Waste Trackin	ag Form	ľ		Emergency Response Number:	855 67	78-1098		
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1		g Form Number:	SN	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility				
-	Plainview NY 11803  3. Telephone number: (516) 575-4201	4. State Perr	mit or ID No.:	CTIO	Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator				
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	6. Telephone (716) 209		STRUC	shipment of regulated medical waste 2. Items numbered 1-14 must be comp	1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.  2. Items numbered 1-14 must be completed before the generator can give the continuous state.			
ICK	Buffalo NY 14221	7. State Transporter or ID No. MA-167		Z		Items 4,7,10 & 19 are optional unless required  Item 22 must be completed by the destination  tion of Receipt of Waste as described in items 11, 12 & 13)  05-03-2021 12:39 PM  Signature  Date			
GENERATOR	Destination Facility Name and Address:  PA DANIELS Sharpsmart Easton  (484) 546-2130			NJ James NJ1 My En		05-03-2021 12:39 PM			
CEL	925 Conroy Place Easton PA 18040	y Flate		rer	17.00		Date 18. Telephone Number		
-	11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,PGII	12. Total No. Containers	13. Total Weight or volume	SPORTER			19. State Transporter Permit or ID No.		
b	4.5 cu ft. box	27	945	3	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as				
1	14. Special Handling Instructions:				Print/Type Name Signa 21. New Tracking Form Number (for conso		Date or remanifested waste)		
1	14.(a) Additional Information			0	22. Destination Facility (Certificate of Recein items 11, 12 & 13)  ■ Received in accordance with items 11, 12		edical Waste as described		
	15. Generator's Certification:  I hereby declare, on behalf of the generator	ve by proper shipping dition for transport b nd state laws	by highway	STINA	on file	nature one, and perr			



	Medical Waste Trackin	g Form			Emergency Response Number: 855	678-1098		
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainting NV 11993	2. Tracking Form Number: 3095054  4. State Permit or ID No.: 6. Telephone Number: (716) 205-3793		SNO	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter			
-	Plainview NY 11803  3. Telephone number: (516) 575-4201			CTI	Copy 4 - GENERATOR COPY: Retained by Gene	erator		
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1			STRU	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required</li> </ol>			
5	Buffalo NY 14221	7. State Trans	porter or ID No.	Z	by the particular state. Item 22 must be confacility.			
5 8	B. Destination Facility Name and Address:	9. Telephone	Number:		16. Transporter 1 (Certification of Receipt of Waste a			
JENER	PA DANIELS Sharpsmart Easton 925 Conroy Place	(484) 546			NJ James NJ1  Print/Type Name  Signature	06-07-2021 11:45 AM Date		
135	Easton PA 18040	10. State Perm 400693	nit or ID No.	SPORTER	17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number		
1	1. USDOT Shipping Name:	12. Total No. Containers	13. Total Weight or volume	POR		19. State Transporter Permit or ID No.		
b	4.5 Box Pharm	22		ANS	20. Transporter 2 or Intermediate Handler (Certificati	on of Receipt of Waste as		
1	4. Special Handling Instructions:			TR	described in items 11, 12 & 13)  Print/Type Name Signature	Date		
					21. New Tracking Form Number (for consolidat			
1	4.(a) Additional Information			TION	22. Destination Facility (Certificate of Receipt of in items 11, 12 & 13)  © Received in accordance with items 11, 12 & 1			
	5. Generator's Certification: I hereby declare, on behalf of the generator Muclear Diagnostic Product that the contents of this consignment are fully and accurately described above classified, packed, marked, and labeled, and are in all respects in proper con-	e by proper shipping		INA	on file  Print/Type Name Signature (If other than destination facility, indicate address, phone, an			
	according to applicable international and national government regulations ar and regulations.	d state laws	21 11:45 AM	DES	23. Discrepancy Box (Any discrepancies should be			
P	rint/Type Name Signature		Date					



	Medical Waste	Tracking Form			Emergency Response Number: 88	55 678-1098		
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803  3. Telephone number:     (516) 575-4201	2. Tracking F 3195062  4. State Perm	form Number:	CTIONS	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator			
GENERATOR	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	(716) 205-3793		INSTRU	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required by the particular state. Item 22 must be completed by the destination</li> </ol>			
		MA-167			facility.  16. Transporter 1 (Certification of Receipt of Waste	e as described in items 11, 12 & 13)		
EK	Destination Facility Name and Address:     PA DANIELS Sharpsmart Easton	9. Telephone (484) 546			NJ James NJ1 4nd/	07-12-2021 2:18 PM		
Z	925 Conroy Place	(404) 340	-2130		Print/Type Name Signature  17. Transporter 2 or Intermediate Handler	Date 18. Telephone Number		
5	Easton PA 18040	10. State Permi 400693	it or ID No.	SPORTER	(Name and Address)			
	11. USDOT Shipping Name:	Containers	13. Total Weight or volume	POR		19. State Transporter Permit or ID No.		
	a. x Regulated Medical Waste, 6.2,UN3291,PO	GII 21	550	SN		CD CW		
	b.			RA	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)			
	14. Special Handling Instructions:				Print/Type Name Signatur 21. New Tracking Form Number (for consolid			
	14.(a) Additional Information		LION	22. Destination Facility (Certificate of Receipt in items 11, 12 & 13)  Example 22. Destination Facility (Certificate of Receipt in items 11, 12 & 13)				
	15. Generator's Certification:  Lhereby declars, on behalf of the generator Nuclear I	Diagnostic Products		STINA	gabe	08-11-2021 2:04 PM		
	that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway				Print/Type Name Signature Date (If other than destination facility, indicate address, phone, and permit or ID no. in box 14)			
	according to applicable international and national government and regulations.  Brian gibbs	07-12-202	DES	23. Discrepancy Box (Any discrepancies should be	ne noted by item number and initials)			
	Print/Type Name Signa	ture	Date					



Medical	Waste Tracki	ng Form			Emergency Respon	nse Number: 855	678-1098	
Generator's Name and Mailing A Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803	Address:	(716) 205-3793		LIONS	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator  1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.  2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.			
Telephone number: (516) 575-42     Transporter's Name and Mailing AdvoWaste Medical Services 1967 Wehrle Drive Suite 1     Buffalo NY 14221								
8. Destination Facility Name and A PA DANIELS Sharpsmart Easton 925 Conroy Place Easton PA 18040	ddress:	9. Telephone Number:  (484) 546-2130  10. State Permit or ID No.  400693  12. Total No. Containers  13. Total Weight or volume			16. Transporter 1 (Certification William NJ Print/Type Name	on of Receipt of Waste as  W  Signature	described in items 11, 12 & 13) 08-16-2021 9:39 AN	
925 Conroy Place Easton PA 18040				TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone N  19. State Transporter or ID		18. Telephone Number	
11. USDOT Shipping Name:  HM  a. x Regulated Medical Waste, 6.2	2,UN3291,PGII			SPORTER			19. State Transporter Permit or ID No.	
b. 27 810  14. Special Handling Instructions:			TRAN	20. Transporter 2 or Intermed described in items 11, 12 & 1.  Print/Type Name  21. New Tracking Form No.	Signature	Date		
14.(a) Additional Information  15. Generator's Certification:  I hereby declare, on behalf of the generator Nuclear Diagnostic Products that the contents of this consignment are fully and accurately described above by proper shipping name and are				22. Destination Facility (Coin items 11, 12 & 13)  Received in accordance meagan  Print/Type Name		Medical Waste as described  09-24-2021 9:30 AM Date		
classified, packed, marked, and labeled, an according to applicable international and n and regulations.  john m  Print/Type Name	d are in all respects in proper co	per condition for transport by highway tions and state laws  08-16-2021 9:39 AM  Date			(If other than destination facility, in 23. Discrepancy Box (Any of 24.)		permit or ID no. in box 14)  oted by item number and initials	



Medical Waste Track	ing Form	í		Emergency Respo	onse Number: 855	678-1098	
1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (516) 575-4201	3378212	g Form Number: 12 rmit or ID No.:	SNOIL	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator			
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	(716) 20	6. Telephone Number: (716) 205-3793		shipment of regulated 2. Items numbered 1-1	medical waste genera 4 must be completed by	ent must accompany each ated in New York State. before the generator can optional unless required	
Buffalo NY 14221	7. State Trans	sporter or ID No.	Z			pleted by the destination	
8. Destination Facility Name and Address: PA DANIELS Sharpsmart Easton 925 Conroy Place Easton PA 18040		9. Telephone Number: (484) 546-2130		16. Transporter 1 (Certificati William NJ Print/Type Name	ion of Receipt of Waste as o	described in items 11, 12 & 13) 09-13-2021 1:30 PM Date	
Easton PA 18040	10 C++ P		TER	17. Transporter 2 or Intern (Name and Address)	- 0	18. Telephone Number	
11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,PGII	12. Total No. Containers	13. Total Weight or volume	SPORTER			19. State Transporter Permit or ID No.	
b. 4.5 cu ft. box  14. Special Handling Instructions:	25	444	TRAN	20. Transporter 2 or Intermed described in items 11, 12 & 1	13)	of Receipt of Waste as	
				Print/Type Name 21. New Tracking Form N	Signature lumber (for consolidated	Date or remanifested waste)	
14.(a) Additional Information			0	22. Destination Facility (C in items 11, 12 & 13)  ■ Received in accordance		Medical Waste as described	
15. Generator's Certification:  I hereby declare, on behalf of the generator Nuclear Diagnostic Proceedings that the contents of this consignment are fully and accurately described at classified, packed, marked, and labeled, and are in all respects in proper confused according to applicable international and national government regulations and regulations.  Cj  Print/Type Name  Signature	above by proper shippin condition for transport as and state laws		STINA	meagan Print/Type Name (If other than destination facility, 23. Discrepancy Box (Any		09-15-2021 9:26 AM  Date  Description of ID no. in box 14)  oted by item number and initials)	



N	<b>Aedical Waste Track</b>	king Form			Emergency Respon	nse Number: 855	678-1098				
Generator's Nam Nuclear Diagnostic 130 Commercial St      Plainview NY 11803     Telephone number	# 1 3	2. Tracking Form Number: 3470227  4. State Permit or ID No.:		SUOIL	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator						
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		STRUC	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required</li> </ol>								
					by the particular state. Item 22 must be completed by the destination facility.						
8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road  Nesquehoning PA 18240		9. Telephone	Number:		6. Transporter 1 (Certification of Receipt of Waste as described in items 11, 1 William NJ 10-12-2021						
		(570) 805	5-6003		Print/Type Name	Signature	comment must accompany each enerated in New York State. eted before the generator can 9 are optional unless required completed by the destination steep as described in items 11, 12 & 13)  10-12-2021 10:12 AM Te Date  18. Telephone Number  19. State Transporter Permit or ID No.  ication of Receipt of Waste as				
		10. State Perm 400695	nit or ID No.	TER	17. Transporter 2 or Intern (Name and Address)	nediate Handler	e Handler 18. Telephone Number				
11. USDOT Shippin		12. Total No. Containers	13. Total Weight or volume	SPORTER							
a. x Regulated Med 4.5 cu ft. box	dical Waste, 6.2,UN3291,PGII	33 1155		TRANS	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as						
14. Special Handling	g Instructions:				Print/Type Name 21. New Tracking Form N	Signature umber (for consolidate					
14.(a) Additional Inf	tion:	reclusts		ATIO	22. Destination Facility (C in items 11, 12 & 13)  Received in accordance  Natasha						
I hereby declare, on behalf of the generator that the contents of this consignment are fully and accurately described above by proper classified, packed, marked, and labeled, and are in all respects in proper condition for according to applicable international and national government regulations and state la and regulations.		l above by proper shipping or condition for transport ons and state laws		DESTIN	Print/Type Name (If other than destination facility,		Date				
Print/Type Name	Signature	10-12-20	21 10:12 AM Date	D							



	Medical Waste Tracki	ing Form			Emergency Respon	nse Number: 855	678-1098	
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1  Plainview NY 11803	3578159	Form Number:	NOI	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator			
OR	3. Telephone number: (516) 575-4201  5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		INSTRUCT	O 1 This multi-new (4 mag) chiming do support must accompany and			
GENERATOR	Destination Facility Name and Address:     PA DANIELS Sharpsmart Easton     925 Conroy Place	ANIELS Sharpsmart Easton Conroy Place  10. State Permit or ID No. 400693  DOT Shipping Name:  12. Total No. Containers  13. Total Weight or volume			William NJ Print/Type Name	Signature	described in items 11, 12 & 13) 11-15-2021 8:29 AM Date	
GE	Easton PA 18040			SPORTER	(Name and Address)  19. State Transporter Permit or ID No.		18. Telephone Number	
	11. USDOT Shipping Name:  a. x Regulated Medical Waste, 6.2,UN3291,PGII							
	4.5 cu ft. box 28 840 b.				20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)			
	14. Special Handling Instructions:	T	Print/Type Name 21. New Tracking Form N	Signature umber (for consolidated	Date or remanifested waste)			
	14.(a) Additional Information	TION	22. Destination Facility (C in items 11, 12 & 13)  8 Received in accordance		Medical Waste as described			
A STATE OF THE PERSON NAMED IN	15. Generator's Certification: I hereby declare, on behalf of the generator that the contents of this consignment are fully and accurately described at classified, packed, marked, and labeled, and are in all respects in proper of according to applicable international and national government regulations and regulations.  scott I  Print/Type Name  Nuclear Diagnostic Property accurately described at classified, packed, marked, and labeled, and are in all respects in proper of according to applicable international and national government regulations and regulations.  Scott I  Signature	bove by proper shippir condition for transport s and state laws		DESTINA	gabe Print/Type Name (If other than destination facility, 23. Discrepancy Box (Any		Date permit or ID no. in box 14) oted by item number and initials)	



	Medical Waste Tracki	ng Form			Emergency Response Number: 855	678-1098		
	1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (516) 575-4201	Tracking Form Number:     3690282  4. State Permit or ID No.:  6. Talanhara Number:		CTIONS	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 - TRANSPORTER COPY: Retained by Transporter  Copy 4 - GENERATOR COPY: Retained by Generator			
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		STRUC	1. This multi-copy (4 page) shipping document must accompshipment of regulated medical waste generated in New Yor.  2. Items numbered 1-14 must be completed before the generation sign the certification. Items 4,7,10 & 19 are optional unless			
GENERALOR	Buffalo NY 14221			by the particular state. Item 22 must be completed by the destination facility.				
	Destination Facility Name and Address:     Bio- Haz Solutions	(570) 805-6003 10. State Permit or ID No.			16. Transporter 1 (Certification of Receipt of Waste as William NJ	described in items 11, 12 & 13) 12-20-2021 8:29 AM		
	23 Tonoli Road				Print/Type Name Signature	Date		
3	Nesquehoning PA 18240			TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Numb			
	11. USDOT Shipping Name:	12. Total No. Containers	13. Total Weight or volume	SPORT		19. State Transporter Permit or ID No.		
	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box			Y	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as			
	14. Special Handling Instructions:			TR	Print/Type Name Signature 21. New Tracking Form Number (for consolidated	Date or remanifested waste)		
Н	14.(a) Additional Information  15. Generator's Certification:  I hereby declare, on behalf of the generator  Nuclear Diagnostic Production			ATIO	22. Destination Facility (Certificate of Receipt of Principle 11, 12 & 13)  Received in accordance with items 11, 12 & 13  Natasha	Medical Waste as described  01-06-2022 1:19 PM		
	that the contents of this consignment are fully and accurately described abordassified, packed, marked, and labeled, and are in all respects in proper co according to applicable international and national government regulations and regulations.  cj manoni	ndition for transport and state laws	ng name and are by highway 21 8:29 AM		Print/Type Name Signature If other than destination facility, indicate address, phone, and p  23. Discrepancy Box (Any discrepancies should be no			
13	Print/Type Name Signature		Date	-				





Categories > National Accounts > National Income & Product Accounts > GDP/GNP

### ☆ Gross Domestic Product (GDP)

2021-01-01

DOWNLOAD &

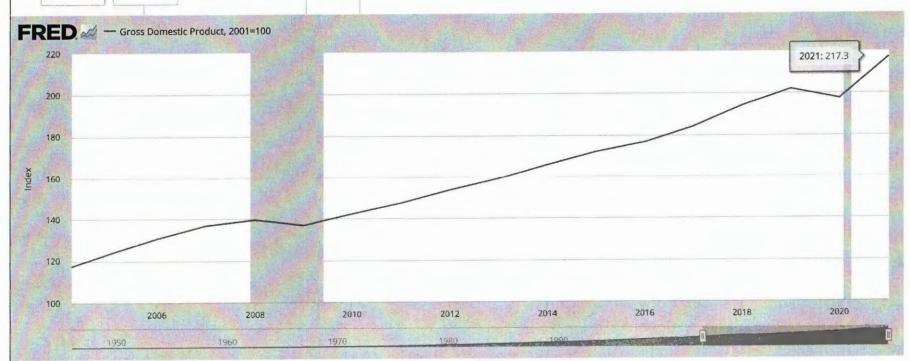
Observation: 2021: **217.3** (+ more) Updated: Jan 27, 2022

2004-04-01

Units: Index Mar 2001=100, Seasonally Adjusted Annual Rate Annual, Average

1Y | 5Y | 10Y | Max

EDIT GRAPH 🌣



Shaded areas indicate U.S. recessions.

Source: U.S. Bureau of Economic Analysis

fred.stlouisfed.org

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Account Tools 🚨









Source: U.S. Bureau of Economic Analysis 🗹

Release: Gross Domestic Product 🗹

Units: Billions of Dollars, Seasonally Adjusted Annual Rate

As per Federal Reserve Economic Data (FRED) and accounting for inflation, attached, the GDP implicit price deflator shows that our SLOC meets the threshold as required by New York State. Based on NDP's standing line of credit (SLOC) original required value, \$44,064 USD and our current SLOC of \$60,000 USD, NDP concludes that no adjustment is needed at this time, and that our current SLOC is sufficient to cover all costs of decommissioning.