



Department of
Environmental
Conservation

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: Nuclear Diagnostic Products of NY, Inc.			
FACILITY LOCATION ADDRESS: 130 Commercial St. Suite 1	FACILITY CITY: Plainview	STATE: NY	ZIP CODE: 11803
FACILITY TOWN: Oyster Bay	FACILITY COUNTY: Nassau	FACILITY PHONE NUMBER: 516-575-4201	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oyster Bay Solid Waste Disposal District			NYSDEC REGION #: 1
360 PERMIT #: 1-2824-02390-00001	DATE ISSUED: 11/18/2020	DATE EXPIRES: 11/17/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Neal Levy or Tom Boland	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 516-575-4201	CONTACT FAX NUMBER: 516-575-4201
CONTACT EMAIL ADDRESS: NealL@ndprx.com			
OWNER INFORMATION			
OWNER NAME: Gerard Strugala-PharmaLogic Holdings	OWNER PHONE NUMBER: 732-539-9395	OWNER FAX NUMBER: 561-416-0083	
OWNER ADDRESS: 5301 N. Federal Highway-Suite 280	OWNER CITY: Boca Raton	STATE: FL	ZIP CODE: 33487
OWNER CONTACT: 732-539-9395	OWNER CONTACT EMAIL ADDRESS: gstrugala@radiopharmacy.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Nuclear Diagnostic Products of NY, Inc.	<input type="checkbox"/> public <input checked="" type="checkbox"/> private		
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 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 (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

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.

Neal Levy
Signature

2/21/2022
Date

Neal Levy
Name (Print or Type)

Radiation Safety Officer
Title (Print or Type)

NealL@ndprx.com
Email (Print or Type)

130 Commercial Street
Address

Plainview
City

NY, 11803
State and Zip

(516) 575-4201
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

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

Incoming Weeks 1-13

		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	1/3/21	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 (lbs)	0	82	87	137	87	114	131	92	68	79	128	79	115
Tl-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

**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.

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

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
Tl-201/Ga-67In-111/Ga-68Y-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
Ge-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

**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

**** 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.

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

Incoming Weeks 27-39

	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	7/4/2021	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	9/26/2021	
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	9/20/2021	
Tc-99m	Very Short-lived waste (lbs)	79	94	92	84	126	118	118	138	111	123	68	119	106
Tl-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	0
I-125/ Cr-51	Long-lived waste (lbs)	0	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	0
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	4	0	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

**Ge-68 waste is not being held for decay in storage.

Quarterly Total : 1070.64

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

reflects the actual weight at time of shipment each quarter.

Section 2 - Quantity of Regulated Medical Waste (RMW) ReceivedIncoming Weeks 40-53

		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	10/3/2021	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	12/31/2021
	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	12/20/2021
Tc-99m	Very Short-lived waste (lbs)	66	100	72	119	110	56	109	135	56	126	95	85	124
Tl-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	0
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

**Ge-68 waste is not being held for decay in storage.

Quarterly Total : 666.64

RMW Limi 1400

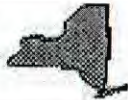
It is being transferred to a radioactive waste disposal company for disposal

**** 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

reflects the actual weight at time of shipment each quarter.



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803		2. Tracking Form Number: 2690662	
3. Telephone number: (516) 575-4201		4. State Permit or ID No.:	
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221		6. Telephone Number: (716) 205-3793	
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040		7. State Transporter or ID No. MA-167	
11. USDOT Shipping Name: a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box		12. Total No. Containers 25	13. Total Weight or volume 462
14. Special Handling Instructions:			
14.(a) Additional Information			
15. Generator's Certification: I hereby declare, on behalf of the generator <u>Nuclear Diagnostic Products</u> 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 according to applicable international and national government regulations and state laws and regulations.			
Print/Type Name		Signature	
		Date	
		01-08-2021 11:10 AM	

INSTRUCTIONS

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.

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)		
NJ NJ1		01-08-2021 11:10 AM
Print/Type Name	Signature	Date
17. Transporter 2 or Intermediate Handler (Name and Address)		18. Telephone Number
		19. State Transporter Permit or ID No.
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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)		
<input checked="" type="checkbox"/> Received in accordance with items 11, 12 & 13		
Gabe		01-22-2021 9:44 AM
Print/Type Name	Signature	Date
(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 2773048
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

INSTRUCTIONS

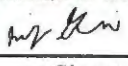
Instructions for completing the medical waste tracking form:
 Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY: Retained by Transporter
 Copy 4 - GENERATOR COPY: Retained by Generator

- This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.
- 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.

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

8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604	9. Telephone Number: (888) 388-2525
	10. State Permit or ID No. 01501203-PCO

TRANSPORTER


16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)		
NJ James NJ1		02-08-2021 2:17 PM
Print/Type Name	Signature	Date
17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number	
	19. State Transporter Permit or ID No.	

11. USDOT Shipping Name:	12. Total No. Containers	13. Total Weight or volume
^{HM} a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	35	
b.		

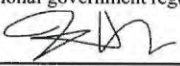
14. Special Handling Instructions:

14.(a) Additional Information

DESTINATION

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)		
<input checked="" type="checkbox"/> Received in accordance with items 11, 12 & 13		
on file		03-02-2021 8:06 PM
Print/Type Name	Signature	Date
(If other than 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)		

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

 02-08-2021 2:17 PM

Print/Type Name Signature Date



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR


1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803		2. Tracking Form Number: 2846754							
3. Telephone number: (516) 575-4201		4. State Permit or ID No.:							
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221		6. Telephone Number: (716) 205-3793							
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040		7. State Transporter or ID No. MA-167							
9. Telephone Number: (484) 546-2130		10. State Permit or ID No. 400693							
11. USDOT Shipping Name: <table border="1"> <tr> <td>HM</td> <td></td> </tr> <tr> <td>a. <input checked="" type="checkbox"/></td> <td>Regulated Medical Waste, 6.2, UN3291, PGI 4.5 cu ft. box</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td></td> </tr> </table>		HM		a. <input checked="" type="checkbox"/>	Regulated Medical Waste, 6.2, UN3291, PGI 4.5 cu ft. box	b. <input type="checkbox"/>		12. Total No. Containers 23	13. Total Weight or volume 422
HM									
a. <input checked="" type="checkbox"/>	Regulated Medical Waste, 6.2, UN3291, PGI 4.5 cu ft. box								
b. <input type="checkbox"/>									
14. Special Handling Instructions:									
14.(a) Additional Information									
15. Generator's Certification: I hereby declare, on behalf of the generator <u>Nuclear Diagnostic Products</u> 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 according to applicable international and national government regulations and state laws and regulations.									
Print/Type Name		Signature							
		03-08-2021 12:43 PM							
		Date							

INSTRUCTIONS


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.

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13) NJ James NJ1  03-08-2021 12:43 PM Print/Type Name Signature Date		
17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number	
	19. State Transporter Permit or ID No.	
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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13) <input checked="" type="checkbox"/> Received in accordance with items 11, 12 & 13 on file  03-25-2021 11:02 AM Print/Type Name Signature Date (If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 2922658
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604	7. State Transporter or ID No. MA-167

9. Telephone Number: (888) 388-2525	10. State Permit or ID No. 01501203-PCO
--	--

11. USDOT Shipping Name: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 21	13. Total Weight or volume 525
b.		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

Print/Type Name _____ Signature _____ Date 04-05-2021 1:07 PM

INSTRUCTIONS

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.

TRANSPORTER

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

NJ James NJ1		04-05-2021 1:07 PM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

on file

Print/Type Name	Signature	Date
		04-16-2021 10:59 AM

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 2999093
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040	7. State Transporter or ID No. MA-167

9. Telephone Number: (484) 546-2130	10. State Permit or ID No. 400693
--	--

11. USDOT Shipping Name: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 27	13. Total Weight or volume 945
b.		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

_____ 05-03-2021 12:39 PM
Print/Type Name Signature Date

INSTRUCTIONS

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.

TRANSPORTER

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

NJ James NJ1		05-03-2021 12:39 PM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

DESTINATION

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
 on file

		05-20-2021 9:48 AM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address:
Nuclear Diagnostic Products
130 Commercial St # 1
Plainview NY 11803

2. Tracking Form Number:
3095054

3. Telephone number: (516) 575-4201

4. State Permit or ID No.:

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

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

11. USDOT Shipping Name:
a. Regulated Medical Waste, 6.2, UN3291, PGII
4.5 Box Pharm
b.

12. Total No. Containers
22

13. Total Weight or volume
550

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

06-07-2021 11:45 AM
Print/Type Name Signature Date

INSTRUCTIONS

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.

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)
NJ James NJ1 [Signature] 06-07-2021 11:45 AM
Print/Type Name Signature Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

on file [Signature] 07-07-2021 8:23 PM
Print/Type Name Signature Date
(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address:
Nuclear Diagnostic Products
130 Commercial St # 1

Plainview NY 11803

2. Tracking Form Number:
3195062

4. State Permit or ID No.:

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

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

11. USDOT Shipping Name:

	HM	
a.	<input checked="" type="checkbox"/>	Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box
b.	<input type="checkbox"/>	

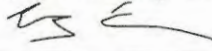
12. Total No. Containers
21

13. Total Weight or volume
550

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

Brian gibbs  07-12-2021 2:18 PM
Print/Type Name Signature Date

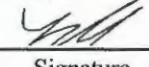
INSTRUCTIONS

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.

TRANSPORTER

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

NJ James NJ1		07-12-2021 2:18 PM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.


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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

gabe		08-11-2021 2:04 PM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3294672
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040	7. State Transporter or ID No. MA-167

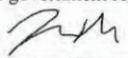
9. Telephone Number: (484) 546-2130	10. State Permit or ID No. 400693
--	--

11. USDOT Shipping Name: HM a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box b.	12. Total No. Containers 27	13. Total Weight or volume 810
---	------------------------------------	---------------------------------------

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

john m  08-16-2021 9:39 AM

Print/Type Name Signature Date

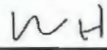
INSTRUCTIONS

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.

TRANSPORTER

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

William NJ		08-16-2021 9:39 AM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

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

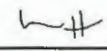
Print/Type Name	Signature	Date

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

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

meagan		09-24-2021 9:30 AM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3378212
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

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

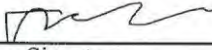
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040	9. Telephone Number: (484) 546-2130
	10. State Permit or ID No. 400693

11. USDOT Shipping Name: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 25	13. Total Weight or volume 444
b.		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

Cj  09-13-2021 1:30 PM
Print/Type Name Signature Date


INSTRUCTIONS

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.

TRANSPORTER

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

William NJ		09-13-2021 1:30 PM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.


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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

meagan		09-15-2021 9:26 AM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3470227
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

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

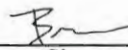
8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road Nesquehoning PA 18240	9. Telephone Number: (570) 805-6003
	10. State Permit or ID No. 400695

11. USDOT Shipping Name: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 33	13. Total Weight or volume 1155
b.		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

brian  10-12-2021 10:12 AM

Print/Type Name Signature Date


INSTRUCTIONS

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.

TRANSPORTER

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

William NJ		10-12-2021 10:12 AM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Natasha		10-20-2021 1:09 PM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3578159
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
8. Destination Facility Name and Address: PA DANIELS SharpSmart Easton 925 Conroy Place Easton PA 18040	7. State Transporter or ID No. MA-167

9. Telephone Number: (484) 546-2130	10. State Permit or ID No. 400693
--	--

11. USDOT Shipping Name: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 28	13. Total Weight or volume 840
b.		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

scott l Scott l 11-15-2021 8:29 AM
Print/Type Name Signature Date

INSTRUCTIONS

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

- This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.
- 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.

TRANSPORTER

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

William NJ	<u>WAT</u>	11-15-2021 8:29 AM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

DESTINATION

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

gabe	<u>[Signature]</u>	12-03-2021 3:23 PM
Print/Type Name	Signature	Date

(If other than 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 Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3690282
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

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


8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road Nesquehoning PA 18240	9. Telephone Number: (570) 805-6003
	10. State Permit or ID No. 400695

11. USDOT Shipping Name: a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	12. Total No. Containers 25	13. Total Weight or volume 454
b. <input type="checkbox"/>		

14. Special Handling Instructions:

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 classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

cj manoni  12-20-2021 8:29 AM
Print/Type Name Signature Date


INSTRUCTIONS

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.

TRANSPORTER

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

William NJ		12-20-2021 8:29 AM
Print/Type Name	Signature	Date

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

18. Telephone Number

19. State Transporter Permit or ID No.

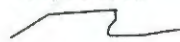
20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)

Print/Type Name	Signature	Date

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

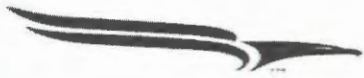
DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Natasha		01-06-2022 1:19 PM
Print/Type Name	Signature	Date

(If other than 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)



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

☆ Gross Domestic Product (GDP)

DOWNLOAD

Observation:

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

Units:

Index Mar 2001=100,
Seasonally Adjusted Annual Rate

Frequency:

Annual,
Average

1Y | 5Y | 10Y | Max

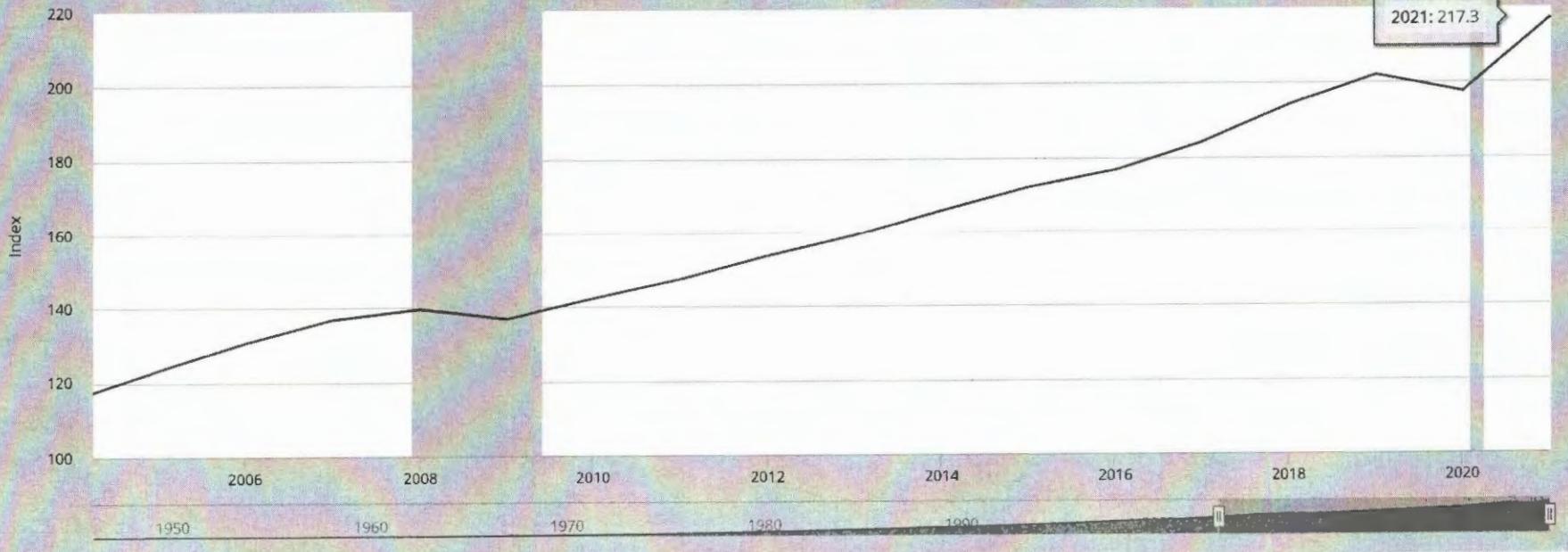
EDIT GRAPH

2004-04-01

2021-01-01

FRED

— Gross Domestic Product, 2001=100



Shaded areas indicate U.S. recessions.

Source: U.S. Bureau of Economic Analysis

fred.stlouisfed.org

Share Links

Account Tools



NOTES

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.