

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

REGULATED MEDICAL WASTE FACILITIES

Annual Report

Submit the Annual Report no later than March 1, 2022.

Reporting of the information indicated on this Regulated Medical Waste Annual Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii), (h)(8); 360-1.14(e)(2), (i)(1); 360-11.1(a), (b)(1)(viii); 360-11.4(h) and (j); 360-17.4(e)(2),(e)(3);. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360 and Part 365.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

INSTRUCTIONS FOR COMPLETING THE FORM:

SECTION 1: Provide facility information and identify whether the facility operated waste during the year.

SECTION 2: Identify the amount of each type of waste generated and treated on-site (if a generator permitted to treat on-site), or if a commercial facility, the amount received by the facility from the generators and how it was processed. If transferred off-site by the generator or if a transfer facility, identify the treatment facility where the waste was sent.

SECTION 3: If a treatment facility, identify the names and addresses of disposal facilities where treated waste was disposed.

SECTION 4: Identify any unauthorized waste that was received at the facility.

SECTION 5: If required, provide updated cost estimates and financial assurance documentation.

SECTION 6: Identify any problems which occurred at the facility.

SECTION 7: Identify any changes from the approved permit or permit documentation.

SECTION 8: Identify any additional permit or consent order reporting requirements.

SECTION 9: Sign and date the form and follow the instructions provided for submission of form.



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: JUBILANT DRAXIMAGE INC. D/B/A JUBILANT RADIOPHARMA | | | |
| FACILITY LOCATION ADDRESS: 108 CHARLOTTE AVE | FACILITY CITY: HICKSVILLE | STATE: NY | ZIP CODE: 11801 |
| FACILITY TOWN: HICKSVILLE | FACILITY COUNTY: NASSAU | FACILITY PHONE NUMBER: (516) 933 7888 | |
| 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 #: 1-2824-002545/0002 | DATE ISSUED: 07/20/20 | DATE EXPIRES: 07/19/25 | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 30J10131 |
| FACILITY CONTACT: GAYATHRI SRIDHAR | <input type="checkbox"/> public <input checked="" type="checkbox"/> private | CONTACT PHONE NUMBER: 516-933-7888 | CONTACT FAX NUMBER: 516-933-1015 |
| CONTACT EMAIL ADDRESS: gayathri.sridhar@jubl.com | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Jubilant DraxImage Inc. | OWNER PHONE NUMBER: 763-656-3275 | OWNER FAX NUMBER: | |
| OWNER ADDRESS: 790 Township Line Rd. #325 | OWNER CITY: Yardley | STATE: PA | ZIP CODE: 19067 |
| OWNER CONTACT: Gayathri Sridhar | OWNER CONTACT EMAIL ADDRESS: gayathri.sridhar@jubl.com | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: <input checked="" type="checkbox"/> same as owner | | <input type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide): | | | |
| Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide): | | | |

Did you operate in 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 <small>(See Attached List of NYS Planning Units)</small> |
|---|---|--|------------------------------|-------------------------------|---|---|---|
| RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste) | 2 . 2 . | | | | | | |
| Other Infectious Waste <small>(specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)</small> | | | | | | | |
| Radioactive Waste <small>(specify for each very short lived, short lived or long lived)</small> | | | | | | | |
| Pharmaceutical Waste | | | | | | | |
| Hazardous Waste | | | | | | | |
| Other <small>(specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)</small> | | | | | | | |
| TOTAL | 2.2815 | | | | | | |

SECTION 3 – DISPOSAL DESTINATION

| WASTE TYPE | AMOUNT (tons) | FACILITY NAME AND ADDRESS | STATE | COUNTY | NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i> |
|--------------------|------------------|---------------------------|-------|--------|---|
| Treated Waste | | | | | |
| | | | | | |
| | | | | | |
| TOTAL WASTE | 2.2335 | | | | |

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: SWMAnnualreport@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.

J. Halverson
 Signature

2-28-22
 Date

Jeanine Halverson
 Name (Print or Type)

VP/Pharmacy Operations
 Title (Print or Type)

jeanine.halverson@jubl.com
 Email (Print or Type)

790 Township Line Rd. Ste. 325
 Address

Yardley
 City

PA 19067
 State and Zip

(763) 656-2200 3275
 Phone Number

ATTACHMENTS: YES NO

*This page for reference only. Please do not return with submittal.

New York State Planning Units & Regions

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. **Note: The Planning Unit is not the DEC Region.**

| DEC Region | Planning Unit | County | Municipality |
|-------------------------|---|-------------|--|
| 1 | Glen Cove | Nassau | Glen Cove (City) |
| | Hempstead | | Hempstead (Town) |
| | Long Beach | | Long Beach (City) |
| | North Hempstead Solid Waste Management Authority | | North Hempstead (Town), <i>except 8 villages (see below)</i> |
| | Oyster Bay Solid Waste Disposal District | | Oyster Bay (Town), <i>except 17 villages (see below)</i> |
| | Babylon | | Babylon (Town) |
| | Brookhaven | Suffolk | Brookhaven (Town) |
| | East Hampton | | East Hampton (Town) |
| | Fishers Island Waste Management District | | Fishers Island |
| | Huntington | | Huntington (Town) |
| | Islip Resource Recovery Agency | | Islip (Town) |
| | Riverhead | | Riverhead (Town) |
| | Shelter Island | | Shelter Island (Town) |
| | Smithtown | | Smithtown (Town) |
| | Southampton | | Southampton (Town) |
| Southold | Southold (Town), <i>except Fishers Island</i> | | |
| 2 | New York City | Bronx | Bronx |
| | | Kings | Kings (Brooklyn) |
| | | New York | New York (Manhattan) |
| | | Queens | Queens |
| | | Richmond | Richmond (Staten Island) |
| 3 | Dutchess County | Dutchess | |
| | Orange County | Orange | |
| | Putnam County | Putnam | |
| | Rockland County Solid Waste Management Authority (RCSWMA) | Rockland | |
| | Sullivan County | Sullivan | |
| | Ulster County Resource Recovery Agency (UCRRA) | Ulster | |
| | Westchester County | Westchester | |
| 4 | Colonie | Albany | Cohoes (City) |
| | | | Colonie (Town) |
| | | | Colonie (Village) |
| | | | Menands (Village) |
| | | | Watervliet (City) |
| | Capital Region Solid Waste Management Partnership | Albany | Albany (City) |
| | | | Altamont (Village) |
| | | | Berne (Town) |
| | | | Bethlehem (Town) |
| | | | Green Island (Town/Village) |
| | | | Guilderland (Town) |
| | | | Knox (Town) |
| | | | New Scotland (Town) |
| | | | Rensselaerville (Town) |
| Voorheesville (Village) | | | |
| Westerlo (Town) | | | |

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| | | | | |
|---------------|--|--------------|--|------------------|
| | | Rensselaer | East Greenbush (Town) | |
| | | | Rensselaer (City) | |
| 4 | Eastern Rensselaer County Solid Waste Management Authority | Rensselaer | Castleton-on-Hudson (Village) | |
| | | | Hoosick Falls (Village) | |
| | | | Nassau (Village) | |
| | | | Pittstown (Town) | |
| | | | Schaghticoke (Town/Village) | |
| | | | Stephentown (Town) | |
| | | | Valley Falls (Village) | |
| | | | Berlin (Town) | Inactive Members |
| | | | Grafton (Town) | |
| | | | Hoosick (Town) | |
| | | | Nassau (Town) | |
| | | | Petersburg (Town) | |
| | | | Poestenkill (Town) | |
| | Columbia County | Columbia | All, except Town of Canaan | |
| | Delaware County | Delaware | | |
| | Greene County | Greene | | |
| | Montgomery County | Montgomery | | |
| | Otsego County | Otsego | | |
| | Schoharie County | Schoharie | | |
| | Schenectady County | Schenectady | | |
| 5 | Clinton County | Clinton | | |
| | Essex County | Essex | | |
| | County of Franklin Solid Waste Management Authority (CFSWMA) | Franklin | | |
| | Fulton County | Fulton | | |
| | Hamilton County | Hamilton | | |
| | Saratoga County | Saratoga | | |
| | Warren County | Warren | | |
| | Washington County | Washington | | |
| 6 | Development Authority of the North Country (DANC) | Jefferson | | |
| | | Lewis | | |
| | | St. Lawrence | | |
| | Oneida-Herkimer Solid Waste Authority | Oneida | | |
| | | Herkimer | | |
| 7 | Broome County | Broome | | |
| | Cayuga County | Cayuga | | |
| | Chenango County | Chenango | | |
| | Cortland County | Cortland | | |
| | Madison County | Madison | | |
| | Onondaga County | Onondaga | All municipalities, except Town and Village of Skaneateles (See below) | |
| | Oswego County | Oswego | | |
| | Tioga County | Tioga | | |
| | Tompkins County | Tompkins | | |
| 8 | Chemung County | Chemung | | |
| | GLOW Region Solid Waste Management Committee | Genesee | | |
| | | Livingston | | |
| | Monroe County | Monroe | | |
| | Ontario County | Ontario | | |
| | Orleans County | Orleans | | |
| | Schuyler County | Schuyler | | |
| Seneca County | Seneca | | | |

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| | | | |
|------------------------------|---|-------------|--------------------------|
| | Steuben County | Steuben | |
| | Wayne County | Wayne | |
| | Yates County | Yates | |
| | Allegany County | Allegany | |
| | Cattaraugus County | Cattaraugus | |
| | Chautauqua County | Chautauqua | |
| | GLOW Region Solid Waste Management Committee | Wyoming | |
| | Niagara | Niagara | |
| 9 | Northeast-Southtowns Solid Waste Management Board (NEST) | Erie | Akron (Village) |
| | | | Alden (Town/Village) |
| Angola (Village) | | | |
| Aurora (Town) | | | |
| Blasdell (Village) | | | |
| Boston (Town) | | | |
| Brant (Town) | | | |
| Cheektowaga (Town) | | | |
| Clarence (Town) | | | |
| Colden (Town) | | | |
| Collins (Town) | | | |
| Concord (Town) | | | |
| Depew (Village) | | | |
| East Aurora (Village) | | | |
| Eden (Town) | | | |
| Elma (Town) | | | |
| Evans (Town) | | | |
| Farnham (Village) | | | |
| Gowanda (Village) | | | |
| Hamburg (Town/Village) | | | |
| Holland (Town) | | | |
| Lackawanna (City) | | | |
| Lancaster (Town/Village) | | | |
| Marilla (Town) | | | |
| Newstead (Town) | | | |
| North Collins (Town/Village) | | | |
| Orchard Park (Town/Village) | | | |
| Sardinia (Town) | | | |
| Sloan (Village) | | | |
| Springville (Village) | | | |
| Wales (Town) | | | |
| West Seneca (Town) | | | |
| | Northwest Communities Solid Waste Management Board (NWCB) | Erie | Amherst (Town) |
| | | | Grand Island (Town) |
| | | | Kenmore (Village) |
| | | | Tonawanda (Town/Village) |
| | | | Williamsville (Village) |

Municipalities Not Currently Affiliated With a Recognized Planning Unit

| DEC Region | County | Non-Member Municipality | |
|----------------------------|---------------|----------------------------|---------------------------------------|
| 1 | Nassau | North Hempstead | Great Neck Estates (Village) |
| | | | Great Neck Plaza (Village) |
| | | | Mineola (Village) |
| | | | New Hyde Park (Village) |
| | | | Plandome (Village) |
| | | | Plandome Manor (Village) |
| | | | Westbury (Village) |
| | | | Williston Park (Village) |
| | | Oyster Bay | Bayville (Village) |
| | | | Brookville (Village) |
| | | | Centre Island (Village) |
| | | | Cove Neck (Village) |
| | | | East Hills (Village) (portion) |
| | | | Glenwood – Glen Head Garbage District |
| | | | Lattington (Village) |
| | | | Laurel Hollow (Village) |
| | | | Matinecock (Village) |
| | | | Mill Neck (Village) |
| | | | Muttontown (Village) |
| | | | Old Brookville (Village) |
| | | | Old Westbury (Village) (portion) |
| | | | Oyster Bay Cove (Village) |
| | | | Roslyn Harbor (Village) (portion) |
| Sea Cliff (Village) | | | |
| Upper Brookville (Village) | | | |
| 4 | Albany | Coeymans (Town) | |
| | | Ravena (Village) | |
| | Rensselaer | Brunswick (Town) | |
| | | North Greenbush (Town) | |
| | | Sand Lake (Town) | |
| | | Schodack (Town) | |
| | | Troy (City) | |
| Columbia | Canaan (Town) | | |
| 7 | Onondaga | Skaneateles (Town/Village) | |
| 9 | Erie | Buffalo (City) | |

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New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste Management
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Solid Waste Management Facility Annual Reports only:

Fax: (518) 402-9041

Email: swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman/David Gibb
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFannualreportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4892
SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

Lee Reiff
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3134
SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Brian Maglienti
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2085
SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Steve Perrigo
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

November 2021



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

REGULATED MEDICAL WASTE TRACKING FORM

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

GENERATOR

| | |
|---|--------------------------------|
| 1. Generator's Name and Mailing Address EMERSONIANT INK-IMAGE INC 100 CHARLOTTE TWP WICKSVILLE, NY 13022-2500 (516) 937-7800 | 2. Tracking Form Number |
|---|--------------------------------|

| | |
|----------------------------|----------------------------------|
| 3. Telephone Number | 4. State Permit or ID No. |
|----------------------------|----------------------------------|

| | |
|---|---|
| 5. Transporter's Name and Mailing Address STERICTYLE, INC 2816 NORTH STATE ST LAWY FOREST, ILLINOIS 60045 | 6. Telephone Number 8006339218 |
| | 7. State Transporter or ID No(s). IL-033 |

| | |
|---|-----------------------------------|
| 8. Destination Facility Name and Address 1901 Pine Avenue WILSON, OH 44150 | 9. Telephone Number |
| | 10. State Permit or ID No. |

| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers | 13. Total Volume | |
|--|--|---------------------|--------------------------|------------------|----|
| HM | | | | | |
| a. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Corrugated Box | | | CF |
| b. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Reusable Tub | | | CF |
| c. | <input checked="" type="checkbox"/> UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated) | Wheeled Rack | | | CF |
| d. | Regulated Medical Waste (Treated) | | | | CF |

14. Special Handling Instructions and Additional Information
2. 12/4/01
2. 12/4/01

15. Generator's Certification
I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

11 209 51441 111 518 12/27/01
Print/Type Name Signature Date

INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM

Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White)
Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green)
Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.

TRANSPORTER

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

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

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

18. Telephone Number

19. State Transporter or ID No(s).

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

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

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

DESTINATION

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

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)

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



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

REGULATED MEDICAL WASTE TRACKING FORM

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

GENERATOR

| | | | |
|--|---|---------------------------|--------------------------|
| 1. Generator's Name and Mailing Address | | 2. Tracking Form Number | |
| 3. Telephone Number | | 4. State Permit or ID No. | |
| 5. Transporter's Name and Mailing Address | | 6. Telephone Number | |
| 8. Destination Facility Name and Address | | 9. Telephone Number | |
| 11. USDOT Shipping Name (or waste description) | | 11a. Container Type | 12. Total No. Containers |
| 13. Total Volume | | | |
| a. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated) | Corrugated Box | 10 |
| b. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated) | Reusable Tub | |
| c. | X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated) | Wheeled Rack | |
| d. | Regulated Medical Waste (Treated) | | |
| 14. Special Handling Instructions and Additional Information | | | |
| 15. Generator's Certification | | | |

INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM

Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generator (White)
 Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Facility (Green)
 Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Pink)
 Copy 5 – GENERATOR COPY – Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.

TRANSPORTER

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

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

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

18. Telephone Number

19. State Transporter or ID No(s).

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

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

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

DESTINATION

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

Received in accordance with items 11, 12 & 13

| | | |
|-----------------|-----------|------|
| Print/Type Name | Signature | Date |
|-----------------|-----------|------|

(If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)

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

Print/Type Name: H. SINGH Signature: [Signature] Date: 11/15/04

ORIGIN ID: NXXX (407) 694-2135
DEBRA ROGERS

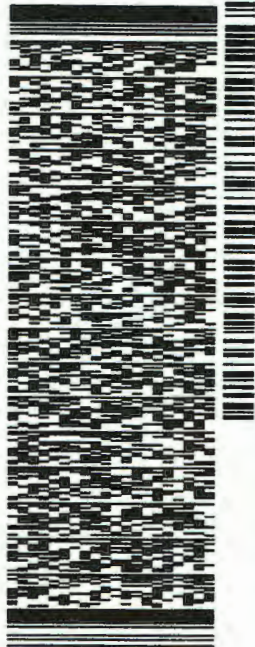
JUBILANT RADIOPHARMA
790 TOWNSHIP LINE ROAD STE. 325
YARDEY, PA 19067
UNITED STATES US

SHIP DATE: 02MAR22
ACTWGT: 1.00 LB
CAD: 107378907/NET4460
BILL SENDER

TO SYED RAHMAN/DAVID GIBB
SUNY@STONY BROOK
50 CIRCLE ROAD

STONY BROOK NY 11790
REF: 900101018
PO: (631) 444-0375

DEPT: HICKSVILLE 2021 RMW REPORT



J221822818581ur

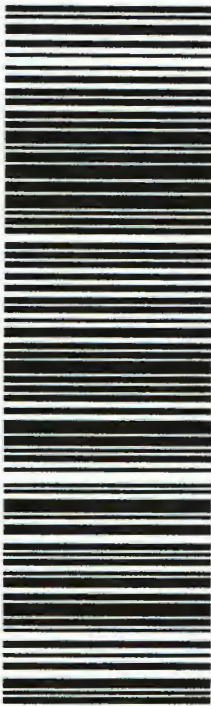
56D.J390B8/FE4A

TRK# 7761 8459 1990
0201

THU - 03 MAR 10:30A
PRIORITY OVERNIGHT

E4 NWSA

11790
NY-US JFK



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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