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 INFORMATION							
FACILITY NAME:							
NYS Dept of Health Wadsworth Center- Griffin Laborator							
FACILITY LOCATION ADDRESS:	FACILITY	CITY:	STA				
5668 State Far			N'	1 12001			
FACILITY TOWN:	FACILITY	COUNTY:	FACILITY	PHONE NUMBER:			
Guilderland Albany 518-486-7890							
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Capital Region Solid Waste Management Partnership (CRSWMP) REGION #: 4							
200 DEPONDE #							
	ATE ISSUED:	DATE EXPIRES:		ACTIVITY CODE OR			
4-0130-00034/(04/03/20 04/02/202 REGISTRATION NUMBER:							
FACILITY CONTACT:	public public	CONTACT PHONE	CONT	ACT FAX NUMBER:			
Corey Bennett	☐ private	NUMBER: 518-486-7890	518	3-869-6684			
CONTACT EMAIL ADDRESS: corey:bennett@health.ny.gov							
OWNER INFORMATION							
OWNER PAX NUMBER.							
NYSDOH-Wadsworth C 518-473-8034 518-474-3908 OWNER ADDRESS: OWNER CITY: STATE: ZIR CODE:							
DO Day 500 F							
PO Box 509 Empire State F Albany NY 12212 OWNER CONTACT: OWNER CONTACT EMAIL ADDRESS:							
Corey Bennett corey.bennett@health.ny.gov							
OPERATOR INFORMATION							
OPERATOR NAME: Same	as owner		□ pub □ priv	! !			
	PREF	ERENCES					
Other (provide):	Preferred address to receive correspondence: Facility location address Owner address						
Preferred email address: Facility Contact Owner Contact							
Preferred individual to receive correspondence: Facility Contact Owner Contact							
Did you operate in 2021? Tyes;	Complete this form	٦.					
□ 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 .

	Othe forea include ash, C furthe	Haz	Pharma Waste	Radioad (specify to ship tived)	Was amou conta includincide rema waste		Prog	Wa; Bloc	Sto	C R	
T(Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)	Hazardous Waste	Ƴharmaceutical Waste	11 11 11 17	Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)		Products, Sharps, and Animal Waste)	Waste, Human Blood and Blood	Stocks, Human Pathological	RMW (Including: Cultures and	
TOTAL	amount al lysate, equiring	Vaste	ica		fy h h taterial ous numan ement		harps, Waste)	lood	nan	ding:	
		1	2021 =	2 4 4 4 1/10 A		202/5	6.2 3 ALA	3.7 3.7	27 x = 3.4	124-3.4	AM GENE REC PROC
			44; = 50.7 15s	15 47.3 lbs		2021= 13.3	2.9	4 %	3.4	= 3.4	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)
			165	65		<u> </u>	£2,	43	77.	6 x x	
			_	\sim		2021 = 6.	" - W	= 1.7	17.5	2 1.8	AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)
				Medica transfe		3	2.	22	2		2
				tedical n		2021=7.0	St 1.6	¥=2.0	X-1.9	3/1 = 1/2	AMOUNT TREATED (tons)
						0	6	0		0	Single Control of the
				to Giffin							AMOUNT BYPASSED (tons)
			E								
				west							AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)
				HZ			$\frac{\gamma}{\ell}$	Z	6	Ŋ	
				o generated at Bigs las and			Albany, ~ Y	Albuny N 7 12005	po.	Sateguard wast Solutions	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TRANSFER OR TREATMENT FACILITY (include county and state)
				4			٢.	2	22	and c	IF WASTE IS ANSFERRED, T E AND ADDRES TRANSFER OR ATMENT FACIL de county and
				D ON			~	7 122	`,"	rst S	IF WASTE IS TRANSFERRED, THE ME AND ADDRESS C TRANSFER OR REATMENT FACILITY clude county and star
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			()	700/				1/6	.)	ا	NYS P (See Atta
The second secon			•	d'a				CKYWAT			NYS PLANNING UNIT (See Attached List of NYS Planning Units)
			,				****		V		r o o

SECTION 3 - DISPOSAL DESTINATION

The state of the s					
					Ireated Waste
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	111	•	1.	a	
(See Attached List of NYS Planning Units)	COUNTY	STATE	FACILITY NAME AND ADDRESS	(cons)	WASIEITPE
NYS PLANNING UNIT				10000	WASTE TVDE
				TNICMA	

SECTION 4 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?	
TOTAL MARKET CONTROL OF THE PARTY OF T	
Yes	
J	*

If yes, give information below for each incident (attach additional sheets if necessary):

			· · · · · · · · · · · · · · · · · · ·	
Disposal Method & Location	Date Disposed	Type Received	Date Received	

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

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 misdemeand pursuant to Section 210.45 of the Penal Law.

Email address: SWMFannualreport@dec.ny.gov

hable as a Class A misdemeand pursuant	to Section 210.45 of the Penal La
Signature	3/3//2Z Date
Name (Print or Type)	Title (Print or Type)
Covey bennett a	Shallhing.gov
Lilian (Filli	tor type)
5668 State Farm Pd Address	Guilderland
Address	City
N √ 12 08 4 State and 7in	(5 18) 485 - 6789
State and Zin	Phone Number

ATTACHMENTS: YES 🗆

SECTION 13 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Per special condition 13 of permit number 4-0130-00034/02001, the following information must be included for the quarterly and annual reports for Griffin Labs.

Days and hours of operation of Griffin Labs Incinerator:

The Griffin Labs incinerator was operated between 7am and 1pm on the following days of 2021:

Jan	Feb	March	April	May	June
1/5/2021	2/2/2021	3/2/2021	4/6/2021	5/4/2021	6/1/2021
1/12/2021	2/9/2021	3/9/2021	4/13/2021	5/11/2021	6/8/2021
1/19/2021	2/16/2021	3/16/2021	4/20/2021	5/18/2021	6/15/2021
1/26/2021	2/23/2021	3/23/2021	4/27/2021	5/25/2021	6/22/2021
		3/30/2021			6/24/2021
		F			6/29/2021
July	Aug	Sept	Oct	Nov	Dec
7/1/2021	8/3/2021	9/2/2021	10/5/2021	11/2/2021	12/7/2021
7/6/2021	8/5/2021	9/7/2021	10/12/2021	11/9/2021	12/14/2021
7/8/2021	8/10/2021	9/9/2021	10/19/2021	11/16/2021	12/21/2021
7/13/2021	8/12/2021	9/14/2021	10/26/2021	11/23/2021	12/28/2021
7/20/2021	8/17/2021	9/21/2021		11/30/2021	
7/22/2021	8/19/2021	9/28/2021			
7/27/2021	8/24/2021		:		
7/29/2021	8/26/2021				
	8/31/2021				

Summary of Pathological waste incinerated:

1st Quarter 2021

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1831	4.4
Biggs Laboratory	0	0	67.3
Griffin Laboratory	63	1202	0
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.

2nd Quarter 2021

	Waste/animal bedding	
	1876	2.1
Section Control of the Control of th		bedding

Biggs Laboratory	0	122	23.7
Griffin Laboratory	122.75	1873	
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.

3rd Quarter 2021

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1604	
Biggs Laboratory	0	0	78.7
Griffin Laboratory	137.5	2177	0
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.
4th Quarter 2021

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1518	0
Biggs Laboratory	0	15	50.7
Griffin Laboratory	81	1633	0
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.

2021 totals

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	6829	6.5
Biggs Laboratory	0	137	220.4
Griffin Laboratory	404.25	6885	0 (200)
Non- Wadsworth	0	0	0

Note: Table is weight in lbs.

The amount of ash residue disposed is provided below:

1875 lbs