



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: NYS Dept of Health Wadsworth Center- Griffin Laboratory			
FACILITY LOCATION ADDRESS: 5668 State Farm F	FACILITY CITY: Guilderland	STATE: NY	ZIP CODE: 12084
FACILITY TOWN: Guilderland	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 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)			NYSDEC REGION #: 4
360 PERMIT #: 4-0130-00034/0	DATE ISSUED: 04/03/20	DATE EXPIRES: 04/02/202	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Corey Bennett	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-486-7890	CONTACT FAX NUMBER: 518-869-6684
CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov			
OWNER INFORMATION			
OWNER NAME: NYSDOH-Wadsworth C	OWNER PHONE NUMBER: 518-473-8034	OWNER FAX NUMBER: 518-474-3908	
OWNER ADDRESS: PO Box 509 Empire State F	OWNER CITY: Albany	STATE: NY	ZIP CODE: 12212
OWNER CONTACT: Corey Bennett	OWNER CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" 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 (See Attached List of NYS Planning Units)
RMW (including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	1 st yr = 3.4	1 st yr = 1.8	1 st yr = 1.6			Safeguard Waste Solutions LeBron Rd. Albany NY 12205 Albany, NY	CRS WHP
	2 nd yr = 3.4	2 nd yr = 1.5	2 nd yr = 1.9				
	3 rd yr = 3.7	3 rd yr = 1.7	3 rd yr = 2.0				
	4 th yr = 2.9	4 th yr = 1.3	4 th yr = 1.6				
	2021 = 13.3	2021 = 6.3	2021 = 7.0				
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)							
Radioactive Waste (specify by activity, shielded, unshielded or long-lived)	1 st yr = 67.3 lbs						
Pharmaceutical Waste	2 nd yr = 23.7 lbs	Medical Marijuana waste generated at Biggs Lab and transferred to Griffin Lab Incinerator for disposal.					
	3 rd yr = 78.7 lbs						
	4 th yr = 50.7 lbs						
	2021 = 220.4 lbs						
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL							

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>
Treated Waste	.9	Papp Road Land Fill	NY	Albany	CRSDMTP
TOTAL WASTE	.9	Incinerator Ash			

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 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
					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

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1876	2.1

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

Note: Table is weight in lbs.

The amount of ash residue disposed is provided below:
1875 lbs