

ANNUAL REPORT

FEB 28 2022

This Regulated Medical Waste Facility Annual Report is for the year of operation from
January 01, 2021 to December 31, 2021

NYS DEC
 Region 9 - Buffalo

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Cardinal Health Nuclear Pharmacy Services			
FACILITY LOCATION ADDRESS: 303 Cayuga Road	FACILITY CITY: Cheektowaga	STATE: NY	ZIP CODE: 14223
FACILITY TOWN: Cheektowaga	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 716-634-8607	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northeast Southtowns Solid Waste Mgt Board			NYSDEC REGION #: 9
360 Registration number 15J10037	DATE ISSUED: 3/13/2019	DATE EXPIRES: 3/13/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Joseph Czapczynski	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-634-8607	CONTACT FAX NUMBER: 716-634-8782
CONTACT EMAIL ADDRESS: joseph.czapczynski@cardinalhealth.com			
OWNER INFORMATION			
OWNER NAME: Cardinal Health Nuclear Pharmacy Services	OWNER PHONE NUMBER: 617-757-5000	OWNER FAX NUMBER:	
OWNER ADDRESS: 7000 Cardinal Place	OWNER CITY: Dublin	STATE: OH	ZIP CODE: 43017
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
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 G (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 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)	0.008	0.008				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chautauqua
Other Biohazard Waste (specify amount for each contaminated material including biohazard incident waste, human remains management waste, etc.)							
Radioactive Waste (specify for each very short lived, short lived or long lived)	Very SL 0.0805 Short Lived 0.122	Very SL 0.0805 Short Lived 0.122				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chautauqua
Radioactive Waste	Long Lived 0.0035 I-131 Very LL 0.005	Long Lived 0.0035 I-131 Very LL 0.005					
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	0.219						

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					
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 one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office 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 Permitting and Planning
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.


Signature

2/25/2022
Date

Joseph Czapczynski RPh Radiation Safety Officer
Name (Print or Type) Title (Print or Type)

joseph.czapczynski@cardinalhealth.com
Email (Print or Type)

303 Cayuga Road
Address

Cheektowaga
City

NewYork 14223
State and Zip

(716) 634-8607
Phone Number

ATTACHMENTS: YES NO

RECEIVED

FEB 28 2022

1 1 1

1 1 1

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1 1 1

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

8003280-001

Route No: 164 20

REGULATED MEDICAL WASTE TRACKING FORM

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

1. Generator's Name and Mailing Address
 MDSHOCEGOT
 4. State Permit or ID No.
 2. Tracking Form Number

5. Transporter's Name and Mailing Address
 STERICYCLE, INC.
 3472 PROGRESS DR
 DUNKIRK, NY 14048
 Telephone Number (716) 834-8607

8. Destination Facility Name and Address
 STERICYCLE, INC. (A)
 3472 PROGRESS DR
 DUNKIRK, NY 14048

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, PGII (Untreated)	Corrugated Box	2	11.8 CF
b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. X 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
 C00371 B00376 C00341
 In Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

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.
 Frank Ruggiero 2021-01-20
 Signature Date
 Print/Type Name

INSTRUCTIONS

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 certification. Items 16 and 19 must be completed by the destination facility.
 16. Transporter's (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)
 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
 23. Discrepancy Box (Any discrepancies should be noted by item number and initials)

TRANSPORTER

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)

DESTINATION

STERICYCLE, INC. Permit # 0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370



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

Customer ID: 8003280-001

Route No: 184-10

REGULATED MEDICAL WASTE TRACKING FORM

1. Generator's Name and Mailing Address
ATTN: BURT RUSSELL
CARDINAL HEALTH WPS
308 CAYUGA RD
BUFFALO, NY 142251960
Telephone Number (716) 634-5607

2. Tracking Form Number
MDSR00EJUE
4. State Permit or ID No.
6. Telephone Number (566) 788-7422
7. State Transporter or ID No(s)
IL-033

5. Transporter's Name and Mailing Address
STERACYCLE, INC.
3472 PROGRESS DR
DUNKIRK, NY 14048
This is a through shipment

8. Destination, Facility Name and Address
Stericycle, Inc. (A
3472 Progress Dr
Dunkirk, NY 14048

11. USDOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume
HM a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box		CF
b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub	2	10.1 CF
c. X 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
C00367
In Case of Emergencies Call CHEMTREC Customer No. 2100 1-800-424-9300

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.
Print/Type Name: B. McLeit Signature: [Signature] Date: 2/17/21

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

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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name: [Signature] Signature: [Signature] Date: 2021-02-17

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] Signature: [Signature] Date: [Date]
21. New Tracking Form Number (for consolidated or remanifested waste)

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] Signature: [Signature] Date: 2.22.21
(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)
Stericycle, Inc. Permit # 02780R0634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370

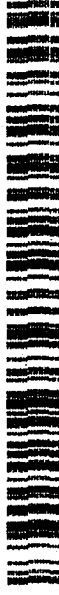
GENERATOR



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

8003280-001

Route No: 164-14



REGULATED MEDICAL WASTE TRACKING FORM

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

1. Generator's Name and Mailing Address
ATTN: BURT RUSSELL
CARDINAL HEALTH NPS
303 CAYUGA RD
BUFFALO, NY 14225-1960
3. Telephone Number (716) 634-8607

5. Transporter's Name and Mailing Address
STERICYCLE, INC. This is a through shipment
3472 PROGRESS DR
DUNKIRK, NY 14048

8. Destination Facility Name and Address
Stericycle, Inc. (A
3472 Progress Dr
Dunkirk, NY 14048

HM	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, PGII (Untreated)	Corrugated Box	2	15.0 CF
b. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. X	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
C00379 C00377
In Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

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.
2021-03-17
MARK W BENCH
Signature
Date

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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name: *Mark W Bench*
Signature: *[Signature]*
Date: 2021-03-17

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)

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: *Mark W Bench*
Signature: *[Signature]*
Date: 2021-03-17

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)
Stericycle, Inc. (A) 212-278-9634
1901 Pine Ave. SE
Marietta, GA 30066
(330) 333-0370

GENERATOR

8003280-001



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

8003280-001

Route No. 184 15

REGULATED MEDICAL WASTE TRACKING FORM

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

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 - TRANSFER STATION COPY - Retained by Transfer Station (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.

16. Transporter (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name: Anthony S. [Signature] Date: 2021-04-14
 Signature: [Signature]

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] Signature: [Signature] Date: 4-17-21
 (If other than the destination facility, indicate address, phone, and permit or ID no. in box 14)

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

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] Signature: [Signature] Date: 4-17-21
 (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)
 Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

INSTRUCTIONS

2. Tracking Form Number: MD5H0CE00C

4. State Permit or ID No. IL-033

6. Telephone Number: (866) 783-7422

7. State Transporter or ID No(s): EA-NC-0196

9. Telephone Number: (866) 783-7422

10. State Permit or ID No. 9-0664-00019/00012

TRANSPORTER

HM	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, PGII (Untreated)	Corrugated Box	2	15.0 CF
b. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. X	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
 C 0 0 3 8 5 C 0 0 3 8 6
 C 0 0 3 9 3
 In Case of Emergency Contact: CHEMTREC Customer No. 21132 1-800-424-9300

DESTINATION

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.
 2021-04-14
 Print/Type Name: Akshay [Signature] Signature: [Signature] Date: 4/14/21

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

8003280-001

Route No: 164 15

REGULATED MEDICAL WASTE TRACKING FORM

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

1. Generator's Name and Mailing Address
 ATTN: BURT RUSSELL
 CARDINAL HEALTH NPS
 303 CAYUGA RD
 BUFFALO, NY 14225-1950
3. Telephone Number (716) 534-8607

2. Tracking Form Number
 MDSHO0ETZM

4. State Permit or ID No.

6. Telephone Number
 (866) 783-7422

7. State Transporter or ID No(s).
 IL-033 EA-HC-0196

5. Transporter's Name and Mailing Address
 STERICYCLE, INC.
 3472 PROGRESS DR
 DUNKIRK, NY 14048
 This is a through shipment

8. Destination Facility Name and Address
 Stericycle, Inc. (A
 3472 Progress Dr
 Dunkirk, NY 14048

HM	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	2	15.0 CF
b. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub		CF
c. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack		CF
d.	Regulated Medical Waste (Treated)			CF

14. Special Handling Instructions and Additional Information
 In Case of Emergency Contact: CHEMTREC: Customer No. 21132 1-800-424-9300

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.

MARK W. BENCH *Mark W. Bench*
 Print/Type Name Signature
 Date 2021-06-09

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)

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 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.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Mark W. Bench
 Print/Type Name Signature
 Date 2021-06-09

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)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
Mark W. Bench
 Print/Type Name Signature
 Date 2021-06-09

23. Discrepancy Box (Any discrepancies should be noted by item number and initials)
 Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

GENERATOR

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

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

8003360-001

Route No. 184 18

REGULATED MEDICAL WASTE TRACKING FORM

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

1. Generator's Name and Mailing Address
 2. Tracking Form Number
 3. Telephone Number

4. State Permit or ID No.
 5. Telephone Number
 6. Telephone Number
 7. State Transporter or ID No(s)

8. Destination Facility Name and Address
 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.	b.	c.	d.
X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Regulated Medical Waste (Treated)
	Corrugated Box	Reusable Tub	Wheeled Rack	
	2			
				15.0 CF
				CF
				CF
				CF

14. Special Handling Instructions and Additional Information
 15. Generator's Certification

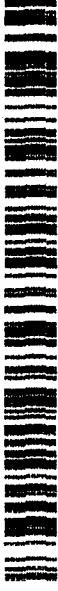
16. Transporter 1 (Certification of receipt of wastes described in items 11, 12 & 13)
 17. Transporter 2 or Intermediate Handler (Name and Address)
 18. Telephone Number
 19. State Transporter or ID No(s)
 20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 21. New Tracking Form Number (for consolidated or remanifested waste)
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 23. Discrepancy Box (Any discrepancies should be noted by item number and initials)

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
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 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.

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

8003280-001

Route No: 184-2



REGULATED MEDICAL WASTE TRACKING FORM

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

1. Generator's Name and Mailing Address
ATTN: BURT RUSSELL
CARDINAL HEALTH NPS
303 CAYUGA RD
BUFFALO, NY 142251960
3. Telephone Number (716) 634-6607

5. Transporter's Name and Mailing Address
STERICYCLE, INC. This is a through shipment
3472 PROGRESS DR
DUNKIRK, NY 14048

8. Destination Facility Name and Address
Stericycle, Inc. (A)
3472 Progress Dr
Dunkirk, NY 14048

HM	11. USDOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume	CF
a. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box	1	7.5	CF
b. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub			CF
c. X	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
C00390 19 465
In Case of Emergency Contact: CHEMTREC: Customer No. 21132 1-800-424-9300

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.
MARK W BUNCH
Signature
Date 8/12/2021

INSTRUCTIONS

2. Tracking Form Number MDSHO0ERDL
4. State Permit or ID No.
6. Telephone Number (866) 783-7422
7. State Transporter or ID No(s) IL-033 EA-HC-0196
9. Telephone Number (866) 783-7422
10. State Permit or ID No. 9-0664-00019/00012

TRANSPORTER

16. Transporter (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature Date 2021-05-12
17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number
19. State Transporter or ID No(s)

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 (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
23. Discrepancy Box (Any discrepancies should be noted by item number and initials)
Stericycle, Inc. Permit #0278080634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370

GENERATOR

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

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

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.

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

Print/Type Name: *Anthony Spina* Signature: *[Signature]* Date: 2021-09-01

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)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
[Signature] 9.13.21

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)

Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

INSTRUCTIONS

2. Tracking Form Number: MD5H00FLV5

4. State Permit or ID No.

6. Telephone Number: (855) 783-7422

7. State Transporter or ID No(s): IL-033 EA-HC-0196

9. Telephone Number: (855) 783-7422

10. State Permit or ID No.: 9-0564-00019/00012

11. USDOT Shipping Name (or waste description) 11a. Container Type 12. Total Containers 13. Total Volume

HM	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Corrugated Box	4	30.0	CF
a.	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub			CF
b.	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack			CF
c.	Regulated Medical Waste (Treated)				CF

14. Special Handling Instructions and Additional Information
 C00412 C00413
 C00419 C00348
 In Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

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.

Print/Type Name: *AJ BROSAS* Signature: *[Signature]* Date: 2021-09-01

GENERATOR

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

REGULATED MEDICAL WASTE TRACKING FORM

1. Generator's Name and Mailing Address
 ATTN: BURT RUSSELL
 CARDINAL HEALTH WFS
 303 CAYUGA RD
 BUFFALO, NY 14226-1960

2. Tracking Form Number
 WDSHOCF008

4. State Permit or ID No.
 IL-033

3. Telephone Number
 (716) 634-8607

5. Transporter's Name and Mailing Address
 STERICYCLE, INC.
 3472 PROGRESS DR through shipment
 DUNKIRK, NY 14048

6. Telephone Number
 (866) 788-7422

7. State Transporter or ID No(s)
 2A-8C-0158

8. Destination Facility Name and Address
 Stericycle, Inc. (A)
 3472 Progress Dr
 Dunkirk, NY 14048

9. Telephone Number
 (866) 788-7422

10. State Permit or ID No.
 5-0614-00019/00012

11. USDOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume
HM a. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box	1	7.5 CF
b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. X 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
 00421
 (In Case of Emergency Contact CHEMTREC Customer No. 21132 1-800-424-9300)

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.

Paula Atlas
 Print/Type Name
 Signature
 9/29/21
 Date

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

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.

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)

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

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

Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 333-0370

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

REGULATED MEDICAL WASTE TRACKING FORM

1. Generator's Name and Mailing Address
ATTN: BURT RUSSELL
CARDINAL HEALTH NPS
303 CAYUGA RD
BUFFALO, NY 142251960

3. Telephone Number (716) 634-8607

5. Transporter's Name and Mailing Address
STERICYCLE, INC. This is a through shipment
3472 PROGRESS DR
DUNKIRK, NY 14048

8. Destination Facility Name and Address
3472 Progress Dr
Dunkirk, NY 14048

2. Tracking Form Number
MDESH00F723

4. State Permit or ID No.

6. Telephone Number
(866) 783-7422

7. State Transporter ID No(s)
IL-033

9. Telephone Number

10. State Permit or ID No.
9-0664-00019/00012

11. USDOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume
a. UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box	3	19.3 CF
b. UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Wheeled Rack		CF
d. Regulated Medical Waste (Treated)	Automatic Destination Facility: <u>2064</u>		CF

14. Special Handling Instructions and Additional Information
Stericycle, Inc. - Permit # 027800
1901 Pine Ave, Ste Warren, OH 44483
Warren, OH 44483
In Case of Emergency Contact: CHEMTREC: Customer Service (800) 393-0385

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 transportation regulations.

MARK W. BUNICH *Mark W Bunich*
Print/Type Name 6003260-001 Signature Date

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

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.

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

Mark W Bunich
Print/Type Name Signature Date
2021-10-27

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)

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

Debbie M. M... 10/27/21
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)

118-21

8003280-001

Route No. 124-13

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

1. Generator's Name and Mailing Address

ATTN: BURT RUSSELL
CARDINAL HEALTH NPS
303 CAYUGA RD
BUFFALO, NY 14225-1960

2. Tracking Form Number
MDSH00F9L3

3. Telephone Number
(716) 634-8607

4. State Permit or ID No.

5. Transporter's Name and Mailing Address

STERICYCLE, INC. This is a through shipment
3472 PROGRESS DR
DUNKIRK, NY 14048

6. Telephone Number
(866) 783-7422

7. State Transporter or ID No(s)
EA-HC-0196
IL-033

8. Destination Facility Name and Address

Stericycle, Inc. (A)
3472 Progress Dr
Dunkirk, NY 14048

9. Telephone Number
(866) 783-7422

10. State Permit or ID No.
9-0664-08019/00012

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, PGII (Untreated)	Corrugated Box	2	15.2 CF
b. X UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub		CF
c. X 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

In Case of Emergency Contact: CHEMTREC Customer No. 21132 1-800-424-9300

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 labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

MARK W. BUNCH *Mark W Bunch*
Signature Date

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.

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

Anthony Spina
Signature Date 2021-11-24

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)

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

Received in accordance with items 11, 12 & 13

John Tancos
Signature Date 11/30/21

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)

Stericycle, Inc. Permit #0273030634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370



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

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 certification. Items 4, 10 and 19 must be completed by the destination facility.

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

Print/Type Name: *Albatross* Signature: *[Signature]* Date: 2021-12-22

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)

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: *Colinkune* Signature: *[Signature]* Date: *1/4/22*
 (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)

INSTRUCTIONS

2. Tracking Form Number: MD5H00FC51

4. State Permit or ID No.

6. Telephone Number: (866) 783-7422

7. State Transporter or ID No(s): PA-HC-0746

IL-033

9. Telephone Number: (866) 783-7422

10. State Permit or ID No.: 9-0564-00019/00012

11. USDOT Shipping Name (or waste description)

HM	11a. Container Type	12. Total Containers	13. Total Volume
a. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)		CF
b. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	3	22.5 CF
c. X	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)		CF
d.	Regulated Medical Waste (Treated)		CF

11a. Container Type: Corrugated Box, Reusable Tub, Wheeled Rack

14. Special Handling Instructions and Additional Information: C00442 C 00436 C 00498

In Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

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.

Print/Type Name: *ALBATROSS* Signature: *[Signature]* Date:

Generator: STERICYCLE, INC. 3472 PROGRESS DR DUNKIRK, NY 14048

Destination: Stericycle, Inc. Permit #0278080634 1901 Pine Ave., SE Warren, OH 44483 (330) 393-0370