



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, 2022 to December 31, 2022

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: RLS, USA, Inc.			
FACILITY LOCATION ADDRESS: 80 E Seaview Blvd	FACILITY CITY: Port Washington	STATE: NY	ZIP CODE: 11050
FACILITY TOWN: North Hempstead	FACILITY COUNTY: Nassau	FACILITY PHONE NUMBER: 516 626 2799	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). North Hempstead			NYSDEC REGION #: 1
360 PERMIT #:	DATE ISSUED: 09/08/2020	DATE EXPIRES: 09/07/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 30J10120
FACILITY CONTACT: David Blanchard	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 516 626 2799	CONTACT FAX NUMBER: 516 621 5807
CONTACT EMAIL ADDRESS: David.Blanchard@rls.bio			
OWNER INFORMATION			
OWNER NAME: Trey Bankson	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS: One Corporate Dr. Bldg 1, Suite 125	OWNER CITY: Lake Zurich	STATE: IL	ZIP CODE: 60047
OWNER CONTACT: David Blanchard	OWNER CONTACT EMAIL ADDRESS: David.Blanchard@rls.bio		
OPERATOR INFORMATION			
OPERATOR NAME: Richard Osnard	<input type="checkbox"/> same as owner	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input 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 2022? Yes; Complete this form.

No; Complete and submit Sections 1 and 9. 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)	3.275	1.0025 2.89				Stericycle, Inc., Warren, OH Curtis Bay Energy, Baltimore, MD	
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	3.275						

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.

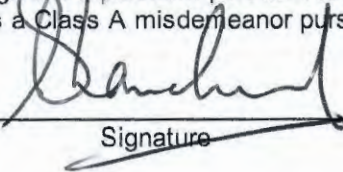
SECTION 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit 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.



Signature

21 Feb 2023

Date

David Blanchard

Name (Print or Type)

RSO

Title (Print or Type)

David.Blanchard@rls.bio

Email (Print or Type)

80 E Seaview Blvd

Address

Port Washington

City

NY 11050

State and Zip

516, 626- 2799

Phone Number

ATTACHMENTS: YES



23 February 2023

Ms. Jie Zhao
NYS Department of Environmental Conservation
Division of Solid and Hazardous Materials, Region One
Building 40 – State University of NY
Stony Brook, NY 11790-2356

RE: Financial Assurance Reporting for Registration #30J10120

Dear Ms. Zhao:

RLS, USA, Inc. is submitting this correspondence as required by 6 NYCRR 360.22(b)(3) regarding the adjustment of facility closure costs due to inflation.

The attached table shows the adjusted closure cost estimate does not exceed our credit limit. The Implicit Price Deflator adjustments issued by the US Department of Commerce were used for this determination.

RLS, USA, Inc. currently holds a financial surety bond in the amount of \$105,000 for this permit. The current cost estimate is calculated as \$95,989.48.

If you need further information, please contact me at 516.626.2799 or by e-mail at David.Blanchard@rls.bio.

Sincerely,

A handwritten signature in black ink, appearing to read "David Blanchard", written over a horizontal line.

David Blanchard, RPh
Radiation Safety Officer

RLS, USA, Inc. – Port Washington Facility
 Registration #30J10120

1. 6 NYCRR 360.22(b)(3) states: During the active lifetime of a facility, other than a landfill that requires financial assurance, the owner or operator must annually submit to the department for review and approval adjusted closure cost estimates, including supporting justification to account for inflation and changes in facility conditions. This adjustment is made by recalculating the maximum cost of closure in current dollars, or by using an inflation factor derived from the most recent Implicit Price Deflator for Gross National Product published by the US Department of Commerce in its Survey of Current Business. The inflation factor is the result of dividing the latest published annual deflator by the deflator for the previous year. The first adjustment is made by multiplying the closure cost estimate by the inflation factor. Subsequent adjustments are made by multiplying the latest closure cost estimate by the latest inflation factor.
2. Gross Domestic Product: Implicit Price Deflator (US Department of Commerce, Bureau of Economic Analysis) table was used. The table can be found at <https://research.stlouisfed.org/fred2/data/GDPDEF.txt>.
3. The inflation factor was determined by dividing the latest inflation factor obtained from the IDP table and the inflation factor used in the previous year's report.
4. The 2021 closure cost estimate was \$89,498.63 in September 2021.
5. Each year the prior year's adjusted cost is readjusted by the new inflation factor.

Financial Assurance Closure Cost Estimate	Prior Year's Adjusted Closure Cost	Current Year's Adjusted Closure Cost
	89,498.63	95589.48
	Inflation Date	Inflation Value
Prior Year's Inflation Value	1-Oct-2021	121.137
Latest Inflation Factor	1-Oct-2022	129.381
Calculated Inflation Factor	1.068055177	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC - New England 100 Front St, Ste 800 Worcester MA 01608	CONTACT NAME:	
	PHONE (AC, No. Ext): 888-850-9400	FAX (AC, No): 866-795-8016
E-MAIL ADDRESS: MMA.NewEngland.CLines@marshmc.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Chubb Custom Insurance Company		38089
INSURER B: Federal Insurance Company		21784
INSURER C: Bankers Standard Insurance Company		18279
INSURER D: Federal Insurance Company		20281
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 1241332421 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	AGOL	SUBR	POLICY NO.	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			38084026	12/28/2022	12/28/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP AGG \$ \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			73625355	12/28/2022	12/26/2023	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$			78192755	12/28/2022	12/26/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	71834600 71834601	12/27/2022 12/27/2022	12/27/2023 12/27/2023	<input checked="" type="checkbox"/> PER STATE <input type="checkbox"/> OTH. ST. E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Product Liability E&O Healthcare Professional			38084030 38058816	12/28/2022 12/28/2022	12/26/2023 12/26/2023	SEE BELOW SEE BELOW

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Products/Completed Operations:
 -Aggregate Limit (Shared Prod, E&O, HCPL): \$10,000,000
 -Each Occurrence Limit: \$10,000,000
 -Bi/PD Deductible Each Claim: \$100,000/ \$500,000 Aggregate
 -Medical Expenses Each Person: \$10,000
 -Retroactive Date: 09/01/2020

Errors & Omissions Liability:
 See Attached...

CERTIFICATE HOLDER NYSDEC-Region 1 Division of Solid & Hazardous Materials Regional Materials Management Engineer SUNY Building 40 Stony Brook NY 118-790	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC - New England		NAMED INSURED RLS (USA) Inc. 8345 NW 66th Street, Suite 6479 Miami FL 33166	
POLICY NUMBER		EFFECTIVE DATE	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

-Aggregate Limit (Shared Prod, E&O, HCPL): \$10,000,000
-BI/PO Deductible Each Claim: \$100,000/ \$500,000 Aggregate
-Retroactive Date: 09/01/2022

Healthcare Professional Liability:
-Aggregate Limit (Shared Prod, E&O, HCPL): \$10,000,000
-Each Wrongful Act Limit: \$10,000,000
-Each Claim Deductible: \$100,000/ \$500,000 Aggregate

NYSDEC-Region 1 is included as additional insured as respects the general liability, on a primary and noncontributory basis, and auto liability if required by written contract, for work performed by named insured. The umbrella is follow form. 30 day notice of cancellation except 10 day notice for nonpayment.