# NEW YORK STATE OF OPPORTUNITY 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, 2022</u> to <u>December 31, 2022</u>

SECTION 1 – GENERAL INFORMATION

		FACILITY	INFORMATION	17							
FACILITY NAME:											
Nuclear Diagnost											
FACILITY LOCATION ADDRESS:  130 Commercial St. Suite 1  FACILITY CITY:  STATE: ZIP CODE:  NY 11803  FACILITY TOWN:  FACILITY TOWN:  FACILITY COUNTY:  FACILITY PHONE NUMBER:											
	te 1	Plain	view		NY	11803					
FACILITY TOWN:		FACILITY	COUNTY:	FACILITY PHONE NUMBER:							
Oyster Bay		Nassa				-4201					
report). Oyster Bay Solid Was	r: (Alistofi te Dispo	NYS Planning sal Distric	Units can be found at the er	nd of thi	NY RE	SDEC GION#: 1					
360 PERMIT #:	DATE IS	SSUED:	DATE EXPIRES:			VITY CODE OR					
1-2824-02390-00001	11/18	3/2020	11/17/2025	REG	ISTRATIO	N NUMBER:					
FACILITY CONTACT: Dublic CONTACT PHONE CONTACT FAX NUMBER											
Neal Levy or Tom Bolan	u	■ private	NUMBER: 516-575-4201	!	516-5	75-4204					
CONTACT EMAIL ADDRESS: N	levy@ra	diopharm	acy.com								
NAME OF THE PARTY		OWNER	INFORMATION	24							
OWNER NAME: OWNER PHONE NUMBER: OWNER FAX NUMBER:											
James Nunn-Pharmalogic He	oldings	540-2	39-0224	56	1-416-	0083					
OWNER ADDRESS: 5301 N. Federal Highway-Su	iite 280	OWNER O			STATE:	ZIP CODE: 33487					
OWNER CONTACT:	atto 200		CONTACT EMAIL ADD	RESS:	_	00407					
540-239-0224			@radiophar			n					
			RINFORMATION	12.							
OPERATOR NAME: Sa Nuclear Diagnostic Prod	me as owne				□ public						
Nuclear Diagnostic Frou	ucts of		ERENCES	N. H.	■ private						
Preferred address to receive corr	esponder				Ownera	ddress					
Preferred email address: Fac	cility Contac	ı 🗆	] Owner Contact	-							
Preferred individual to receive co	rresponde	ence: : 🔳	Facility Contact	Owner	Contact						
Did you operate in 2022?  Y	es; Comp	olete this for	n.								
wish to relinquish your permit/reg "Inactive Solid Waste Manageme http://www.dec.nv.gov/chemical/	istration a ent Facility	associated v or Activity I	omit Sections 1 and 9. vith this solid waste man Notification Form" locate	ageme	no longer pl ent activity,	an to operate and also complete the					

## 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)	2.54	2.54				AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo, NY 14221	Oyster Bay Solid Waste D
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	2.54						

## **SECTION 3 - DISPOSAL DESTINATION**

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Treated Waste					
TOTAL WASTE					

SECTION 4 - UNAUT HURIZED SULID WAS	<ul> <li>UNAUTHORIZED SOLID WAST</li> </ul>	CTION 4 – UNAUTHORIZE	JNAUTHORIZED S	UNAUTHORIZED SOLID
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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
	1		

	SECTIO	ON 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS
Are ther	e 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 ar	ny problem y procedu	ns encountered during the reporting period (e.g., specific occurrences which have led to changes res)?
□Yes	■ No	If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.
		SECTION 7 - CHANGES
Were th	nere any c	hanges from approved reports, plans, specifications, and permit conditions?
□Yes	■ No	If yes, attach additional sheets identifying changes with a justification for each change.
	SEC	TION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS
Are the form?	re any add	ditional permit/consent order reporting requirements not covered by the previous sections of this
□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 I aw

Signature	1/23/2023   Date   Date
Neal Levy	Radiation Safety Officer
Name (Print or Type)	Title (Print or Type)
130 Commercial Street	Print or Type) Plainview
Address	City
NY, 11803	E16 575 4004
	<b>516</b> 575 4201

ATTACHMENTS: \_ YES \_

#### Incoming Weeks 1-13

		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13
	Date Recorded	1/2/22	1/9/22	1/16/22	1/23/22	1/30/22	2/6/22	2/13/22	2/20/22	2/27/22	3/6/22	3/13/22	3/20/22	3/27/22
	Days Since Last Record	1/1/22	1/3/22	1/10/22	1/17/22	1/24/22	1/31/22	2/7/22	2/14/22	2/21/22	2/28/22	3/7/22	3/14/22	3/21/22
Tc-99m	Very Short-lived waste (lbs)	0	95	123	129	115	49	71	89	75	123	51	130	93
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	15	0	25	0	0	0	4	0	0	0	0
I-125/ Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	3
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decayed Waste in Storage* (lbs.)	895.64	895.64	998.64	1144.64	1273.64	801.64	850.64	929.64	1018.64	1097.64	1220.64	663.64	801.64
	Non-Rad Waste in Storage* (lbs)	0	8	8	0	9	0	8	0	0	0	9	8	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	895.64	998.64	1144.64	1273.64	801.64	850.64	929.64	1018.64	1097.64	1220.64	663.64	801.64	897.64
	Incoming (lbs.)	0	103	146	129	149	49	71	89	79	123	60	138	96
	Outgoing (lbs.)	0.00	0.00	0.00	0.00	621.00	0.00	0.00	0.00	0.00	0.00	617.00	0.00	0.00

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly 897.64 RMW Limit: 1400\_\_\_\_

It is being transferred to a radioactive waste disposal company for disposal

\*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

to reflect the actual weight at time of shipment each quarter.

#### Incoming Weeks 14-26

		Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	Week 26
	Date Recorded	4/3/2022	4/10/2022	4/17/2022	4/24/2022	5/1/2022	5/8/2022	5/15/2022	5/22/2022	5/29/2022	6/5/2022	6/12/2022	6/19/2022	6/26/2022
	Days Since Last Record	3/28/2022	4/4/2022	4/11/2022	4/18/2022	4/25/2022	5/2/2022	5/9/2022	5/16/2022	5/23/2022	5/30/2022	6/6/2022	6/13/2022	6/20/2022
Tc-99m	Very Short-lived waste (lbs)	82	90	98	96	93	86	54	116	79	58	125	117	89
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	19	0	0	0	29	0	4	0	0	0	0	25	0
I-125/Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	4	0	0	0	0	23	0	0	0	3	0	0
	Decayed Waste in Storage* (lbs.)	897.64	998.64	1092.64	681.64	777.64	899.64	985.64	1075.64	819.64	898.64	956.64	1092.64	715.64
	Non-Rad Waste in Storage* (lbs)	0	0	0	0	0	0	9	0	0	0	8	10	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	998.64	1092.64	681.64	777.64	899.64	985.64	1075.64	819.64	898.64	956.64	1092.64	715.64	804.64
	Incoming (lbs.)	101	94	98	96	122	86	90	116	79	58	136	152	89
	Outgoing (lbs.)	0.00	0.00	509.00	0.00	0.00	0.00	0.00	372.00	0.00	0.00	0.00	529.00	0.00

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly 804.64 RMW Limit: 1400

It is being transferred to a radioactive waste disposal company for disposal

\*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

to reflect the actual weight at time of shipment each quarter.

Incoming Weeks 27-39

		Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
		27	28	29	30	31	32	33	34	35	36	37	38	39
***	Date Recorded	7/3/2022	7/10/2022	7/17/2022	7/24/2022	7/31/2022	8/7/2022	8/14/2022	8/21/2022	8/28/2022	9/4/2022	9/11/2022	9/18/2022	9/25/2022
	Days Since Last Record	6/27/2022	7/4/2022	7/11/2022	7/18/2022	7/25/2022	8/1/2022	8/8/2022	8/15/2022	8/22/2022	8/29/2022	9/5/2022	9/12/2022	9/19/2022
Tc-99m	Very Short-lived waste (lbs)	116	47	54	132	120	100	57	113	85	34	100	75	105
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	0	0	0	40	4	0	0	0	0	0	0
I-125/ Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ga-68/Ge-68***	Ge-68**	0	19	0	0	0	0	0	0	0	0	0	0	0
	I-131 Syringes (lbs)	0	0	0	0	3	0	0	0	0	0	0	0	0
	Decayed Waste in Storage* (lbs.)	804.64	929.64	995.64	1049.64	1181.64	715.64	855.64	925.64	1038.64	1131.64	576.64	676.64	751.64
	Non-Rad Waste in Storage* (lbs)	9	0	0	0	9	0	9	0	8	0	0	0	0
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Weekly Storage Total (lbs.)	929.64	995.64	1049.64	1181.64	715.64	855.64	925.64	1038.64	1131.64	576.64	676.64	751.64	856.64
	Incoming (lbs.)	125	66	54	132	132	140	70	113	93	34	100	75	105
	Outgoing (lbs.)	0	0	0	0	598	0	0	0	0	589	0	0	0

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly Total:

856.64

It is being transferred to a radioactive waste disposal company for disposal

RMW Limit:

1400

Note: Found that on average, the weight of containers ~ 20-25-lbs.

The container's weight

reflects the actual weight at time of shipment each quarter.

<sup>\*\*</sup> Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

#### Incoming Weeks 40-53

		Week	12.0	Week	Week										
		40	41	42	43	44	45	46	47	48	49	50	51	52	53
	Date Recorded	10/2/2022	10/9/2022	10/16/2022	10/23/2022	10/30/2022	11/6/2022	11/13/2022	11/20/2022	11/27/2022	12/4/2022	12/11/2022	12/18/2022	12/25/2022	12/31/202
	Days Since Last Record	9/26/2022	10/3/2022	10/10/2022	10/17/2022	10/24/2022	10/31/2022	11/7/2022	11/14/2022	11/21/2022	11/28/2022	12/5/2022	12/12/2022	12/19/2022	12/26/202
Tc-99m	Very Short-lived waste (lbs)	90	68	58	106	63	109	84	35	51	76	100	11	29	27
TI-201/Ga-67/In-111/Ga-68/Y-90	Short-lived waste (lbs)	0	0	0	0	0	4	0	0	0	0	0	0	0	
Ga-68/Ge-68***	Ge-68**	0	0	0	0	0	0	0	0	0	0	0	0	0	
I-125/ Cr-51	Long-lived waste (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	I-131 Syringes (lbs)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Decayed Waste in Storage* (lbs.)	856.64	954.64	551.64	609.64	723.64	794.64	915.64	564.64	599.64	650.64	726.64	826.64	853.64	529.64
	Non-Rad Waste in Storage* (lbs)	8	0	0	8	8	8	0	0	0	0	0	16	0	
	Sm-153 Waste (lbs.)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Weekly Storage Total (lbs.)	954.64	551.64	609.64	723.64	794.64	915.64	564.64	599.64	650.64	726.64	826.64	853.64	529.64	556.64
	Incoming (lbs.)	98	68	58	114	71	121	84	35	51	76	100	27	29	27
	Outgoing (lbs.)	0	471	0	0	0	0	435	0	0	0	0	0	353	0

<sup>\*\*</sup>Ge-68 waste is not being held for decay in storage.

Quarterly Total:

529.64

It is being transferred to a radioactive waste disposal company for disposal

RMW Limi 1400

\*\* Not being held for decay in storage; waiting for hauler to pick-up as radioactive waste, not RMW

Note: Found that on average, the weight of containers  $\sim$  20-25-lbs.

The container's weight

reflects the actual weight at time of shipment each quarter.



01501203-PCO	
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221  8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604  1. This multi-copy (4 page) shipping document must acc shipment of regulated medical waste generated in New 2. Items numbered 1-14 must be completed before the g sign the certification. Items 4,7,10 & 19 are optional ure by the particular state. Item 22 must be completed by the facility.  1. This multi-copy (4 page) shipping document must acc shipment of regulated medical waste generated in New 2. Items numbered 1-14 must be completed before the g sign the certification. Items 4,7,10 & 19 are optional ure by the particular state. Item 22 must be completed by the facility.  16. Transporter 1 (Certification of Receipt of Waste as described in it William NJ Print/Type Name Signature 17. Transporter 2 or Intermediate Handler (Name and Address)	Generator
5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221  7. State Transporter or ID No. MA-167  8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604  8. Transporter's Name and Mailing Address:  (716) 205-3793  7. State Transporter or ID No. MA-167  9. Telephone Number: (888) 388-2525  10. State Permit or ID No. 01501203-PCO  11. Transporter 2 or Intermediate Handler (Name and Address)  12. Items numbered 1-14 must be completed before the g sign the certification. Items 4,7,10 & 19 are optional under the particular state. Item 22 must be completed by the facility.  16. Transporter 1 (Certification of Receipt of Waste as described in items 4,7,10 & 19 are optional under the particular state. Item 22 must be completed by the facility.  16. Transporter 2 or Intermediate Handler (Name and Address)	
Buffalo NY 14221  7. State Transporter or ID No. MA-167  8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave  Bridgeport CT 06604  7. State Transporter or ID No. MA-167  9. Telephone Number: (888) 388-2525  10. State Permit or ID No. 01501203-PCO  17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Number: (888) 388-2525  19. Telephone Number: (888) 388-2525  10. State Permit or ID No. 01501203-PCO	York State. enerator can
01501203-PCO	
01501203-PCO	ems 11, 12 & 13)
01501203-PCO	Date
11. USDOT Shipping Name: 12. Total No. 13. Total Weight 2	hone Number
	19. State Transporter Permit or ID No.
4.5 cu ft. box  20. Transporter 2 or Intermediate Handler (Certification of Receipt of described in items 11, 12 & 13)	Waste as
14. Special Handling Instructions:    Frint/Type Name   Signature	Date
21. New Tracking Form Number (for consolidated or remanife.	
22. Destination Facility (Certificate of Receipt of Medical Was in items 11, 12 & 13)  14.(a) Additional Information  22. Destination Facility (Certificate of Receipt of Medical Was in items 11, 12 & 13)  Received in accordance with items 11, 12 & 13	te as described
15. Generator's Certification:	-04-2022 2:56 PM
that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway    Print/Type Name   Signature	Date in box 14)
according to applicable international and national government regulations and state laws and regulations.  c manoni  Print/Type Name  Signature  O1-24-2022 9:47 AM  Date	imber and initials



Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (516) 575-4201  5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1  Buffalo NY 14221  8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road  Nesquehoning PA 18240  10. State Permit or ID No. 400695  11. USDO'T Shipping Name:    12. Total No. Containers   13. Total Weight or volume   14. Mail or volume   14. Mai	98				
Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suile 1 Buffalo NY 14221  8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road  Nesquehoning PA 18240  11. USDOT Shipping Name: A Regulated Medical Waste, 6.2,UN3291,PGII 4. Special Handling Instructions:  (516) 575-4201  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167  7. State Transporter or ID No. MA-167  8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road  10. State Permit or ID No. 400695  11. USDOT Shipping Name: A Regulated Medical Waste, 6.2,UN3291,PGII A Special Handling Instructions:  12. Total No. Containers Copy 4 - GENERATOR COPY: Retained by Generator 1. This multi-copy (4 page) shipping document mushipment of regulated medical waste generated in 2. Items numbered 1-14 must be completed before sign the certification. Items 4,7,10 & 19 are option by the particular state. Item 22 must be completed facility.  16. Transporter 1 (Certification of Receipt of Waste as described facility.  17. Transporter 2 or Intermediate Handler (Name and Address)  18. This multi-copy (4 page) shipping document mushipment of regulated medical waste generated in 2. Items numbered 1-14 must be completed before sign the certification. Items 4,7,10 & 19 are option by the particular state. Item 22 must be completed facility.  16. Transporter 1 (Certification of Receipt of Waste as described facility.  17. Transporter 2 or Intermediate Handler (Name and Address)  19. Transporter 2 or Intermediate Handler (Name and Address)  19. Transporter 2 or Intermediate Handler (Serviciation of Receipt of Waste as described facility.  19. Transporter 2 or Intermediate Handler (Name and Address)  19. Transporter 2 or Intermediate Handler (Serviciation of Receipt of Waste as described facility.  20. Transporter 2 or Intermediate Handler (Serviciation of Receipt of Waste as described facility.  21. New Tracking Form Number (for consolidated or renew the particular state. Item 22 must b	Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility				
Solite 1 Buffalo NY 14221  8. Destination Facility Name and Address: Bio-Haz Solutions 23 Tonoli Road Nesquehoning PA 18240  11. USDOT Shipping Name:    A x   Regulated Medical Waste, 6.2,UN3291,PGII	Copy 4 - GENERATOR COPY: Retained by Generator				
Buffalo NY 14221  7. State Transporter or ID No. MA-167  8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road  Nesquehoning PA 18240  9. Telephone Number: (570) 805-6003  10. State Permit or ID No. 400695  11. USDOT Shipping Name:    Interpretation of Receipt of Waste as described facility.    Interpretation of Receipt of Waste as described facility.   Interpretation of Receipt of Waste as described	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4.7.10 &amp; 19 are optional unless required.</li> </ol>				
11. USDOT Shipping Name:    12. Total No.   13. Total Weight or volume   19.	by the particular state. Item 22 must be completed by the destination				
11. USDOT Shipping Name:    12. Total No.   13. Total Weight or volume   19.	oed in items 11, 12 & 13) 03-07-2022 12:03 PM				
11. USDOT Shipping Name:    12. Total No.   13. Total Weight or volume   19.	Date				
4.5 cu ft. box  29 617  20. Transporter 2 or Intermediate Handler (Certification of Recodescribed in items 11, 12 & 13)  14. Special Handling Instructions:  Print/Type Name Signature  21. New Tracking Form Number (for consolidated or ren	3. Telephone Number				
4.5 cu ft. box  29 617  20. Transporter 2 or Intermediate Handler (Certification of Recodescribed in items 11, 12 & 13)  14. Special Handling Instructions:  Print/Type Name  Signature  21. New Tracking Form Number (for consolidated or ren	State Transporter Permit or ID No.				
14. Special Handling Instructions:  Print/Type Name Signature  21. New Tracking Form Number (for consolidated or ren	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as				
Print/Type Name Signature  21. New Tracking Form Number (for consolidated or ren					
	Date				
2 22 Destination Escility (Contificate of Descint of Medica	manifested waste)				
14.(a) Additional Information  22. Destination Facility (Certificate of Receipt of Medical in items 11, 12 & 13)  8 Received in accordance with items 11, 12 & 13	cal Waste as described				
15. Generator's Certification: I hereby declare, on behalf of the generator Nuclear Diagnostic Products that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway  Natasha Print/Type Name Signature (If other than destination facility, indicate address, phone, and permit of	03-28-2022 12:47 PN Date or ID no. in box 14)				
according to applicable international and national government regulations and state laws and regulations.  CJ 03-07-2022 12:03 PM  Print/Type Name Signature Date  23. Discrepancy Box (Any discrepancies should be noted by Date	y item number and initials)				



	Medical Waste Tracking	ng Form		Emergency Response Number:	855 678-1098			
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1	2. Tracking Form Number: 4062663  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		SNO	Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility			
	Plainview NY 11803			19	Copy 3 - TRANSPORTER COPY: Retained	THE REPORT OF THE PARTY OF THE		
	3. Telephone number: (516) 575-4201			CI	Copy 4 - GENERATOR COPY: Retained by			
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1			STRU	1. This multi-copy (4 page) shipping d shipment of regulated medical waste a 2. Items numbered 1-14 must be comp sign the certification. Items 4,7,10 &	generated in New York State leted before the generator c	e. an	
Š	Buffalo NY 14221				by the particular state. Item 22 must be completed by the destination facility.			
GENERATOR	8. Destination Facility Name and Address: 9. Telephone Number:				16. Transporter 1 (Certification of Receipt of W. Rashawn NJ	aste as described in items 11, 12 & 04-11-2022 1:0		
3	Bio- Haz Solutions 23 Tonoli Road	(570) 805-6003			Print/Type Name Signate	ure I	Date	
3 5	Nesquehoning PA 18240	10. State Permit or ID No. 400695  12. Total No. Containers  13. Total Weight or volume		TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Number (Name and Address)			
	11. USDOT Shipping Name:			SPORTER		19. State Transporter Permit or ID No.		
L	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	29 509			20. Transporter 2 or Intermediate Handler (Certification of Receipt of Wa			
1			TR	described in items 11, 12 & 13)				
	14. Special Handling Instructions:			T	Print/Type Name Signa	ature D	ate	
			21. New Tracking Form Number (for conso	lidated or remanifested waste)				
	14.(a) Additional Information		TION	22. Destination Facility (Certificate of Recein items 11, 12 & 13)  Example Received in accordance with items 11, 12		ibed		
	15. Generator's Certification: I hereby declare, on behalf of the generator that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway				Natasha Print/Type Name Sign (If other than destination facility, indicate address, pho		:46 AM ate	
	according to applicable international and national government regulations and state laws and regulations.  Brian 04-11-2022 1:04 PM				23. Discrepancy Box (Any discrepancies shou	ld be noted by item number and in	nitials)	
	Print/Type Name Signature		Date					



	Medical Waste Tracki		Emergency Respon	nse Number: 855	678-1098			
	1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number:  (540) 575 4004	2. Tracking Form Number: 4178624 4. State Permit or ID No.:			Instructions for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator			
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1	6. Telephone Number: (716) 205-3793		STRUC				
<b>FOR</b>	Buffalo NY 14221  7. State Transporter or ID No.  MA-167		N	sign the certification. Items 4,7,10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destina facility.				
GENERATOR	Destination Facility Name and Address:     Bio- Haz Solutions	9. Telephone Number: (570) 805-6003 10. State Permit or ID No. 400695			16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 1  William NJ 05-16-2022 8:13 A			
7	23 Tonoli Road			SPORTER	Print/Type Name	Signature	Date	
GE	Nesquehoning PA 18240				17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone No.			
	11. USDOT Shipping Name:	12. Total No. Containers	13. Total Weight or volume	POR			19. State Transporter Permit or ID No.	
	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	21 372		ANS	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)			
1	14.0 - 111 -	12	described in hems 11, 12 & 1	3)				
	14. Special Handling Instructions:		Print/Type Name 21. New Tracking Form N	Signature umber (for consolidate	Date d or remanifested waste)			
	14.(a) Additional Information		22. Destination Facility (C in items 11, 12 & 13)  © Received in accordance		Medical Waste as described			
	15. Generator's Certification: I hereby declare, on behalf of the generator   that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.  scott    05-16-2022 8:13 AM  Print/Type Name   Signature   Date				Natasha Print/Type Name (If other than destination facility, 23. Discrepancy Box (Any		Date permit or ID no. in box 14) noted by item number and initials)	



	Medical Waste Trackin	ng Form		Emergency Response Number: 85	5 678-1098			
OR	1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (516) 575-4201	4. State Permit or ID No.:  6. Telephone Number:  (716) 205-3793		CTIONS	Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator			
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221			INSTRU	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.</li> </ol>			
RAT	8. Destination Facility Name and Address:	9. Telephone Number: (570) 805-6003  10. State Permit or ID No. 400695  12. Total No. Containers 13. Total Weight or volume		PI (	16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)  William NJ  06-13-2022 12:23 P			
GENERATOR	Bio- Haz Solutions 23 Tonoli Road			TER	Print/Type Name Signature	Date		
	Nesquehoning PA 18240				17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number		
	11. USDOT Shipping Name:			SPORTER		19. State Transporter Permit or ID No.		
	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	27	TRANS	20. Transporter 2 or Intermediate Handler (Certifical described in items 11, 12 & 13)	ation of Receipt of Waste as			
	14. Special Handling Instructions:		T	Print/Type Name Signatur 21. New Tracking Form Number (for consolidation)				
	14.(a) Additional Information		ATION	22. Destination Facility (Certificate of Receipt in items 11, 12 & 13)  B Received in accordance with items 11, 12 &	13			
	15. Generator's Certification:  I hereby declare, on behalf of the generator				Natasha Print/Type Name Signatu (If other than destination facility, indicate address, phone, 23. Discrepancy Box (Any discrepancies should be	and permit or ID no. in box 14)		



	Medical Waste Tracking		Emergency Respon	se Number: 855	678-1098			
GENERATOR	1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1  Plainview NY 11803  3. Telephone number: (540) 575 4884	ar Diagnostic Products formmercial St # 1  4420760  4. State Permit or ID No.:  5hone number: (516) 575-4201  5porter's Name and Mailing Address:  Waste Medical Services Wehrle Drive  1  7. State Terrector and D.No.:		TIONS	Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator  1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.  2. Items numbered 1-14 must be completed before the generator can			
	5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive			STRUC				
	Suite 1 Buffalo NY 14221			N	aigh the certification. Items 4,7,10 & 17 are optional unless fee			
	Destination Facility Name and Address:  Bio- Haz Solutions  9		9. Telephone Number:		16. Transporter 1 (Certification William NJ	n of Receipt of Waste as	described in items 11, 12 & 13) 07-26-2022 10:09 AM	
	23 Tonoli Road	(570) 805-6003			Print/Type Name	Signature	Date	
	Nesquehoning PA 18240	10. State Permit or ID No. 400695  12. Total No. Containers 13. Total Weight or volume		TER	17. Transporter 2 or Intermediate Handler 18. Telephone Num (Name and Address)			
	11. USDOT Shipping Name:    HM    a. x Regulated Medical Waste, 6.2,UN3291,PGII			SPORTER			19. State Transporter Permit or ID No.	
	b. 4.5 cu ft. box 31 598  14. Special Handling Instructions:				20. Transporter 2 or Intermedia described in items 11, 12 & 13	)		
			Print/Type Name 21. New Tracking Form Nu	Signature unber (for consolidated	Date d or remanifested waste)			
	14.(a) Additional Information	TION	22. Destination Facility (Ce in items 11, 12 & 13)  B Received in accordance w		Medical Waste as described			
	15. Generator's Certification: I hereby declare, on behalf of the generator that the contents of this consignment are fully and accurately described abortlassified, packed, marked, and labeled, and are in all respects in proper conaccording to applicable international and national government regulations and regulations.  cj Print/Type Name  Nuclear Diagnostic Production of the generator Nuclear Diagnostic Production of the generator of the gene	ove by proper shippin indition for transport and state laws		DESTINA	Natasha Print/Type Name (If other than destination facility, in 23. Discrepancy Box (Any d		07-28-2022 3:16 PM  Date permit or ID no. in box 14) oted by item number and initials)	



	<b>Medical Waste Track</b>		Emergency Respon	se Number: 855	678-1098			
1	. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1	4. State Permit or ID No.:  6. Telephone Number:  (716) 205-3793		SN	Instructions for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility			
	Plainview NY 11803			12	Copy 3 - TRANSPORTER (	COPY: Retained by Tra	nsporter	
3	. Telephone number: (516) 575-4201			C	Copy 4 - GENERATOR CO		ent must accompany each	
5	Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1			STRU	shipment of regulated r 2. Items numbered 1-14	tted in New York State. before the generator can		
5	Buffalo NY 14221	7. State Trans MA-167	7. State Transporter or ID No. MA-167		sign the certification. Items 4,7,10 & 19 are optional unless required by the particular state. Item 22 must be completed by the destination facility.			
GENERALOR	8. Destination Facility Name and Address: 9. Tele		Number:		16. Transporter 1 (Certificatio	n of Receipt of Waste as	described in items 11, 12 & 13) 08-29-2022 2:31 PM	
1	Bio- Haz Solutions 23 Tonoli Road	(570) 80	(570) 805-6003		Print/Type Name	Signature	Date	
35	Nesquehoning PA 18240	10. State Permit or ID No. 400695  hipping Name:  12. Total No. Containers  13. Total Weight or volume		TER	17. Transporter 2 or Intermediate Handler (Name and Address)  18. Telephone Numb			
1	1. USDOT Shipping Name:			(Name and Address)			19. State Transporter Permit or ID No.	
b	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box 32 589 b.				20. Transporter 2 or Intermedidescribed in items 11, 12 & 13		n of Receipt of Waste as	
1	14. Special Handling Instructions:				Print/Type Name	Signature	Date	
					21. New Tracking Form Nu	amber (for consolidated	d or remanifested waste)	
1	4.(a) Additional Information			TION	22. Destination Facility (Coin items 11, 12 & 13)  © Received in accordance v		Medical Waste as described	
1	5. Generator's Certification: I hereby declare, on behalf of the generator Nuclear Diagnostic Pr			STINA	Natasha Print/Tura Nama	4 Cianabia	08-31-2022 11:58 AM	
	that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws				Print/Type Name (If other than destination facility, i 23. Discrepancy Box (Any of			
	and regulations.	08-29-20	022 2:31 PM	DE				
Ī	Print/Type Name Signature		Date					





Medical Waste Trackin	g Form	11		Emergency Respon	ise Number: 855	678-1098						
Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1	2. Tracking Form Number: 4661132		SNO	Instructions for completing the medical waste tracking form:  Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator  Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility								
. Plainview NY 11803	4. State Perr	mit or ID No.:	$ \Sigma $	Copy 3 - TRANSPORTER COPY: Retained by Transporter								
3. Telephone number: (516) 575-4201			J	Copy 4 - GENERATOR CO								
Transporter's Name and Mailing Address:     AdvoWaste Medical Services     1967 Wehrle Drive     Suite 1			STRU	<ol> <li>This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.</li> <li>Items numbered 1-14 must be completed before the generator can sign the certification. Items 4,7,10 &amp; 19 are optional unless required</li> </ol>								
Buffalo NY 14221			N									
8. Destination Facility Name and Address:	9. Telephone Number:			16. Transporter 1 (Certification	described in items 11, 12 & 13) 10-03-2022 3:31 PM							
Bio- Haz Solutions 23 Tonoli Road	(570) 80	(570) 805-6003		Print/Type Name	Signature	Date						
Nesquehoning PA 18240	10. State Permit or ID No. 400695		SPORTER	17. Transporter 2 or Intermediate Handler (Name and Address)		18. Telephone Number						
11. USDOT Shipping Name:			Containers or volu		Containers or vol		Containers or volume		POR			19. State Transporter Permit or ID No.
a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	26	471	S									
b.			RA	20. Transporter 2 or Intermediate Handler (Cer described in items 11, 12 & 13)		cation of Receipt of Waste as						
14. Special Handling Instructions:			TR	Print/Type Name	Signature	Date						
		-		21. New Tracking Form Nu								
14.(a) Additional Information				22. Destination Facility (Ce in items 11, 12 & 13)  B Received in accordance w								
15. Generator's Certification:  Thereby declare, on behalf of the generator.  Nuclear Diagnostic Produc	cte		1	Natasha		 10-04-2022 1:20 PM						
that the contents of this consignment are fully and accurately described above classified, packed, marked, and labeled, and are in all respects in proper con-	ve by proper shippindition for transport		TIN	Print/Type Name (If other than destination facility, in	Signature ndicate address, phone, and	Date						
according to applicable international and national government regulations and regulations.  Neal		)22 3:31 PM	DES	23. Discrepancy Box (Any d	liscrepancies should be no	oted by item number and initials)						
Print/Type Name Signature		Date										



	<b>Medical Waste Tracking Form</b>				Emergency Response Number: 8	55 678-1098			
	Generator's Name and Mailing Address:     Nuclear Diagnostic Products     130 Commercial St # 1	2. Tracking Form Number: 4785036  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		CTIONS					
	Plainview NY 11803				Copy 3 - TRANSPORTER COPY: Retained by	Transporter			
	3. Telephone number: (516) 575-4201				Copy 4 - GENERATOR COPY: Retained by G				
	Transporter's Name and Mailing Address:     AdvoWaste Medical Services     1967 Wehrle Drive     Suite 1			STRU	sign the certification. Items 4,7,10 & 19 are optional unless required				
JEINERALOR	Buffalo NY 14221								
	8. Destination Facility Name and Address:	(570) 805-6003 10. State Permit or ID No. 400695			16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 11  Rashawn NJ 11-07-2022 3:15 F				
	Bio- Haz Solutions 23 Tonoli Road				Print/Type Name Signatur	e Date			
SE.	Nesquehoning PA 18240			TER	17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number			
	11. USDOT Shipping Name:			SPOR		19. State Transporter Permit or ID No.			
	a. x Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	27	435	NS	20. T	d CD de CW			
	b.			RA	described in items 11, 12 & 13)				
	14. Special Handling Instructions:			T		).			
					Print/Type Name Signatu 21. New Tracking Form Number (for consolid				
					21. New Tracking Portiti Number (10) Consolid	lated of Temaintested Waste)			
	14.(a) Additional Information			TION	22. Destination Facility (Certificate of Receip in items 11, 12 & 13)  ■ Received in accordance with items 11, 12 &				
	15. Generator's Certification:  Thereby declars on behalf of the generator.  Nuclear Diagnostic Product	e		V	Natasha (Ge	11-08-2022 1:29 PM			
	that the contents of this consignment are fully and accurately described above	by proper shippi	STIN	Print/Type Name Signat	ure Date				
	classified, packed, marked, and labeled, and are in all respects in proper condi according to applicable international and national government regulations and		by highway	SI	(If other than destination facility, indicate address, phone, 23. Discrepancy Box (Any discrepancies should				
	and regulations.	11-07-20	22 3:15 PM	DE	23. Discrepancy Dox (Any discrepancies should	be noted by item number and initials)			
	Print/Type Name Signature		Date						





ig Form			Emergency Respon	se Number: 855	678-1098	
2. Tracking Form Number: 4932293		SNO	Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator			
4. State Perm	4. State Permit or ID No.:					
6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167		INSTRUC				
			facility.			
9. Telephone	Number:	1.	Rashawn NJ	RC	12-19-2022 3:21 PM	
(570) 805-6003			Print/Type Name	Signature	Date	
10. State Permit or ID No. 400695		TER	17. Transporter 2 or Intermediate Handler (Name and Address)  19. 5		18. Telephone Number	
12. Total No. Containers	The state of the s				19. State Transporter Permit or ID No.	
20	353	NS	22 T	· W · · · · · · · · · · · · · · · · · ·	C Desciet of Waste na	
		RA			n of Receipt of waste as	
		E	Print/Type Name	Date		
	-			imber (for consolidate	d or remanifested waste)	
		LION	in items 11, 12 & 13)			
ndition for transport	ng name and are		Natasha Print/Type Name (If other than destination facility, in	Signature ndicate address, phone, and	12-20-2022 3:56 PM  Date permit or ID no. in box 14)	
and state laws		DES				
	2. Tracking I 4932293  4. State Perm  6. Telephone (716) 203  7. State Trans MA-167  9. Telephone (570) 803  10. State Perm 400695  12. Total No. Containers  20	2. Tracking Form Number: 4932293  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167  9. Telephone Number: (570) 805-6003  10. State Permit or ID No. 400695  12. Total No. Containers  20 353	2. Tracking Form Number: 4932293  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167  9. Telephone Number: (570) 805-6003  10. State Permit or ID No. 400695  12. Total No. Containers  13. Total Weight or volume  20 353  NOLLYNILSAI  NOLLYN	2. Tracking Form Number: 4932293  4. State Permit or ID No.:  6. Telephone Number: (716) 205-3793  7. State Transporter or ID No. MA-167  9. Telephone Number: (570) 805-6003  10. State Permit or ID No. 400695  12. Total No. Containers  13. Total Weight or volume  20  353  10. State Permit or ID No. 400695  11. This multi-copy (4 pashipment of regulated r	2. Tracking Form Number: 4932293 4. State Permit or ID No.: 6. Telephone Number: (716) 205-3793 7. State Transporter or ID No. MA-167  9. Telephone Number: (570) 805-6003 10. State Permit or ID No. 400695  12. Total No. Containers  12. Total No. Containers  20 353  10. State Permit or ID No. 400695  12. Total No. Containers  20 353  10. State Permit or ID No. 400695  12. Total No. Containers  20 353  12. Total No. Containers  20 353  13. Total Weight or volume  20 353  14. Total No. Containers  20 353  15. Total No. Containers  20 353  20. Transporter 2 or Intermediate Handler (Name and Address)  21. New Tracking Form Number (for consolidate described in items 11, 12 & 13)  22. Destination Facility (Certificate of Receipt of in items 11, 12 & 13)  23. Discrepancy Box (Any discrepancies should be medical waster place.  12. Intermediate Handler (Certification of Receipt of in items 11, 12 & 13)  24. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  25. Destination Facility (Certificate of Receipt of in items 11, 12 & 13)  26. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  27. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  28. Received in accordance with items 11, 12 & 13  29. Received in accordance with items 11, 12 & 13  20. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  29. Received in accordance with items 11, 12 & 13  20. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  20. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  20. Transporter 2 or Intermediate Handler (Certification described in items 11, 12 & 13)  21. New Tracking Form Number (for consolidate described in items 11, 12 & 13)  22. Destination facility, indicate address, phone, and 23. Discrepancy Box (Any discrepancies should be not total tota	



2021-01-01





Categories > National Accounts > National Income & Product Accounts > GDP/GNP

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Observation: 2021: 220.3 (+ more)

2004-04-01

Updated: Dec 22, 2022

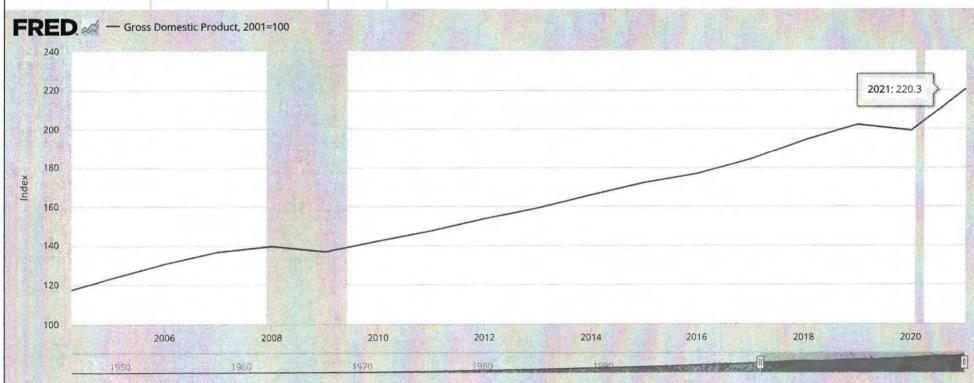
Index Mar 2001=100, Seasonally Adjusted Annual Rate

Annual, Average

Frequency:

1Y | 5Y | 10Y | Max

EDIT GRAPH



Shaded areas indicate U.S. recessions.

Source: U.S. Bureau of Economic Analysis

fred.stlouisfed.org



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Account Tools









As per Federal Reserve Economic Data (FRED) and accounting for inflation, attached, the GDP implicit price deflator shows that our SLOC meets the threshold as required by New York State. Based on NDP's standing line of credit (SLOC) original required value, \$44,064 USD and our current SLOC of \$60,000 USD, NDP concludes that no adjustment is needed at this time, and that our current SLOC is sufficient to cover all costs of decommissioning.