



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: Nuclear Diagnostic Products of NY, Inc.			
FACILITY LOCATION ADDRESS: 130 Commercial St. Suite 1	FACILITY CITY: Plainview	STATE: NY	ZIP CODE: 11803
FACILITY TOWN: Oyster Bay	FACILITY COUNTY: Nassau	FACILITY PHONE NUMBER: 516-575-4201	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oyster Bay Solid Waste Disposal District			NYSDEC REGION #: 1
360 PERMIT #: 1-2824-02390-00001	DATE ISSUED: 11/18/2020	DATE EXPIRES: 11/17/2025	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Neal Levy or Tom Boland	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 516-575-4201	CONTACT FAX NUMBER: 516-575-4204
CONTACT EMAIL ADDRESS: nlevy@radiopharmacy.com			
OWNER INFORMATION			
OWNER NAME: James Nunn-Pharmalogic Holdings	OWNER PHONE NUMBER: 540-239-0224	OWNER FAX NUMBER: 561-416-0083	
OWNER ADDRESS: 5301 N. Federal Highway-Suite 280	OWNER CITY: Boca Raton	STATE: FL	ZIP CODE: 33487
OWNER CONTACT: 540-239-0224	OWNER CONTACT EMAIL ADDRESS: jnunn@radiopharmacy.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner Nuclear Diagnostic Products of NY, Inc.		<input type="checkbox"/> public <input checked="" 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 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)	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 <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.

Neal Levy
Signature

1/23/2023
Date

Neal Levy
Name (Print or Type)

Radiation Safety Officer
Title (Print or Type)

nlevy@radiopharmacy.com
Email (Print or Type)

130 Commercial Street
Address

Plainview
City

NY, 11803
State and Zip

(516) 575-4201
Phone Number

ATTACHMENTS: YES

Section 2 - Quantity of Regulated Medical Waste (RMW) Received

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
Tl-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

**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.

Section 2 - Quantity of Regulated Medical Waste (RMW) Received

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
Tl-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

**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.

Section 2 - Quantity of Regulated Medical Waste (RMW) Received

Incoming Weeks 27-39

		Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34	Week 35	Week 36	Week 37	Week 38	Week 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
Tl-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

**Ge-68 waste is not being held for decay in storage.

Quarterly Total : 856.64
 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

reflects the actual weight at time of shipment each quarter.

Section 2 - Quantity of Regulated Medical Waste (RMW) Received

Incoming Weeks 40-53

	Week 40	Week 41	Week 42	Week 43	Week 44	Week 45	Week 46	Week 47	Week 48	Week 49	Week 50	Week 51	Week 52	Week 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	12/31/2022
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	12/26/2022
Tc-99m														
Very Short-lived waste (lbs)	90	68	58	106	63	109	84	35	51	76	100	11	29	27
Tl-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	0
Ga-68/Ge-68**														
Ge-68**	0	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	0
I-131 Syringes (lbs)	0	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

**Ge-68 waste is not being held for decay in storage.

Quarterly Total : 529.64

RMW Limi 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

reflects the actual weight at time of shipment each quarter.



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 3800904
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	7. State Transporter or ID No. MA-167

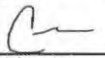
8. Destination Facility Name and Address: Future Healthcare Systems 750 South Ave Bridgeport CT 06604	9. Telephone Number: (888) 388-2525
	10. State Permit or ID No. 01501203-PCO

11. USDOT Shipping Name: <small>HM1</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	12. Total No. Containers 32	13. Total Weight or volume 621
b. <input type="checkbox"/>		

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

c manoni  01-24-2022 9:47 AM
Print/Type Name Signature Date


INSTRUCTIONS

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

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 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.

TRANSPORTER

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

William NJ		01-24-2022 9:47 AM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.


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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

vince		02-04-2022 2:56 PM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address:
Nuclear Diagnostic Products
130 Commercial St # 1

Plainview NY 11803

2. Tracking Form Number:
3943384

4. State Permit or ID No.:

3. Telephone number: (516) 575-4201

5. Transporter's Name and Mailing Address:
AdvoWaste Medical Services
1967 Wehrle Drive
Suite 1
Buffalo NY 14221

6. Telephone Number:
(716) 205-3793

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:

HM	
a.	<input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box
b.	

12. Total No. Containers	13. Total Weight or volume
29	617

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

CJ
Print/Type Name Signature Date 03-07-2022 12:03 PM

INSTRUCTIONS

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

- This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.
- Items numbered 1-14 must be completed before the generator can 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.

TRANSPORTER

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

Rashawn NJ	RC	03-07-2022 12:03 PM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Natasha	[Signature]	03-28-2022 12:47 PM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4062663
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	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: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 29	13. Total Weight or volume 509
b.		

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

Brian  04-11-2022 1:04 PM
Print/Type Name Signature Date


INSTRUCTIONS

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
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 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 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.

TRANSPORTER

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

Rashawn NJ		04-11-2022 1:04 PM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.


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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Natasha		04-13-2022 11:46 AM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4178624
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	7. State Transporter or ID No. MA-167

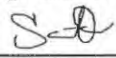
8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road Nesquehoning PA 18240	9. Telephone Number: (570) 805-6003
	10. State Permit or ID No. 400695

11. USDOT Shipping Name:	12. Total No. Containers	13. Total Weight or volume
<input checked="" type="checkbox"/> <small>HM</small> a. x Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	21	372
b.		

14. Special Handling Instructions:

14.(a) Additional Information

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 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


INSTRUCTIONS

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

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 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.

TRANSPORTER

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

William NJ		05-16-2022 8:13 AM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Natasha		05-18-2022 1:42 PM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4274979
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

INSTRUCTIONS

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

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 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.

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	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

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)		
William NJ		06-13-2022 12:23 PM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number
	19. State Transporter Permit or ID No.

11. USDOT Shipping Name: <input type="checkbox"/> HM	12. Total No. Containers	13. Total Weight or volume
a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	27	529
b.		

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)		
<input checked="" type="checkbox"/> Received in accordance with items 11, 12 & 13		
Natasha		06-17-2022 2:06 PM
Print/Type Name	Signature	Date
(If other than 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)

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

brian 06-13-2022 12:23 PM

Print/Type Name Signature Date



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4420760
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	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: <input type="checkbox"/> HM	12. Total No. Containers	13. Total Weight or volume
a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	31	598
b. <input type="checkbox"/>		

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

cj  07-26-2022 10:09 AM
Print/Type Name Signature Date


INSTRUCTIONS

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

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 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.

TRANSPORTER

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

William NJ		07-26-2022 10:09 AM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Natasha		07-28-2022 3:16 PM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4539906
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

INSTRUCTIONS

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

- This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State.
- Items numbered 1-14 must be completed before the generator can 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.

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
8. Destination Facility Name and Address: Bio- Haz Solutions 23 Tonoli Road Nesquehoning PA 18240	7. State Transporter or ID No. MA-167

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13) Rashawn NJ RC 08-29-2022 2:31 PM Print/Type Name Signature Date	
17. Transporter 2 or Intermediate Handler (Name and Address)	18. Telephone Number
	19. State Transporter Permit or ID No.

9. Telephone Number: (570) 805-6003	10. State Permit or ID No. 400695
--	--

11. USDOT Shipping Name: HM a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	12. Total No. Containers 32	13. Total Weight or volume 589
b.		

14. Special Handling Instructions:

14.(a) Additional Information

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 (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13) <input checked="" type="checkbox"/> Received in accordance with items 11, 12 & 13 Natasha [Signature] 08-31-2022 11:58 AM Print/Type Name Signature Date (If other than 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)	

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 according to applicable international and national government regulations and state laws and regulations.

Edwardo [Signature] 08-29-2022 2:31 PM
Print/Type Name Signature Date



Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4661132
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	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: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	12. Total No. Containers 26	13. Total Weight or volume 471
b.		

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

Neal *Neal* 10-03-2022 3:31 PM
Print/Type Name Signature Date

INSTRUCTIONS

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

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 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.

TRANSPORTER

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

Rashawn NJ	<i>RC</i>	10-03-2022 3:31 PM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Natasha	<i>Natasha</i>	10-04-2022 1:20 PM
Print/Type Name	Signature	Date

(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address:
Nuclear Diagnostic Products
130 Commercial St # 1
Plainview NY 11803

2. Tracking Form Number:
4785036

3. Telephone number:
(516) 575-4201

4. State Permit or ID No.:

5. Transporter's Name and Mailing Address:
AdvoWaste Medical Services
1967 Wehrle Drive
Suite 1
Buffalo NY 14221

6. Telephone Number:
(716) 205-3793

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:		12. Total No. Containers	13. Total Weight or volume
<input checked="" type="checkbox"/>	a. Regulated Medical Waste, 6.2, UN3291, PGII 4.5 cu ft. box	27	435
<input type="checkbox"/>	b.		

14. Special Handling Instructions:

14.(a) Additional Information


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 according to applicable international and national government regulations and state laws and regulations.
CJ  11-07-2022 3:15 PM
Print/Type Name Signature Date

INSTRUCTIONS

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

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 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.

TRANSPORTER

16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)
Rashawn NJ  11-07-2022 3:15 PM
Print/Type Name Signature Date

17. Transporter 2 or Intermediate Handler (Name and Address)


18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
Natasha  11-08-2022 1:29 PM
Print/Type Name Signature Date
(If other than 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)



New York State Department of Environmental Conservation
Division of Materials Management

Revised 2014

Medical Waste Tracking Form

Emergency Response Number: 855 678-1098

GENERATOR

1. Generator's Name and Mailing Address: Nuclear Diagnostic Products 130 Commercial St # 1 Plainview NY 11803	2. Tracking Form Number: 4932293
3. Telephone number: (516) 575-4201	4. State Permit or ID No.:

5. Transporter's Name and Mailing Address: AdvoWaste Medical Services 1967 Wehrle Drive Suite 1 Buffalo NY 14221	6. Telephone Number: (716) 205-3793
	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: <small>HM</small> a. <input checked="" type="checkbox"/> Regulated Medical Waste, 6.2,UN3291,PGII 4.5 cu ft. box	12. Total No. Containers 20	13. Total Weight or volume 353
b.		

14. Special Handling Instructions:

14.(a) Additional Information

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 according to applicable international and national government regulations and state laws and regulations.

Neal *Neal* 12-19-2022 3:21 PM
Print/Type Name Signature Date

INSTRUCTIONS

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

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 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.

TRANSPORTER

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

Rashawn NJ	<i>RL</i>	12-19-2022 3:21 PM
Print/Type Name	Signature	Date

17. Transporter 2 or Intermediate Handler (Name and Address)

18. Telephone Number

19. State Transporter Permit or ID No.

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)

DESTINATION

22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Natasha	<i>NA</i>	12-20-2022 3:56 PM
Print/Type Name	Signature	Date

(If other than 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)



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

☆ Gross Domestic Product (GDP)

DOWNLOAD

Observation:
2021: **220.3** (+ more)
Updated: Dec 22, 2022

Units:
Index Mar 2001=100,
Seasonally Adjusted Annual Rate

Frequency:
Annual,
Average

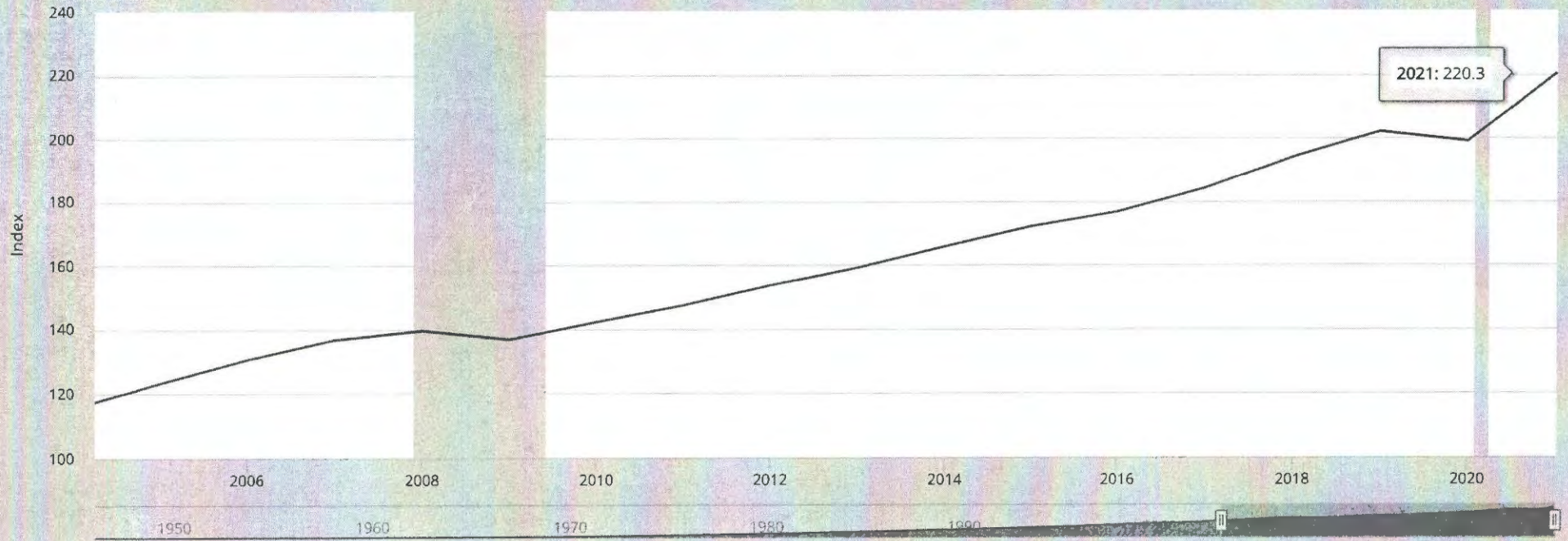
1Y | 5Y | 10Y | Max

EDIT GRAPH

2004-04-01

2021-01-01

FRED — Gross Domestic Product, 2001=100



Shaded areas indicate U.S. recessions.

Source: U.S. Bureau of Economic Analysis

fred.stlouisfed.org

Share Links Account Tools



NOTES

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.