



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: NYS Dept of Health Wadsworth Center- Griffin Laboratory			
FACILITY LOCATION ADDRESS: 5668 State Farm Road	FACILITY CITY: Guilderland	STATE: NY	ZIP CODE: 12084
FACILITY TOWN: Guilderland	FACILITY COUNTY: Albany	FACILITY PHONE NUMBER: 518-485-6789	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). CRSWMP			NYSDEC REGION #: 4
360 PERMIT #: 4-0130-00034/02001	DATE ISSUED: 04/03/19	DATE EXPIRES: 04/02/29	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Corey Bennett	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 518-485-6789	CONTACT FAX NUMBER: 518-869-6684
CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov			
OWNER INFORMATION			
OWNER NAME: NYSDOH-Wadsworth Center	OWNER PHONE NUMBER: 518-473-8034	OWNER FAX NUMBER: 518-474-3908	
OWNER ADDRESS: PO Box 509 Empire State Plaza	OWNER CITY: Albany	STATE: NY	ZIP CODE: 12212
OWNER CONTACT: Corey Bennett	OWNER CONTACT EMAIL ADDRESS: corey.bennett@health.ny.gov		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 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

RMW & Path

	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)	ZMW AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)	Path AMOUNT TREATED (tons)	AMOUNT BYPASSED (tons)	AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	$1^{st} qtr = 2.0$ $2^{nd} qtr = 2.2$ $3^{rd} qtr = 3.3$ $4^{th} qtr = 1.9$ 2022 = 9.4	$1^{st} qtr = 1.3$ $2^{nd} qtr = 1.1$ $3^{rd} qtr = 1.5$ $4^{th} qtr = 0.9$ 2022 = 4.8	$1^{st} qtr = 0.7$ $2^{nd} qtr = 1.1$ $3^{rd} qtr = 1.8$ $4^{th} qtr = 1.0$ 2022 = 4.6			Safeguard Waste Solutions 6 Brown Rd. Albany NY 12205 Albany, NY	CRS WOLF
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)	$1^{st} qtr = 9.3 lbs$ $2^{nd} qtr = 68 lbs$ $3^{rd} qtr = 16 lbs$					Medical Marijuana waste generated @ Biggs Lab and transferred to Griffin Lab Incinerator for disposal.	
Pharmaceutical Waste	$4^{th} qtr = 0 lbs$ 2022 = 93.3 lbs						
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	9.4 tons						

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	0.9	Rapp Road Landfill	NY	Albany	CRS WMP
TOTAL WASTE	0.9	Incinerator Ash.			

SECTION 4 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period? Yes No

If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

- Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 6 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

- Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 7 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

- Yes No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

- Yes No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

SECTION 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.

Corey J Bennett
Signature

3/9/23
Date

Corey J Bennett
Name (Print or Type)

Asst. BSO
Title (Print or Type)

corey.bennett@health.ny.gov
Email (Print or Type)

5168 State Farm Rd
Address

Guilderland
City

NY 12084
State and Zip

(518) 483-6789
Phone Number

ATTACHMENTS: YES

SECTION 13 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Per special condition 13 of permit number 4-0130-00034/02001, the following information must be included for the annual report for Griffin Labs.

Days and hours of operation of Griffin Labs Incinerator:

The Griffin Labs incinerator was operated between 7am and 1pm on the following days of 2022:

Jan	Feb	March	April	May	June
1/12/22	2/1/22	3/1/22	4/5/22	5/3/22	6/7/22
1/18/22	2/8/22	3/8/22	4/12/22	5/10/22	6/14/22
1/25/22	2/15/22	3/15/22	4/19/22	5/17/22	6/21/22
	2/22/22	3/22/22	4/19/22	5/26/22	6/28/22
		3/29/22	4/26/22	5/31/22	
July	Aug	Sept	Oct	Nov	Dec
7/5/22	8/2/22	9/6/22	10/4/22	11/1/22	12/6/22
7/12/22	8/4/22	9/13/22	10/11/22	11/8/22	12/13/22
7/14/22	8/9/22	9/20/22	10/18/22	11/15/22	12/20/22
7/19/22	8/11/22	9/27/22	10/25/22	11/22/22	12/27/22
7/26/22	8/16/22			11/29/22	
7/28/22	8/23/22				
	8/25/22				
	8/30/22				

Summary of Pathological waste incinerated:

1st Quarter 2022

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	994	0
Biggs Laboratory	0	0	9.3
Griffin Laboratory	39.4	1344	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

2nd Quarter 2022

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	52	0

Biggs Laboratory	0	0	68
Griffin Laboratory	65	2098	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

3rd Quarter 2022

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	67	0
Biggs Laboratory	0	0	16
Griffin Laboratory	126	2219	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

4th Quarter 2022

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	55	0
Biggs Laboratory	0	0	0
Griffin Laboratory	78.2	1937	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

2022 totals

Generator	Infectious waste	Non-inf. Waste/animal bedding	Narcotics
David Axelrod Institute	0	1168	6.5
Biggs Laboratory	0	0	93.3
Griffin Laboratory	308.6	7598	0
Non-Wadsworth	0	0	0

Note: Table is weight in lbs.

The amount of ash residue disposed is provided below:

1875 lbs

TCLP analysis of incinerator ash is attached below.



Experience is the solution

314 North Pearl Street ♦ Albany, New York 12207
(800) 848-4983 ♦ (518) 434-4546 ♦ Fax (518) 434-0891

February 15, 2023

Corey Bennett
NYS Department of Health
Wadsworth Center - ELAP
Empire State Plaza - P.O.
Albany, NY 12201-0509

Work Order No: 230208040

TEL:

PO#: 2022167

RE:

Griffin Labs

Adirondack Environmental Services, Inc received 1 sample on 2/8/2023 for the analyses presented in the following report.

Please see case narrative for specifics on analysis.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

ELAP#: 10709

Christopher Hess
QA Manager

NYS Department of Health

Date: 15-Feb-23

Griffin Labs

Lab WorkOrder: 230208040

Sample containers were not supplied by Adirondack Environmental Services.

Definitions - RL: Reporting Limit DF: Dilution factor

Qualifiers: ND : Not Detected at reporting limit	C: CCV below acceptable Limits
J: Analyte detected below quantitation limit	C+: CCV above acceptable Limits
B: Analyte detected in Blank	S: LCS Spike recovery is below acceptable limits
X : Exceeds maximum contamination limit	S+: LCS Spike recovery is above acceptable limits
H: Hold time exceeded	Z: Duplication outside acceptable limits
N: Matrix Spike below acceptable limits	T : Tentatively Identified Compound-Estimated
N+: Matrix Spike is above acceptable limits	E :Above quantitation range-Estimated

Note : All Results are reported as wet weight unless noted

The results relate only to the items tested. Information supplied by the client is assumed to be correct.

Adirondack Environmental Services, Inc

Date: 15-Feb-23

CLIENT: NYS Department of Health
Work Order: 230208040
Reference: / Griffin Labs
PO#: 2022167

Client Sample ID: Incinerator-Griffin Labs
Collection Date: 2/8/2023 9:00:00 AM
Lab Sample ID: 230208040-001
Matrix: SOIL

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
TCLP METALS - SW1311/6010C						Analyst: WB
(Prep: SW1311 - 2/10/2023)						
Cadmium-TCLP	ND	0.050		mg/L	1	2/14/2023 5:08:00 PM
Lead-TCLP	ND	0.050		mg/L	1	2/14/2023 5:08:00 PM
