

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 | | | | | | |
|--|----------------------------|--------------|------------------------------|---|------------------------|------------------|
| FACILITY NAME: | | | | | | |
| FACILITY LOCATION ADDRES | FACILITY LOCATION ADDRESS: | | CITY: | | STATE | ZIP CODE: |
| FACILITY TOWN: | | FACILITY | COUNTY: | FACI | FACILITY PHONE NUMBER: | |
| FACILITY NYS PLANNING UNITEDORIC. | Γ: (A list of I | NYS Planning | Units can be found at the en | d of this | | YSDEC EGION#: |
| 360 PERMIT #: | DATE IS | SSUED: | DATE EXPIRES: | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: | | |
| FACILITY CONTACT: | CILITY CONTACT: | | CONTACT PHONE NUMBER: | CONTACT FAX NUMBER | | T FAX NUMBER: |
| CONTACT EMAIL ADDRESS: | | | | | | |
| | | | INFORMATION | | | |
| OWNER NAME: | | | PHONE NUMBER: | OWN | | NUMBER: |
| OWNER ADDRESS: | WNER ADDRESS: | | OWNER CITY: | | STATE | ZIP CODE: |
| OWNER CONTACT: | | | CONTACT EMAIL ADDI | RESS: | | |
| | | OPERATOR | RINFORMATION | | | |
| OPERATOR NAME: Sa | ime as owne | | FERENCES | | □public □privat | |
| Dueformed address to asset | ، دادی می | | | | | |
| Preferred address to receive correspondence: Facility location address Owner address Other (provide): | | | | | | |
| Preferred email address: ☐ Facility Contact ☐ Owner Contact ☐ Other (provide): | | | | | | |
| Preferred individual to receive correspondence: | | | | | | |
| | | | | | | |
| 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) | | | | | | | |
| 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 | | | · | | | | |

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 – 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 |
|---------------|---------------|---------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | 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 |
| | ny problen v 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 | ere any cl | 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 ther form? | e any add | litional 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 Law.

| State and Zip | Address | Email (Print or Type) | Name (Print or Type) | Signature |
|-------------------------------|---------|-----------------------|-----------------------|-----------|
| (315)463-4651 Phone Number | City | or Type) | Title (Print or Type) | Date |

Division of Materials Management New York State Department of Environmental Conservation Albany, New York 12233-7260

REGULATED MEDICAL WASTE FACILITIES

Annual Report

Submit the Annual Report no later than March 1, 2023.

Reporting of the information indicated on this Regulated Medical Waste Annual Report form is required pursuant to 6 NYCRR 360.19(k) and 365-2.8. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360 and Part 365.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

INSTRUCTIONS FOR COMPLETING THE FORM:

SECTION 1: Provide facility information and identify whether the facility operated waste during the year.

SECTION 2: Identify the amount of each type of waste generated and treated on-site (if a generator permitted to treat on-site), or if a commercial facility, the amount received by the facility from the generators and how it was processed. If transferred off-site by the generator or if a transfer facility, identify the treatment facility where the waste was sent.

SECTION 3: If a treatment facility, identify the names and addresses of disposal facilities where treated waste was disposed.

SECTION 4: Identify any unauthorized waste that was received at the facility.

SECTION 5: If required, provide updated cost estimates and financial assurance documentation.

SECTION 6: Identify any problems which occurred at the facility.

SECTION 7: Identify any changes from the approved permit or permit documentation.

SECTION 8: Identify any additional permit or consent order reporting requirements.

SECTION 9: Sign and date the form and follow the instructions provided for submission of form.

*This page for reference only. Please do not return with submittal.

New York State Planning Units & Regions

When completing the annual report, please use the <u>Planning Unit</u> listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

| DEC Region | Planning Unit | County | Municipality |
|---------------|---|-------------|---|
| Region | Glen Cove | | Glen Cove (City) |
| | Hempstead | | Hempstead (Town) |
| | Long Beach | | Long Beach (City) |
| | North Hempstead Solid Waste Management | Nassau | North Hempstead (Town), except 8 |
| | Authority | | villages (see below) |
| | Oyster Bay Solid Waste Disposal District | | Oyster Bay (Town), except 16 villages (see below) |
| | Babylon | | Babylon (Town) |
| | Brookhaven | | Brookhaven (Town) |
| 1 | East Hampton | | East Hampton (Town) |
| | Fishers Island Waste Management District |] | Fishers Island |
| | Huntington | | Huntington (Town) |
| | Islip Resource Recovery Agency | Suffolk | Islip (Town) |
| | Riverhead | | Riverhead (Town) |
| | Shelter Island | | Shelter Island (Town) |
| | Smithtown | | Smithtown (Town) |
| | Southampton | | Southampton (Town) |
| | Southold | | Southold (Town), except Fishers Island |
| | | Bronx | Bronx |
| | New York City | Kings | Kings (Brooklyn) |
| 2 | | New York | New York (Manhattan) |
| | | Queens | Queens |
| | | Richmond | Richmond (Staten Island) |
| | Dutchess County | Dutchess | |
| | Orange County | Orange | |
| | Putnam County | Putnam | |
| 3 | Rockland County Solid Waste Management Authority (RCSWMA) | Rockland | |
| | Sullivan County | Sullivan | |
| | Ulster County Resource Recovery Agency (UCRRA) | Ulster | |
| | Westchester County | Westchester | |
| | | | Cohoes (City) |
| | | | Colonie (Town) |
| | Colonie | Albany | Colonie (Village) |
| | | | Menands (Village) |
| | | | Watervliet (City) |
| | | | Albany (City) |
| | | | Altamont (Village) |
| 4 | | | Berne (Town) |
| _ | | | Bethelehem (Town) |
| | Capital Region Solid Waste Management | | Green Island (Town/Village) |
| | Partnership | Albany | Guilderland (Town) |
| | | | Knox (Town) |
| | | | New Scotland (Town) |
| | | | Rensselaerville (Town) |
| | | | Voorheesville (Village) |
| | | | Westerlo (Town) |

| | | | East Greenbush (Town) |
|---|---|-------------------------|-------------------------------------|
| | | Rensselaer | Rensselaer (City) |
| | | | Castleton-on-Hudson (Village) |
| | | | Hoosick Falls (Village) |
| | | | Nassau (Village) |
| | Eastern Rensselaer County Solid Waste | Rensselaer | Pittstown (Town) |
| | Management Authority | Relisselaei | \ / |
| | | | Schaghticoke (Town/Village) |
| 4 | | | Stephentown (Town) |
| | | | Valley Falls (Village) |
| | Columbia County | Columbia | All, except Town of Canaan |
| | Delaware County | Delaware | |
| | Greene County | Greene | |
| | Montgomery County | Montgomery | |
| | Otsego County | Otsego | |
| | Schoharie County | Schoharie | |
| | Schenectady County | Schenectady | |
| | Clinton County | Clinton | |
| | Essex County | Essex | |
| | County of Franklin Solid Waste Management | Franklin | |
| | Authority (CFSWMA) | FIGURIU | |
| 5 | Fulton County | Fulton | |
| | Hamilton County | Hamilton | |
| | Saratoga County | Saratoga | |
| | Warren County | Warren | |
| | Washington County | Washington | |
| | Development Authority of the North Country (DANC) | Jefferson | |
| | | Lewis | |
| 6 | | St. Lawrence | |
| | 0 11 11 11 0 11 11 | Oneida | |
| | Oneida-Herkimer Solid Waste Authority | Herkimer | |
| | Broome County | Broome | |
| | Cayuga County | Cayuga | |
| | Chenango County | Chenango | |
| | Cortland County | Cortland | |
| 7 | Madison County | Madison | |
| / | | | All municipalities, except Town and |
| | Onondaga County | Onondaga | Village of Skaneatles (See below) |
| | Oswego County | Oswego | |
| | Tioga County | Tioga | |
| | Tompkins County | Tompkins | |
| | Chemung County | Chemung | |
| | GLOW Region Solid Waste Management | Genesee | |
| | Committee | Livingston | |
| | Monroe County | Monroe | |
| 0 | Ontario County | Ontario | |
| 8 | Orleans County | Orleans | |
| | Schuyler County | Schuyler | |
| | Seneca County | Seneca | |
| | Steuben County | Steuben | |
| | Wayne County | Wayne | |
| | Yates County | Yates | |
| | | | |
| | Allegany County | l Alleganv | |
| 9 | Allegany County Cattaraugus County | Allegany Cattaraugus | |

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| | GLOW Region Solid Waste Management Committee | Wyoming | |
|---|--|---------|--|
| | Niagara | Niagara | |
| 9 | Northeast-Southtowns Solid Waste Management Board (NEST) | Erie | Akron (Village) Alden (Town/Village) Angola (Village) Aurora (Town) Blasdell (Village) Boston (Town) Brant (Town) Cheektowaga (Town) Colden (Town) Collins (Town) Concord (Town) Depew (Village) East Aurora (Village) East Aurora (Village) Eden (Town) Evans (Town) Evans (Town) Farnham (Village) Gowanda (Village) Hamburg (Town/Village) Holland (Town) Lackawanna (City) Lancaster (Town/Village) Marilla (Town) Newstead (Town) North Collins (Town/Village) Sardinia (Town) Sloan (Village) Springville (Village) Wales (Town) |
| | Northwest Communities Solid Waste Management Board (NWCB) | Erie | West Seneca (Town) Amherst (Town) Grand Island (Town) Kenmore (Village) Tonawanda (Town/Village) |

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Municipalities Not Currently Affiliated With a Recognized Planning Unit

| DEC | County | Non-Member Municipality |
|----------|------------|---|
| Region | - | |
| Region 1 | Nassau | Great Neck Estates (Village) Great Neck Plaza (Village) Mineola (Village) New Hyde Park (Village) Plandome (Village) Plandome Manor (Village) Westbury (Village) Williston Park (Village) Bayville (Village) Brookville (Village) Centre Island (Village) Cove Neck (Village) Glenwood – Glen Head Garbage District Lattington (Village) Laurel Hollow (Village) Matinecock (Village) Mill Neck (Village) Muttontown (Village) Muttontown (Village) |
| | | Old Brookville (Village) Old Westbury (Village) (portion) Oyster Bay Cove (Village) Roslyn Harbor (Village) (portion) Sea Cliff (Village) Upper Brookville (Village) Coeymans (Town) |
| | Albany | Ravena (Village) |
| 4 | Rensselaer | Berlin (Town) Brunswick (Town) Grafton (Town) Hoosick (Town) Nassau (Town) |
| | | Petersburg (Town) Poestenkill (Town) North Greenbush (Town) Sand Lake (Town) Schodack (Town) Troy (City) |
| | Columbia | Canaan (Town) |
| 7 | Onondaga | Skaneatles (Town/Village) |
| 9 | Erie | Buffalo (City) |

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Managment

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste Management 625 Broadway Albany, NY 12233-7260

Phone: (518) 402-8678

For Submission of Solid Waste Management Facility Annual Reports only:

Fax: (518) 402-9041

Email: swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman / David Gibb SUNY @ Stony Brook 50 Circle Road Stony Brook, NY 11790 Phone: (631) 444-0375 SWMFannualreportR1@dec.ny.gov

Richmond)

REGION 2 (Bronx, Kings, New York, Queens,

Mahmoud Assi 47-40 21st Street Long Island City, NY 11101-5407 Phone: (718) 482-4896 SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

Lee Reiff 21 South Putt Corners Road New Paltz, NY 12561 Phone: (845) 256-3134 SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Brian Maglienti 1130 North Westcott Road Schenectady, NY 12306 Phone: (518) 357-2085 SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster 1115 State Route 86, PO Box 296 Ray Brook, NY 12977 Phone: (518) 897-1266 SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch 317 Washington Street Watertown, NY 13601 Phone: (315) 785-2513 SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Steve Perrigo 615 Erie Boulevard West Syracuse, NY 13204 Phone: (315) 426-7419 SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean 6274 East Avon-Lima Road Avon, NY 14414 Phone: (585) 226-5411 SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso 700 Delaware Avenue Buffalo, NY 14209 Phone: (716) 851-7220

SWMFannualreportR9@dec.ny.gov

December 2022