

Annual Report

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This Regulated Medical Waste Facility Quarterly Report is for the year of operation from January 01, 2022 to December 31, 2022

SECTION 1 – FACILITY INFORMATION

DIV. OF MATERIALS MANAGEMENT

FACILITY INFORMATION			
FACILITY NAME: Cardinal Health Nuclear Pharmacy Services			
FACILITY LOCATION ADDRESS: 303 Cayuga Road Ste. 200	FACILITY CITY: Cheektowaga	STATE: N.Y.	ZIP CODE: 14225
FACILITY TOWN: Cheektowaga	FACILITY COUNTY: Erie	FACILITY PHONE NUMBER: 716-634-8607	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Northeast Southtowns Solid Waste Mgt Board			NYSDEC REGION #: 9
360: Registration Number 15J10037	DATE ISSUED: 3/13/2019	DATE EXPIRES: 3/13/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Joseph Czapczynski	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 716-634-8607	CONTACT FAX NUMBER: 716-634-8782
CONTACT EMAIL ADDRESS: joseph.czapczynski@cardinalhealth.com			
OWNER INFORMATION			
OWNER NAME: Cardinal Health Nuclear Pharmacy Services 414LLC	OWNER PHONE NUMBER: 617-757-5000	OWNER FAX NUMBER:	
OWNER ADDRESS: 7000 Cardinal Place	OWNER CITY: Dublin	STATE: OH	ZIP CODE: 43017
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> <i>same as owner</i>	<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 10. 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 TREATMENT FACILITY (include county and state)	NYS PL UN (See Atlas of NYS Un
ding: d nan l nan blood harp, Waste) zard fy amount minated ing ent remains waste,	0.005	0.005				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chaut
e Waste each very ort lived or ed) tical	Very Short Lived 0.074 Short Lived 0.128 Long Lived 0.003 I-131 0.006	Very Short Lived 0.074 Short Lived 0.128 Long Lived 0.003 I-131 0.006				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chaut
Waste y amount ial olysate, requiring sing.)							
TOTAL	0.216						

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
hazardous waste					
NON-HAZARDOUS SOLID WASTE					

SECTION 4 – UNAUTHORIZED SOLID WASTE

Unauthorized solid waste has been received at the facility during the reporting period? Yes No

Provide information below for each incident (attach additional sheets if necessary):

Incident Description	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 one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office 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 Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.



Signature

1/31/23

Date

Joseph Czapczynski R.Ph.

Location Radiation Safety Officer

Name (Print or Type)

Title (Print or Type)

joseph.czapczynski@cardinalhealth.com

Email (Print or Type)

303 Cayuga Road

Cheektowaga

Address

City

New York 14225

716-634-8607

State and Zip

() - _____
Phone Number

ATTACHMENTS: YES NO

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8003280-001

Route No: 184-13

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address
 ATTN: BURR RUSSELL,
 CARDINAL HEALTH NPS
 03 CAYUGA RD
 UFFALO, NY 142251960
 Phone Number (716) 634-8607

Transporter's Name and Mailing Address
 TRICYCLE, INC. This is a
 4472 PROGRESS DR through shipment
 UNKTRK, NY 14048
 472 Progress Dr
 Unktrk, NY 14048

2. Tracking Form Number
 MDSHOOFENI

4. State Permit or ID No.

6. Telephone Number
 (866) 783-7422

7. State Transporter or ID No(s).
IL-033
 EA-HC-0196

9. Telephone Number
 (866) 783-7422

10. State Permit or ID No.
 9-0864-00019/00012

NOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Corrugated Box	1	7.5
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub		
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack		
Regulated Medical Waste (Treated)			CF

Special Handling Instructions and Additional Information

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM

Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
 Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name *Anthony Spina* Signature *[Signature]* 2022-01-11

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

18. Telephone Number

19. State Transporter No(s).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

23. Discrepancy Box (Any discrepancies should be noted by item number and (if other than the destination facility, indicate address, phone, and permit or ID no. if applicable)

Print/Type Name *Coin Yuane* Signature *Delizer* 1/19/22

Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warran, OH 44483
 (330) 393-0370

Generator's Certification
 I hereby declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.
 2022-01-19
 K Ruggiero *[Signature]* 1-19-22
 Type Name 8003280-001 Signature Date

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

CUSTOMER ID: 8003280-001

Route No. 104-4

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address
 TN: BURT RUSSELL
 RDINAL HEALTH NPS
 3 CAYUGA RD
 FFALO, NY 142251960
 Phone Number (716)-634-8607

Carrier's Name and Mailing Address
 ERICYCLE, INC.
 772 PROGRESS DR
 NKIRK, NY 14048
 This is a shipment through shipment

Facility Name and Address
 772 PROGRESS DR
 NKIRK, NY 14048

DOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume	
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Corrugated Box	3	19.3	CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub			CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack			CF

Regulated Medical Waste (Treated)

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in accordance with applicable international and national governmental regulations.

Print Name: BRSBS
 Signature: [Signature]
 Date: _____

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM:
 Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator (Yellow)
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility (Green)
 Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
 Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter Certification of receipt of waste as described in items 11, 12 & 13
 Print/Type Name: Matthew Pine
 Signature: [Signature]

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

18. Telephone Number

19. State Transporter No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name

Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
 (If other than the destination facility, indicate address, phone, and permit or ID no. in the space below.)

Print/Type Name: [Signature]
 Signature: [Signature]

23. Discrepancy Box (Any discrepancies should be noted by item number and in the space below.)
 Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

Copy 1 (White) - GENERATOR COPY; Sent by Destination Facility to Generator

PERMIT NUMBER

4/24/2013

New York State Department of Environmental Conservation
 Division of Solid & Hazardous Materials

8003280-001



Route No. 184-19

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

NAME: BURT RUSSELL
 CARDINAL HEALTH NPS
 13 CAYUGA RD
 FEFALO, NY 14225-1950
 Phone Number (716) 634-8607

2. Tracking Form Number

YD5H00EJLF

4. State Permit or ID No.

6. Telephone Number
(866) 783-7422

7. State Transporter or ID No(s)
IL-033 EA-HC-0196

9. Telephone Number
(866) 783-7422

10. State Permit or ID No.
9-0665-00019/00012

Transporter's Name and Mailing Address

ERICCYCLE, INC. This is a
 472 PROGRESS DR through shipment
 MONKIRK, NY 14048

Generator Facility Name and Address

ERICCYCLE, INC. (A
 472 Progress Dr
 Monkirk, NY 14048

DOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume	
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box			CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub			CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Wheeled Rack			CF
Regulated Medical Waste (Treated)				CF

Special Handling Instructions and Additional Information

NO WASTE

Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in conformance with applicable international and national government regulations.

K Ruggiero *Paul Ruggiero*
 Type Name Signature Date 2022-03-16

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
 Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Purple)
 Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter's Certification of receipt of waste as described in items 11, 12 & 13
William S. ...
 Print/Type Name Signature 2022-03-16

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

18. Telephone Number
 19. State Transporter No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Print/Type Name Signature

(If other than the destination facility, indicate address, phone, and permit or ID no. in the space provided)

23. Discrepancy Box (Any discrepancies should be noted by item number and description)

DESTINATION

TRANSPORTER

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

SPRINGER

4/24/2013

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Customer Site ID: 8003280-001

Route No: 104-15

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

STERN: BURTT RUSSELL
CARDINAL HEALTH NPS
3 CAYUGA RD
PEELO, NY 142251960
Phone Number (716) 634-8607

2. Tracking Form Number

MDSHDDEMD3

4. State Permit or ID No.

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s).

IL-033
EA-HC-0196

9. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0864-00019/00012

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM:
Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name *Anthony Spina* Signature *[Signature]* 2022-04-11

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

18. Telephone Number (No(s)).

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13

Print/Type Name *John Hume* Signature *[Signature]*
(If other than the destination facility, indicate address, phone, and permit or ID no. in item 23.)

23. Discrepancy Box (Any discrepancies should be noted by item number and description)

Stericycle, Inc. - Permit # 0278080634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0385

NOT Shipping Name (or waste description)

NOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume	CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Corrugated Box	4	26.8	CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub			CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack			CF
Regulated Medical Waste (Treated)				CF

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in conformance with applicable federal, state and local government regulations.

Signature *Mark W. Bunch* Date *2022-04-13*

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

4/24/2013

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

8003280-001



Route No: 184-4

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

ATTN: BURR RUSSELL
CARDINAL HEALTH NPS
133 CAYUGA RD
JEFFERSON, NY 142251960
Phone Number (716) 634-8607

2. Tracking Form Number

MDSH00F0BJ

4. State Permit or ID No.

Generator's Name and Mailing Address

ERICCYCLE, INC. This is a through shipment
1772 PROGRESS DR
ANKIRK, NY 14048

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s)

IL-033 EA-HC-0196

9. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0664-00019/00012

Transporter's Name and Address

ERICCYCLE, Inc. (A
1772 Progress Dr
Ankirk, NY 14048

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-444-2022
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Purple)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name *[Signature]* Signature
2022-05-11

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

18. Telephone Number

19. State Transporter or ID No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
Received in accordance with items 11, 12 & 13
[Signature] Signature

23. Discrepancy Box (Any discrepancies should be noted by item number and description)
Print/Type Name Signature
Average Destination Facility
Stericycle, Inc - Permit # 0278080634
1901 Pine Ave SE
Warren, OH 44483
(330) 393-0370

11a. Container Type

Corrugated Box

12. Total No. Containers

1

13. Total Volume

7.5

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

Regulated Medical Waste (Treated)

Reusable Tub

Wheeled Rack

CF

CF

Special Handling Instructions and Additional Information

0466
Stericycle, Inc. Permit #0278080634
1901 Pine Ave., SE
Warren, OH 44483
Case of Emergency Contact: CHEMTREC: (800) 424-9300
AMERICAN CHEMICAL SOCIETY (330) 393-0370

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in accordance with applicable international and national government regulations.

Type Name *Russell* Signature *[Signature]* Date 2022-05-11

DESTINATION

TRANSPORTER

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust Site ID: 8003280-001

Route No: 144 12

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

Generator: BURT RUSSELL
CARDINAL HEALTH NPS
103 CAYUGA RD
JULFALO, NY 142251960
Phone Number (716) 634-8607

2. Tracking Form Number

MDSH00F0ME

4. State Permit or ID No.

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s).

IL-033
PA-HC-0196

9. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0064-00019/00012

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)
1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the permit. Item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name *Susie H* Signature *[Signature]* 2022-06-0

17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone No(s)

19. State Transporter No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste items 11, 12 & 13)
Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)
Print/Type Name Signature

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name Signature
Colihune *[Signature]*

23. Discrepancy Box (Any discrepancies should be noted by item number and description)

Stericycle, Inc. Permit #0278080634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370

DESTINATION

TRANSPORTER

DOT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box		CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub	1	7.5 CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Wheeled Rack		CF
Regulated Medical Waste (Treated)			CF

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in accordance with applicable international and national regulations.

Print/Type Name *BURTS* Signature *[Signature]* Date

Phone Number 8003280-001

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

SPRINT-USA/AT&T

4/24/2013

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Customer Station

8003280-001

Route No: 164- 15

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

DR. BURT RUSSELL,
CARDINAL HEALTH NPS
3 CAYUGA RD
BUFFALO, NY 142251960
Phone Number (716) 634-8607

2. Tracking Form Number

MDSH00F5YC

4. State Permit or ID No.

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s)

IL-033 PA-HC-0196

9. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0664-00019/00012

Transportation Facility Name and Address

Sterycycle, Inc. (A
772 Progress Dr
unkirk, NY 14048

This is a
through shipment

DOT Shipping Name (or waste description)

11a. Container Type

12. Total No. Containers

13. Total Volume

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI (Untreated)

Corrugated Box

5

37.5 CF

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI (Untreated)

Reusable Tub

CF

UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI (Untreated)

Wheeled Rack

CF

Regulated Medical Waste (Treated)

CF

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labeled/packaged, and are in all respects condition for transport according to applicable international and national government regulations.

2022-07-06

Generator Name

DR W BUEH Mark W Bueh

Signature

Date

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter (Certification of receipt of wastes described in items 11, 12 & 13)
Print/Type Name: Anthony Spina
Signature: [Signature]
2022-07-06

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

18. Telephone No

19. State Transporter No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested wastes)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
Print/Type Name: Anthony Spina
Signature: [Signature]
2022-07-12

23. Discrepancy Box (Any discrepancies should be noted by item number and item description)

Stericycle, Inc. Permit #0278080634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

FILED: 4/24/2013

4/24/2013

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Case File ID: 8003280-001

Route No: 164 4

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

TENN - BURT RUSSELL,
CARDINAL HEALTH NPS
33 CAYUGA RD
EFFALO, NY 142251960

Phone Number (716) 634-8607

2. Tracking Form Number
MDSH00FXN7

4. State Permit or ID No.

Generator's Name and Mailing Address

ERICCYCLE, INC. This is a
722 PROGRESS DR through shipment
ANKIRK, NY 14048

6. Telephone Number
(866) 783-7422

7. State Transporter or ID No(s)
IL-033
EARTH-0196

8. Telephone Number

Shipper's Name and Address

722 Progress Dr
Ankirk, NY 14048

10. State Permit or ID No.
9-0664-00019/00012

DOT Shipping Name (or waste description)

11a. Container Type

12. Total No. Containers

13. Total Volume

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

Corrugated Box

5

37.5

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

Reusable Tub

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

Wheeled Rack

Regulated Medical Waste (Treated)

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC: Customer 1901 Pine Ave., SE
Stericycle, Inc. Permit #0278080634
Waste Dept. 404824-9300
330) 393-0370

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/discarded, and are in all respects condition for transport according to applicable international and national regulatory regulations.

Generator Name
BASISDAK
8003280-001

Signature
A.J. [Signature]

Date
8-23-12

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9293

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM

- Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
- Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
- Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
- Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Purple)
- Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

- 1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
- 2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter Certification of receipt of waste as described in items 11, 12 & 13
2022-08-3

Print/Type Name [Signature]
Signature

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

18. Telephone No.

19. State Transporter No(s).

20. Transporter 2 or Intermediate Handler Certification of receipt of waste in items 11, 12 & 13

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility Certification of receipt of waste as described in items 1 & 2
Received in accordance with items 11, 12 & 13

Print/Type Name [Signature]
Signature

23. Discrepancy Box (Any discrepancies should be noted by item number and if other than the destination facility, include address, phone, and permit or ID no. in the discrepancy box)

DESTINATION

TRANSPORTER

INSTRUCTIONS

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

PRINTED MATTER

4/24/2013

New York State Department of Environmental Conservation
 Division of Solid & Hazardous Materials

8003280-001

Route No: 104 B

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

ATTN: BURT RUSSELL
 333 CARDINAL HEALTH NPS
 03 CAYUGA RD
 CHEHALO, NY 142251960
 Phone Number (716) 634-8607

2. Tracking Form Number

KD5H00G026

4. State Permit or ID No.

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s)

IL-033 EA-HC-0196

9. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0664-00019/00012

Transporter's Name and Mailing Address

STERICYCLE, INC. This is a
 172 Progress Dr through shipment
 Sunhirk, NY 14048

DOT Shipping Name (or waste description)

UN3291, Regulated Medical Waste,
 n.o.s., 6.2, PGII (Untreated)
 UN3291, Regulated Medical Waste,
 n.o.s., 6.2, PGII (Untreated)
 UN3291, Regulated Medical Waste,
 n.o.s., 6.2, PGII (Untreated)
 Regulated Medical Waste (Treated)

11a. Container Type

Corrugated Box
 Reusable Tub
 Wheeled Rack

12. Total No. Containers

1

13. Total Volume

4.3

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects condition for transport according to applicable international and national government regulations.

Signature *[Signature]* Date

INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300
INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORMS
 Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
 Copy 5 - GENERATOR COPY - Retained by Generator (Gold)
 1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular certification. Items 11, 12 & 13 must be completed by the destination facility.

TRANSPORTER

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name *Bertson* Signature *[Signature]* 2022-09-2
 17. Transporter 2 or Intermediate Handler (Name and Address)
 18. Telephone Number
 19. State Transporter or ID No(s)

DESTINATION

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name *Colignone* Signature *[Signature]*
 21. New Tracking Form Number (for consolidated or remanifested waste)
 22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
 (If other than the destination facility, indicate address, phone, and permit or ID no. in discrepancy box)
 23. Discrepancy Box (Any discrepancies should be noted by item number and description)
 Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

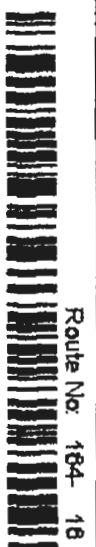
Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

EPFRT EXAMNESH

4/24/2013

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust-Site ID: 8003280-001

Route No: 184-18


REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address
 TN: BURT RUSSELL
 CARDINAL HEALTH NPS
 33 CAYUGA RD
 BUFFALO, NY 142251960
 Phone Number (716) 634-8607

Generator's Name and Mailing Address
 STERICYCLE, INC.
 1772 PROGRESS DR
 WILKINSON, NY 14048
 Phone Number (716) 634-8607

Generator's Name and Address
 Stericycle, Inc. (A)
 1772 Progress Dr
 Wilkirk, NY 14048

Tracking Form Number: YD5HD0C2D9
 State Permit or ID No.:
 Telephone Number: (866) 783-7422
 State Transporter or ID No(s): IL-033 PA-HC-0196
 Telephone Number: (866) 783-7422
 State Transporter or ID No(s):
 Telephone Number: (866) 783-7422
 State Transporter or ID No(s):
 Telephone Number: (866) 783-7422

OT Shipping Name (or waste description)	11a. Container Type	12. Total No. Containers	13. Total Volume	CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Corrugated Box	2	15.0	CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Reusable Tub			CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	Wheeled Rack			CF

Regulated Medical Waste (Treated) CF
 Regulated Medical Waste (Treated) CF

Special Handling Instructions and Additional Information

Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification
 I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/packaged, and are in all respects condition for transport according to applicable international and national government regulations.
 2022-10-26

Generator Name: BASMS
 Signature: [Signature]
 Date: [Blank]

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
 Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator
 Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility
 Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
 Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Purple)
 Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
 2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 18 are optional unless required by the particular item 22 must be completed by the destination facility.

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name: [Signature]
 Signature: [Signature]
 Date: 2022-10-26

17. Transporter 2 or Intermediate Handler
 (Name and Address)
 Print/Type Name: [Blank]
 Signature: [Blank]

18. Telephone Number: [Blank]

19. State Transporter No(s): [Blank]

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)
 Print/Type Name: [Blank]
 Signature: [Blank]

21. New Tracking Form Number (for consolidated or remanifested waste): [Blank]

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
 Received in accordance with items 11, 12 & 13
 (If other than the destination facility, indicate address, phone, and permit or ID no. in this space)
 Print/Type Name: [Signature]
 Signature: [Signature]

23. Discrepancy Box (Any discrepancies should be noted by item number and description)
 Stericycle, Inc. Permit #0278080634
 1901 Pine Ave., SE
 Warren, OH 44483
 (330) 393-0370

DESTINATION

Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

GENERATOR OPERATOR

Route No: 164- 22

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

DR. RURT RUSSELL
CARDINAL HEALTH NPS
3 CAYUGA RD
FELLO, NY 142251960
Phone Number (716) 634-8607

Emergency Response Number: CHEMTREC Customer No. 21132 1-800-424-9300

Generator's Name and Mailing Address

ERICCYCLE, INC.
72 PROGRESS DR
UNKIRK, NY 14048

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM
Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator (Yellow)
Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility (Green)
Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)
Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)
Copy 5 - GENERATOR COPY - Retained by Generator (Gold)
1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.
2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular item 22 must be completed by the destination facility.

Destination Facility Name and Address

ERICCYCLE, Inc. (A
722 Progress Dr
Unkirk, NY 14048

16. Transporter 1 (Certification of receipt of waste as described in items 11, 12 & 13)
Print/Type Name *Becker* Signature *[Signature]* 2022-11-23
17. Transporter 2 or Intermediate Handler (Name and Address)
18. Telephone Number

DOT Shipping Name (or waste description)

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	11a. Container Type	12. Total No. Containers	13. Total Volume
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Corrugated Box	2	8.0 CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Reusable Tub		CF
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)	Wheeled Rack		CF
Regulated Medical Waste (Treated)			CF

19. State Transporter No(s)

Additional Information

Handling Instructions and Additional Information
512 20 lbs
513 14 lbs
Case of Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/discarded, and are in all respects condition for transport according to applicable international and national government regulations.

Generator Name Signature Date

8003280-001 Copy 1 (White) - GENERATOR COPY: Sent by Destination Facility to Generator

DESTINATION
22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)
Received in accordance with items 11, 12 & 13
Bein Lane *[Signature]* *11/23*
Print/Type Name Signature
23. Discrepancy Box (Any discrepancies should be noted by item number and in full other than the destination facility, indicate address, phone, and permit or ID no. in this box)
Stericycle, Inc. Permit #0278080634
1901 Pine Ave., SE
Warren, OH 44483
(330) 393-0370

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials

Cust Sign ID: 8003280-001

Route No: 184- 13

REGULATED MEDICAL WASTE TRACKING FORM

Generator's Name and Mailing Address

ATTN: BURT RUSSELL
CARDINAL HEALTH NPS
103 CAYUGA RD
JEFFERSONVILLE, NY 142251960
Phone Number (716) 634-8607

2. Tracking Form Number

MDSH00G718

4. State Permit or ID No.

6. Telephone Number

(866) 783-7422

7. State Transporter or ID No(s)

IL-033 PA-HC-0196

8. Telephone Number

(866) 783-7422

10. State Permit or ID No.

9-0664-00019/00012

Receiver's Name and Address

Stericycle, Inc. (A
172 Progress Dr
Frankirk, NY 14048

11a. Container Type

Corrugated Box

12. Total No. Containers

3

13. Total Volume

225 CF

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

UN3291, Regulated Medical Waste, n.o.s., 6.2, PGI (Untreated)

Regulated Medical Waste (Treated)

Special Handling Instructions and Additional Information

Emergency Contact: CHEMTREC; Customer No. 21132 1-800-424-9300

Generator's Certification

I declare that the contents of this consignment are fully and accurately described above by the shipping name and are classified, packaged, marked and labelled/discarded, and are in all respects condition for transport according to applicable international and national government regulations.

Signature

[Signature]

Date

8000000-001

Copy 1 (White) - GENERATOR COPY; Sent by Destination Facility to Generator

PHLETS&NYSK

4/24/2013



INSTRUCTIONS

Emergency Response Number: CHEMTREC Customer No. 21132 1-900-424-9300

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRACKING FORM:

Copy 1 - GENERATOR COPY: Sent by Destination Facility to Generator

Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility

Copy 3 - TRANSPORTER COPY: Retained by Transporter (Yellow)

Copy 4 - TRANSFER STATION COPY: Retained by Transfer Station (Pink)

Copy 5 - GENERATOR COPY - Retained by Generator (Gold)

1. A copy of this shipping document must accompany each shipment of regulated medical waste generated in New York or another covered State.

2. Items numbered 1-14 must be completed before the generator can sign certification. Items 4, 10 and 19 are optional unless required by the particular 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)

Print/Type Name *Basora* Signature *[Signature]* 2022-12-22

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

18. Telephone Number

19. State Transporter No(s)

20. Transporter 2 or Intermediate Handler (Certification of receipt of waste as described in items 11, 12 & 13)

Print/Type Name Signature

21. New Tracking Form Number (for consolidated or remanifested waste)

22. Destination Facility (Certification of receipt of waste as described in items 11, 12 & 13)

Received in accordance with items 11, 12 & 13

Print/Type Name *Antony Ballo* Signature *[Signature]* 12-22

(If other than the destination facility, indicate address, phone, and permit or ID no. in 23.)

23. Discrepancy Box (Any discrepancies should be noted by item number and in

Stericycle, Inc. Permit #0278080634
1501 Pine Ave., SE
Warren, OH 44483
(330) 393-0370