Annual Report

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

FEB 1 3 2023

SECTION 1 – FACILITY INFORMATION

DIV OF MATERIALS MANAGEMENT

	02011	FACILITY	INFORMATION		יוע	KOI MATIMITALIA
FACILITY NAME:						- Pinns
Cardinal Health Nuclear	Pharmac	y Services				
FACILITY LOCATION ADDRE	SS:	FACILITY	CITY:		STATE:	ZIP CODE:
303 Cayuga Road Sto	e. 200	Cheekto	owaga		N.Y.	14225
FACILITY TOWN:		FACILITY Erie	COUNTY:		LITY PHON 634-8607	NE NUMBER:
Cheektowaga		Erie		/ 10-	034-0007	
FACILITY NYS PLANNING UN report). Northeast Southtov				d of this		SDEC GION #: 9
360: Registration Number 15J10037	3/13/2	SSUED: 019	DATE EXPIRES: 3/13/2024			/ITY CODE OR I NUMBER:
FACILITY CONTACT:	·	■ public	CONTACT PHONE	(CONTACT	FAX NUMBER
Joseph Czapczynski		☐ private	NUMBER: 716-634-8607	7	16-634-8	3782
CONTACT EMAIL ADDRESS:	joseph.c	zapczynsk	i@cardinalhealth.c	om		
			INFORMATION	T		
OWNER NAME: Cardinal Hea Nuclear Pharmacy Services		OWNER F	PHONE NUMBER: -5000	OWN	ER FAX NI	UMBER:
OWNER ADDRESS:		OWNER C	CITY:		STATE:	ZIP CODE:
7000 Cardinal Place		Dublin			ОН	43017
OWNER CONTACT:		OWNER C	CONTACT EMAIL ADDR	RESS:		
		OPERATO	RINFORMATION			
OPERATOR NAME:	same as owne	r			■ public □ private	
			ERENCES			
Preferred address to receive col ☐ Other (provide):	rresponden	Ce: Facility	location address	_	Owner addr	ess
Preferred email address: ■ F □ Other (provide):	acility Contact		Owner Contact			
	orresponde	nce:: 🔳 Fa	acility Contact	Owner Cor	ntact	
Preferred individual to receive co ☐ Other (provide): Did you operate in 2022?			****	Owner Cor	ntact	
wish to relinquish your permit/re "Inactive Solid Waste Managements://www.dec.ny.gov/chemical/	gistration as ent Facility	ssociated with or Activity No		ement a		

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 PL UN (See Atta of NYS F
ding: d nan l l nan slood harps,	0.005	0.005				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chaut
zard fy amount minated ing fent remains vaste,							
e Waste ach very ort lived or ed)	Very Short Lived 0.074 Short Lived 0.128 Long Lived 0.003 1-131	Very Short Lived 0.074 Short Lived 0.128 Long Lived 0.003 1-131				Stericycle Inc. 3472 Progress Drive Dunkirk NY Chautauqua County	Chaut
tical							
Waste y amount ial olysate, requiring sing.)							
TOTAL	0.216						
1/14)		7			_		_

SECTION 3 – DISPOSAL DESTINATION

TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNI (See Attached List of NYS Planni
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_ WASTE	,				
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		SECTION 4 - UNAUTHORIZED SOLID WASTE	ED SOLID W	ASTE	
rized solid v	waste been received al	rized solid waste been received at the facility during the reporting period?	Yes	Yes X No	
iformation b	below for each incident	formation below for each incident (attach additional sheets if necessary):			
eceived	Type Received	Date Disposed		Disposal Method & Location	& Location

_		
	SECTI	ON 5 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS
Are there r	equired	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 proc		s encountered during the reporting period (e.g., specific occurrences which have led to changes in)?
□Yes ■	■No	If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.
		SECTION 7 – CHANGES
Were there	any ch	anges from approved reports, plans, specifications, and permit conditions?
□Yes	■ No	If yes, attach additional sheets identifying changes with a justification for each change.
	SEC	CTION 8 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS
Are there a form?	ny addi	tional 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 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.

hable as a Class A misdemeanor pursuant to	Section 210.45 of the Penal Law.
Signature	$\frac{1/3i/23}{\text{Date}}$
Joseph Czapczynski R.Ph.	Location Radiation Safety Officer
Name (Print or Type)	Title (Print or Type)
joseph.czapczynski@cardinalheal	
303 Cayuga Road	Cheektowaga
Address	City
New York 14225	716-634-8607
State and Zip	() Phone Number



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

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Route No: 164 13 1-8

		Date		Signature		ype Name
		19-22).	Megh	Kuggiero Jak	メン
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23. Discrepancy	N/			,	erator's Certification	erator's
Print/Type Name (If other than the des	ATIO				49	64400
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22. Destination Fi						
				nformation	cial Handling Instructions and Additional information	cial Hanc
21. New Tracking		CF			Regulated Medical Waste (Treated)	Regula
Print/Type Name		CF		Wheeled Back	n.o.s., 6.2, PGII (Unitreated)	n.o.s., 6.2, (Untreated)
items 11, 12 & 13)	Т	CF		Reusable Tub	UN3291, Hegulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	n.o.s., t
20. Transporter 2	RA	7.5 CF		Corrugated Box	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)	n.o.s., 6
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(Name and Ad	EF	or ID No.	10. State Fermit or ID No.		:	
17. Transporter 2	₹				irk, NY 14948	unkirk,
Print/Type Name		mber 422	9. Telephone Number (866) 783-7422		片를	tericycle,
			IL-033		11010	011/2-1-2/2/
16. Transporter 1		TANHOWN ID NO(8).	7. State transporter of ID No(8).	hi pment	GRE 55	472 PR
certification. Items Item 22 must be co	l		(866) 783-7422		cue, inc. Prois is a	TERICYCLE,
medical waste general 2. Items numbered	NS]		6. Telephone Number		sporter's Name and Mailing Address	porter's
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INSTRUCTIONS FO			2. Tracking Form Number		rator's Name and Mailing Address	rator's N
Emergency Respons	L		ING FORM	STE TRACK	REGULATED MEDICAL WASTE TRACKING FORM	REGI

Response Number: CHEMTREC Customer No. 21132 1-80 IONS FOR COMPLETING REGULATED MEDICAL WASTE TRACE ENERATOR COPY: Sent by Destination Facility to Generator ESTINATION FACILITY COPY: Retained by Transporter (Yellow) RANSPORTER COPY: Retained by Transfer Station (Pir ENERATOR COPY: Retained by Transfer Station (Pir ENERATOR COPY – Retained by Generator (Gold) It his shipping document must accompany each shipment of reste generated in New York or another covered State. Items 4, 10 and 19 are optional unless required by the particust be completed by the administration facility. Orter 1 (Certification of receipt of waste as described in items 11, 12 & 2022-01-1 Name Name 19. State Transp No(5).

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Tracking Form Number (for consolidated or remanifested wast

Signature

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

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

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	17. Transporter 2 or Intermediate Handler (Name and Address)	Print/Type Name Signature	16. Traphspoyler Certification of receipt of waste as office	1. A copy of this shipping document must accompany each shipment of reg medical waste generated in New York or another covered State. 2. Items numbered 1-14 must be completed before the generator can sign to certification. Items 4, 10 and 19 are optional unless required by the particulation are completed by the destination facility.	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 (Pinl Copy 5 – GENERATOR COPY – Retained by Generator (Gold)	INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRAC
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21. New Tracking Form Number (for consolidated or remanifested waste		CF		Regulated Medical Waste (Treated)
Print/Type Name Signature		CF	Wheeled Rack	n.o.s., 6.2, PGII (Untreated)
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20. Transporter 2 or Intermediate Handler (Certification of receipt of waste a	*	S S	Corrugated Box	UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII (Untreated)
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Division of Solid & Hazardous Materials	us Materials	i 	
REGULATED MEDICAL WASTE TRACKING	CING FORM		Emergency Response Number: CHEMTREC Customer No. 21132 1-8
ator's Name and Mailing Address	2. Tracking Form Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRA
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shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects or condition for transport according to applicable international and national government regulations.	ed and labelled/placarded, and are in all respect remallopel and natignal government regulations 2022-04-13		
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New York State Department of Environmental Conservation Division of Solid & Hazardous Materials

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Route No. 2

		Date		Signature	
Warren, OH 44483	[2022-05~11	2022	Linken	Ruspiero Joune
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21. New Tracking Form Number (for consolidated or remanifested was		ÇF			Regulated Medical Waste (Treated)
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andire .		umber 1422	9. Telephone Number (856) 783-7422		nation Facility Name and Address Pericycle, Inc. (A 172 Progress Dr
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A copy of this shipping document must accompany each shipment of r	RU			634-8607	(716)
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INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRA		n Number	2. Tracking Form Number		ator's Name and Mailing Address
Emergency Response Number: CHEMTREC Customer No. 21132 1-			CING FORM	STE TRACK	REGULATED MEDICAL WASTE TRACKING FORM
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20. Transporter 2 or Intermediate Handler (Certification of receipt of waste items 11, 12 & 13)		17. Transporter 2 or Intermediate Handler (Name and Address)	PrintType Name Signature	16. Transportation (Certification of receipt of wasterns described in items 11, 12	1. A copy of this shipping document must accompany each shipment of n medical waste generated in New York or another covered State. 2. Items numbered 1-14 must be completed before the generator can signerification. Items 4, 10 and 19 are actional unless required by the partition 22 must be completed by the destination facility.	Copy 1 – GENERATOR COPY: Sent by Destination Facility to Generato Copy 2 – DESTINATION FACILITY COPY: Retained by Destination Faci Copy 3 – TRANSPORTER COPY: Retained by Transporter (Yellow) Copy 4 – TRANSFER STATION COPY: Retained by Transfer Station (Popy 5 – GENERATOR COPY – Retained by Generator (Gold)	INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRA	Koute No. 104
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Name Ronan 8003280-001 (330) 393-0370

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DESTINATION

Print/Type Name
Signature
(If other than the destination facility, indicate address, phone, and permit or ID.

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

and permit or ID no.

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Stericycle, Inc. Permit #0278080634 1901 Pine Ave., SE Warren, OH 44483

22. Destination Facility (Certification of receipt of waste as described in items | Herseived in adjordance with items 17/12/13

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21. New Tracking Form Number (for consolidated or remanifested was

Signature

Print/Type Name

erator's Certification

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

isi Handling Instructions and Additional Information

Regulated Medical Waste (Treated)

(Untreated)

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, uN3291, Regulated Medical Waste, n.o.s., 6.2, PGII

OT Shipping Name (or waste description)

11a. Container

12. Total No. Containers

Volume 13. Total 10. State Permit or ID No. 9-0.564-00019/00012

Туре

Corrugated Box

Reusable Tub Wheeled

W

Rack

유 유 nation Facility Name and Address Sericycle, Inc. (A 172 Progress Dr unkirk, NY 14048

ERICYCLE, INC. 172 PROGRESS DR NKIRK, NY 1404

through

shipment

(866)

783-7422

Telephone Number

7. State Transporter or ID No(

PA-HC-0196

IL-033

9. Telephone Number (866) 783-7422

14048

porter's Name and Mailing Address

hone Number

(716)

634-8607

TTN: BURT RUSSELL ARDINAL HEALTH NPS 03 CAYUGA RD DEFALO, NY 1422519

MUSHOOFQME

4. State Permit or ID No.

2. Tracking Form Number

INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTE TRA

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142251960

ator's Name and Mailing Address

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

8003280-001

Route No: 47

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(330) 393-03/(_				21
Stericycle, Inc. 1901 Pine Ave Warren, OH 44	DEST	d, and are in all respects government regulations.	ed/placarded, and d national governm 2022-	marked and labelle international an	condition for transport according to applicable international and national government regulations. (LK M) BUCH MacKet Ma
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ATREC Customer No. 21132

REGULATED MEDICAL WASTE TRA

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Handler

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of receipt of waste as described in items 1 is 11, 12 & 13

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2. Permit #0278080634 e., SE 14483

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New York State Department of Environmental Conservation Division of Solid & Hazardous Materials	of Enviro Hazardo	nmental Conus Materials		0328	
REGULATED MEDICAL WASTE	E TRACK	TRACKING FORM			Emergency Response Number: CHEMTREC Customer No. 21132 1-8
		2. Tracking Form	Number		INSTRUCTIONS FOR COMPLETING REGULATED MEDICAL WASTETRA
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gtion Eaglity, Name and Address 172 Progress Dr		96 Eelephogg Number	<u>IPP</u>		Printitype Name Signature
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Warren, OH 44483 (330) 393-0370

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