

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

REGULATED MEDICAL WASTE FACILITIES

Annual/Quarterly Report

Submit the Annual Report no later than March 2, 2017.

Reporting of the information indicated on this Regulated Medical Waste Annual Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii), (h)(8); 360-1.14(e)(2), (i)(1); 360-11.1(a), (b)(1)(viii); 360-11.4(h) and (j); 360-17.4(e)(2),(e)(3);. 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/Quarterly Report requirements of 6 NYCRR Part 360.

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.

ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2016 to December 31, 2016

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: <small>(A list of NYS Planning Units can be found at the end of this report).</small>			NYSDEC REGION #:
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<i>Preferred email address:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<i>Preferred individual to receive correspondence:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2016? 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 TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)							
Other Biohazard Waste <i>(specify amount for each contaminated material including biohazard incident waste, human remains management waste, etc.)</i>							
Radioactive Waste <i>(specify for each very short lived, short lived or long lived)</i>							
Pharmaceutical Waste							
Hazardous Waste							
Other <i>(specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)</i>							
TOTAL							

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>
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 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	_____ Date
_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Email (Print or Type)	
_____ Address	_____ City
_____ State and Zip	(_____)_____ Phone Number

ATTACHMENTS: ____ YES ____ NO

New York State Planning Units & Regions

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

DEC Region	Planning Unit	County	Municipality
1	Glen Cove	Nassau	Glen Cove
	Hempstead		Hempstead
	Long Beach		Long Beach
	North Hempstead Solid Waste Management Authority		North Hempstead, <i>except 10 villages (see below)</i>
	Oyster Bay Solid Waste Disposal District		Oyster Bay, <i>except 17 villages (see below)</i>
	Babylon	Suffolk	Babylon
	Brookhaven		Brookhaven
	East Hampton		East Hampton
	Fishers Island Waste Management District		Fishers Island
	Huntington		Huntington
	Islip Resource Recovery Agency		Islip
	Riverhead		Riverhead
	Shelter Island		Shelter Island
	Smithtown		Smithtown
	Southampton		Southampton
Southold	Southold, <i>except Fishers Island</i>		
2	New York City	Bronx	Bronx
		Kings	Kings (Brooklyn)
		New York	New York (Manhattan)
		Queens	Queens
		Richmond	Richmond (Staten Island)
3	Dutchess County	Dutchess	
	Orange County	Orange	
	Putnam County	Putnam	
	Rockland County Solid Waste Management Authority (RCSWMA)	Rockland	
	Sullivan County	Sullivan	
	Ulster County Resource Recovery Agency (UCRRA)	Ulster	
	Westchester County	Westchester	
4	Colonie	Albany	Cohoes
			Colonie (Town)
			Colonie (Village)
			Menands
	Capital Region Solid Waste Management Partnership	Albany	Albany
			Altamont
			Berne
			Bethlehem
			Green Island
			Guilderland
			Knox
			New Scotland
			Rensselaerville
			Voorheesville
Westerlo			
Rensselaer	East Greenbush		
	Rensselaer		

4	Eastern Rensselaer County Solid Waste Management Authority	Rensselaer	Castleton-on-Hudson	Inactive Members
			Hoosick Falls	
			Nassau (Village)	
			Pittstown	
			Schaghticoke	
			Stephentown	
			Valley Falls	
			Berlin	
			Grafton	
			Hoosick	
			Nassau (Town)	
			Petersburg	
			Poestenkill	
			Columbia County	
Delaware County	Delaware			
Greene County	Greene			
Montgomery County	Montgomery			
Otsego County	Otsego			
Schoharie County	Schoharie			
Schenectady County	Schenectady			
5	Clinton County	Clinton		
	Essex County	Essex		
	County of Franklin Solid Waste Management Authority (CFSWMA)	Franklin		
	Fulton County	Fulton		
	Hamilton County	Hamilton		
	Saratoga County	Saratoga		
	Warren County	Warren		
	Washington County	Washington		
6	Development Authority of the North Country (DANC)	Jefferson		
		Lewis		
		St. Lawrence		
	Oneida-Herkimer Solid Waste Authority	Oneida		
	Herkimer			
7	Broome County	Broome		
	Cayuga County	Cayuga		
	Chenango County	Chenango		
	Cortland County	Cortland		
	Madison County	Madison		
	Onondaga County	Onondaga	All municipalities, except Town and Village of Skaneateles (See below)	
	Oswego County	Oswego		
	Tioga County	Tioga		
	Tompkins County	Tompkins		
8	Chemung County	Chemung		
	GLOW Region Solid Waste Management Committee	Genesee		
		Livingston		
	Monroe County	Monroe		
	Ontario County	Ontario		
	Orleans County	Orleans		
	Schuyler County	Schuyler		
	Seneca County	Seneca		
	Steuben County	Steuben		
	Wayne County	Wayne		
Yates County	Yates			

9	Allegany County	Allegany		
	Cattaraugus County	Cattaraugus		
	Chautauqua County	Chautauqua		
	GLOW Region Solid Waste Management Committee	Wyoming		
	Niagara	Niagara		
	Northeast-Southtowns Solid Waste Management Board (NEST)		Erie	Akron
				Alden
				Angola
				Aurora
				Blasdell
				Boston
				Brant
				Cheektowaga
				Clarence
				Colden
				Collins
				Concord
				Depew
				East Aurora
				Eden
				Elma
				Evans
				Farnham
Gowanda				
Hamburg				
Holland				
Lackawanna				
Lancaster				
Marilla				
Newstead				
North Collins				
Orchard Park				
Sardinia				
Sloan				
Springville				
Wales				
West Seneca				
Northwest Communities Solid Waste Management Board (NWCB)		Erie	Amherst	
			Grand Island	
			Kenmore	
			Tonawanda	
			Williamsville	

Municipalities Not Currently Affiliated With a Recognized Planning Unit

DEC Region	County	Non-Member Municipality	
1	Nassau	North Hempstead	Great Neck Estates
			Great Neck Plaza
			Mineola
			New Hyde Park
			Old Westbury
			Plandome
			Plandome Manor
			Roslyn Harbor
			Westbury
			Williston Park
		Oyster Bay	Bayville
			Brookville
			Centre Island
			Cove Neck
			East Hills
			Glenwood
			Lattington
			Laurel Hollow
			Matinecock
			Mill Neck
			Muttontown
			Old Brookville
			Old Westbury
Oyster Bay Cove			
Roslyn Harbor			
Sea Cliff			
Upper Brookville			
4	Albany	Coeymans	
		Ravena (Village)	
		Watervliet	
	Rensselaer	Brunswick	
		North Greenbush	
		Sand Lake	
		Schodack	
	Troy		
Columbia	Canaan		
7	Onondaga	Skaneateles (Town and Village)	
9	Erie	City of Buffalo	

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Permitting and Planning
625 Broadway
Albany, NY 12233-7260
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For solid waste management facilities - swmfannualreport@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375

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

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896

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

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123

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

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243

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

David Mt. Pleasant
232 Golf Course Road
Warrensburg, NY 12885
Phone: (518) 623-1230

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

Yuan Zeng
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2584

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

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419

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) 226-5408

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

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220