



Record Number: ENTS 14933

Certified Mail – Return Receipt Requested No. 7019 1640 0000 7894 3267

October 28, 2021

Thomas Simons
Operations Manager, Oncore Technology, LLC
2613 Skyway Drive
Grand Prairie, Texas 75052

Re: Notice of Violation – Oncore Technology, LLC

Dear Thomas Simons,

On March 26, 2021, the Solid Waste Bureau (“SWB”), New Mexico Environment Department (“NMED”), received a complaint alleging that Planned Parenthood, 701 San Mateo Boulevard NE, Albuquerque, New Mexico, was using an infectious waste hauler which was in violation of the New Mexico Solid Waste Rules (“SWR”), 20.9.2 – 20.9.10 NMAC. The complaint alleged that the transporter’s vehicle was not labeled with the company’s name and NMED hauler registration number.

On May 6, 2021, Daniel R. Galasso, Enforcement Officer, SWB, interviewed Amy Dickson, Chief Operating Officer, Planned Parenthood, regarding the allegation. Ms. Dickson subsequently forwarded 17 Oncore Technology, LLC (“Oncore”) special waste manifests (enclosed) to the SWB, documenting the collection of Planned Parenthood’s infectious waste during the time period of January 8, 2021 to April 30, 2021. A review of SWB records determined that Oncore was an unregistered commercial hauler, as the company’s registration expired on March 13, 2019.

A review Oncore’s special waste manifests determined that the transporter of the infectious waste was Oncore Healthcare Solutions, LLC (“OHS”). A review of SWB records disclosed that OHS was not a registered commercial hauler. The manifests were completed using the registration number for a different commercial hauler, BioCycle, Incorporated (“BioCycle”). BioCycle’s commercial hauler registration was determined to be current and valid through January 18, 2022.

The review of Oncore’s special waste manifests also determined that the treatment facility block identified Encore Technology, Grand Prairie, Texas, as the treatment facility, but failed to include the facility’s telephone number. The review also noted that the final destination used a signature

stamp to “sign” the manifests, with what appears to be a copy of the representative’s signature instead of a fresh, handwritten signature upon receipt of the infectious waste.

On August 13, 2021, you and Mr. Galasso had a conversation to clarify the relationship between Oncore, BioCycle and OHS. You stated that Oncore purchased BioCycle and no longer operated under the name “Oncore Technology, LLC.” You stated that the two names used in conjunction with Oncore’s hauling operations were BioCycle and OHS. You also confirmed that during removal of infectious waste from Planned Parenthood, the only labeling on the transporting vehicle was the NMED commercial hauler registration number for BioCycle (Certificate No. 0066557), State of Texas identification numbers, and a warning label stating “Caution Medical Waste.”

Accordingly, the following violations pertaining to Oncore’s commercial hauling operations in New Mexico were identified during the investigation:

1. **Failure to renew the commercial hauler registration** – The inspection documented that Oncore became an unregistered commercial hauler on March 13, 2019, when the registration expired and was not renewed.

The SWR, 20.9.3.31.A NMAC, states that “[c]ommercial haulers of solid waste and any haulers that transport special waste shall register with the department 30 days prior to beginning operations and every five years thereafter...”.

The SWR, 20.9.3.36.A NMAC, states that “[a] commercial hauler shall renew its registration every five years.”

The SWR, 20.9.3.37.A NMAC, further states that “[a] commercial hauler registration shall expire five years from the date of issuance of the registration.”

2. **Misrepresentation of information on special waste manifests** – The inspection documented that Oncore used BioCycle’s NMED commercial hauler registration number on its special waste manifests.

The SWR, 20.9.8.19.C NMAC, states that “[t]he manifest shall accurately reflect the required information...”.

3. **Failure to properly complete special waste manifests** – The inspection documented that the treatment facility information was insufficient, as it lacked a telephone number of the facility. In addition, a signature stamp was used to “sign” the manifests with what appears to be a copy of the representative’s signature instead of a fresh, handwritten signature. A stamped signature does not constitute a handwritten signature, as it provides less assurance of continuous chain-of-custody by failing to assure that a duly authorized agent of the organization signs the manifest upon waste receipt acknowledging delivery, weight or volume, and receipt of the infectious waste.

The SWR, 20.9.8.19.C NMAC, states that “[t]he manifest shall accurately reflect the required information and shall be signed and dated by the generator and each hauler of the special waste, and by the solid waste facility owner or operator, acknowledging delivery, weight or volume, and receipt of the special waste. All signatures shall be duly authorized agents of their organizations.”

4. **Failure to properly label vehicle(s) used for infectious waste removal** – The investigation confirmed that during the removal of infectious waste from Planned Parenthood, there were no labels on the transporting vehicle identifying the hauler’s business name. In addition, the NMED registration number displayed on the transporting vehicle belonged to BioCycle, not Oncore.

The SWR, 20.9.5.14.A(7) NMAC, states that all commercial haulers shall “conspicuously label all solid waste collection vehicles with the company [name]...”.

The SWR, 20.9.5.14.A(8) NMAC, states that all commercial haulers shall “conspicuously label all solid waste collection vehicles with the [NMED] registration number...”.

The SWR, 20.9.5.14.C(4) NMAC, further states that all commercial haulers transporting infectious waste shall use vehicles that are “identified on each side of the vehicle with the name or trademark of the commercial hauler, the [NMED] registration number, and a biohazard symbol.”

Pursuant to the NMED Delegation Order dated May 24, 2021, the Cabinet Secretary has delegated the authority to issue SWB Notices of Violation to the Chief of the SWB in the Resource Protection Division. The NMED is seeking your voluntary cooperation in the immediate correction of these violations. Please respond in writing within 10 calendar days of receipt of this notice as to what action you have taken, or plan to take, to correct the violations. Send your response to George W. Akeley, Jr. (“Chuck”), Manager, Enforcement Section, Solid Waste Bureau, NMED District I, 121 Tijeras Avenue NE, Suite 1000, Albuquerque, New Mexico 87102-3400. The failure to assure corrective action or continued non-compliance may result in additional enforcement action, which may include the assessment of a civil penalty.

All documentation submitted to NMED’s SWB related to this Notice of Violation must include the following certification, signed by you or a delegated responsible official:

“I certify under penalty of law that this document and all its attachments were prepared under my directions or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for the gathering of the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there

are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

If you have any questions, please contact Mr. Akeley at (505) 670-3283 or chuck.akeley@state.nm.us.

Sincerely,

Joan M. Snider
Chief, Solid Waste Bureau

Enclosure – Copies of 17 Oncore Manifests for the Period Between 1/8/2021 and 4/30/2021


JMS:gwa:drg


cc: Chuck Akeley, Manager, Enforcement Section, Solid Waste Bureau *[via electronic mail]*
Teri D. Monaghan, Enforcement Coordinator, Solid Waste Bureau *[via electronic mail]*
Daniel R. Galasso, Enforcement Officer, Solid Waste Bureau *[via electronic mail]*
Paul E. Martinez, Enforcement Officer, Solid Waste Bureau *[via electronic mail]*




UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557				
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060					
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-08-2021 2:44 PM					
	28 Gal Tub							
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	2	0						
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.								
Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE		01-08-2021 2:44 PM DATE				
TRANSFER STATION: NAME			REGISTRATION NUMBER					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER				
	COMPANY NAME		TELEPHONE NUMBER					
	ADDRESS		DATE MEDICAL WASTE COLLECTED					
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.							
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE		DATE				

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE


ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
FEB 01 2021
Permit #
40303


In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)




UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		01-13-2021 3:11 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 00667	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-13-2021 3:11 PM		
	28 Gal Tub	# cont.	wt. #	# cont.	wt. #
	2	0			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		01-13-2021 3:11 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE FEB 01 2021		
	I certify that I have been authorized to accept untreated medical wastes, and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		4030	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

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CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		01-21-2021 1:32 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-21-2021 1:32 PM	
	28 Gal Tub # cont. 3 wt. # 0 # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	Chris Morgan		01-21-2021 1:32 PM	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE	
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE RECEIVED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		40303	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE


ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
FEB 01 2021


In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)




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CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
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	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	01-29-2021 2:53 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-29-2021 2:53 PM		
	28 Gal Tub # cont. 3 wt. # 0	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	01-29-2021 2:53 PM DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE FEB 01 2021		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	40303 DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



Regulated Medical Waste

MANIFEST # 2769287

UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		02-05-2021 12:35 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-05-2021 12:35 PM		
	28 Gal Tub # cont. 2 wt. # 0	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		02-05-2021 12:35 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052			
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED MAR 01 2021	TOTAL WEIGHT DEPOSITED/UNLOADED	
	DISCREPANCY INDICATION SPACE			
	I certify that I have been authorized to accept <u>untreated</u> medical waste and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel	SIGNATURE OF REPRESENTATIVE 	DATE 02-12-2021 11:54 AM

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-12-2021 11:54 AM		
	28 Gal Tub # cont. 2 wt. # 0		# cont.	wt. #	# cont.
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan	SIGNATURE OF REPRESENTATIVE 	DATE 02-12-2021 11:54 AM		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER	
	COMPANY NAME		TELEPHONE NUMBER		
	ADDRESS		DATE MEDICAL WASTE COLLECTED		
	# cont.	wt. #	# cont.	wt. #	# cont.
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE 	DATE MAR 01 2021
		Permit # 40303	

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAR 01 2021

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		02-19-2021 12:39 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557						
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060							
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-19-2021 12:39 PM							
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	2	0								
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.									
	Chris Morgan		02-19-2021 12:39 PM							
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE							
	TRANSFER STATION: NAME		REGISTRATION NUMBER							

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER						
	COMPANY NAME		TELEPHONE NUMBER							
	ADDRESS		DATE MEDICAL WASTE COLLECTED							
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.									
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE						


TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		Permit # 40303	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

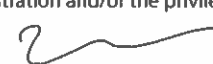
ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAR 01 2021



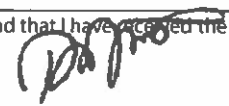
UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	02-26-2021 1:06 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED006657	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-26-2021 1:06 PM		
	28 Gal Tub # cont. 3 wt. # 0	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	02-26-2021 1:06 PM DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	
			DATE	

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE 
			DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAR 01 2021

Permit #
40303

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		03-05-2021 4:00 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-05-2021 4:00 PM		
	28 Gal Tub	# cont.	wt. #	# cont.	wt. #
	3	0			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		03-05-2021 4:00 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE	

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
			40303
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
APR 05 2021

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel	SIGNATURE OF REPRESENTATIVE 	DATE 03-11-2021 2:32 PM

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-11-2021 2:32 PM	
	28 Gal Tub # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan	SIGNATURE OF REPRESENTATIVE 	DATE 03-11-2021 2:32 PM	
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE 	DATE APR 05 2021

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
APR 05 2021

Permit #
40900



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557				
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060					
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-19-2021 1:08 PM					
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	3	0						
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.							
Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE		03-19-2021 1:08 PM DATE				
TRANSFER STATION: NAME			REGISTRATION NUMBER					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER				
	COMPANY NAME		TELEPHONE NUMBER					
	ADDRESS		DATE MEDICAL WASTE COLLECTED					
	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.							
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE		DATE				

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		APR 05 2021
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
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CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	03-26-2021 1:43 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-26-2021 1:43 PM	
	28 Gal Tub # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	3 0			
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)		 SIGNATURE OF REPRESENTATIVE	03-26-2021 1:43 PM DATE
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. # # cont. wt. #			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
APR 05 2021
Permit # 40303

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		04-09-2021 12:21 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-09-2021 12:21 PM		
	28 Gal Tub	# cont.	wt. #	# cont.	wt. #
	3	0			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		04-09-2021 12:21 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont.	wt. #	# cont.	wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE DEPOSITED/UNLOADED MAY 03 2021	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		Permit # 40309	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-16-2021 12:11 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-16-2021 12:11 PM		
	28 Gal Tub # cont. 2 wt. # 0	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-16-2021 12:11 PM DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# cont. wt. #	# cont. wt. #	# cont. wt. #	# cont. wt. #
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE DEPOSITED/UNLOADED 2013 Skyway Dr. Grand Prairie, TX 75052	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAY 03 2021

Permit #
40309

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-30-2021 3:42 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-30-2021 3:42 PM		
	28 Gal Tub # cont.	wt. #	# cont.	wt. #	# cont.
	2	0			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-30-2021 3:42 PM DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER	
	COMPANY NAME		TELEPHONE NUMBER		
	ADDRESS		DATE MEDICAL WASTE COLLECTED		
	# cont.	wt. #	# cont.	wt. #	# cont.
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE	

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	DATE WASTE WAS DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		MAY 03 2021
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	Permit # 40303 DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)