

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]



CODE AREA

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ONCORE

T E C H N O L O G Y L L C

HEXT GENERATION REDICAL WASTE HARAGEREST

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

217-31 CODE AREA

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217-31 CODE AREA

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ONCORE

NEAT GENERATION NEOICAL WASTE HANAGEMENT

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

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MANIFEST # 2769287

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MANIFEST # 2802313

CODE AREA

	COMPANY NAME TELEPHONE NUMBER PPRM Surgical Center (505) 265-9511												
OR	ADDRESS 701 San Ma	iteo Blvd. NE	Albuquerque, I	NM 87108				<del></del>		_	·		
GENERATOR	packaged, I U.S. Depart Raquel	abeled/placa ment of Trans	tion provided rded; and are sportation.	in proper co			n accord	ing to the		egulation			
	NAME(S) OF F	PERSONS COLLE	CTING, TRANSP		NLOADING WAS	STE	IN.	IITIALS	REGISTRATIO		<u> </u>		
R	Chris Morga COMPANY NAM Oncore Hea		ns, LLC					CM	TELEPHONE N (972) 786	IUMBER	D 066557		
PORTE	ADDRESS		Prairie, TX 750	)52					DATE MEDICA				
IRANS	28 Gal Tub *cont. 2	wt.# 0	# cont.	wtw	#cont.	WE 8	# cont.		wt.#	# cont.	WE #		
PRIMARY TRANSPORTER	I certify that t falsification o Chris Mor	f this manifest	provided abov may result in fo	e is true and c rfeiture of my	orrect and tha transporter's r	t only <u>untreat</u> egistration and	ed medica d/or the p	al wastes ar rivilege of u	e contained ir utilizing State-	authorized	l am aware that facilities. 19-2021 12:39 PM		
Ь			EPRESENTATIVE (	Print}		SIGNATURE	OF REPRE	SENTATIVE		- 02-	DATE		
	TRANSFER STAT	TION: NAME			-				REGISTRATIO	N NUMBER			
SR 2	NAME(S) OF F	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS REGISTRATION NUMBER											
RANSFER STATION / TRANSPORTER	COMPANY NAM	COMPANY NAME TELEPHONE NUMBER											
/TRAN	ADDRESS								DATE MEDICAL WASTE COLI		LLECTED		
NOLLY	# cont.	WE #	# cont.	WL #	# conf.	wt.#	# cont.	1	wt.#	# cont.	wt.#		
VSFER STA	l certify that t falsification o	he information f this manifest	provided abov may result in fo	e is true and c rfeiture of my	orrect and tha transporter's re	t only <u>untreate</u> egistration and	ed medica d/or the p	ıl wastes ar rivilege of u	e contained in utilizing State-	this load. I authorized	am aware that facilities.		
TRAI	NAME C	DF COMPANY RI	PRESENTATIVE (	Print)		SIGNATURE	OF REPRE	SENTATIVE			DATE		
	COMPANY NAM	1E				-ECHN	OLOG	TELEP	HONE NUMBER				
ΓY	ADDRESS				ONCOF	13 SKYWA	1× 750	52					
ACILI	PERMIT NUME	BER		D	ATE WASTE WA	DEPOSITED/L	NFO VACE	701	AL WEIGHT DE	POSITED/UI	NLOADED		
TREATMENT FACILITY	COMPANY NAME  ADDRESS  ONCORE SKYNAY 75052  PERMIT NUMBER  DATE WASTE WASDEPOSITED/UNLOADED  DISCREPANCY INDICATION SPACE  DISCREPANCY INDICATION SPACE  TELEPHONE NUMBER  TOTAL WEIGHT DEPOSITED/UNLOADED  Permit ** A0303												
TREA			norized to accep at authorization		nedical wastes	and that thave	e received	the above	indicated was	tes in accor	rdance with the		
	NAMEC	F COMPANY RE	PRESENTATIVE (	Print)		SIGNATURE	OF REPRE	SENTATIVE		-	DATE		
In ca	se of emerger	ncy, call (	817 ) 751-5	5188		(24-hr co	mpany o	r other en	nergency res	ponse gro	oup telephone)		



MANIFEST# 2823758

	COMPANY NAM PPRM Surg							LEPHONE NUMBER 505) 265-9511				
OR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque, N	IM 87108								
GENERATOR	packaged, l U.S. Departi Raquel	abeled/placa ment of Trans	rded; and are	in proper con			cording to	s are properly c the applicable VE	regulations of			
	NAME(S) OF P		CTING, TRANSPO	ORTING OR UNL	OADING WASTE		INITIALS		ON NUMBER 29 / NMEDOO	00057		
ER	COMPANY NAN		ns, LLC				Olvi	TELEPHONE I (972) 786	NUMBER	10057		
SPORT	ADDRESS 2613 Skywa	y Dr. Grand F	rairie, TX 750	52	··				AL WASTE COLLEC 21 1:06 PM	TED		
TRANS	28 Gal Tub	wt.# 0	# cunt.	wt.#	#cont.	wt.	Front	wţ.#	# cont.	WL F		
PRIMARY TRANSPORT								s are contained in of utilizing State-				
PR	Chris Mor		PRESENTATIVE (P	Print)		SIGNATURE OF	REPRESENTAT	VE	02-26-2	2021 1:06 PM DATE		
	TRANSFER STAT	TION: NAME	100					REGISTRATIO	N NUMBER			
R 2	NAME(S) OF P	ERSONS COLLE	CTING, TRANSPO	REGISTRATIO	REGISTRATION NUMBER							
STATION / TRANSPORTER 2	COMPANY NAME TELEPHONE NUMBER											
	ADDRESS							DATE MEDICA	AL WASTE COLLEC	.TED		
/ NOIL	# cont.	wt.ir	# cont.	WL#	# cont.	wt.#	# cont	wt.e	# cont.	wt.#		
RANSFER STA	I certify that t falsification o	he information f this manifest i	provided above may result in for	e is true and co feiture of my tr	rrect and that or ansporter's regi	nly <u>untreated</u> m stration and/or	edical waste the privilege	s are contained ir of utilizing State-	n this load. I am authorized facil	aware that ities.		
TRA	NAME O	F COMPANY RE	PRESENTATIVE (P	rint)		SIGNATURE OF I	RÉPRESENTATI	VE		DATE		
	COMPANY NAM	1E					TE COLOR	LEPHONE NUMBER				
<b>&gt;</b>	ADDRESS					CORETEC	May Dr.	152				
ACILIT	PERMIT NUME	BER		DAT	TE WASTE WAS D	EPOSPED YMIN	(ROED)	FOTAL WEIGHT DE	POSITED/UNLO	ADED		
TREATMENT FACILITY	NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE  COMPANY NAME  TELEPHONE NUMBER  ADDRESS  DATE  TOTAL WEIGHT DEPOSITED/UNLOADED  DISCREPANCY INDICATION SPACE  NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE  TELEPHONE NUMBER  TOTAL WEIGHT DEPOSITED/UNLOADED  Permit ** A0303											
TREA	I certify that I requirements	have been auth outlined in tha	orized to accep t authorization.	t untreated me	dical wastes and	that I have you	eu the abo	ove indicated was	ites in accordan	ce with the		
	NAMEO	F COMPANY RE	PRESENTATIVE (P	rint)		SIGNATURE OF F	REPRESENTATI	VE		DATE		
In cas	se of emergen	ıcy, call (	751-5	188		(24-hr compa	ny or other	emergency res	ponse group	telephone)		



MANIFEST # 2844110

	COMPANY NAM PPRM Surg	-							HONE NUMBER ) 265-9511			
OR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque, N	IM 87108								
GENERATOR	packaged, l U.S. Departi Raquel	abeled/placa ment of Trans	tion provided rded; and are portation.	in proper con		nsportation ac	cording t	to the		egulations of 03-05-2	the 2021 4:00 PM	
HALVEY.	NAMEC	JF COMPANT RE	PRESENTATIVE (F	rint)		SIGNATURE OF	KEPKESEN I	ATIVE			DATE	
	NAME(S) OF P Chris Morga		CTING, TRANSPO	ORTING OR UNL	OADING WASTE		INITIAI		REGISTRATIO	N NUMBER 29 / NMED 0	66557	
IER	COMPANY NAM Oncore Hea	Ithcare Solution	ns, LLC						TELEPHONE N (972) 786			
TRANSPORTER		y Dr. Grand F	rairie, TX 750	52						L WASTE COLLECT	TED	
FRANS	28 Gal Tub #cont. 3	wt # 0	# cont.	wt.#	#cont.	wt.#	# cont.		wt. #	F cont.	Wt. #	
PRIMARY	I certify that t falsification o	he information f this manifest i	provided above may result in for	e is true and co feiture of my tr	rrect and that o ansporter's regi	nly <u>untreated</u> m stration and/or	nedical wa the privile	stes ar ge of u	e contained in Itilizing State-	this load. I am authorized facil	aware that ities.	
PR	Chris Mor		PRESENTATIVE (F			SIGNATURE OF	OCODECCALE	ATN/5			021 4:00 PM DATE	
	TRANSFER STAT		ALIVE	REGISTRATION NUMBER								
	NAME (S) OF DEDGONS COLLECTING TRANSPORTING OR UNIT OF DIVISION WASTE											
ER 2	NAME(S) OF P	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS REGISTRATION NUMBER										
STATION / TRANSPORTER	COMPANY NAM	COMPANY NAME TELEPHONE NUMBER										
	ADDRESS						-		DATE MEDICA	L WASTE COLLEC	TED	
NOIT)	# cont_	wL#	# cont.	WL#	#cont.	wt.8	# cont.		ert #	# cont	wt.	
RANSFER STA	I certify that the falsification of	he information f this manifest r	provided above may result in for	e is true and co feiture of my tr	rrect and that or ansporter's regi	nly <u>untreated</u> m stration and/or	nedical was the privile	stes are ge of u	e contained in Itilizing State-a	this load, I am authorized facili	aware that ities.	
TRAI	NAME O	F COMPANY RE	PRESENTATIVE (P	rint)		SIGN ATURE OF	REPRESENT	ATIVE	<del></del>	29511	DATE	
	COMPANY NAM	E						TELEPI	HONE NUMBER	<del> </del>		
<b>,</b>	ADDRESS					RE TECH!	VOLOG	Υ			-	
TREATMENT FACILITY	PERMIT NUMB	ER		DAT	TE WASTE WAS	Sipplication T	X 7505	<b>2</b> <sup>TOT</sup>	AL WEIGHT DE	POSITED/UNLO	ADED	
Ë	PERMIT NUMBER  DATE WASTE WAS DEPOSITE NUMBER TO TALL WEIGHT DEPOSITED/UNLOADED  DISCREPANCY INDICATION SPACE  DISCREPANCY INDICATION SPACE											
TMEN						APR 05	2021					
TREA			orized to accep t authorization.	t untreated me	dical wastes and	that I have rec	, -	10303 0303		tes in accordan	ce with the	
	NAME O	F COMPANY RE	PRESENTATIVE (P	rint)		SIGNATURE OF I	REPRESENTA	ATIVE			DATE	
In cas	e of emergen	cy, call (	817 <sub>)</sub> 751-5	188		(24-hr compa	ny or oth	er em	nergency resi	ponse group t	elephone)	
		-,, <u>-</u>				, compe	, 01 011		901107 103	ounse group t	crapitotic)	





	PPRM Surg						I .	LEPHONE NUMBER 05) 265-9511	l .			
OR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque, i	VM 87108								
GENERATO	packaged, l	t the informat abeled/placa ment of Trans	rded; and are	is true and c in proper co	orrect, and the ndition for tra	at the generat	ed materials ccording to t	are properly c he applicable	lassified, des regulations o	cribed, f the		
	Raquel					15			03-11-	2021 2:32 PM		
	NAMEC	OF COMPANY RE	PRESENTATIVE (	Print)		SIGNATURE OF	REPRESENTATIV	/E		DATE		
	NAME(S) OF F Chris Morga		CTING, TRANSPO	ORTING OR UN	LOADING WASTI		INITIALS CM	I	ON NUMBER 29 / NMED 0	066557		
TER	_	ME Ithcare Solution	ns, LLC					TELEPHONE N (972) 786				
SPOR		y Dr. Grand F	Prairie, TX 750	952		_		I	AL WASTE COLLEG	CTED		
TRANSPORTER	28 Gal Tub *cont. 2	wr.# 0	# cont.	Wt. #	#cont.	wt.#	8 cont.	Wt. #	# cont.	WL#		
PRIMARY	I certify that t falsification o	he information f this manifest i	provided abov may result in fo	e is true and co rfeiture of my t	orrect and that or ransporter's reg	nly <u>untreated</u> ristration and/or	nedical wastes the privilege o	are contained ir of utilizing State-	n this load. I am authorized faci	aware that ilities.		
PRIN	Chris Mor	gan							03-11-	2021 2:32 PM		
	NAME OF COMPANY REPRESENTATIVE (Print) SIGNATURE OF REPRESENTATIVE DATE  TRANSFER STATION: NAME REGISTRATION NUMBER											
	TRANSFER STAT	ION: NAME	REGISTRATIO	N NUMBER								
ER 2	NAME(S) OF P	N NUMBER										
TRANSFER STATION / TRANSPORTER	COMPANY NAME TELEPHONE NUMBER											
/TRAN	ADDRESS							DATE MEDICA	AL WASTE COLLEC	TED		
ATION		WL#	# cont.	WL#	#cont.	wt.8	# cont.	wt.e	# cont.	wit <sub>i</sub> P		
NSFER ST	I certify that the falsification of	he information Tthis manifest r	provided above nay result in for	e is true and co feiture of my t	orrect and that o ransporter's reg	nly <u>untreated</u> n stration and/or	nedical wastes the privilege o	are contained in if utilizing State-	this load. I am authorized faci	aware that lities.		
TRA	NAMEO	F COMPANY RE	PRESENTATIVE (F	Print)	48	SIGNATURE OF	REPRESENTATIV	E		DATE		
	COMPANY NAM	E						EPHONE NUMBER				
≥	ADDRESS				ONCO	RE TECHI	VOLOGY					
ACILIT	ADDRESS  ONCORE TECHNOLOGY  PERMIT NUMBER  DATE WASTE WAS 26 DISTRIBUTION OF TO GRAND PRINTED AND TO GRAND PRINTED								POSITED/UNLO	ADED		
TREATMENT FACILITY	APR 0 5 2021											
TREAL	I certify that I I requirements	nave been auth outlined in tha	orized to accep t authorization.	t untreated me	edical wastes an	10	ejved the Abo	(6) dicated was	tes in accordan	ce with the		
NAME OF	NAME O	F COMPANY REI	PRESENTATIVE (P	Print)		SIGNATURE OF	REPRESENTATIV	<u> </u>		DATE		
In cas	e of emergen	cy, call (	317 <sub>)</sub> 751-5	188		(24-hr compa	any or other e	emergency res	ponse group	telephone)		



ONCORE

TECHNOLOGYLLC

MEXT GENERATION MEDICAL WASTE MARAGEMENT

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

	COMPANY NAI			·					PHONE NUMBER ) 265-9511			
OR	ADDRESS 701 San Ma	ateo Blvd. NE	Albuquerque, I	VM 87108								
GENERATOR	packaged, l	t the informa labeled/placa ment of Trans	rded; and are	is true and co in proper cor	orrect, and the	at the generation ac	ed mater cording	ials ar	re properly c applicable i	lassified, regulation	described, ns of the	
	Raquel									_03	-19-2021 1:08 PM	
WITH THE	NAME	OF COMPANY RE	PRESENTATIVE (I	Print)		SIGNATURE OF	REPRESENT	TATIVE			DATE	
	NAME(S) OF I		CTING, TRANSPO	ORTING OR UNL	OADING WASTI		INITIA		REGISTRATIO		R ED 0066557	
8	COMPANY NAM Oncore Hea	ME althcare Solutio	ns, LLC	_					TELEPHONE N (972) 786	NUMBER		
PORT	ADDRESS 2613 Skywa	ay Dr. Grand F	Prairie, TX 750	52			•		DATE MEDICA 03-19-202			
TRANSPORTER	28 Gal Tub • cont. 3	WE # 0	#cont.	wt.8	# cont.	wt.#	# cont.		wt. #	# cont.	WL #	
PRIMARY 1	I certify that t falsification o	the information of this manifest	provided above may result in for	e is true and co rfeiture of my tr	rrect and that o ansporter's reg	nly <u>untreated</u> m istration and/or	nedical wa the privile	stes ar	e contained in utilizing State-	this load. authorized	I am aware that I facilities.	
PRI	Chris Mor	gan								03-	-19-2021 1:08 PM	
	NAMEC	OF COMPANY RE	PRESENTATIVE (I	Print)	,	SIGNATURE OF	REPRESENT	ATIVE			DATE	
	TRANSFER STATION: NAME REGISTRATION NUMBER											
RANSFER STATION / TRANSPORTER 2	NAME(S) OF F	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS REGISTRATION NUMBER										
	COMPANY NAME TELEPHONE NUMBER											
	ADDRESS							-	DATE MEDICA	L WASTE CO	DLLECTED	
NOLLY	# cont.	wt#	ø cont.	wt 0	# cont.	Wt. #	# cont.		wt. #	# cont.	Wt. #	
NSFER ST/	I certify that t falsification o	he information f this manifest r	provided above nay result in for	e is true and cou feiture of my tra	rrect and that o ansporter's reg	nly <u>untreated</u> m istration and/or	nedical was the privile	stes ar ge of u	e contained in Itilizing State-a	this load. authorized	I am aware that facilities.	
TRA	NAME C	F COMPANY RE	PRESENTATIVE (P	Print)		SIGNATURE OF I	REPRESENT	ATIVE		_	DATE	
	COMPANY NAM	1E						TELEPI	HONE NUMBER			
<b>,</b>	ADDRESS				ONCOR	E TECHNO	LOGY					
ACILIT	PERMIT NUME	BER		DAT	TE WASTE WAS C	3 Skyway [ Prairie, www.	76062	тот	AL WEIGHT DE	POSITED/U	NLOADED	
TREATMENT FACILITY	DISCREPANCY INDICATION SPACE APR 0 5 2021											
TREAT	I certify that I requirements	have been auth outlined in tha	orized to accep t authorization.	t untreated med	dical wastes of	that Lhave reco	eived the a	above	indicated was	tes in acco	rdance with the	
	NAME O	F COMPANY REI	PRESENTATIVE (P	rint)		SIGNATURE OF F	REPRESENTA	ATIVE			DATE	
In cas	se of emergen	ıcy, call (	817 ) 751-5	188		(24-hr compa	ny or oth	er em	ergency rest	ponse gro	oup telephone)	



MANIFEST # 2901517

CODE AREA

	COMPANY NAME PPRM Surgical Center  TELEPHONE NUMBER (505) 265-9511											
OR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque,	NM 87108		•						
GENERATOR	packaged, I U.S. Departi	t the informa abeled/placa ment of Trans	rded; and are	is true and c in proper co	orrect, and ndition for	that the generation	erated r	naterials ar ding to the	re properly o	classified, de regulations	escribed, of the	
	Raquel	OF COMPANY R	EPRESENTATIVE (	(Print)	-	SIGNATURI	OF REPE	RESENTATIVE	M 91.	03-26	5-2021 1:43 PM DATE	
NEW WILL	<u> </u>											
	Chris Morga	an	CTING, TRANSF	ORTING OR UN	LOADING WA	ASTE		CM	1	ON NUMBER 129 / NMED	0066557	
TER		ME Ithcare Solutio	ns, LLC						(972) 786			
SPOR		y Dr. Grand I	Prairie, TX 750	052						AL WASTE COLL 121 1:43 PM	ECTED	
TRANSPORTER	28 Gal Tub	wt.* 0	# cont.	WL#	# cont.	wt.#	<b>∉</b> cor	nt.	wt.#	# cont.	WL#	
PRIM ARY	I certify that t falsification o	he information f this manifest	provided abov may result in fo	ve is true and co orfeiture of my t	orrect and that ransporter's	at only <u>untreat</u> registration an	ed medic d/or the	cal wastes ar privilege of u	e contained i utilizing State	n this load. I a -authorized fa	m aware that cilities.	
PRI	Chris_Mor					<u> </u>				03-26	5-2021 1:43 PM	
			PRESENTATIVE (	(Print)		SIGNATURE	OF REPR	ESENTATIVE			DATE	
	TRANSFER STATION: NAME									N NUMBER		
TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS REGISTRATION NUMBER											
	COMPANY NAME TELEPHONE NUMBER											
/TRAN	ADDRESS								DATE MEDICA	AL WASTE COLL	ECTED	
NOIT	# cont.	wt.#	# cont.	wt.#	# cont.	wt.#	# con	E	wt. #	# cont.	Wt. s	
NSFER ST/	I certify that to falsification of	he information f this manifest i	provided abov may result in fo	re is true and co rfeiture of my t	orrect and tha ransporter's r	at only <u>untreat</u> registration and	<u>d</u> medion don the p	cal wastes are privilege of L	e contained in utilizing State	n this load. I a authorized fa	m aware that cilities.	
TRA T	NAME O	F COMPANY RE	PRESENTATIVE (	Print)		SIGNATURE	OF REPR	ESENTATIVE			DATE	
	COMPANY NAM	E					·	TELEPI	HONE NUMBER NOLOGER NO DT: TX 75052		<del>- " " " " " " " " " " " " " " " " " " "</del>	
<u> </u>	ADDRESS					01	VCOR	3 SKYWS	y Dr. TX 75052			
ACILIT	ADDRESS  ONCORE TECHNOLOGY 2613 SKYWAY DT. 261									OADED		
FREATMENT FACILITY	DISCREPANCY INDICATION SPACE  Permit # 40303											
TREAT			orized to accept authorization	ot untreated me	edical wastes	and that I have	(ecei)	T Petabove	· · · · · · · · · · · · · · · · · · ·	stes in accorda	ance with the	
	NAME O	F COMPANY RE	PRESENTATIVE (I	Print)		SIGNATURE	OF REPR	ESENTATIVE			DATE	
In cas	se of emergen	cy, call (	817 <sub>)</sub> 751-5	5188		(24-hr co	npany (	or other em	nergency res	ponse group	telephone)	

MANIFEST # 2920082

# ONCORE

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

	COMPANY NAM PPRM Surg			PHONE NUMBER 5) 265-9511								
GENERATOR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque, N	JM 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			04-02-2	2021 2:32 PM							
	NAME OF COMPANY REPRESENTATIVE (Print) SIGNATURE OF REPRESENTATIVE DATE										DATE	
	NAME(S) OF P	PERSONS COLLE	REGISTRATIO	N NUMBER 29 / NMED 00	066557							
ER	COMPANY NAM Oncore Hea	<sup>1E</sup> Ithcare Solutio	ns, LLC				<u></u>		TELEPHONE N (972) 786-	IUMBER		
SPORT		y Dr. Grand F			L WASTE COLLECT	TED						
TRANSPORTER	28 Gal Tub	wL# 0	# cont.	wL a	# cont	wt.#	# cont.		wt. #	# cont.	wt a	
PRIMARY	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.											
PRI	Chris Morgan 04-02-2021 2:32 PM											
	NAMEC	NAME OF COMPANY REPRESENTATIVE (Print) SIGNATURE OF REPRESENTATIVE DATE										
	TRANSFER STATION: NAME REGISTRATION NUMBER											
ER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS								REGISTRATION NUMBER			
SPORT	COMPANY NAME TELEPHONE NUMBER										· ·	
/TRAN	ADDRESS DATE MEDICAL WASTE COLLECTED										TED	
MOLLA		WL #	# cont.	wt.#	Fcont.	wea	# cont.		vt. a	Fcont	wt,	
RANSFER STATION / TRANSPORTER	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.											
TRA	NAME OF COMPANY REPRESENTATIVE (Print) SIGNATURE OF REPRESENTATIVE										DATE	
	COMPANY NAM	E						ELEPH	HONE NUMBER	. <u> </u>		
_ [	ADDRESS ONCORE TECHNOLOGY  2613 Skyway Dr.  2613 Skyway TX 75052											
ACILI	PERMIT NUMB	ÉR		DAT	E WASTAHO F	rairien/Jinko	7.5052	TOT	TAL WEIGHT DEPOSITED/UNLOADED			
TREATMENT FACILITY	DISCREPANCY INDICATION SPACE MAY 0 3 2021											
TREAT			orized to accept t authorization.	t untreated med	dical was of and	TIP THE TECH	Permit eived tigek	pve i	indicated wast	es in accordan	ce with the	
	NAME O	F COMPANY REF	PRESENTATIVE (P	rint)	- :	SIGNATURE OF R	REPRESENTAT	IVE			DATE	
In cas	e of emergen	cy, call (	751-51	188		(24-hr compa	ny or othe	r em	ergency resp	oonse group t	elephone)	



ONCORE

TECHNOLOGY LLC

REAT GENERATION REDICAL WASTE BANAGERENT

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

	1									PHONE NUMBER 5) 265-9511			
GENERATOR	ADDRESS 701 San Ma	ateo Blvd. NE	Albuquerque, I	VM 87108									
	I certify that the information provided is true and correct, and that the generated materials at packaged, labeled/placarded; and are in proper condition for transportation according to the U.S. Department of Transportation.												
	Raquel					12				04-09-2	2021 12:21 PM		
	NAME OF COMPANY REPRESENTATIVE (Print) SIGNATURE OF REPRESENTATIVE												
	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE  Chris Morgan  CM									REGISTRATION NUMBER MSW 50129 / NMED 0066557			
E	COMPANY NAM Oncore Hea	ME althcare Solution	ns, LLC						TELEPHONE N (972) 786				
POR	ADDRESS 2613 Skywa	ay Dr. Grand I	Prairie, TX 750	52						AL WASTE COLLEC 21 12:21 PM	TED		
TRANSPORTER	28 Gal Tub acont. 3	wt.# 0	# cont.	WL P	#cont.	WL #	# cont.		wt.#	# cont.	Wt.#		
PRIMARY T	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.										aware that lities.		
PRI	Chris Morgan  NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE									04-09-2021 12:21 PM			
	TRANSFER STATION: NAME									REGISTRATION NUMBER			
ER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS								REGISTRATION NUMBER				
PORT	COMPANY NAME								TELEPHONE NUMBER				
TRAN	ADDRESS DATE MEDICAL WASTE COLLECTED									TED			
NOIT)	#cont	wt.	#cont	wL#	# cont	wt.*	# conL	1	wt. #	# cont.	Wt. 8		
TRANSFER STATION / TRANSPORTER	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.												
TRA	NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE								DATE				
	COMPANY NAM	ΛE					Ţ	TELEP	PHONE NUMBER				
>	ADDRESS  ONCORE TECHNOLOGY  2613 Skyway Dr.  PERMIT NUMBER  GRANG PRANTS OF OSTED VALUE AND TOTAL WEIGHT DEPOSITED/UNLOADED												
ACILIT	PERMIT NUME	BER		GPå			DADED	тот	AL WEIGHT DE	POSITED/UNLO	ADED		
TREATMENT FACILITY	DISCREPANCY I	NDICATION SPAC	E	1	MAY 0 3	2021		I			· · · ·		
ATM				_	^-	Permi							
TRE			norized to accep at authorization.		lical Judies on	athat I haxes	<b>39</b> /ed the a	above	indicated was	tes in accordan	ce with the		
	NAMEO	F COMPANY RE	PRESENTATIVE (P	rint)		SIGNATURE OF	REPRESENTA	ATIVE			DATE		
In cas	se of emerger	ncy, call (	817 <sub>)</sub> 751-5	188		(24-hr compa	any or oth	er em	nergency res	ponse group (	telephone)		



ONCORE

T E C H N O L O G Y L L C

REXT GENERATION HEDICAL WASTE RANAGENENT

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

	COMPANY NAM PPRM Surg		EPHONE NUMBER 5) 265-9511										
GENERATOR	ADDRESS 701 San Ma	teo Blvd. NE	Albuquerque,	NM 87108							· ·		
	packaged, I U.S. Departi Raquel					e properly classified, described, applicable regulations of the  04-16-2021 12:11 PM							
	NAMEC	OF COMPANY R			DATE								
	NAME(S) OF F Chris Morga COMPANY NAM		MSW 501	REGISTRATION NUMBER MSW 50129 / NMED 0066557									
ER		nt Ithcare Solutio	ons, LLC						(972) 786				
TRANSPORT	ADDRESS 2613 Skywa	y Dr. Grand I	Prairie, TX 750	052	-					AL WASTE COLL 21 12:11 PM			
TRANS	28 Gal Tub #cont. 2	wt.# 0	#cont.	wt.	# cont	WLP	# cont.		wL#	e cont.	wt.#		
PRIMARY	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.												
PRIA	Chris Mor	gan		04-16-2021 12:11 PM									
	NAME C	FCOMPANYR	NTATIVE	DATE									
	TRANSFER STAT	ION: NAME	REGISTRATION NUMBER										
ER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS								REGISTRATION NUMBER				
SPORT	COMPANY NAM	1E	TELEPHONE NUMBER										
TRAN	ADDRESS DATE MEDICAL WASTE CO										ECTED		
NOITY	# cont.	wt.#	# cont.	wt #	# cont.	WL#	# cont.		wt. #	# cont.	WE. B		
TRANSFER STATION / TRANSPORTER	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.												
TRAI	NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE									DATE			
										PHONE NUMBER			
Y	ADDRESS  ONCORE TECHNOLOGY  ONCORE TECHNOLOGY  PERMIT NUMBER  DATE WASTE VALUE OF THE DEPOSITE												
ACILIT	PERMIT NUMBER  DATE WASTE VEG DEPOSITED VINCO A SOLUTION SPACE  DISCREPANCY INDICATION SPACE  DISCREPANCY INDICATION SPACE									OTAL WEIGHT DEPOSITED/UNLOADED			
TREATMENT FACILITY	DISCREPANCY II	DISCREPANCY INDICATION SPACE  MAY 0 3 2021											
TREAT	I certify that I requirements	have been auth outlined in tha	norized to accep at authorization	ot untreated me	edical wastes a	pod that I have r	eceived th	<del>mit #</del> 6 <del>303</del> e	indicated was	stes in accord	ance with the		
	NAME O	F COMPANY RE	PRESENTATIVE (I	Print)		SIGN ATURE O	F REPRESEN	ITATIVE			DATE		
In cas	se of emergen	cy, call (	817 ) 751-5	5188		(24-hr com	pany or o	ther en	nergency res	ponse grou	p telephone)		



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TECHNOLOGY L C

REXT GENERATION MEDICAL WASTE HARAGEMENT

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

										LEPHONE NUMBER 05) 265-9511			
OR	ADDRESS 701 San Ma	iteo Blvd. NE	Albuquerque, I	NM 87108									
GENERATOR	packaged, l	t the informa abeled/placa ment of Trans	rded; and are	is true and co	d correct, and that the generated materials are properly classified, described, condition for transportation according to the applicable regulations of the								
	l ———	OF COMPANY R	EPRESENTATIVE (	Print)		SIGNATURE OF	REPRESENTATIV	/E	04-23-2021 2:16 PM DATE				
	Chris Morg		MSW 501	REGISTRATION NUMBER MSW 50129 / NMED 0066557									
85	COMPANY NAM Oncore Hea	и <del>г</del> Ilthcare Solutio	ns, LLC					TELEPHONE (972) 786					
SPORT		y Dr. Grand I		AL WASTE COLLE 21 2:16 PM	CTED								
TRAN	28 Gal Tub cont. 3	wt.# 0	# cont.	WL#	# cont.	wt#	# cont	wt.#	# cont.	WL#			
PRIMARY TRANSPORTER	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.												
PR	Chris Mor	gan OF COMPANY RE	/E	04-23-2021 2:16 F									
	TRANSFER STAT			REGISTRATION NUMBER									
HEZERA IDANIAN	NAME(S) OF S	PERSONS COLLE	CTING TRANSP	INITIALS	INITIALS REGISTRATION NUMBER								
TER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS								REGISTRATION WORKDEN				
SPOR	COMPANY NAME TELEPHONE NUMBER												
STATION / TRANSPORTER	ADDRESS							DATE MEDICA	AL WASTE COLLEG	CTED			
/NOIT	# cont.	WL#	# cont.	wt #	# cont.	wt.#	# cont.	Wt.#	# cont.	WL#			
TRANSFER STA	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.												
TRA	NAME C	OF COMPANY RE	PRESENTATIVE (I	Print)		SIGNATURE OF	REPRESENTATIV	E DATE					
	COMPANY NAM	4E	TEL	PHONE NUMBER									
γ	ADDRESS						TECHNOL	.OGY					
ACILIT	PERMIT NUM	BER		DA	TE WASTE WAS	ONCORE	Skyway Chairie. TX 7	TAL WEIGHT DE	AL WEIGHT DEPOSITED/UNLOADED				
TREATMENT FACILITY	DISCREPANCY I	PERMIT NUMBER  DATE WASTE WAS DEPOSITED/UNLOADED  DISCREPANCY INDICATION SPACE  DISCREPANCY INDICATION SPACE  MAY 0 3 2021											
TREA'			norized to accep It authorization.		dical wastes an	d that I have red	eived the abov	ve <b>pretinate</b> dwas 40303	ites in accordar	nce with the			
	NAMEO	F COMPANY RE	PRESENTATIVE (P	Print)		SIGNATURE OF	REPRESENTATIV	E		DATE			
In ca	se of emerger	ncy, call (	817 ) 751-5	188		_ (24-hr compa	any or other e	emergency res	ponse group	telephone)			



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MEXT GENERATION MEDICAL WASTE HARAGEMENT

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

217-31 CODE AREA

	1 (8)										LEPHONE NUMBER 05) 265-9511			
OR	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108													
GENERATOR	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					`	<u> </u>				04	-30-2021 3:4	2 PM	
	NAME	OF COMPANY R	PRESENTATIVI	E (Print)		SIGNATU	IRE OF REI	PRESENT/	ATIVE			DATE		
M. John	NAME(S) OF	PERSONS COLLE	<u> </u>	REGISTRATIC	OM NITAA DE									
	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS Chris Morgan CM											D 0066557		
ER	COMPANY NA Oncore Hea	ME althcare Solutio	ns, LLC							TELEPHONE N (972) 786	NUMBER			
SPORT	ADDRESS 2613 Skywa	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052										OLLECTED M		
TRAN	28 Gal Tub	wr a O	# cont.	wt.#	# cont.	wt.#		cont.		1.0	# cont.	wt.#		
PRIMARY TRANSPORTER	I certify that falsification o	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.												
PRII	Chris Mo	rgan				C	<u> </u>				- 04	-30-2021 3:4	2 PM	
	NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE  DATE													
	TRANSFER STATION: NAME REGISTRATION NUMBER													
ER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE INITIALS									REGISTRATION NUMBER				
SPORT	COMPANY NAME TELEPHONE NUMBER													
STATION / TRANSPORTER	ADDRESS DATE MEDICAL WASTE COLLECTED													
ATION	#cont.	wt.#	F cont.	WL II	# cont	WL#		ont.		t#	# cont.	Wt.#		
TRANSFER ST	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.													
TRA	NAME OF COMPANY REPRESENTATIVE (Print)  SIGNATURE OF REPRESENTATIVE  DATE											<del></del>		
										PHONE NUMBER				
<u>\</u>	ADDRESS  ONCORE TECHNOLOGY  2613 Skyway Dr.  PERMIT NUMBER  DATE WASTE WAS DEPOSITED/UNLOADED  DATE WASTE WAS DEPOSITED/UNLOADED													
ACILIT	PERMIT NUM	BER		D	ATE WASTE W	AS DEPOSITED	ZUNIOAT Grand	Prairi	ु,विंऐ	1. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	POSITED/U	JNLO ADED		
TREATMENT FACILITY	DISCREPANCY INDICATION SPACE MAY 0 3 2021													
TREAT	I certify that I requirements	have been auth s outlined in tha	orized to according to authorization	ept untreated m	edical waste	s and that I Ma	) de l	70	boye ii	Permit ndicated was 4030	ges in acco	ordance with t	the	
	NAME	OF COMPANY RE	PRESENTATIVE	(Print)		SIGNATU	RE OF REP	PRESENTA	ATIVE DATE					
In cas	In case of emergency, call ( 817 ) 751-5188 (24-hr company or other emergency response group telephone)													