MOLINO STEWART

ENVIRONMENT & NATURAL HAZARDS

MED-X Healthcare Solutions

Arndell Park Medical Waste Facility

Independent Audit Report

Final

Arndell Park Medical Waste Facility

Independent Audit Report

Final

Client: Med-X Solutions

Prepared by:
Molino Stewart Pty Ltd
Suite 3, Level 1, 20 Wentworth Street, Parramatta NSW 2150, Australia
PO Box 614, Parramatta CBD BC, Parramatta NSW 2124
T +61 2 9354 0300 www.molinostewart.com.au
ABN 95 571 253 092
ACN 067 774 332

May 2022

Document Control

Document Reference	1342 Arndell Park Medical Waste Facility_Independent Environmental Audit Report_FinalV1.2
Project	Arndell Park Medical Waste Facility
Document Type	Independent Audit Report
Author	Ryan Maxwell

Revision History

Date	Version	Name	Comments
3/05/2022	1.0	Ryan Maxwell	Draft for internal review
4/05/2022	1.1	Steven Molino	Draft issued to client for review
23/05/2022	1.2	Ryan Maxwell	Final

Document Approval

For Molino Stewart	
Name	Steven Molino
Position	Principal
For Med-X Solutions	
Name	Debbie Costin
Position	National Legislation and Administration Manager

Contents

Appendices

List of Tables

1 | Executive Summary

In September 2020, Med-X Solutions (Med-X) obtained development consent (SSD 6761) under Part 4 of *the Environmental Planning and Assessment Act 1979* (EP&A Act) from the NSW Department of Planning and Environment (DPE) (formerly DPIE). This consent was for the increased operation of the Arndell Park Medical Waste Facility (the facility) at 9 Kenoma Place, Arndell Park and for the use of 7 Vangeli Street, Arndell Park as a delivery vehicle depot and clean sharp waste container storage. Both facilities are located in Blacktown City Council local government area (LGA). The facility has the capacity to process up to 2,000 tonnes of clinical waste per year. The clinical waste is treated using an onsite autoclave (non-thermal treatment) and then shredded and compacted before being transported and disposed offsite. The facility also receives up to 300 tonnes of 'related' waste per year which includes anatomical, cytotoxic, pharmaceutical and sharps waste. This waste is not treated onsite but instead is temporarily stored until it can be transported to another suitably licensed facility for treatment/disposal. The development consent was conditional on the adherence of the project to the conditions of consent.

To meet its post approval conditions, Med-X requires an independent and suitable qualified contractor to assemble an audit team and undertake an independent environmental audit of the facility. Molino Stewart was engaged by Med-X to undertake the Independent Audit Program. This document serves as the Independent Environmental Audit report.

The audit reviewed the project's compliance via systems, documents, records, and procedures in relation to conditions of the development consent (SSD 6761) associated with the facility.

The audit considered a total of 60 conditions from the development consent, of which there were 125 separately assessable sub-conditions (items). In general, the works were found to be compliant with the consent requirements.

Of the 125 assessable items, a total of 25 items were not triggered during the audit period. There were 18 non-compliances identified during the audit; the remainder of which were determined to be compliant. There was also one opportunity for improvement identified.

2 | Introduction

2.1 Background

In September 2020, Med-X obtained development consent (SSD 6761) under Part 4 of *the Environmental Planning and Assessment Act 1979* (EP&A Act) from the NSW Department of Planning and Environment (DPE). The consent was for the increased operation of the Arndell Park Medical Waste Facility (the facility) at 9 Kenoma Place, Arndell Park and for the use of 7 Vangeli Street, Arndell Park as a delivery vehicle depot and clean sharp waste container storage. Both facilities are located in Blacktown City Council local government area (LGA). The facility has the capacity and can process up to 2,000 tonnes of clinical waste per year. The clinical waste is treated using an onsite autoclave (non-thermal treatment) and then shredded and compacted before being transported and disposed offsite. The facility also receives up to 300 tonnes of 'related' waste per year which includes anatomical, cytotoxic, pharmaceutical and sharps waste. This waste is not treated onsite but instead is temporarily stored until it can be transported to another suitably licensed facility for treatment/disposal.

On 26th June 2021, DPE approved Modification 1 for the project which adjusted the facilities' waste processing and storage limits detailed in Condition A6.

The site is subject to operation in accordance with Environmental Protection Licence (EPL) 20233, issued by the NSW Environment Protection Authority (EPA) under the *Protection of the Environment Operations Act 1997* (POEO Act). Med-X also hold EPL 12609 which provides a licence for the transport of category 1 and category 2 trackable waste. As per consultation with the EPA (Section 3.1.4), the facility is regularly inspection by the EPA to confirm compliance with the EPL. Therefore, the EPL's have not been specifically assessed in this audit.

The development consent was conditional on the adherence of the project to the conditions of consent.

2.2 Audit Scope

To meet its post consent conditions, Med-X requires an independent and suitable qualified contractor to assemble an audit team and undertake an independent environmental audit of the Project. Condition C12 of development consent SSD 6761, the consent states that the audit must:

> *Within one year of the commencement of operations of the development, and every three years thereafter, unless the Planning Secretary directs otherwise, the Applicant must commission and pay the full cost of an Independent Environmental Audit (Audit) of the development. Audits must:*
>
> *(a) be prepared in accordance with the Independent Audit Post Approval Requirements (Department 2020)*
>
> *(b) be led and conducted by a suitably qualified, experienced and independent team of experts whose appointment has been endorsed by the Planning Secretary; and*
>
> *(c) be submitted to the satisfaction of the Planning Secretary within three months of commissioning the Audit (or within another timeframe agreed by the Planning Secretary).*

Molino Stewart was engaged by Med-X to complete the first independent environmental audit for the Arndell Park Medical Waste Facility in accordance with the post approval requirements. Molino Stewart is to submit a comprehensive report (this report) which outlines the audit methodology,

findings, and recommended measures or corrective actions that will improve the environmental performance of the project.

2.2.1 Audit Period

The period covered by this audit is the one year period from the commencement of operations, from 18th January 2021 to 18th January 2022. Note – In accordance with Condition A7 of the consent, Med-X submitted a notification of commencement to DPE which was proposed to commence on 2nd November 2020. However, the Operational Environmental Management Plan (OEMP) was not approved until 18th January 2021 therefore operations did not commence until then.

Med-X obtained an extension from DPE to as per the DPE letter dated 26th January 2022 approving the submission of the independent audit in May 2022.

2.2.2 Audit Team and Endorsement

The audit was undertaken by Molino Stewart Pty Ltd. Shireen Baguley BE MEngSc, who is an Exemplar Global certified lead environmental auditor (12550), and Ryan Maxwell who is a trained environmental lead auditor and holds a BSc. The audit report was reviewed by Steven Molino BSc BE who fulfils the requirements for lead environmental auditor certification. The approval documentation issued by DPE (2nd November 2021) is provided in Appendix A. The audit team has provided a Declaration of Independence Form as per Appendix F.

2.2.3 Independent Audit Post Approval Requirements 2020

The Independent Environmental Audit has been undertaken in accordance with DPE's Independent Audit Post Approval Requirements 2020.

2.3 Audit Objective

This independent environmental audit is in accordance with Condition C12 of SSD 6761. The audit serves to assess the environmental performance of the project with reference to the relevant requirements in the conditions of consent.

3 | Terms of Reference

3.1 Audit Methodology

The audit was conducted between November 2021 and April 2022 to determine compliance with the terms of reference stated in Section 2.

The audit was based on:

- examination of a sample of administrative, technical and operating documents and records provided both prior to, during and subsequent to the period the auditors were on site
- site inspection of the two facilities and surrounding areas
- interviews and discussions with key personnel.

3.1.1 Audit Criteria

The Project was audited against the following criteria:

- SSD 6761, approved 28th September 2020;
- SSD 6761 Modification 1, approved 28th June 2021;
- The Environmental Impact Statement (EIS);
- The feedback, requests, and/or comments of relevant agencies consulted; and
- Any other relevant documentation, procedures or plans associated with the project.

3.1.2 Site Inspection

The site inspection was conducted by Ryan Maxwell on 13th March 2022. The weather during this period was fine, with light and variable winds. Areas which were inspected include:

- The medical waste facility and office area located at 9 Kenoma Place, Arndell Park;
- The delivery vehicle depot located at 7 Vangeli Street, Arndell Park; and
- The streets in the immediate vicinity of both facilities.

Photos from the site inspection are contained within Appendix D.

3.1.3 Site Interviews

Site interviews were undertaken by Ryan Maxwell on 13th March 2022. Those interviewed are listed below:

- Debbie Costin – Med-X National Legislation and Administration Manager
- John De Smit – Med-X Site Manager
- Timothy Horton – Med-X NSW State Manager
- Patrick Liney – Med-X Transport and Logistics Manager

3.1.4 Consultation

Consultation was undertaken by Ryan Maxwell during December 2021 and January 2022 as part of the audit scope. This included correspondence with nominated representatives from the following relevant agencies:

- DPE
- EPA
- Blacktown City Council

The purpose of this consultation was to obtain the relevant agencies' input into the scope of the audit and to provide any comments that should be accounted for during the audit. The outcomes of this consultation are included in Section 4.3.9 and Appendix E.

3.2 Compliance Status Descriptors

The audit findings were graded in accordance with the following Department of Planning and Environment classifications (DPE, June 2020): -

Compliant: The auditor has collected sufficient verifiable evidence to demonstrate that all elements of the requirement have been complied with within the scope of the audit.

Non-Compliant: The auditor has determined that one or more specific elements of the conditions or requirements have not been complied with within the scope of the audit.

Not Triggered: A requirement has an activation or timing trigger that has not been met at the time when the audit is undertaken, therefore an assessment of compliance is not relevant.

4| Audit Findings

4.1 Approval and Document List

Within the consent, the conditions are set out within a series of 'Parts'. The findings have been attached as a series of documents which reflects this layout. Furthermore, the comments received from the relevant authority consultation (Section 4.3.9) have been incorporated into these schedules. The management and mitigation measures detailed in Appendix 2 of the consent have also been incorporated into these schedules.

Thus, the detailed audit findings are presented in the attached schedules (Appendix C).

- Schedule A - Administrative Conditions
- Schedule B – Specific Environmental Conditions
- Schedule C – Environmental Management, Reporting and Auditing

4.2 Audit Summary

The audit considered a total of 60 conditions or management and mitigation measures comprising a total of 125 separate items. In general, the project was found to be compliant with the majority of the development consent requirements. Of the 125 items, a total of 25 items were not triggered during the audit period. There were 18 non-compliances identified during audit, the remainder of which were determined to be compliant. There was also one opportunity for improvement identified.

At the completion of the audit, an exit meeting was held with relevant staff in attendance. The meeting consisted of informal discussions on the non-compliances identified to date and the corrective actions that had been noted during the audit.

Subsequent to the audit, further information was provided by Med-X, and discussions undertaken with Med-X and project staff. During this period, if evidence was provided that was able to be sourced subsequent to the audit period, or a corrective action had been undertaken between the site audit and the preparation of this report, we have recorded it as compliant.

The corrective actions determined through these processes form the basis of the recommended actions list in Table 4. The recommended actions include corrective actions and identified opportunities for improvement.

4.3 Environmental Performance

This audit has found that the environmental performance of the Project is generally in compliance with the Terms of Reference, however a number of non-compliances were identified.

Information, documentation and access to Med-X system records were made readily available during the site interviews. Where issues were noted, the site personnel were receptive to the corrective actions associated with non-compliances and also any opportunities for improvement that were noted.

4.3.1 Physical extent of the development

During the site inspection, the physical extent of the development was reviewed against the site plans included in the consent (Appendix B) and found to generally comply with the approved development boundary.

4.3.2 Actual versus predicted impacts

An assessment of actual impacts compared to predicted impacts documented in the environmental impact statement was undertaken as detailed in Table 1. Note – only those aspects considered to have a moderate to high potential risk have been included in this table.

Table 1 Actual versus predicted impacts

Aspect and Predicted Impacts (sourced from EIS)	Comparison of actual impacts compared to predicted impacts
Air and Odour The air quality assessment has concluded emissions from the proposed developments will not exceed the prescribed standard, site characteristics mean that negligible impacts will arise on the nearest residential receptors.	Actual impacts are considered to be generally in line with predicted impacts. There have been no air/odour complaints during operations. There has been one complaint related to the deposition of yellow spots on nearby receivers' vehicles as detailed in Section 4.3.7. However, after an investigation, there was no evidence to suggest it was caused by the facility. Nevertheless, measures were put in place on the ventilation stack to further reduce any potential impacts/complaints. Air and odour modelling has not been completed in accordance with the AQMP therefore we are unable to determine whether there have been any air quality exceedances. One odour survey was completed by Todoroski Air Sciences on 19/11/21 which concluded that there was no odour identified from the facility at the various sampling points. Todoroski Air Sciences also completed an Odour Audit for the project as required by Condition B6. The audit findings and corrective actions have been incorporated into this Audit Report.
Noise and Vibration The site is located within an existing Industrial Area. The project would not introduce new noise sources to the local area nor is it expected to reduce the acoustical amenity of the nearby area. It is expected the noise level contribution from the proposal would be considered insignificant when compared to the existing level of traffic and transport noise from the surrounding roads and overall operations at the Arndell Park industrial site.	Actual impacts are considered to be generally in line with predicted impacts. There have been no noise related complaints during operations. The site is located in an industrial area with few sensitive receivers in the vicinity. Based on the findings of this audit, permitted operating hours appear to be complied with and there have been no noise and vibration complaints received. It is noted that operating hours have been modified throughout the project due to COVID related challenges.

Aspect and Predicted Impacts (sourced from EIS)	Comparison of actual impacts compared to predicted impacts
Water/Stormwater The enclosed area inside the facility is adequately bunded and connected to the sewerage system via a trade waste agreement with Sydney Water. Stormwater runoff and the outside LPG storage tank is adequately managed via the Site Stormwater Plan to prevent pollution into the stormwater network.	Actual impacts are considered to be generally in line with predicted impacts. There have been no water related incidents, including pollution events during the audit period. However, it is noted that the Site Stormwater Plan has not been fully implemented therefore there is currently a risk that a spill would enter the stormwater network. This is further detailed in Section 4.3.5 and Section 5.2.
Traffic and Transport The traffic impact assessment included in the EIS concludes that the site and the surrounding road network and infrastructure can adequately cater for the proposed development. In particular, the following conclusions were drawn: • There will be no alterations to the existing site access, internal circulation, servicing and built form arrangements; • The minimal level of additional traffic projected as a result of the proposed expanded site operations is not anticipated to result in any noticeable impacts on the surrounding road network; • The existing site access arrangements are projected to continue to provide vehicles up to and including MRVs with satisfactory conditions with which to access and vacate the site; • The existing on-site passenger vehicle parking provision is projected to continue to satisfactorily accommodate the maximum instantaneous parking demand of the expanded site operations; and • The existing on-site internal circulation and servicing layout are projected to continue to provide vehicles up to and including MRVs with satisfactory maneuvering arrangements. • It is considered there are no traffic related issues related to the project.	Actual impacts are considered to be in line with predicted impacts. There have been no traffic or parking related incidents of complaints during the audit period. The project has implemented an Operational Traffic Management Plan (OTMP) which was reviewed as part of this audit. There were no non-compliances raised against any traffic related conditions, and any mitigation measures within the OTMP. Vehicle movements are diligently tracked and managed using the Horizon Connect system which also confirms that vehicles are using the correct haulage routes, operate during permitted work hours, do not queue on public roads etc. Traffic appears to be well managed on this project.
Waste Management The predominant waste stream onsite is clinical and related waste which is the core business of the facility. The clinical waste is treated onsite and the transformed to General Solid Waste (GSW) and then transported to licensed landfills. The maximum amount of clinical waste permitted to be processed each year is 2000 tonnes. The maximum amount of related waste permitted to be processed each year is 300 tonnes.	While the actual impacts are considered to generally be in line with the predicted impacts, it is noted that the facility received and processed 2003 tonnes of clinical waste in 2021, which is marginally over the 2000 tonne limit. Related waste was reported under the 300 tonne limit. There was no documentation that the waste which is treated at the facility and disposed at landfill has been classified in accordance with the EPA Waste Classification Guidelines. The Waste Management Plan is being implemented on site with one opportunity for improvement noted.

4.3.3 Management plans

A high-level assessment of whether the Operational Environmental Management Plan (OEMP) is adequate was undertaken as part of this audit. The OEMP was reviewed which also included the below sub-plans:

- Appendix A – Air Quality Management Plan
- Appendix B – Waste Management Plan
- Appendix C – Operational Traffic Management Plan
- Appendix D – Environment Pollution Incident Emergency Response Plan
- Appendix E – Site Stormwater Plan

Compliance with the OEMP and sub-plans have been assessed and incorporated into the audit schedules (Appendix C).

4.3.4 Agency notices

There have been no agency notices issued to Med-X during the audit period.

4.3.5 Non-compliances and Opportunities for Improvement

The audit considered a total of 60 conditions from the consent, of which there were 125 separately assessable items derived from the conditions of consent.

Of the 125 separate items, a total of 25 items were not triggered during the audit period. There were 18 non-compliances identified during the audit, the remainder of which were determined to be compliant. There was also one opportunity for improvement identified.

The non-compliances and opportunities for improvement identified in Table 2 and 3 have been used to generate corrective actions which are detailed in Section 5.2.

Table 2 Non-compliances and points for improvement

Source	Condition	Non-Compliance Description
SSD 6761	A6 (a) and (b)	Med-X provided a spreadsheet summarising the quantity of all received/processed waste to the facility between January and December 2021. A total of 2003.09 tonnes of clinical waste was received/processed at the facility during the year which is marginally above the 2000 tonne limit and therefore considered a non-compliance. A total of 109.74 tonnes of related waste was received/processed at the facility during the year which is below the 300 tonne limit. However, it is noted that when reviewing the raw waste reports extracted directly from the online tracking system (which then fed into the provided summary spreadsheet) there were a number of discrepancies. The quantity of waste provided in the summary spreadsheet was different to that provided in the raw waste output report.
SSD 6761	A9	During the audit, no evidence was provided that the previous development consents No JRPP-11-1642 dated 3 August 2011 and modification consent S 9612/1451 dated 2 October 2012 were surrendered in accordance with this Condition therefore this is considered a non-compliance. It's noted that following the audit, the development consents were surrendered on 12 May 2022 as per email and confirmation letter from Blacktown City Council (File no: JRPP-11-1642 S96-12-1451).

Source	Condition	Non-Compliance Description
SSD 6761	A15	OEMP dated 18/12/20 was sighted. Section 4.2 specifies that all staff will receive induction training and then ongoing awareness training relevant to the role in which the employee is undertaking. The induction includes information contained within the Staff Induction Manual with information regarding waste types, safety and environmental hazards, PPE, chemical management, procedures of the Transport and Operations Manuals etc. It is noted that the site induction does not contain information regarding permitted working hours (as per this consent), spill management/response, air and odour control (also a non-compliance raised in the Odour Audit), specific waste requirements as per B13-B16 nor specific traffic requirements as per B22 and B23.
SSD 6761	A16	Maintenance and calibration records for plant, equipment and machinery are provided in Section 5.2 of the Waste Management Plan (WMP) and Section 5 of the OEMP which is primarily looking at the autoclave, boiler and weighbridge. A summary includes: - Daily weighbridge calibration records - Weekly validation using 20kg item - Six monthly autoclave calibration records - Autoclave sterilisation processing efficacy yearly. - Biological indicator testing - each autoclave load It is noted that the maintenance/calibration requirements in the OEMP and WMP are not consistent with practices being implemented onsite. The weighbridge undergoes a six monthly significant calibration however the daily and weekly calibration/validations are not completed, or done sporadically. Sighted weekly inspection records of the autoclave from July 2021. The Biosecurity Log Sheet was sighted for the biological indicator testing completed on the autoclave. It is noted that testing is not completed for each load.

Source	Condition	Non-Compliance Description
SSD 6761	B1 and B4	An Odour Audit of the facility was undertaken by Todoroski Air Sciences on 18/1/22 (20031098B) which assessed compliance against this condition. The audit concluded that while odour management measures were generally equivalent to industry best practice, there were a number of items which have not been complied with which are detailed below. It is noted that some of the non-compliances in the odour audit have also been separately assessed in this audit. - The sampling plane on the ventilation stack has not yet been installed (also see Condition B2). - The vent stack has been modified following a non-odour related complaint (Also see Condition C1) to face downwards. While this is not considered best practice, there have been no odour related complaints therefore this is considered acceptable. If an odour complaint arises, review the 'U' bend modification. - Air/odour monitoring has not been completed in accordance with the AQMP i.e. annual stack monitoring and odour surveys have not been completed. - Air quality commitments are not fully incorporated into staff training (also see Condition A15) - The stand-alone tank inspection lid needs to be properly sealed to ensure there is no leakage - The chiller system pipe connection requires completion. - Update the AQMP to conduct stack testing following complaints rather than annually, sample speciated VOC (instead of odour) and conduct baseline monitoring (also see Condition C5). - The complaint (see Section 4.3.7) was not made publicly available on the Med-X website (also see Condition C15). There has been no stack testing completed to date for the project therefore we are unable to determine whether there have been any air quality exceedances. One odour survey was completed by Todoroski Air Sciences on 19/11/21 which concluded that there was no odour identified from the facility at the various sampling points.
SSD 6761	B2	During the site inspection, the ventilation stack discharge point was observed to be >1m above the roofline. As noted in Condition B1 and in the Odour Audit, the ventilation stack has been modified following a non-odour related complaint (also see Condition C1) to face downwards. The sampling plane on the ventilation stack has not yet been installed as identified in the Odour Audit.
SSD 6761	B6	The Odour Audit was due to be carried out on 22/7/21. An extension of this deadline was requested to DPE via a letter on 30/6/21. As per email from DPE (Julia Pope) on 2/11/21, the condition does not allow for any extensions of time therefore this request could not be approved. The Odour Audit was undertaken on 19/11/21 by Todoroski Air Sciences and submitted to DPE on 25/1/22.
SSD 6761	B9	Section 4 of the Emergency Plan includes specific emergency procedures to be followed for various scenarios relevant to the facility. The plan has not been tested (via a drill) or updated in 12 months as required by Section 5 of the Plan. However, it is noted that an emergency drill is planned to occur between 23-27 May 2022.

Source	Condition	Non-Compliance Description
SSD 6761	B10	During the site inspection, rollover bunds were observed around the building to contain any spill which may occur. Chemical storage areas/cabinets were observed within the bunded areas, however, minimal chemicals (other than LPG) are stored onsite. A 7,500L LPG tank was observed outside the building. Bunding, in the form of rollover speed humps were install which diverts any spills to two stormwater pits located on the inside of the speed humps. In accordance with the Site Stormwater Plan (Appendix E of the OEMP), a valve is required to be installed on this pit which can be activated in a spill which contains any liquid on-site, preventing it from entering the offsite stormwater system. During the inspection, it was identified that this valve was not installed.
SSD 6761	B14	During the site inspection, it was identified that there were clean waste bins occupying a number of car spaces within the facility contrary to Appendix 1 of the development consent. It is noted that this was not observed to be causing any traffic or other related issues within the facility.
SSD 6761	B18 and B19	Section 6.14.2 of the EIS states that waste which is treated at the facility is transformed into General Solid Waste (GSW). However, no evidence or assessment has been supplied confirming how this has been determined in accordance with the NSW EPA Waste Classification Guidelines.
SSD 6761	C3	There has been one complaint received for the project during the audit period related to the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack. This was reported by the complainant to the EPA which investigated the complaint. After discussions with Med-X, and agreed corrective/preventative actions, no further action was required. However, it is noted that in accordance with the complaint notification procedures detailed in Section 4.3.3 of OEMP, this was not reported to DPE therefore is considered a non-compliance
SSD 6761	C4	The project has generally been carried out in accordance with the requirements of the OEMP however there have been a number of non-conformances raised which are covered elsewhere in these schedules. They generally relate to waste quantity tracking, surrendering previous DA's, staff training, maintenance/calibration of plant and equipment, air/odour monitoring, installation of the sampling plane, revision of MP's, implementation of the Site Stormwater Plan, bin storage areas, complaints reporting protocols, completion of the compliance reports and publicly available information of the website.
SSD 6761	C5	Modification 1 was issued to the facility on 28/6/21 which adjusted waste processing and storage quantities. The OEMP has not been reviewed and/or updated since its initial consent by the Planning Secretary on 18/1/21 and is therefore considered a non-compliance. An additional modification to Condition B25 (permitted operating hours) was approved by the Planning Secretary on 26/8/21 however the OEMP was not updated to reflect the updated work hours. A second modification to Condition B25 (permitted operating hours) was also approved by the Planning Secretary on 8/3/22 however the revision of plans within 3 months is not covered by this audit. Generally, the OEMP and sub-plans are required to be reviewed annually which has not occurred.
SSD 6761	C15	A review of the Med-X website on 11/3/22 determined that the only documentation publicly available was the PIRMP. Other information/documents required as per this condition were not available on the Med-X website. It is noted that some of this information is publicly available on the DPE Major Projects website. It is noted that that as of 29/4/22, some of the required information has been uploaded to the below website. https://www.med-xsolutions.com.au/development-and-plans/

Table 3 Opportunities for improvement identified throughout the audit.

Source	Reference	Opportunity for Improvement Description
SSD 6761	B17	Waste generated/processed at the facility is transported by TRN or Express Waste to either Bingo landfill at Eastern Creek, Cleanaway facility at Kemps Creek or other suitably licensed facility. Monthly reports and invoices are provided to Med-X from the transporter which includes quantities and disposal locations which was sighted during the inspection. However, weighbridge dockets etc. are not provided/sighted by Med-X to confirm that the wastes were disposed of at the correct facility.

4.3.6 Previous Report Actions

This audit constitutes the first independent environmental audit as required by Condition C12 of the consent, therefore there have been no actions required by previous audits.

4.3.7 Complaints

There was one complaint recorded during the audit period which has been detailed below. Complaints were generally found to be investigated and managed in accordance with the OEMP, however it's noted that the complaint was not reported to DPE in accordance with Section 4.3.3 of the OEMP (see Table 2, C3 non-compliance). The complaints register was not publicly available during the site inspection on 13th March 2022, however, this has since been rectified and is located at the below address.

https://www.med-xsolutions.com.au/development-and-plans/

- **27nd July 2021** – A community complaint was received from a nearby commercial receiver regarding yellow spots being deposited on their vehicles. The complaint was made to the EPA which then contacted Med-X. It could not be confirmed where the yellow spots came from, however a potential source is the Med-X vent pipe. A review of the vent pipe was undertaken by Med-X and there were no signs or markings consistent with that described by the complainant. A 180 degree bend was placed on the vent pipe to minimise any potential disruption to neighbors. The EPA was satisfied with the Med-X investigation and no further action was taken.

4.3.8 Incidents

There were no incidents reported to occur during the audit period.

4.3.9 Agency Consultation

Molino Stewart conducted consultation with the relevant agencies/stakeholders in December 2021 and January 2022. Responses received are provided below and also contained in Appendix E. Any additional requirements were incorporated into the schedules shown in Appendix C.

- **DPE** – Response received from Maria Divis (DPE – Senior Compliance Officer) on 9th December 2021 which requested the audit be completed in accordance with the DPE Independent Audit Post Approval Requirements 2020. As detailed in Section 2.2.3, this audit has been completed in accordance with the DPE Independent Audit Post Approval

Requirements 2020. DPE also requested that should the Odour Audit be finalised, any recommendations made and Med-X's response to those recommendations be included in this audit report. Recommendations and Med-X's responses has been included in Appendix G and also incorporated into the corrective actions list in Table 4.

- **EPA** – Response received from Alexander Spaller (EPA – Senior Compliance Officer) advised that the EPA routinely inspects the facility to ensure compliance with its EPL's therefore, no additional items are required for this audit.
- **Blacktown City Council** – As per email from Jared Spies (Blacktown City Council – Senior Development Assessment Planner) on 14th December 2021, Jared requested for the audit to check the approved hours of operation are being complied with and that the EPA has issued a modified EPL for any increased processing capacity. Therefore, Molino Stewart reviewed Conditions L2.2 to L2.6 of EPL 20233 which were confirmed to be consistent with waste processing/storage limits detailed in SSD 6761 Modification 1.

5 | Recommendations

5.1 Non-compliance Summary

The audit considered a total of 60 conditions from the consent, of which there were 125 separately assessable items derived from the conditions of consent. In general, the development was found to be compliant with the consent requirements. Of the 125 separate items, a total of 25 items were not triggered during the audit period. There were 18 non-compliances identified during audit, the remainder of which were determined to be compliant. There was also one opportunity for improvement identified.

5.2 Corrective Actions and Opportunities for Improvement

There were 15 corrective actions for the non-compliances, and one corrective actions for the opportunity for improvement recognised as listed in Table 4 which also provides details of Med-X's responses to each of the recommended actions and a timeline for action.

Table 4 Corrective actions list

Actions:					
Refer to the Action Item list attached for details. It is required that Med-X reviews the Action List and fills out the columns titled for 'Action to be Taken', 'By whom', and 'By when'. It is the responsibility of the Med-X to monitor the progress of the Action List items and ensure close out.					
Corrective actions raised: 15 Opportunities for Improvement: 1	Is Action List Closed off? ☐ Yes ☒ No			Signed (When Completed)	
Item No.	**Action Item Description**	**Action to be Taken**	**By Whom**	**By When**	**Date Closed**
Corrective Actions against non-compliances					
A6 (a) and (b)	Med-X provided a spreadsheet summarising the quantity of all received/processed waste to the facility between January and December 2021. A total of 2003.09 tonnes of clinical waste was received/processed at the facility during the year which is marginally above the 2000 tonne limit and therefore considered a non-compliance. A total of 109.74 tonnes of related waste was received/processed at the facility during the year which is below the 300 tonne limit. However, it is noted that when reviewing the raw waste reports extracted directly from the online tracking system (which then fed into the provided summary spreadsheet), there were a number of discrepancies. The quantity of waste provided in the summary	Review the waste tracking monitoring process to ensure that waste limits are not exceeded. This may involve weekly/monthly 'running total' monitoring and/or setting up automated alerts when approaching limits.	Med-X	15 July 2022	

	spreadsheet was different to that provided in the raw waste output report.	Review the process of calculating annual waste quantities to ensure there are no discrepancies between reported waste quantities and those contained within the online tracking system.	Med-X	15 July 2022	
A9	No evidence was provided that the previous development consents No JRPP-11-1642 dated 3 August 2011 and modification consent S9612/1451 dated 2 October 2012 were surrendered in accordance with this Condition.	Surrender the previous development consents for the facility. It's noted that following the audit, the development consents were surrendered on 12 May 2022 as per email and confirmation letter from Blacktown City Council (File no: JRPP-11-1642 S96-12-1451).	Med-X	12 May 2022	12 May 2022
A15	Section 4.2 of the OEMP specifies that all staff will receive induction training and then ongoing awareness training relevant to the role which the employee is undertaking. The induction includes information contained within the Staff Induction Manual information regarding waste types, safety and environmental hazards, PPE, chemical management, procedures of the Transport and Operations Manuals etc. However, it is noted that the site induction does not contain information regarding permitted working hours (as per this consent), spill management/response, air/odour controls, specific waste requirements as per B13-B16 nor specific traffic requirements as per B22 and B23. Further, there is no documentation/evidence that the ongoing on-the-job training as per the OEMP is occurring.	Review the Staff Induction Manual and include additional items specific to this development consent e.g. permitted working hours (as per this consent), spill management/response, specific waste requirements as per B13-B16, specific traffic requirements as per B22 and B23 etc.	Med-X	15 September 2022	
		Document the delivery of ongoing awareness training.	Med-X	15 September 2022	

A16	Maintenance and calibration records for plant, equipment and machinery are provided in Section 5.2 of the Waste Management Plan (WMP) and Section 5 of the OEMP which is primarily looking at the autoclave, boiler and weighbridge. A summary includes: - Daily weighbridge calibration records - Weekly validation using 20kg item - Six monthly autoclave calibration records - Autoclave sterilisation processing efficacy yearly. - Biological indicator testing - each autoclave load The maintenance/calibration requirements in Section 5 of the OEMP and Section 5.3 of the WMP are not consistent with practices being implemented onsite. The weighbridge undergoes a six monthly biannual significant calibration, however, the daily and weekly calibration/validations are not completed or done sporadically. Sighted weekly inspection records of the autoclave from July 2021. The Biosecurity Log Sheet was sighted for the biological indicator testing completed on the autoclave. It is noted that testing is not completed for each load.	Complete and maintain records of maintenance, inspection, calibration and verification of plant, equipment and machinery in accordance with the OEMP. If there are justified deviations, update OEMP to reflect.	Med-X	30 August 2022	

B1 and the Odour Audit (Appendix G)	An Odour Audit of the facility was undertaken by Todoroski Air Sciences on 18/1/22 (20031098B) which assessed compliance against this condition. The audit concluded that while odour management measures were generally equivalent to industry best practice, there were a number of items which have not been complied which are detailed below. It is noted that some of the non-compliances in the odour audit have also been separately assessed in this audit. - The sampling plane on the ventilation stack has not yet been installed (also see Condition B2). - The vent stack has been modified following a non-odour related complaint (Also see Condition C1) to face downwards. While this is not considered best practice, there have been no odour related complaints therefore this is considered acceptable. If an odour complaint arises, review the 'U' bend modification. - Air/odour monitoring has not been completed in accordance with the AQMP i.e. annual stack monitoring and odour surveys have not been completed. - Air quality commitments are not fully incorporated into staff training (also see Condition A15) - The stand-alone tank inspection lid needs to be properly sealed to ensure there is no leakage - The chiller system pipe connection requires completion. - Update the AQMP to conduct stack testing following complaints rather than annually, sample speciated VOC (instead of odour) and conduct baseline monitoring (also see Condition C5). - The complaint (see Section 4.3.7) was not made publicly available on the Med-X website (also see Condition C15). There has been no stack testing completed to date for the project therefore we are unable to determine whether there have been any air quality exceedances. One odour survey was completed by Todoroski Air Sciences on 19/11/21 which concluded that there was no odour identified from the facility at the various sampling points.	Implement corrective actions detailed in the Audit Report which has also been summarized in Appendix G.	Med-X	As per dates in the Odour Audit (Appendix G)	

B2	The sampling plane on the ventilation stack has not yet been installed as identified in the Odour Audit (Appendix G).	Install the sampling plane on the ventilation stack in accordance with AS 4323.1-1995 Stationery Source Emission - Selection of Sampling Positions.	Med-X	31 May 2022	
B6	The Odour Audit was due to be carried out on 22/7/21. An extension of this deadline was requested to DPE via a letter on 30/6/21. As per email from DPE (Julia Pope) on 2/11/21, the condition does not allow for any extensions of time therefore this request could not be approved. The Odour Audit was undertaken on 19/11/21 by Todoroski Air Sciences and submitted to DPE on 25/1/22.	No further action required.	-	-	-
B9	Section 4 of the Emergency Plan includes specific emergency procedures to be followed for various scenarios relevant to the facility. The plan has not been tested (via a drill) or updated in 12 months as required by Section 5 of the Plan however it is noted that an emergency drill is planned to occur between 23-27 May 2022.	Complete an emergency drill to test the Plan and then review and if required update the Emergency Plan.	Med-X	31 July 2022	

B10	A 7,500L LPG tank was observed outside the building. Bunding, in the form of rollover speed humps were install which diverts any spills to two stormwater pits located on the inside of the speed humps. In accordance with the Site Stormwater Plan (Appendix E of the OEMP), a valve is required to be installed on this pit which can be activated in a spill which contains any liquid on-site, preventing it from entering the offsite stormwater system. During the inspection, it was identified that this valve was not installed.	Implement the Site Stormwater Plan in full to prevent any spills from leaving the site in accordance with EPA's *Storing and Handling of Liquids: Environmental Protection – Participants Manual (Department of Environment and Climate Change, 2007*). This also includes the installation of a 200 micron filter bag in last 2 pits on inside of bund and installation of a remove control gate valve on last pit.	Med-X	1 August 2022	
B14	During the site inspection, it was identified that there were clean waste bins occupying a number of car spaces within the facility contrary to Appendix 1 of the development consent. It is noted that this was not observed to be causing any traffic or other related issues within the facility.	Remove the clean bins from this location or update the WMP/TMP to include this as a designated storage area (if it is appropriate to do so and will not cause any flow-on impacts).	Med-X	15 August 2022	
B18-B19	Section 6.14.2 of the EIS states that waste which is treated at the facility is transformed into General Solid Waste (GSW). However, no evidence or assessment has been supplied confirming how this has been determined in accordance with the NSW EPA Waste Classification Guidelines.	Complete an assessment to determine the waste classification of treated waste in accordance with the NSW EPA Waste Classification Guidelines. Maintain records for the life of the project.	Med-X	15 August 2022	

C3	There has been one complaint received during the audit period related to the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack. This was reported by the complainant to the EPA which investigated the complaint. After discussions with Med-X, and agreed corrective/preventative actions, no further action was required. However, it is noted that in accordance with the complaint notification procedures detailed in Section 4.3.3 of OEMP, this was not reported to DPE and therefore is considered a non-compliance. The complaint was also not made publicly available on Med-X's website, noting this has since been uploaded.	Reinforce/train staff that as per Section 4.3.3 of the OEMP, any complaints are required to be reported to DPE immediately.	Med-X	15 September 2022	
C4	The project has generally been carried out in accordance with the requirements of the OEMP however there have been a number of non-conformances raised which are covered elsewhere in these schedules. They generally relate to waste quantity tracking, surrendering previous DA's, staff training, maintenance/calibration of plant and equipment, air/odour monitoring, installation of the sampling plane, revision of MP's, implementation of the Site Stormwater Plan, bin storage areas, complaints reporting protocols, completion of the compliance reports and publicly available information of the website.	Actions related to this condition are detailed elsewhere throughout this table.	-	-	-
C5	Modification 1 was issued to the facility on 28/6/21 which adjusted waste processing and storage quantities. The OEMP has not been reviewed and/or updated since its initial approval by the Planning Secretary on 18/1/21 and is therefore considered a non-compliance. An additional modification to Condition B25 (permitted operating hours) was approved by the Planning Secretary on 26/8/21, however, the OEMP was not updated to reflect the updated work hours.	The OEMP including all sub-plans should be reviewed and updated following this audit and resubmitted to the Planning Secretary for Approval.	Med-X	15 August 2022	

C15	A review of the Med-X website on 11/3/22 determined that the only documentation publicly available was the PIRMP. Other information/documents required as per this condition was not available on the Med-X website. It is noted that some of this information is publicly available on the DPE Major Projects website. It is noted that that as of 29/4/22, some of the required information has been uploaded to the Med-X website.	Ensure all documents/information required under this condition are uploaded to the website and regularly maintained.	Med-X	15 August 2022	
Corrective Actions against opportunities for improvement					
B17	Waste generated/processed at the facility is transported by TRN or Express Waste to either Bingo landfill at Eastern Creek, Cleanaway facility at Kemps Creek or other suitably licensed facility. Monthly reports and invoices are provided to Med-X from the transporter which includes quantities and disposal locations which were sighted during the inspection. However, weighbridge dockets etc. are not provided/sighted by Med-X to confirm that the wastes were disposed of at the correct facility.	Conduct spot checks or other due diligence to confirm that waste which leaves the facility is being disposed of at suitably licensed locations.	Med-X	15 July 2022	

5.3 Limitations

The process by which this audit was conducted, including the sample of records selected and the method for examination used, followed established audit protocols and was in accordance with the best professional judgment of the auditor. It should be understood that the audit consisted of sample observations in a short span of time. Efforts were directed toward sampling all applicable facets of the environmental management systems and associated records, but it is important to recognise that such a sampling method can only support general conclusions and does not necessarily identify all potential problems.

6 | Conclusion

Molino Stewart undertook an independent environmental audit of the Arndell Park Medical Waste Facility. This document serves as the Independent Environmental Audit report.

The Project was audited against the following criteria:

- SSD 6761, approved 28th September 2020;
- SSD 6761 Modification 1, approved 28th June 2021;
- The Environmental Impact Statement (EIS);
- The feedback, requests, and/or comments of relevant agencies consulted; and
- Any other relevant documentation, procedures or plans associated with the project.

Consultation was undertaken by Ryan Maxwell (December 2021 and January 2022) as part of the audit scope and in line with the conditions.

The audit reviewed the Project's compliance via systems, documents, records, and procedures in relation to conditions of consent associated with the facility's operation.

The audit considered a total of 60 conditions from the consent, of which there were 125 separately assessable items. In general, the Project was found to be generally compliant with the conditions of consent requirements. Of the 125 separate items, a total of 25 items were not triggered during the audit period. There were 18 non-compliances identified during audit, the remainder of which were determined to be compliant. There was also one opportunity for improvement identified. The full details of the audit findings are provided in the schedules in Appendix C.

There were 15 corrective actions for the non-compliances, and one corrective action for the opportunity for improvement recognised.

Appendix A | Planning Secretary Audit Team Agreement

Planning, Industry & Environment

ARUP Australasia Pty Limited
Level 4
108 Wickham Street
Fortitude Valley QLD, 4006

BY EMAIL ONLY: debbie.costin@shred-x.com.au
Lilli.thannhauser@arup.com

2 November 2021

Clinical waste management facility - SSD-6761
Appointment of independent auditor

I refer to your request (SSD-6761-PA-9) on behalf of Med-X Pty Ltd for the Planning Secretary's endorsement of suitably qualified persons to undertake the independent environmental audit of the clinical waste management facility pursuant to Condition C12 of SSD-6761.

Conditions C12 and C13 of SSD-6761 provide for the following:

"C12. Within one year of the commencement of the development, and every three years after, unless the Planning Secretary directs otherwise, the Applicant must commission and pay the full cost of an Independent Environmental Audit (Audit) of the development. Audits must:
(a) be prepared in accordance with the Independent Audit Post Approval Requirements (Department 2020)
(b) be led and conducted by a suitably qualified, experienced and independent team of experts whose appointment has been endorsed by the Planning Secretary; and
(c) be submitted to the satisfaction of the Planning Secretary within three months of commissioning the Audit (or within another timeframe agreed by the Planning Secretary).

C13. In accordance with the specific requirements in the Independent Audit Post Approval Requirements (Department, 2020), the Applicant must:
(a) review and respond to each Independent Audit Report prepared under condition C12 of this consent; NSW Government 14 Arndell Park Clinical Waste Management Facility Department of Planning, Industry and Environment (SSD-6761)
(b) submit the response to the Planning Secretary and any other NSW agency that requests it, together with a timetable for the implementation of the recommendations;
(c) implement the recommendations to the satisfaction of the Planning Secretary; and
(d) make each Independent Audit Report and response to it publicly available no later than 60 days after submission to the Planning Secretary and notify the Planning Secretary in writing at least 7 days before this is done."

In accordance with Condition C12 of SSD-6761 the Planning Secretary endorses the following audit team to undertake the audit from Molino Stewart Environment and Natural Hazards:

- Shireen Baguley – lead auditor
- Ryan Maxwell – auditor
- Steven Molino – alternative lead auditor

Please ensure this correspondence is appended to the Independent Audit Report.

The Independent Audit must be prepared, undertaken and finalised in accordance with the Independent Audit Post Approval Requirements 2020. Failure to meet these requirements will require revision and resubmission.

The Department reserves the right to request an alternate auditor or audit team for future audits.

Notwithstanding the agreement for the above listed audit team for this Project, each respective project approval or consent requires a request for the agreement to the auditor or audit team be submitted to the Department, for consideration of the Secretary. Each request is reviewed and depending on the complexity of future projects, the suitability of a proposed auditor or audit team will be considered.

If you wish to discuss the matter further, please contact Julia Pope on 0448 229 658.

Yours sincerely

Julia Pope
Team Leader Compliance Metro

As nominee of the Planning Secretary

Appendix B | Site Plan (Extracted from SSD 6761)

APPENDIX 1 DEVELOPMENT LAYOUT PLANS

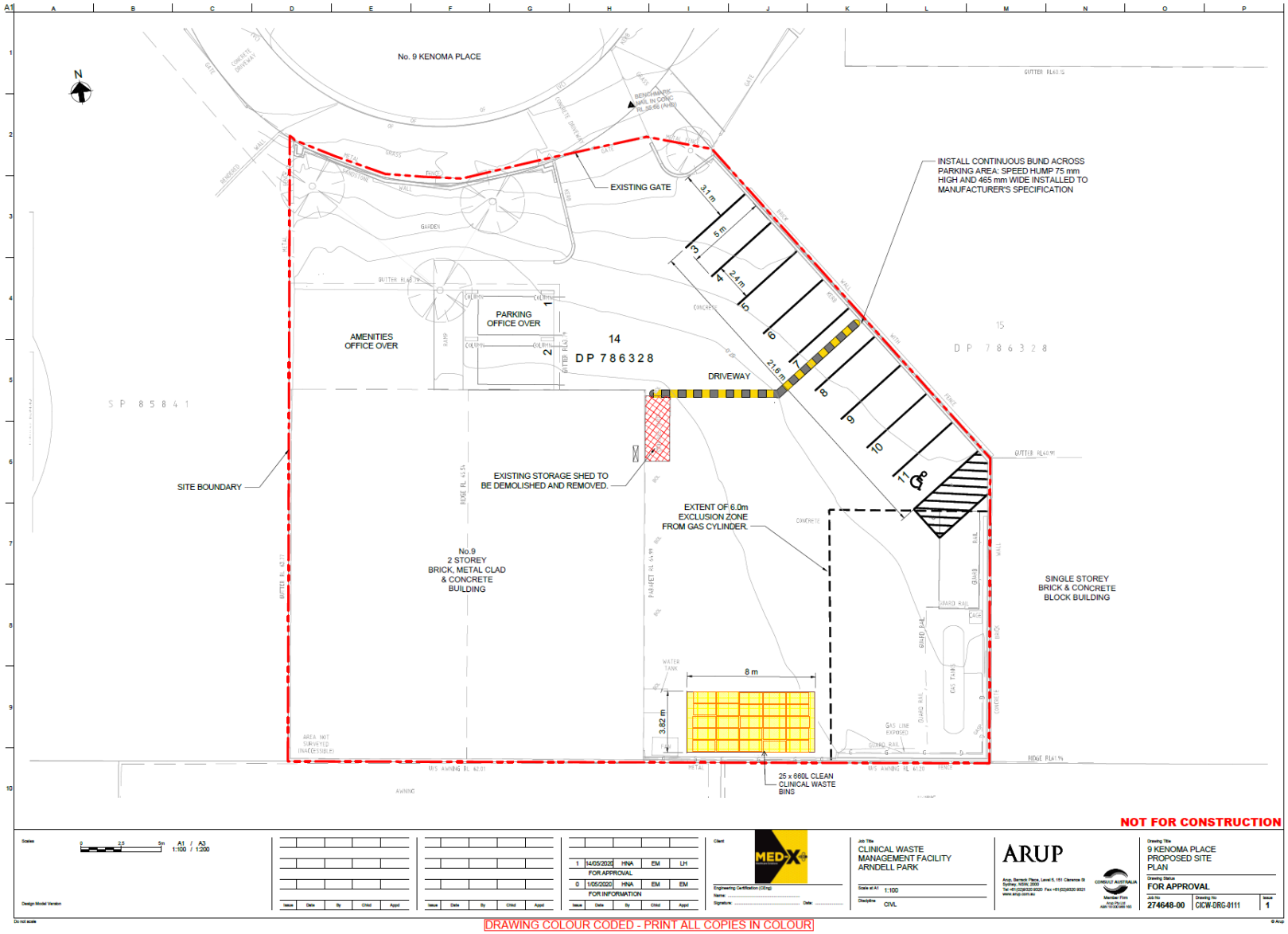

Figure 1: 9 Kenoma Place, Arndell Park Site Plan

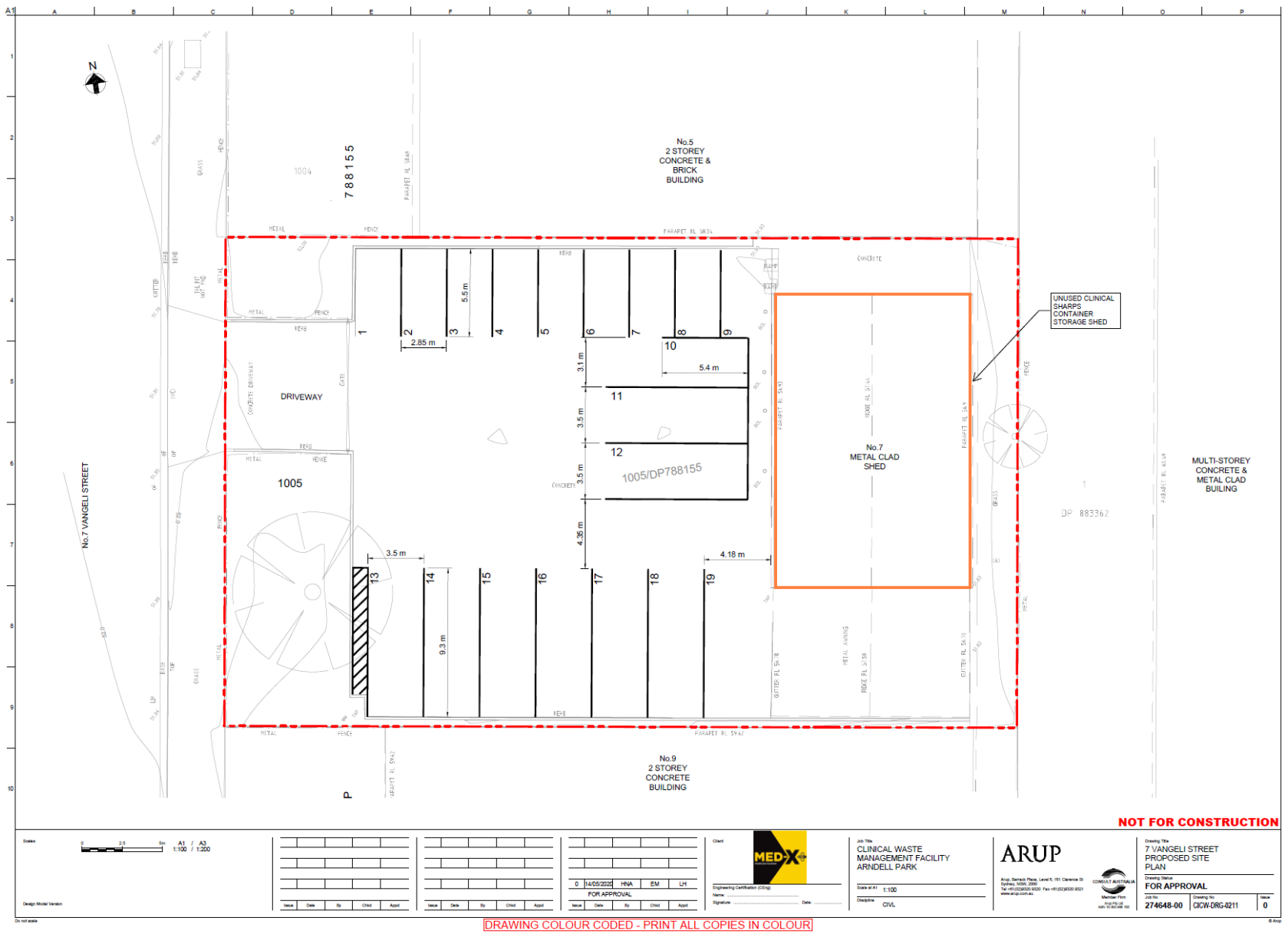

Figure 2: 7 Vangeli Street, Arndell Park Site Plan

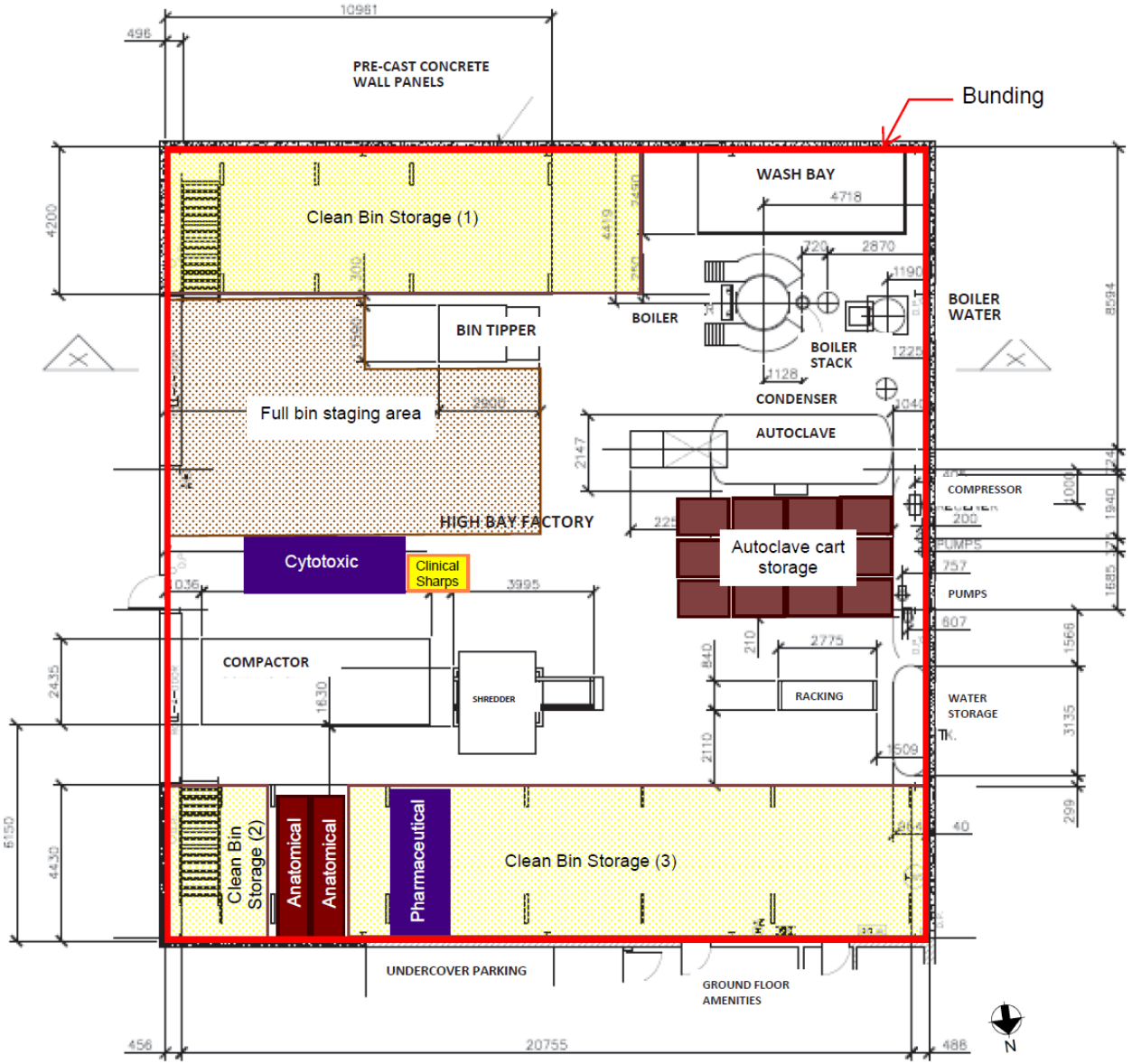

Figure 3: Storage Areas within the Processing Building Plan

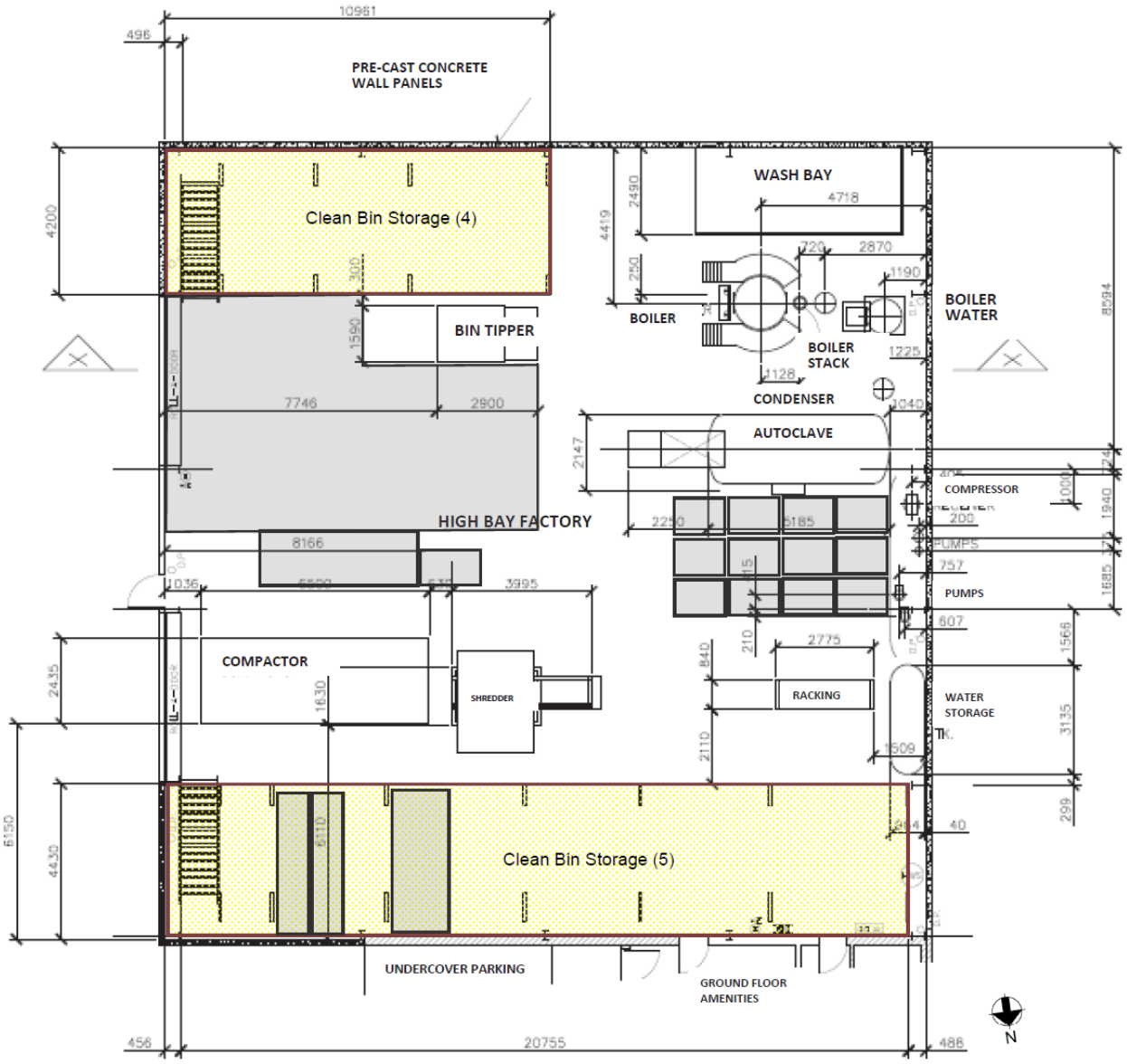

Figure 4: Storage Areas within the Processing Building Plan

Appendix C | Independent Audit Table

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
A1 OBLIGATION TO MINIMISE HARM TO THE ENVIRONMENT	In addition to meeting the specific performance measures and criteria in this consent, all reasonable and feasible measures must be implemented to prevent, and if prevention is not reasonable and feasible, minimise, any material harm to the environment that may result from the construction and operation of the development, and any rehabilitation required under this consent.	All evidence reviewed as per this audit.		The site operates under an Operational Environmental Management Plan (OEMP) which provides the strategic framework for environmental management of the development. There were no incidents resulting in material harm to the environment.	Compliant
A2 TERMS OF CONSENT	The Applicant, in acting on this consent, must carry out the Development : (a) in compliance with the conditions of this consent	All evidence reviewed as per this audit.		The development is generally being carried out in compliance with the conditions of this consent with a few exceptions as noted elsewhere in these schedules.	Compliant
	The Applicant, in acting on this consent, must carry out the Development: (b) in accordance with all written directions of the Planning Secretary;	N/A		There have been no written directions from the Planning Secretary.	Not Triggered
	The Applicant, in acting on this consent, must carry out the Development: (c) in accordance with the EIS and Response to Submissions;	EIS and RTS		The development appears to be carried out in compliance with these documents with a few exceptions as noted elsewhere in these schedules. Alignment between anticipated and predicted impacts discussed in audit report	Compliant
	The Applicant, in acting on this consent, must carry out the Development: d) in accordance with the Modification Application;	Modification Application and Mod-1		The development is being carried out in compliance with the modification application/Mod-1 with a few exceptions as noted elsewhere in these schedules.	Compliant
	The Applicant, in acting on this consent, must carry out the Development: (e) in accordance with the Development Layout in Appendix 1;	Development layout and site plans Site inspection		The devepment is generally being carried out in accordance with the Development Layout and relevant site plans.	Compliant
	The Applicant, in acting on this consent, must carry out the Development: (f) in accordance with the management and mitigation measures in Appendix 2.	All evidence reviewed as per this audit.		Mitigation measures in Appendix 2 are incorporated into the OEMP (and sub-plans) which were included in the scope of this audit. The development is generally being carried out in compliance with Appenedix 2 with a few exceptions as noted elsewhere in these schedules.	Compliant
A3 TERMS OF CONSENT	Consistent with the requirements in this consent, the Planning Secretary may make written directions to the Applicant in relation to: (a) the content of any strategy, study, system, plan, program, review, audit, notification, report or correspondence submitted under or otherwise made in relation to this consent, including those that are required to be, and have been, approved by the Planning Secretary	N/A		There have been no written directions from the Planning Secretary.	Not Triggered
	Consistent with the requirements in this consent, the Planning Secretary may make written directions to the Applicant in relation to: (b) the implementation of any actions or measures contained in any such document referred to in condition A3(a).	N/A		There have been no written directions from the Planning Secretary.	Not Triggered
A4 TERMS OF CONSENT	The conditions of this consent and directions of the Planning Secretary prevail to the extent of any inconsistency, ambiguity or conflict between them and a document listed in conditions A2(c) and A2(f). In the event of an inconsistency, ambiguity or conflict between any of the documents listed in condition A2(c) and A2(f), the most recent document prevails to the extent of the inconsistency, ambiguity or conflict.	All evidence reviewed as per this audit.		No inconsistencies have been identified. No further assessment required.	Compliant
A5 LIMITS OF CONSENT	This consent lapses five years after the date from which it operates, unless the development has physically commenced on the land to which the consent applies before that date.	Development Consent Approval of OEMP from DPE		Development Consent was provided on 28/9/20 and operations commenced following approval of the OEMP on 18/1/21.	Compliant
A6 LIMITS OF CONSENT. Note: The mass is based on an average waste density of 120 kg/m3.	In regard to processing and storage capacity, the Applicant must not: (a) receive and process more than 2,000 tonnes per annum of clinical waste;	Waste processing summary spreadsheet Raw output spreadsheets from the online tracking system		Med-X provided a spreadsheet summarising the quantity of all received/processed waste to the facility between January and December 2021. A total of 2003.09 tonnes of clinical waste was received/processed at the facility during the year which is marginally above the 2000 tonne limit and therefore considered a non-compliance. A total of 109.74 tonnes of related waste was received/processed at the facility during the year which is below the 300 tonne limit. However, it is noted that when reviewing the raw waste reports extracted directly from the online tracking system (which then fed into the provided summary spreadsheet), there were a number of discrepencies. The quantity of waste provided in summary spreadsheet was different to those provided in the raw waste output report. **Corrective Action (CA) - review the waste tracking mointoring process to ensure that waste limits are not exceeded. This may involve weekly/monthly 'running total' monitoring and/or setting up automated alerts when getting close to reaching limits.**	Non-Compliant
	In regard to processing and storage capacity, the Applicant must not: (b) receive and store more than 300 tonnes of related waste per annum;	Waste processing summary spreadsheet Raw output spreadsheets from the online tracking system		**CA - review the process of calculating annual waste quantities to ensure there are no discrepencies between reported waste quantities and those contained within the online tracking system.**	Non-Compliant
	In regard to processing and storage capacity, the Applicant must not: (c) process more than 648 kilograms (kg) of clinical waste per operating cycle of the autoclave;	Daily weight sheets Site inspection		During the site inspection, a spot check of the daily weight spreadsheets was conducted. This weighs bins prior to entering the autoclave. Bins were well below the 648kg limit as required by this condition. Site personnel detailed that if you overload the autoclave, the correct level of sterilisation/treatment is not achieved.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
	In regard to processing and storage capacity, the Applicant must not: (d) store more than 450 kilograms total of clinical and related wastes outside of the approved hours of operation;	Site inspection Raw output spreadsheets from the online tracking system Discussions of the process with site personnel		Clinical waste is treated as it comes into the facility and rarely left untreated outside permitted operating hours, in the event it does, it is in very low quantities, below the limits of this condition. Forward planning of bin collection runs is undertaken to determine how much processing is required that day and therefore how many resources are required to adequately treat/process the waste being received at the facility.	Compliant
	In regard to processing and storage capacity, the Applicant must not: (e) store more than 180 kilograms of anatomical waste at any one time;	Site inspection Raw output spreadsheets from the online tracking system Discussions of the process with site personnel		Clinical waste is stored in two freezer chests located onsite. Site staff advised that only a small amount of anatomical waste is received at this facility which is usually then transported immediately to the Cleanaway Medical Waste Facility at Silverwater. During the site inspection, there was no anatmoical waste located on site. Forward planning of bin collection runs is undertaken to determine how much processing is required that day and therefore how many resources are required to adequately treat/process the waste being received at the facility.	Compliant
	In regard to processing and storage capacity, the Applicant must not: (f) store more than 1,200 kilograms DG Class 6.2 PG III at all times.	Site inspection Raw output spreadsheets from the online tracking system Discussions of the process with site personnel		Waste records were reviewed and there were no recorded instances where >1200kg of DG Class 6.2 PG III being stored on site.	Compliant
A7 NOTIFICATION OF COMMENCEMENT	The date of commencement of each of the following phases of the development must be notified to the Planning Secretary in writing, at least one month before that date, or as otherwise agreed with the Planning Secretary: (a) construction; (b) operation; and (c) cessation of operations	Operation Notice of commencement letter (RA:DC 2020_002 Arndell Park EPL 20233 NSW DPIE 02-10)		Med-X provided notification letter (RA:DC 2020_002 Arndell Park EPL 20233 NSW DPIE 02-10) to Planning Secretary on 2/10/2020 advising that the commencement of operations was to take place on 2/11/2020. However it is noted that operations did not commence until the OEMP was approved by the Planning Secretary as per the letter dated 18/1/21.	Compliant
A8 NOTIFICATION OF COMMENCEMENT	If the construction or operation of the development is to be staged, the Planning Secretary must be notified in writing, at least one month before the commencement of each stage (or other timeframe agreed with the Planning Secretary), of the date of commencement and the development to be carried out in that stage.	N/A		Operation of the development was not staged therefore this condition was not triggerred during the reporting period.	Not Triggered
A9 SURRENDER OF EXISTING CONSENTS	Within 12 months of the date of commencement of development to which this consent applies, or within another timeframe agreed by the Planning Secretary, the Applicant must surrender the existing development consents for the Site including No JRPP-11-1642 dated 3 August 2011 and modification consent S 9612/1451 dated 2 October 2012 in accordance with the EP&A Regulation.	DA surrender		During the audit, no evidence was provided that the previous development consents No JRPP-11-1642 dated 3 August 2011 and modification consent S 9612/1451 dated 2 October 2012 were surrendered in accordance with this Condition therefore this is considered a non-compliance. It's noted that following the audit, the development consents were surrendered on 12 May 2022 as per email and confirmation letter from Blacktown City Council (File no: JRPP-11-1642 S96-12-1451).	Non-Compliant
A10 SURRENDER OF EXISTING CONSENTS	Upon the commencement of development to which this consent applies, and before the surrender of existing development consents or project approvals required under condition A9, the conditions of this consent prevail to the extent of any inconsistency with the conditions of those consents or approvals.	N/A		Noted - no further assessment required.	Compliant
A11 EVIDENCE OF CONSULTATION	Where conditions of this consent require consultation with an identified party, the Applicant must: (a) consult with the relevant party prior to submitting the subject document to the Planning Secretary for approval;	Evidence of consultation as required by other conditions in this consent.		Med-X was required to consult with public authorities for the following conditions that were applicable to the audit period: - B3: consultation with the EPA was required regarding the preparation of the Air Quality Management Plan (AQMP). The EPA was appropriately consulted with as per the email dated 17/12/20 from the EPA. Comments were incorporated into the final AQMP.	Compliant
	(b) provide details of the consultation undertaken including: (i) the outcome of that consultation, matters resolved and unresolved; and (ii) details of any disagreement remaining between the party consulted and the Applicant and how the Applicant has addressed the matters not resolved.	Evidence of consultation as required by other conditions in this consent.		As noted in item a)	Compliant
A12 STAGING, COMBINING AND UPDATING STRATEGIES, PLANS OR PROGRAMS	With the approval of the Planning Secretary, the Applicant may: (a) prepare and submit any strategy, plan or program required by this consent on a staged basis (if a clear description is provided as to the specific stage and scope of the development to which the strategy, plan or program applies, the relationship of the stage to any future stages and the trigger for updating the strategy, plan or program);	N/A		Strategies, plans or programs were not staged therefore this condition is not triggered.	Not Triggered
	With the approval of the Planning Secretary, the Applicant may: (b) combine any strategy, plan or program required by this consent (if a clear relationship is demonstrated between the strategies, plans or programs that are proposed to be combined);	N/A		Strategies, plans or programs were not combined therefore this condition is not triggered.	Not Triggered

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
A13 STAGING, COMBINING AND UPDATING STRATEGIES, PLANS OR PROGRAMS	With the approval of the Planning Secretary, the Applicant may: (c) update any strategy, plan or program required by this consent (to ensure the strategies, plans and programs required under this consent are updated on a regular basis and incorporate additional measures or amendments to improve the environmental performance of the development).	N/A		Strategies, plans or programs have not been updated since their initial approval therefore this condition is not triggered.	Not Triggered
	If the Planning Secretary agrees, a strategy, plan or program may be staged or updated without consultation being undertaken with all parties required to be consulted in the relevant condition in this consent.	N/A		Strategies, plans or programs have been staged or updated since there intitial approval therefore this condition is not triggered.	Not Triggered
A14 STAGING, COMBINING AND UPDATING STRATEGIES, PLANS OR PROGRAMS	If approved by the Planning Secretary, updated strategies, plans or programs supersede the previous versions of them and must be implemented in accordance with the condition that requires the strategy, plan or program.	N/A		Strategies, plans or programs have not been updated since their initial approval therefore this condition is not triggered.	Not Triggered
A15 COMPLIANCE	The Applicant must ensure that all of its employees, contractors (and their sub-contractors) are made aware of, and are instructed to comply with, the conditions of this consent relevant to activities they carry out in respect of the development.	Staff inductions or other documentation showing how personnel are made aware of obligations to comply with conditions of consent. Including direct employees and any subcontractors etc.		OMEP dated 18/12/20 sighted. Section 4.2 specifes that all staff will receive induction training and then ongoing awareness training relevant to the role in which the employee is undertaking. The induction includes information contained within the Staff Induction Manual information regarding waste types, safety and environmental hazards, PPE, chemical management, procedures of the Transport and Operations Manuals etc. Induction records for Jay Pattel and Philip Tilily sighted. It is noted that the site induction does not contain information regarding permitted working hours (as per this approval), spill management/response, specfic waste requirements as per B13-B16, specific traffic requirements as per B22 and B23. Med-X videos are also shown to new employees which detail operating procedures for site machinery. These videos were very detailed and an excellent way to familiarise new employees. **CA - Review the Staff Induction Manual and include additional items specific to this planning approval e.g.permitted working hours (as per this approval), spill management/response, specfic waste requirements as per B13-B16, specific traffic requirements as per B22 and B23 etc.** The additional and ongoing awareness training required by Section 4.2 of the OEMP is not documented and is understood to be verbal on-the-job training. **CA - Document the delivery of ongoing awareness training**	Non-Compliant
A16 OPERATION OF PLANT AND EQUIPMENT	All plant and equipment used on site, or to monitor the performance of the development, must be: (a) maintained in a proper and efficient condition;	Maintenance records for plant and equipment Calibration records Site inspection		Maintenance and calibration records for plant, equipment and machinery are provided in Section 5.2 of the Waste Management Plan (WMP) and Section 5 of the OEMP which is primarily looking at the autoclave, boiler and weighbridge. A summary includes: - Daily weighbridge calibration records - Weekly validation using 20kg item - 6 Monthly autoclave calibration records - Autoclave sterilisation processing eficacy yearrly. - Biological indicator testing - each autoclave load It is noted that the maintenance/calibration requirements in the OEMP and WMP are not consistent with practices being implemented onsite. The weighbridge undergoes a 6 monthly binannual significant calibration however the daily and weekly calibration/validations are not completed, or done sporadically. Sighted weekly inspection records of the autocalve from July 2021. The Biosecurity Log Sheet was sighted for the biological indicator testing completed on the autoclave. It is noted that testing is not completed for each load. **CA - Complete and maintain records of maintenance, inspection, calibration and verification of plant, equipment and machinery in accordance with the OEMP. If there are justified deviations, update OEMP to relect.** During the site inspection, plant, equipment and machinery were inspected and they appeared to be in good working order with no obvious issues.	Non-Compliant
	All plant and equipment used on site, or to monitor the performance of the development, must be: (b) operated in a proper and efficient manner.	Staff inductions Licenses of drivers Site inspection		Sighted truck driver Philip Tilily High Risk Work License and Heavy Vehicle license. These licenses are for all truck drivers and is checked during the onboarding process. New drivers generally spend a day with an experienced driver to ensure they are competent. No additional licensing required for the operation of machinery within the facility. However there are standard operating procedures for use of the autoclave which are located next to the control panel. There are also excellent Med-X videos used to guide personnel through these procedures.	Compliant
A17 APPLICABILITY OF GUIDELINES	References in the conditions of this consent to any guideline, protocol, Australian Standard or policy are to such guidelines, protocols, Standards or policies in the form they are in as at the date of this consent.	OEMP		Noted. The OEMP, AQMP, OTMP and EMP correctly make reference to the guideline, protocol, Australian Standard or policy as dated in the Consent.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
A18 APPLICABILITY OF GUIDELINES	However, consistent with the conditions of this consent and without altering any limits or criteria in this consent, the Planning Secretary may, when issuing directions under this consent in respect of ongoing monitoring and management obligations, require compliance with an updated or revised version of such a guideline, protocol, Standard or policy, or a replacement of them.	N/A		This has not been requested by the Planning Secretary.	Not Triggered
AN1 ADVISORY NOTES	All licences, permits, approvals and consents as required by law must be obtained and maintained as required for the development. No condition of this consent removes any obligation to obtain, renew or comply with such licences, permits, approvals and consents.	Licenses, permits and approvals	Noted	Licenses, permits, approvals and consents applicable to this development include: EPL 20233 - obtained for the storage and processing of waste. An EPL variation was approved by the EPA on XX allowing for increased waste processing/storage capacity as detailed in SSD 6761 Modification 1. EPL 12609 - obtained for the transport of category 1 and 2 trackable waste. Certificate of Approval Clinical Waste Treatment Method CW002 - Obtained for the treatement of clinical waste by Autoclave which expires on 31/4/24.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
AIR QUALITY					
Air Quality Discharges					
B1 Air Quality Discharges	The Applicant must install and operate equipment in line with best practice to ensure that the development complies with all load limits, air quality criteria/air emission limits and air quality monitoring requirements as specified in the EPL applicable to the site.	Monitoring records Odour Audit Site inspection AQMP		An Odour Audit of the facility was undertaken by Todorski Air Sciences on 18/1/22 (20031098B) which assessed compliance against this condition. The audit concluded that while odour management measures were generally equivalent to industry best practice, there were a number of items which have not been complied which include: - The sampling plane on the ventilation stack has not yet been installed (Condition B2). - The vent stack has been modified following a non-odour related complaint (Condition C1) to face downwards. While this is not considered best practice, there have been no odour related complaints therefore this is considered acceptable. - Air/odour monitoring has not been completed in accordance with the AQMP i.e. annual stack monitoring and odour surveys have not ben completed. - Air quality commitments are not fully incorporated into staff training - The stand-alone tank inspection lid needs to be properly sealed to ensure there is no leakage - The chiller system pipe connection requires completion. - Update the AQMP to conduct stack testing following complaints rather than annually, sample speciated VOC (instead of odour) and conduct baseline monitoring. There has been no stack testing completed to date for the project therefore we are unable to determine whether there have been any air quality exceedances. One odour survey was completed by Todorski Air Sciences on 19/11/21 which concluded that there was no odour identified from the facility at the various sampling points. There has been no complaints recieved related to odour. However a complaint was received for the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack (see Conditon C1). **CA - Implement corrective actions detailed in the Audit Report**	Non-Compliant
B2 Air Quality Discharges	Air from the standalone water tank must be discharged at least 1 metre above the roofline of the building. The ventilation stack must have a sampling plane that has been constructed with consideration of AS 4323.1-1995 Stationery Source Emissions – Selection of Sampling Positions.	Odour Audit Site inspection		During the site inspection, the ventilation stock discharge point was observed to be >1m above the roofline.As noted in Condition B1 and in the Odour Audit, the ventilation stack has been modified following a non-odour related complaint (Condition C1) to face downwards. The sampling plane on the ventilation stack has not yet been installed as identified in the Odour Audit. **CA - Install the sampling plane on the ventilation stack in accordance with AS 4323.1-1995 Stationery Source Emission - Selection of Sampling Positions.**	Non-Compliant
Air Quality Management Plan					
B3 Air Quality Management Plan	Prior to the commencement of operation, the Applicant must prepare an Air Quality Management Plan (AQMP) to the satisfaction of the Planning Secretary. The AQMP must form part of the OEMP required by condition C2 and:	Planning Secretary approval letter AQMP	-	The Air Quality Management Plan v002, report number 20031098A (AQMP) (Appendix A of the OEMP) was approved by the Planning Secretary as per letter dated 18/1/21. Works commenced after receiving approval. It's noted that Med-X previously notified the Planning Secretary as per the letter dated 2/10/20 (RA:DC 2020_002 Arndell Park EPL 20233 NSW DPIE 02-10) that works were due to commence on 2/11/20, however this commencement date was pushed back until the AQMP was approved on 18/1/21.	Compliant
	(a) be prepared by a suitably qualified and experienced person(s);	AQMP	-	The AQMP was prepared by Todoroski Air Sciences which is a reputable consultancy specialising in air quality management. The AQMP was approved by the Planning Secretary as per letter dated 18/1/21.	Compliant
	(b) be prepared in consultation with the EPA;	AQMP Email consultation from EPA	-	The EPA was provided the opportunity to comment of the AQMP as per emails received by the EPA on 17/12/20. Comments received from the EPA were incorporated into the final AQMP.	Compliant
	(c) detail and rank all emissions from all sources of the development, including odour;	AQMP	-	Section 5.1 of the AQMP ranks all emmissions from all sources of the development.	Compliant
	(d) describe a program that is capable of evaluating the performance of the operation and determining compliance with key performance indicators;	AQMP	-	Section 6 of the AQMP evaluates environmental performance of the operation via monitoring including stack testing, field odour surveys.	Compliant
	(e) identify the control measures that that will be implemented for each emission source;	AQMP	-	Section 5 of the AQMP details control measures that will be implemented to adequately manage air quality risks.	Compliant
	(f) nominate the following for each of the proposed controls: (i) key performance indicator; (ii) monitoring method; (iii) location, frequency and duration of monitoring; (iv) record keeping; (v) complaints register; (vi) response procedures; and (vii) compliance monitoring.	AQMP	-	The below proposed controls are listed in various sections throughout the AQMP as detailed below. (i) key performance indicator - section 4 (ii) monitoring method - Section 6.1 and 6.2 (iii) location, frequency and duration of monitoring - Section 6.1 and 6.2 (iv) record keeping - Section 6.1 and 6.2 (v) complaints register - Section 6.5 (vi) response procedures - Section 6.4 (vii) compliance monitoring - Section 7	Compliant
	The Applicant must: (a) not commence operation until the AQMP required by condition B3 is approved by the Planning Secretary;	Planning Secretary approval letter AQMP	-	The Air Quality Management Plan v002, report number 20031098A (AQMP) (Appendix A of the OEMP) was approved by the Planning Secretary as per letter dated 18/1/21. Works commenced after receiving approval. It's noted that Med-X previously notified the Planning Secretary as per the letter dated 2/10/20 (RA:DC 2020_002 Arndell Park EPL 20233 NSW DPIE 02-10) that works were due to commence on 2/11/20, however this commencement date was pushed back until the AQMP was approved on 18/1/21.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
B4 Air Quality Management Plan	The Applicant must: (b) implement the most recent version of the AQMP approved by the Planning Secretary for the duration of the development.	AQMP Odour Audit Monitoring records Site inspeciton	-	An Odour Audit of the facility was undertaken by Todorski Air Sciences on 18/1/22 (20031098B) which assessed compliance against this condition. The audit concluded that while the AQMP was generally implemented throughout site, there were a number of items which have not been complied which include: - The sampling plane on the ventilation stack has not yet been installed (Condition B2). - The vent stack has been modified following a non-odour related complaint (Condition C1) to face downwards. While this is not considered best practice, there have been no odour related complaints therefore this is considered acceptable. - Air/odour monitoring has not been completed in accordance with the AQMP i.e. annual stack monitoring and odour surveys have not ben completed. - Air quality commitments are not fully incorproated into staff training - The stand-alone tank inspection lid needs to be properly sealed to ensure there is no leakage - The chiller system pipe connection requires completion. - Update the AQMP to conduct stack testing following complaints rather than annually, sample speciated VOC (instead of odour) and conduct baseline monitoring. There has been no stack testing completed to date for the project therefore we are unable to determine whether there have been any air quality exceedances. One odour survey was completed by Todorski Air Sciences on 19/11/21 which concluded that there was no odour identified from the facility at the various sampling points. There has been no complaints recieved related to odour. However a complaint was received for the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack (see Conditon C1). **CA's associated with Odour Audit have been incorporated directly into this audit report.**	Non-Compliant
Odour Management					
B5 Odour Management	The Applicant must ensure the development does not cause or permit the emission of any offensive odour (as defined in the POEO Act).	Monitoring records AQMP AQMP	-	There have been no odour related incidents or complaints regarding the emission of offensive odour. There have been no exceedances of air/odour criteria as detailed in the AQMP however, it is noted that not all monitoring has been completed as per the AQMP.	Compliant
B6 Odour Management. Note: The Odour Audit may be prepared so that it addresses the requirements of this consent and the EPL for the development.	The Applicant must carry out an Odour Audit of the development no later than six months after the commencement of operation of the development. Division 9.4 of Part 9 of the EP&A Act applies to this audit which is for the purpose of auditing the development against the odour impact predictions of the development. The audit must:	Odour Audit submission details	-	The Odour Audit was due to be carried out on 22/7/21. An extension of this deadline was requested to DPIE via a letter on 30/6/21. As per email from from DPIE (Julia Pope) on 2/11/21, the condition does not allow for any extensions of time therefore this request could not be approved. The Odour Audit was undertaken on 19/11/21 by Todoroski Air Services and submitted to DPE on 25/1/22.	Non-Compliant
	(a) be carried out by a suitably qualified, experienced and independent person(s), whose appointment has been endorsed by the Planning Secretary;	AQMP Odour Audit and CV's provided	-	The AQMP was prepared by Todoroski Air Services which is a reputable consultancy specialising in air quality management. CV's of consultancy personnel were provided.	Compliant
	(b) audit the development in full operation;	Odour Audit Site inspection	-	As detailed in Table 5-1 of the audit report, the facility was in full operation.	Compliant
	(c) include a summary of odour complaints and any actions that were carried out to address the complaints;	Odour Audit Complaints register	-	As detailed in Section 5.4 of the Audit Report, there were no odour related complaints received during the reporting period.	Compliant
	(d) assess the operation against odour impact predictions in the EIS and RtS;	Odour Audit	-	As per Section 5.1.6 of the Audit Report, odour was not detected beyond predictions in the EIS and RtS	Compliant
	(e) review design and management practices in the development against industry best practice for odour management;	Odour Audit	-	As per Section 7 of the Audit Report, design and management practices are generally in line with best practice and appear to operate well to ensure that the potential for odour impacts is minimised.	Compliant
	(f) include an action plan that identifies and priorities any odour mitigation measures that may be necessary to reduce odour emissions.	Odour Audit	-	As per Table 6-1 in Section 6 of the Audit Report, recommendations to improive odour performance have been detailed.	Compliant
B7 Odour Management	Within six months of commissioning of the Odour Audit required by condition B6, or otherwise agreed by the Planning Secretary, the Applicant must submit a copy of the Odour Audit report to the satisfaction of the Planning Secretary, together with the Applicant's response to any recommendations contained in the Odour Audit report.	Odour Audit Submission confirmation Response to recommendations document	-	The Odour Audit was undertaken on 19/11/21 by Todoroski Air Services and submitted to DPE on 25/1/22.	Compliant
HAZARDS AND RISKS					
Emergency Plan					
B8 Emergency Plan	Prior to commencement of operation of the development, the Applicant must prepare and implement a comprehensive Emergency Plan. The Emergency Plan must include: (a) consider the safety of all people outside of the development who may be at risk from the development and must be prepared in accordance with the Department's Hazardous Industry Planning Advisory Paper No. 1, 'Emergency Planning';	OEMP PIRMP Site inspection Training records Staff Induction Manual	-	The OEMP dated 18/12/20 was sighted. Section 4.3 includes emergency procedures, as well as Appendix D - Pollution Incident Response Management Plan (PIRMP). The OEMP, which includes the Emergency Plan, was approved by DPE Planning Secretary as per letter dated 18/1/21. The commencement of operations commenced after this date. The Emergency Plan accounts for external personnel throughout the Plan. Emergencies which affect external personnel (i.e. the community) are categorised as 'External Alert' as detailed in Section 1.1 of the Emergency Plan.	Compliant
	(b) detail emergency procedures for the development.	OEMP PIRMP Site inspection Training records Staff Induction Manual	-	Section 4 of the Emergency Plan includes specific emergency procedures to be followed for various scenarios relevant to the facility. Evidence of implementation is summarised below: - Emergency procedures are included in the Staff Induction Manual which all new staff are inducted into. - Emergency contact numbers and evacuation procedures were placed throughout the facility. - Spill kits were observed throughout the facility. - Fire extinguishers were observed throughout the facilty - Alarm systems were present throughout the facility which were tested and determined to be operational during the site inspection There have been no incidents triggering activation of the PIRMP. The plan has not been tested (via a drill) or updated in 12 months as required by Section 5 of the Plan however it is noted that an emergency drill is planned to occur between 23-27 May 2022. **CA - Complete an emergency drill to test the Plan and then review and if required updated the Emergency Plan.**	Non-Compliant
Dangerous Goods					

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
B9 Dangerous Goods	The Applicant must ensure that the quantities of dangerous goods stored and handled at the site or transported to and from the site are below the screening threshold quantities listed in the Department's Applying SEPP 33 at all times, except for dangerous goods Class 6.2 Packing Group III infectious substances (DG Class 6.2 PG III).	SEPP 33 PIRMP OEMP Site inspection	-	Quantities provided in PIRMP. Comparison to SEPP 33 guidelines is provided below: - Class 2.1 - maximum allowable capacity as per Table 3 of SEPP 33 = 10 tonne or 16m3 if stored aboveground. The existing LPG tank capacity is capacity is 7,500L which is considered compliant with this condition. - Class 6.1, Infectious Substances, maximum allowable capacity for Packaging Group II = 2.5 tonnes. Total stored onsite = <2.5 tonnes. - Class 3, Flammable liquids, maximum allowable onsite varies based on packaging group however is less than 2 tonnes, amount onsite = <40L. During the site inspection, there was no indication that DG's were in exceedance with the above thresholds.	Compliant
Bunding					
B10 Bunding	The Applicant must store all chemicals, fuels and oils used on-site in appropriately bunded areas in accordance with the requirements of all relevant Australian Standards, and/or EPA's Storing and Handling of Liquids: Environmental Protection – Participants Manual (Department of Environment and Climate Change, 2007).	Site inspection checklists Site inspection to verify	-	During the site inspection, rollever bunds were oberved around the building to contain any spill which may occur. Chemical storage areas/cabinets were observed within the bunded areas however minimal chemicals (other than LPG) are stored onsite. A 7,500L LPG tank was observed outside the building. Bunding, in the form of rollover speed humps were install which diverts any spills to two stormwater pits located on the inside of the speed humps. In accordance with the Site Stormwater Plan (Appendix E of the OEMP), a valve is required to be installed on this pit which can be activated in a spill which contain any liquid on-site, preventing it from entering the offsite stormwater system. During the inspection, it was identified that this valve was not installed. **CA - Implement the Site Stormwater Plan in full to prevent any spills from leaving the site in accordance with EPA's Storing and Handling of Liquids: Environmental Protection – Participants Manual (Department of Environment and Climate Change, 2007).This also includes the installation of a 200 micron filter bag in last 2 pits on inside of bund, and installation of a remove control gate valve on last pit.** Note - there are no chemicals stored at the parking depot located on Vangeli Street. Spill kits were observed on site during the site inspection	Non-Compliant
WASTE MANAGEMENT					
Waste Management Plan					
B11 Waste Management Plan	Prior to the commencement of operation, the Applicant must prepare a Waste Management Plan (WMP) for the development to the satisfaction of the Planning Secretary. The WMP must: (a) be prepared by a suitably qualified and experienced person(s) prior to the commencement of operation;	WMP Approval letter from DPE	-	The Waste Management Plan Issue 2, report number 274648-00 dated 8/10/20 (WMP) (Appendix B of the OEMP) was approved by the Planning Secretary as per letter dated 3/11/20. Commencement of operations occurred on 18/1/21 after the overarching OEMP was approved. The WMP was prepared by ARUP which is a reputable consultancy. Details and qualifications of the personnel who prepared the WMP are provided in Section 1.4 of the WMP.	Compliant
	(b) include suitable provision to monitor the: (i) quantity, type and source of waste received on site; (ii) quantity, type and quality of the outputs produced on site; (iii) freezer capacity on site for the storage of received anatomical waste;	WMP	-	The WMP includes suitable provisions to monitor requirements of this condition throughout the document, but specifically in Sections 3.2, 3.3, 4 and 5. Freezer capacity for anatomical waste is 90kg as detailed in Table 12 of the WMP.	Compliant
	(c) ensure that: (i) all waste that is controlled under a tracking system has the appropriate documentation prior to acceptance at the site; (ii) sufficient capacity is available for the storage of all clinical and related wastes; and (iii) staff receive adequate training in order to be able to recognise and handle any hazardous or other prohibited waste including asbestos.	WMP Horizon Connect system Waste records/documentation Training records	-	Refer to Condition B12 (b)	Compliant
	The Applicant must: (a) not commence operation until the WMP required by condition B11 is approved by the Planning Secretary; and	WMP Approval from Planning Secretary	-	The Waste Management Plan Issue 2, report number 274648-00 dated 8/10/20 (WMP) (Appendix B of the OEMP) was approved by the Planning Secretary as per letter dated 3/11/20. Commencement of operations occurred on 18/1/21 after the overarching OEMP was approved.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
B12 Waste Management Plan	The Applicant must: (b) implement the most recent version of the WMP approved by the Planning Secretary for the duration of the development.	WMP Site inspection PDA and CRM records Training/induction records Waste tracking documentation	-	A review of the facility's waste management processes was undertaken and determined to be generally in compliance with the WMP as detailed below: - Prior to waste being picked by Med-X delivery drivers, drivers review the waste and enter details into the Personal Digital System (PDA) including any issues. The outputs of the PDA system was reviewed during the site inspeciton. If there is an issue at pickup such as incorrect waste in a bin, the driver can reject the load. - The waste is then transported to the facility where is then weighed on the weighbridge, which is then again updated into the PDA system. This is then automatically uploaded to a database which can be reviewed by relevant office staff. This database was observed during the site inspection. - Once the waste is processed into an inert waste (GSW), it is then transported to by TRN or Express Waste to either Bingo landfill at Eastern Creek, Cleanaway facility at Kemps Creek or other suitably licensed facility. It's noted that weighbridge dockets are not provided/sighted by Med-X after it leaves the facility. **OFI - conduct spot checks or other due dilligence to confirm that waste which leaves the facility is being disposed of at suitably licensed locations.** - During the site inspection, it was observed that there was sufficient capacity within the facility to store and process waste. - The facility was generally clean and free of rubbish. - Waste is generally stored in locations detailed within the WMP. - Waste management was generally covered in training/inductions however this has been further assessed in Condition A15. - Plant, equipment and machinery maintenance/calibration has been further assessed in Condition A16. - As per Section 5.3 of the WMP, the WMP is required to be reviewed, and if necessary updated anually. The WMP has not been udpated since 8/10/20 however this is further assessed in Condition C5.	Compliant
Waste Processing and Storage					
B13 Waste Processing and Storage	The Applicant must unload the waste received at the site inside the processing building and at the designated loading dock to avoid spillage.	Site inspection WMP Complaints register	-	This requirement is included in Section 4.3 of the WMP. During the site inspection, a truck delivering waste to the facility was observed. Waste was appropriately received inside the facility with no spillage during the unloading process. There have been no odour related complaints during the audit period.	Compliant
B14 Waste Processing and Storage	The Applicant must ensure the development does not store clean waste bins in the vehicle manoeuvring area except as shown in Figure 1: in Appendix 1.	Site inspection WMP Complaints register	-	This requirement is included in Section 3.6 of the WMP. During the site inspection, it was identified that there were clean waste bins occupying a number of car spaces within the facility as per Appendix 1 of the Development Consent. It is noted that this was not observed to be causing any traffic or other related issues within the facility. **CA - Remove the clean bins from this location or update the WMP/TMP to include this as a designated storage area (if it is appropriate to do so and will not cause any flow-on impacts).**	Non-Compliant
B15 Waste Processing and Storage	All waste processing, and material handling activities must be undertaken in an enclosed processing building and within designated areas.	Site inspection WMP Complaints register	-	This requirement is included in Section 4.1, 4.2 and 4.3 of the WMP. During the site inspection, all waste processing and material handling activities were observed to occur within the processing building. There were no complaints regarding this during the audit period.	Compliant
B16 Waste Processing and Storage	Clinical waste and related waste received on site must always be secured and maintained within designated waste storage areas shown on Figure 3: and Figure 4: in Appendix 1 and must not leave the site onto neighbouring public or private properties.	Site inspection WMP Complaints register	-	This requirement is included in Section 4.3 of the WMP. During the site inspection, all clinical waste and related waste was appropriately stored in the designated areas. There was no evidence that any waste had left the site onto neighbouring or private properties. There were no complaints regarding this during the audit period.	Compliant
Statutory Requirements					
B17 Statutory Requirements	All waste materials removed from the site must only be directed to a waste management facility or premises lawfully permitted to accept the materials.	WMP EPL for waste disposal facilities Monthly reports from disposal/transporter	-	Waste which is generated/processed at the facility is then transported by TRN or Express Waste to either landfill at Eastern Creek, Cleanaway facility at Kemps Creek or other suitably licensed facility. Monthly reports and invoices are provided to Med-X from the transporter which includes quantities and disposal locations which was sighted during the inspection. However weighbridge dockets etc. are are not provided/sighted by Med-X after it leaves the facility. Those waste facilities are licensed to take GSW waste. **OFI - conduct spot checks or other due dilligence to confirm that waste which leaves the facility is being disposed of at suitably licensed locations.**	Compliant
B18 Statutory Requirements	The Applicant must assess and classify all liquid and non-liquid wastes to be taken off site in accordance with the latest version of EPA's Waste Classification Guidelines Part 1: Classifying Waste (EPA, 2014) and dispose of all wastes to a facility that may lawfully accept the waste.	EIS	-	Section 6.14.2 of the EIS states that waste which is treated at the facility is transformed into General Solid Waste (GSW). However, no evidence or assessment has been supplied confirming how this has been determined in accordance with the NSW EPA Waste Classification Guidelines. **CA - Complete an assessment to determine the waste classification of treated waste in accordance with the NSW EPA Waste Classification Guidelines. Maintain records for the life of the project.**	Non-Compliant
B19 Statutory Requirements	The Applicant must retain all sampling and waste classification data for the life of the development in accordance with the requirements of EPA.		-	As detailed in Condition B19, waste classification records for treated waste leaving the facility have not been provided. Biological indicator testing records from the autoclave were available as detailed in Condition A16. **CA - Complete an assessment to determine the waste classification of treated waste in accordance with the NSW EPA Waste Classification Guidelines. Maintain records for the life of the project.**	Non-Compliant
TRAFFIC AND ACCESS					
Operational Traffic Management Plan					
B20 Operational Traffic Management Plan	Prior to the commencement of operation, the Applicant must prepare an Operational Traffic Management Plan (OTMP) for the development to the satisfaction of the Planning Secretary. The OTMP must form part of the OEMP required by condition C2 and must: (a) be prepared by a suitably qualified and experienced person(s),	OTMP Approval from Planning Secretary	-	The Operational Traffic Management Plan Issue 1, report number dated 8/10/20 (OTMP) (Appendix C of the OEMP) was approved by the Planning Secretary as per letter dated 3/11/20. Commencement of operations occurred on 18/1/21 after the overarching OEMP was approved. The OTMP was prepared by ARUP which is a reputable consultancy. Details and qualifications of the personnel who prepared the WMP are provided in Section 1.4 of the WMP.	Compliant
	(b) detail the measures that are to be implemented to ensure road safety and network efficiency during operation;	OTMP	-	The OTMP has appropriate measures to ensure compliance with requirements of this condition, specifically in Section 3 and 4.	Compliant
	(c) detail the measures that are to be implemented to ensure delivery vehicle arrival times are appropriately staggered including the use of an electronic tracking system;	OTMP	-	The OTMP has appropriate measures to ensure compliance with requirements of this condition, specifically in Section 4.4.	Compliant
	(d) detail heavy vehicle routes, access and parking arrangements;	OTMP	-	Heavy vehicle routes are detailed in Section 4.1, access in Section 4.2 and parking arrangements in Section 4.3 of the OTMP.	Compliant
	(e) include a program to monitor the effectiveness of these measures.	OTMP	-	Section 5 of the OTMP details a monitoring program.	Compliant
	The Applicant must: (a) not commence operation until the OTMP required by condition B20 is approved by the Planning Secretary;	Approval documentation from the Planning Secretary	-	The Operational Traffic Management Plan Issue 1, report number dated 8/10/20 (OTMP) (Appendix C of the OEMP) was approved by the Planning Secretary as per letter dated 3/11/20. Commencement of operations occurred on 18/1/21 after the overarching OEMP was approved.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
B21 Operational Traffic Management Plan	(b) implement the most recent version of the OTMP approved by the Planning Secretary for the duration of the development.	OTMP Horizon Connect system Site inspection Incident Register Complaints Register	-	A review of the facilities' traffic management processes was undertaken and determined to be generally in compliance with the WMP as detailed below: - Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes and other various items to ensure compliance with the OTMP. The system was reviewed during the site inspection and spot checks of vehicles CT21NT were completed. The vehicle was observed to follow approved haulage routes (not using local roads), did not queue on public roads outside the facility and started within approved operating times. This system is also a requirement for transporting Dangerous Goods. - During the site inspection, there were no vehicles qued or parked on the public roads outside the facility. - Adequate parking was available onsite and space for trucks to manourvre and wait. - Trucks were observed to be entering the facility in a forward direction. - There have been no incidents or complaints in relation to traffic management. - Vehicle start times (engine on and moving) were reviewed which showed that there were no vehicles driving prior to permitted operating hours.	Compliant
Parking					
B22 Parking	The Applicant must provide sufficient parking facilities on-site, including for heavy vehicles and for site personnel, to ensure that parking associated with the development does not utilise public and residential streets or public parking facilities.	OTMP Site inspection Complaints Register Incident Register Horizon Connect system	-	Detailed drawings of parking facilities are provided in Section 4.3 of the OTMP (Appendix C of the OEMP). The number of car spaces available is suitable for number of staff which typically work at the facility on a day to day basis. As detailed in Condition B14, thre are some clean bins being temporarily stored in some car spaces however the remaining car spaces appear to be adequate. As detailed in Conditon B21, the Horizon Connect system was reviewed and there were no occurrences of vehicles being parked on public roads. During the site inspection, all Med-X vehicles were observed to be parked within the designated parking areas, and not on local roads.	Compliant
Operating Conditions					
B23 Operating Conditions	The Applicant must ensure: (a) internal roads, driveways and parking (including grades, turn paths, sight distance requirements, aisle widths, aisle lengths and parking bay dimensions) associated with the development are constructed and maintained in accordance with the latest version of AS 2890.1:2004 Parking facilities Off-street car parking (Standards Australia, 2004), AS 2890.2:2018 Parking facilities Off-Street commercial vehicle facilities (Standards Australia, 2018) and AS 2890.2:2009 Parking facilities Off-street commercial vehicle facilities (Standards Australia, 2009);	OTMP Site inspection Swept path analysis	-	Section 3.1.2 of the OTMP details that parking and circulation have been designed in accordance with AS2890.1-2004. The swept path analysis provided in Appendix A of the OTMP confirms that completed in accordance with 2890.2:2018 Parking facilities Off-Street commercial vehicle facilities.	Compliant
	The Applicant must ensure: (b) the swept path of the longest vehicle entering and exiting the site, as well as manoeuvrability through the site, is in accordance with the relevant AUSTROADS guidelines;	OTMP Swept path analysis	-	Swept Path Analysis for typicaly vehicles which use the facility are provided in Appendix A of the OTMP (Appendix C of the OEMP). They were completed by an specialist consultant - Stanbury Traffic Planning.	Compliant
	The Applicant must ensure: (c) the development does not result in any vehicles queuing on the public road network;	Horizon Connect system Site inspection	-	Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicles CT21NT were completed. The vehicle was observed to not que on public roads outside the facility. Spot checks of other vehicle routes was also conducted with no queing identified. During the site inspection, heavy vehicles entering the facility were observed. There was no queing of vehicles on public roads and adequate room within the facility to prevent queing.	Compliant
	The Applicant must ensure: (d) heavy vehicles and bins associated with the development are not parked on local roads or footpaths in the vicinity of the site;	Horizon Connect system Site inspection	-	Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicle CT21NT and other various vehicles were completed. The vehicles was observed to not park outside the facility. Spot checks of other vehicle parking was also conducted during the site inspection. During the site inspection, there were no site vehicles parked outside the facility on public roads.	Compliant
	The Applicant must ensure: (e) all vehicles are wholly contained on site before being required to stop;	Horizon Connect system Site inspection	-	Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicle CT21NT and other various vehicles were completed. The vehicles was observed to enter freely into the faiclity. A motorised security gate can be remotely opened by drivers prior to entering the facility. Spot checks of other vehicle parking was also conducted during the site inspection. During the site inspection, there were no site vehicles were observed blocking roads/footpaths prior to entering site.	Compliant
	The Applicant must ensure: (f) all loading and unloading of materials are carried out on-site;	Horizon Connect system Site inspection	-	Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicle CT21NT and other various vehicles were completed. The vehicles was observed to unload waste wholly within the facility. During the site inspection, trucks were observed unloading waste within the facility only.	Compliant
	The Applicant must ensure: (g) all trucks entering or leaving the site with loads have their loads covered and do not track dirt onto the public road network;	Site inspection	-	During the site inspection, it was observed that all trucks had their loads covered and there was no mud tracking on public roads. Access points and surfaces within the facility were stabilised and generally clean.	Compliant
	The Applicant must ensure: (h) the proposed turning areas in the car park are kept clear of any obstacles, including parked cars, at all times.	Site inspection Swept path analysis	-	During the site inspection, it was observed that all turning areas as identified in the swept path analysis were free of obstacles.	Compliant
SOILS, WATER QUALITY AND HYDROLOGY					
Discharge Limits					
B24 Discharge Limits	The development must comply with section 120 of the POEO Act, which prohibits the pollution of waters, except as expressly provided for in an EPL.	PIRMP OEMP Site Stormwater Plan Site Inspection	-	There have been no incidents/events resulting in a breach of Section 120 of the POEO Act. The management of spills is contained Appendix D of the OEMP - Pollution Incident Repsonse Plan. A Site Stormwater Plan (Appendix E of the OEMP) has also been partially implemented which manages any potential spills. This is further detailed in Condition B10. There are no discharge criteria contained with the facilities EPL.	Compliant
NOISE					
Hours of Work					

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
B25 Hours of Work	The Applicant must comply with the hours detailed in Table 1, unless otherwise agreed in writing by the Planning Secretary. **Table 1** Hours of Operation Activity: Operation of Clinical Waste Management Facility at 9 Kenoma Place, Arndell Park — Day: Monday – Saturday (including public holidays that fall on Saturday) — Time: 7 am – 7 pm Activity: Operation of depot and storage facility at 7 Vangeli Street, Arndell Park — Day: Monday – Saturday (including public holidays that fall on Saturday) — Time: 5 am – 7 pm	OEMP Develpoment Consent Horizon Connect system DPE approval letters for operating hours extension dated 26/8/21 and 8/3/22	-	Permitted hours of operation detailed in the Development Consent are contained within Section 3.2.2 of the OEMP. However, on 26/8/21, DPIE accepted a request for Med-X to alter operating hours to include Sunday from 7am-1pm for the operation of the clinical waste facility, and 5am to 1pm for the depot/storage facility. On 8/3/22, DPE accepted a request for Med-X to alter operating hours for both the clinical waste facility and depot/storage facility to Monday to Sunday 5am to 9:30pm. It is noted that the OEMP has not been updated to reflect the amended operating times hwoever this is further assessed in Condition C5. Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes, start/finish times and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicle CT21NT and other various vehicles were completed. Engine on start times were reviewed for vehicles which appeared to be compliant with the permitted start times with this condition.	Compliant
B26 Hours of Work	Operations outside of the hours identified in condition B25 may be undertaken in the following circumstances: (a) works that are inaudible at the nearest sensitive receivers;	OEMP Develpoment Consent Horizon Connect system DPE approval letters for operating hours extension dated 26/8/21 and 8/3/22	-	Vehicles are live tracked using the Horizon Connect system. This allows Med-X to review locations, routes, start/finish times and other various items to ensure compliance with this condition. The system was reviewed during the site inspection and spot checks of vehicle CT21NT and other various vehicles were completed. Engine on start times were reviewed for vehicles which appeared to be compliant with the permitted start times with this condition. Works have been completed in accordance with permitted operating hours as detailed in Condition B25.	Compliant
	Operations outside of the hours identified in condition B25 may be undertaken in the following circumstances: (b) for the delivery of materials required outside these hours by the NSW Police Force or other authorities for safety reasons;	N/A	-	This condition has not been triggered.	Not Triggered
	Operations outside of the hours identified in condition B25 may be undertaken in the following circumstances: (c) where it is required in an emergency to avoid the loss of lives, property or to prevent environmental harm.	N/A	-	This condition has not been triggered.	Not Triggered

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
ENVIRONMENTAL MANAGEMENT					
Management Plan Requirements					
C1 Management Plan Requirements. Note: the Planning Secretary may waive some of these requirements if they are unnecessary or unwarranted for particular management plans	Management plans required under this consent must be prepared in accordance with relevant guidelines, and include: (a) detailed baseline data	OEMP	-	The OEMP and sub-plans have adequate baseline data where it is required. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(b) details of: (i) the relevant statutory requirements (including any relevant approval, licence or lease conditions); (ii) any relevant limits or performance measures and criteria; and (iii) the specific performance indicators that are proposed to be used to judge the performance of, or guide the implementation of, the development or any management measures;	OEMP	-	Statutory conditions are outlined in the OEMP and sub-plans contain relevant limits, performance measures and criteria. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(c) a description of the measures to be implemented to comply with the relevant statutory requirements, limits, or performance measures and criteria	OEMP	-	The OEMP and sub-plans includes a list of mitigation measures to be implemented for the development. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(d) a program to monitor and report on the: (i) impacts and environmental performance of the development; and (ii) effectiveness of the management measures set out pursuant to paragraph (c) above.	OEMP	-	A monitoring program has been implemented to comply with this condition as per Section 5 of the OEMP. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(e) a contingency plan to manage any unpredicted impacts and their consequences and to ensure that ongoing impacts reduce to levels below relevant impact assessment criteria as quickly as possible	OEMP	-	Contingency plans have been prepared as detailed in Section 3.8 of the OEMP. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(f) a program to investigate and implement ways to improve the environmental performance of the development over time	OEMP	-	A program to review and improve environmental performance has been developed and is provided in Section 4.4 and 5.2 of the OEMP. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition.	Compliant
	(g) a protocol for managing and reporting any: (i) incident and any non-compliance (specifically including any exceedance of the impact assessment criteria and performance criteria); (ii) complaint; (iii) failure to comply with statutory requirements	OEMP	-	Incident reporting, complaints management and non compliance are managed in accordance with Section 4.3, 4.4,4.3.1, 4.3.2, 4.3.3 of the OEMP. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition. There has been one complaint recieved for the project on during the audit period related to the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack. This was reported by the complainant to the EPA who attended site to investigate the complaint. After a site meeting, and agreed corrective actions (install U-shape ventilation discharge point), no further action was required. However, it is noted that in accordance with the complaint notificaiton procedures detailed in Section 4.3.3 of OEMP, this was not reported to DPE. This is further detailed in the non-compliance raised for Condition C3.	Compliant
	(h) a protocol for periodic review of the plan	OEMP	-	Review and update of the OEMP is discussed in Section 5.2 of the OEMP. Further, all of the MP's have been approved by the Planning Secretary indicating acceptance of this condition. This Section advises that a review is required annually, and subsequent updating if required. This is further detailed in Condition C5.	Compliant
OPERATIONAL ENVIRONMENTAL MANAGEMENT PLAN					
Operational Environmental Management Plan					
C2 Operational Environmental Management Plan	The Applicant must prepare an Operational Environmental Management Plan (OEMP) in accordance with the requirements of condition C1 and to the satisfaction of the Planning Secretary.	OEMP Planning Secretary approval letter	-	The OEMP Issue 2 Dated 18.12.20, was approved by the Planning Secretary as per letter dated 18/1/21. Works commenced after receiving approval.	Compliant
	As part of the OEMP required under Condition C2 of this consent, the Applicant must include the following: (a) describe the role, responsibility, authority and accountability of all key personnel involved in the environmental management of the development;	OEMP	-	Roles and responsibilities are detailed in Section 4.1 of OEMP. OEMP was approved by the Planning Secretary on 18/1/21.	Compliant

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
C3 Operational Environmental Management Plan	(b) describe the procedures that would be implemented to: (i) keep the local community and relevant agencies informed about the operation and environmental performance of the development; (ii) receive, handle, respond to, and record complaints; (iii) resolve any disputes that may arise; (iv) respond to any non-compliance; (v) respond to emergencies;	Complaints Register/information OEMP Incident Register	-	Community consultation in regards to this condition are covered in Section 6 of the OEMP. Emergencies are covered in Section 4.3 of the OEMP. The OEMP was approved by the Planning Secretary on 18/1/21. There have been no incidents or emergencies for the project. There has been one complaint recieved for the project on during the audit period related to the deposition of airborne material on nearby cars which is thought to have potentially come from the ventilation stack. This was reported by the complainant to the EPA who investigated the complaint. Afterdiscussions with Med-X, and agreed corrective/preventative actions, no further action was required. However, it is noted that in accordance with the complaint notification procedures detailed in Section 4.3.3 of OEMP, this was not reported to DPE therefore is considered a non-compliance **CA - Reinforce/train staff that as per Section 4.3.3 of the OEMP, any complaints are required to be reported to DPE immediately.** A copy of the complaints register is also required to be available of the Med-X website which is further detailed in Conditon C15.	Non-Compliant
	(c) include the following environmental management plans: (i) Air Quality Management Plan (see Condition B3); (ii) Waste Management Plan (see Condition B11); and (iii) Operational Traffic Management Plan (see Condition B20).	OEMP WMP OTMP AQMP	-	The WMP, OTMP and AQMP are Appendices to the OEMP. The AQMP was approved by the Planning Secretary on 18/1/22; WMP and OTMP was approved by the Planning Secretary on 3/11/20.	Compliant
C4 Operational Environmental Management Plan	The Applicant must: (a) not commence operation until the OEMP is approved by the Planning Secretary;	OEMP Planning Secretary approval letter	-	The OEMP Issue 2 Dated 18.12.20, was approved by the Planning Secretary as per letter dated 18/1/21. Works commenced after receiving approval.	Compliant
	The Applicant must: (b) operate the development in accordance with the OEMP approved by the Planning Secretary (and as revised and approved by the Planning Secretary from time to time).	OEMP and various implementation records which are covered by other specific conditions.	-	The project has generally been carried out in accordance with the requirements of the OEMP however there have been a number of non-conformances raised which are covered elsewhere in these schedules. They generally relate to waste quantity tracking, surrendering previous DA's, staff training, maintenance/calibration of plant and equipment, air/odour monitoring, installation of the sampling plane, revision of MP's, implementation of the Site Stormwater Plan, bin storage areas, complaints reporting protocols, completion of the compliance reports and publicly available information of the website.	Non-Compliant
REVISION OF STRATEGIES, PLANS AND PROGRAMS					
	Within three months of (a) - (e), the strategies, plans and programs required under this consent must be reviewed, and the Planning Secretary must be notified in writing that a review is being carried out. If necessary to either improve the environmental performance of the development, cater for a modification or comply with a direction, the strategies, plans and programs required under this consent must be revised, to the satisfaction of the Planning Secretary. Where revisions are required, the revised document must be submitted to the Planning Secretary for approval within six weeks of the review.	N/A	-	Refer to the below for specific scenarios where revisions are required.	Not Triggered
	Within three months of: (a) the submission of a Compliance Report under condition C10;	N/A	-	A compliance report has not yet been submitted to DPE (as detailed in Conditior C10) therefore this condition has not yet been triggered.	Not Triggered
	Within three months of: (b) the submission of an incident report under condition C6;	Incident Register OEMP	-	There have been no reportable incidents under Conditon C6 therefore this condition has not yet been triggered.	Not Triggered
	Within three months of: (c) the submission of an Independent Audit under condition C12;	N/A	-	This audit constitutes the first independent audit therefore this condition has not yet been triggered.	Not Triggered

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
C5 REVISION OF STRATEGIES, PLANS AND PROGRAMS	Within three months of: (d) the approval of any modification of the conditions of this consent; or	Modification 1 DPE approval letters for operating hours extension dated 26/8/21 and 8/3/22	-	Modification 1 was issued to the facility on 28/6/21 which adjusted waste processing and storage quantities. The OEMP has not been reviewed and/or updated since its initial approval by the Planning Secretary on 18/1/21 and is therefore considered a non-compliance. An additional modification to Condition B25 (permitted operating hours) was approved by the Planning Secretary on 26/8/21 however the OEMP was not updated to reflect the updated work hours. A second modification to Condition B25 (permitted operating hours) was also approved by the Planning Secretary on 8/3/22 however the revision of plans within 3 months is not covered by this audit. Generally, the OEMP and sub-plans is required to be reviewed annually which has not occurred. **CA - The OEMP including all sub-plans should be reviewed and updated following this audit and resubmitted to the Planning Secretary for Approval.**	Non-Compliant
	Within three months of: (e) the issue of a direction of the Planning Secretary under condition A2(b) which requires a review	N/A	-	There have been no directions from the Planning Secretary therefore this condition has not yet been triggered.	Not Triggered
REPORTING AND AUDITING					
Incident Notification, Reporting and Response					
C6 Incident Notification, Reporting and Response	The Planning Secretary must be notified in writing via the Major Projects website immediately after the Applicant becomes aware of an incident. The notification must identify the development (including the development application number and the name of the development if it has one) and set out the location and nature of the incident. Subsequent notification requirements must be given, and reports submitted in accordance with the requirements set out in Appendix 3.	N/A	-	There have been no reportable incidents under this condition therefore this condition has not yet been triggered.	Not Triggered
Non-Compliance Notification					
C7 Non-Compliance Notification	The Planning Secretary must be notified in writing to the Major Projects website within seven days after the Applicant becomes aware of any non-compliance.	N/A	-	There were no non-compliances identified during the reporting period which required reporting to DPE in accordance with this condition. It is anticipated that the non-compliances raised from this audit report will be notified to DPE via the submission of the audit report.	Not Triggered
C8 Non-Compliance Notification	A non-compliance notification must identify the development and the application number for it, set out the condition of consent that the development is non-compliant with, the way in which it does not comply and the reasons for the non-compliance (if known) and what actions have been, or will be, undertaken to address the non-compliance.	N/A	-	There were no non-compliances identified during the reporting period which required reporting to DPE in accordance with this condition. It is anticipated that the non-compliances raised from this audit report will be notified to DPE via the submission of the audit report, along with actions taken to address the non-compliance.	Not Triggered
C9 Non-Compliance Notification	A non-compliance which has been notified as an incident does not need to also be notified as a non-compliance.	N/A	-	Noted. No further assessment required.	Not Triggered
C10 Compliance Reporting	Within three months after the first year of commencement of the development, and in the same month each subsequent year (or such other timing as agreed by the Planning Secretary), the Applicant must submit a Compliance Report to the Planning Secretary reviewing the environmental performance of the development to the satisfaction of the Planning Secretary. Compliance Reports must be prepared in accordance with the Compliance Reporting Post Approval Requirements (Department 2020) and must also: (a) identify any trends in the monitoring data over the life of the development;	N/A	-	The OEMP Issue 2 Dated 18.12.20, was approved by the Planning Secretary as per letter dated 18/1/21. Works commenced after receiving approval. The due date for the compliance report is 18/4/22 however as per an email from Julia Pope (DPE) on 14/3/22, an extension has been approved allowing the compliance report to be submitted in May 2022. Compliance with this condition will therefore be assessed in the next audit.	Not Triggered
	(b) identify any discrepancies between the predicted and actual impacts of the development, and analyse the potential cause of any significant discrepancies;	N/A	-		Not Triggered

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
	(c) describe what measures will be implemented over the next year to improve the environmental performance of the development	N/A	-		Not Triggered
C11 Compliance Reporting	The Applicant must make each Compliance Report publicly available no later than 60 days after submitting it to the Planning Secretary and notify the Planning Secretary in writing at least 7 days before this is done.	N/A	-		Not Triggered
Independent Audit					
C12 Independent Audit	Within one year of the commencement of the development, and every three years after, unless the Planning Secretary directs otherwise, the Applicant must commission and pay the full cost of an Independent Environmental Audit (Audit) of the development. Audits must: (a) be prepared in accordance with the Independent Audit Post Approval Requirements (Department 2020)	This audit report	-	This condition is covered by this audit. The due date for this audit was 18/1/22 however as per an email from DPE (Julia Pope) dated 2/11/21, an extension for the inspection component of this audit was granted until 1/3/22. On 26/1/22, an email from Julia Pope (DPE) confirmed extension for the submission of the audit to May 2022 due to COVID related impacts. Compliance with the extended due date will be assessed in future audits.	Compliant
	(b) be led and conducted by a suitably qualified, experienced and independent team of experts whose appointment has been endorsed by the Planning Secretary;	This audit report	-	Molino Stewart have been engaged to complete this audit. The audit team consists of Shireen Baguley (lead auditor), Ryan Maxwell (auditor) and Steven Molino (alternative lead auditor). Molino Stewart and the audit team were approved by DPIE as per the letter dated 2/11/21.	Compliant
	(c) be submitted to the satisfaction of the Planning Secretary within three months of commissioning the Audit (or within another timeframe agreed by the Planning Secretary).	This audit report	-	This condition is covered by this audit. The due date for this audit was 18/1/22 however as per an email from DPE (Julia Pope) dated 2/11/21, an extension for the inspection component of this audit was granted until 1/3/22. On 26/1/22, an email from Julia Pope (DPE) confirmed extension for the submission of the audit to May 2022 due to COVID related impacts. Compliance with the extended due date will be assessed in future audits.	Compliant
C13 Independent Audit	In accordance with the specific requirements in the Independent Audit Post Approval Requirements (Department, 2020), the Applicant must: (a) review and respond to each Independent Audit Report prepared under condition C12 of this consent; (b) submit the response to the Planning Secretary and any other NSW agency that requests it, together with a timetable for the implementation of the recommendations; (c) implement the recommendations to the satisfaction of the Planning Secretary; and (d) make each Independent Audit Report and response to it publicly available no later than 60 days after submission to the Planning Secretary and notify the Planning Secretary in writing at least 7 days before this is done.	This audit report	-	This condition is covered by this audit. The due date for this audit was 18/1/22 however as per an email from DPE (Julia Pope) dated 2/11/21, an extension for the inspection component of this audit was granted until 1/3/22. On 26/1/22, an email from Julia Pope (DPE) confirmed extension for the submission of the audit to May 2022 due to COVID related impacts. Compliance with the extended due date will be assessed in future audits. Compliance with this condition will be assessed in future audits however it is noted that the audit has been undertaken in accordance with the Independent Audit Post Approval Requirements (Department, 2020).	Compliant
Monitoring and Environmental Audits					
C14 Monitoring and Environmental Audits	Any condition of this consent that requires the carrying out of monitoring or an environmental audit, whether directly or by way of a plan, strategy or program, is taken to be a condition requiring monitoring or an environmental audit under Division 9.4 of Part 9 of the EP&A Act. This includes conditions in respect of incident notification, reporting and response, non-compliance notification, compliance reporting and independent auditing. Note: For the purposes of this condition, as set out in the EP&A Act, "monitoring" is monitoring of the development to provide data on compliance with the consent or on the environmental impact of the development, and an "environmental audit" is a periodic or particular documented evaluation of the development to provide information on compliance with the consent or the environmental management or impact of the development.	N/A	-	Noted - monitoring required by the Development Consent and any management plans has been assessed in this audit.	Compliant
ACCESS TO INFORMATION					

Condition Number	Requirement	Evidence Reviewed	Arup Comments	Findings and Recommendations	Compliance Status
C15 ACCESS TO INFORMATION	At least 48 hours before the commencement of operation, the Applicant must: (a) make the following information and documents (as they are obtained or approved) publicly available on its website: (i) the documents referred to in condition A2 of this consent; (ii) all current statutory approvals for the development; (iii) all approved strategies, plans and programs required under the conditions of this consent; (iv) regular reporting on the environmental performance of the development in accordance with the reporting requirements in any plans or programs approved under the conditions of this consent; (v) a comprehensive summary of the monitoring results of the development, reported in accordance with the specifications in any conditions of this consent, or any approved plans and programs; (vi) a summary of the current stage and progress of the development; (vii) contact details to enquire about the development or to make a complaint; (viii) a complaints register, updated monthly; (ix) the Compliance Report of the development; (x) audit reports prepared as part of any Independent Audit of the development and the Applicant's response to the recommendations in any audit report; (xi) any other matter required by the Planning Secretary; (b) keep such information up to date, to the satisfaction of the Planning Secretary	Website - https://www.med-xsolutions.com.au/development-and-plans/	-	A review of the Med-X website on 11/3/22 determined that the only documentation publicly available was the PIRMP. Other documetnation. Other information/documents required as per this condition was not available on the Med-X website. It is noted that some of this information is publicly available on the DPE Major Projects website. It is noted that that as of 29/4/22, some of the required information has been uploaded to the below website. https://www.med-xsolutions.com.au/development-and-plans/ **CA - Ensure all documents/information required under this conditon are uploaded to the website and regularly maintained.**	Non-Compliant

Appendix D | Site Inspection Photographs

Photo 1 – The autoclave and boiler

Photo 2 – The shredder used to shred clinical waste after treatment in the autoclave.

Photo 3 – Outputs of the shredder.

Photo 4 – Clinical waste bin storage area

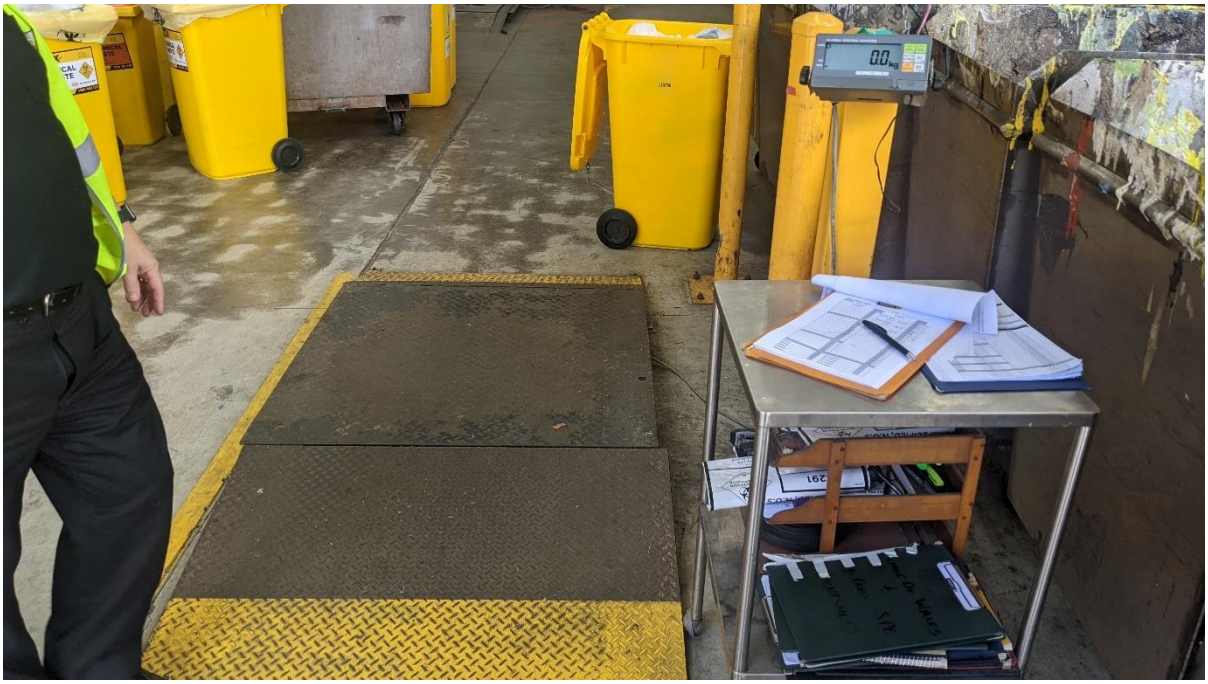

Photo 5 – Weigh scales and log sheets for incoming waste to be processed/treated

Photo 5 – Anatomical waste freezer chest

Photo 6 – Chemical storage cabinets

Photo 7 – Spill kits located in the facility

Photo 8 – Emergency alarm system and fire extinguishers located in the facility

Photo 9 – LPG tank. Yellow exclusion zone line and W-barriers installed.

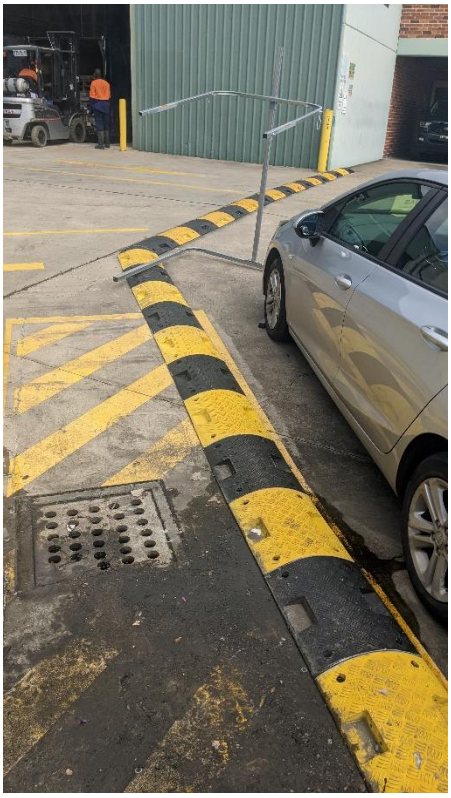

Photo 10 – Speed hump/diversion berm to direct any spills into the stormwater pit.

Photo 11 – Stormwater pit with no valve or filter bags installed as required by the Site Stormwater Plan

Photo 12 – Bins not stored in approved locations as per the consent.

Photo 13 – Delivery truck with adequate room to manoeuvre within the facility.

Photo 13 – Entry into the facility. No vehicles from the facility are parked on the street.

Photo 13 – Storage area at the parking depot on Vangeli Street.

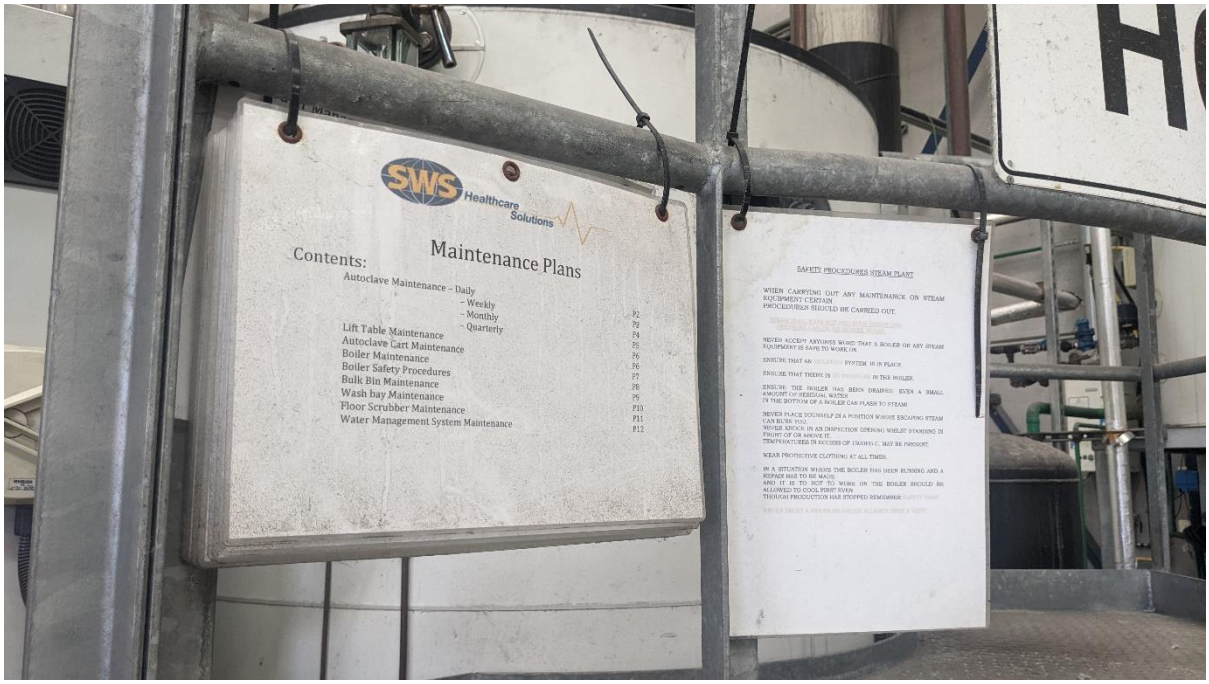

Photo 13 – Maintenance plans and instructions for the autoclave

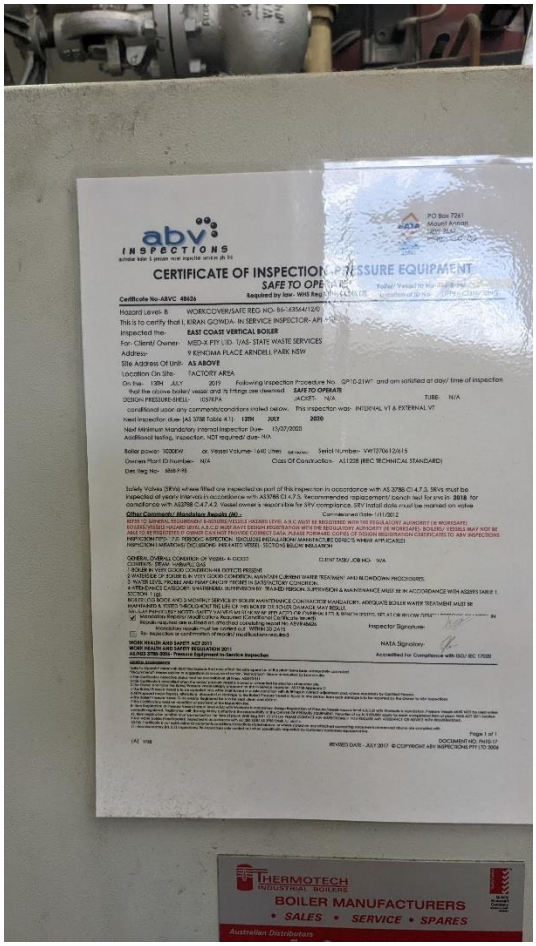

Photo 13 – Calibration records for the autoclave

Appendix E | Consultation with Authorities

From:	Jared Spies
To:	Judith Portelli; Ryan Maxwell
Cc:	Kevin Turner
Subject:	RE: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - Council consultation
Date:	Tuesday, 14 December 2021 12:09:11 PM
Attachments:	image001.png image002.png image003.png image004.png

Hi Ryan,

Further to the Judith's advice below regarding compliance with conditions and any additional requirements from Kevin Turner, could you please check that the approved hours of operation are being complied with and that the Environmental Protection Authority have issued modified Environmental Protection Licences for any increased processing capacity at the facility.

Kind regards,

Jared Spies
Senior Development Assessment Planner

9839 5943
Jared.Spies@blacktown.nsw.gov.au
PO Box 63 Blacktown NSW 2148
blacktown.nsw.gov.au

Follow us on social media

From: Judith Portelli
Sent: Tuesday, 14 December 2021 11:44 AM
To: Ryan Maxwell <RMaxwell@molinostewart.com.au>
Cc: Kevin Turner <Kevin.Turner@blacktown.nsw.gov.au>; Jared Spies <Jared.Spies@blacktown.nsw.gov.au>
Subject: RE: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - Council consultation

HI Ryan,
thanks for your email , I have asked our Environmental Unit for advice but as I see it just check for full compliance with the conditions of all the consents granted for the site , some were Regional panel and the SSD.
Basically we want to make sure it is doing all the things it said it would do. Kevin our Senior coordinator Environmental Health can advise if he has had any complaints about the health side of things but really compliance with conditions imposed is the key thing.
Jared my senior planner was the one who co-ordinated our submission will also let you know if he recalls any issues that you should check
I hope this helps
Thanks JUDY

Judith Portelli
Manager Development Assessment
9839 6228

From: Ryan Maxwell <RMaxwell@molinostewart.com.au>
Sent: Tuesday, 14 December 2021 11:26 AM
To: Judith Portelli <Judith.Portelli@blacktown.nsw.gov.au>
Cc: Blacktown Council <Blacktown.Council@blacktown.nsw.gov.au>; Shireen Baguley <SBaguley@molinostewart.com.au>; Lilli Thannhauser <Lilli.Thannhauser@arup.com>; Melanie Kempton <Melanie.Kempton@arup.com>; MEDX-Debbie Costin <Debbie.Costin@Med-XSolutions.com.au>
Subject: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - Council consultation

Hi Judith,

The purpose of this email is to obtain the input of Blacktown City Council into the scope of the Independent Environmental Audit Molino Stewart has been approved to undertake for the Arndell Park Clinical Waste Management Facility (SSD-6761). The schedules setting out the conditions upon which this audit will be conducted are attached for information.

As per Section 3.2 Scope Development in the NSW DPIE's Independent Audit Post Approval Requirements Guidelines dated May 2020, Molino Stewart consulted with DPIE who advised that further consultation should be undertaken with Blacktown City Council as part of the audit process.

If Blacktown City Council has any requirements it would like incorporated in the audit, it is requested that these are provided to Molino Stewart in response to this email by 24th December 2021.

If there are any matters which require further discussion, please do not hesitate to contact the undersigned below.

Thanks,

Ryan Maxwell – Senior Environmental Consultant

Molino Stewart Pty Ltd
Suite 3, Level 1, 20 Wentworth St,
Parramatta, NSW, 2124

PO Box 614, Parramatta CBD BC

Mobile: 0404 675 049
Direct: (02) 9354 0320
Switch: (02) 9354 0300
rmaxwell@molinostewart.com.au

Molino Stewart will be closing on midday 24 December

& returning on 10th January 2022

During the current CoVID-19 outbreak Molino Stewart staff are working remotely but continue to be available to meet your project needs. Please contact me directly on my number above or to speak to other staff ring the switch number and follow the prompts.

MOLINO STEWART: Environment & Natural Hazards

MOLINO STEWART
ENVIRONMENT & NATURAL HAZARDS

2/12/2021

Julia Pope
Team Leader Compliance – Metro
NSW Department Planning, Industry and Environment
4 Parramatta Square,
12 Darcy Street,
Parramatta NSW 2124

Attention: Planning Secretary

Dear Julia

Re: Arndell Park Clinical Waste Management Facility (SSD-6761) Independent Environmental Audit Consultation

The purpose of this correspondence is to obtain the input of the NSW Department Planning, Industry and Environment (DPIE) into the scope of the Independent Environmental Audit Molino Stewart has been approved to undertake for the Arndell Park Clinical Waste Management Facility (SSD-6761) as per the DPIE approval letter dated 2 November 2021.

As per Section 3.2 Scope Development in the NSW DPIE's Independent Audit Post Approval Requirements Guidelines dated May 2020 this letter serves to consult with DPIE and provide the opportunity to request that particular parties or agencies are consulted as part of the audit process. We note that for the purposes of this audit the conditions of consent for the Arndell Park Clinical Waste Management Facility (SSD-6761) do not contain a requirement for a Community Consultative Committee to be in place.

If DPIE has any requirements it would like incorporated in the audit or particular parties or agencies that it recommends are included as part of the consultation component of this audit, it is requested that these parties and relevant contact details are disclosed to Molino Stewart in response to this letter by 17th December 2021.

If there are any matters which require further discussion, please do not hesitate to contact the undersigned on 93500300 or SBaguley@molinostewart.com.au below.

Yours faithfully

For Molino Stewart Pty Ltd

S Baguley.

Shireen Baguley

Principal

https://molinostewart.sharepoint.com/sites/Jobs1301-1400/Shared Documents/1342 Arndell Park Medical Waste IEA/Consultation/Independent Environmental Audit Consultation - SSD-6761.docx

From:	Maria Divis
To:	Ryan Maxwell
Cc:	Shireen Baguley
Subject:	re: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - DPIE consultation
Date:	Thursday, 9 December 2021 12:37:46 PM
Attachments:	image001.png image004.jpg image007.jpg Independent Environmental Audit Consultation - SSD-6761.pdf 1342 Arndell Park Medical Waste IEA Schedules.xlsx

Good afternoon Ryan,

Reference is made to the subject matter.

Thank you for consulting with the Department in order to obtain input into the scope of the audit, in accordance with the Independent Audit Post Approval Requirements 2020 (**IAPARs**).

It is understood that the site requires completion of an Odour Audit report. Should the finalised Odour Audit report contain recommendations, it is suggested that the IEA include the Project's response to the Odour Audit recommendations within the IEA.

With regard to consultation with other parties or agencies, it is suggested that you consult with the EPA, Blacktown City Council, and any other agencies that may be referenced in the Conditions of Consent for SSD 6761.

The Department has no other specific areas of concern in relation to the project that need to be included within the scope of the audit. Please ensure that the requirements of the Conditions of Consent and the IAPARs are satisfied in the submission.

Kind regards,

Maria Divis
Senior Compliance Officer (Mon-Thurs)
NSW Department of Planning, Industry & Environment
T 02 8275 1156 | E maria.divis@planning.nsw.gov.au
4 Parramatta Square, 12 Darcy Street, PARRAMATTA NSW
www.dpie.nsw.gov.au

Please direct all submissions to: https://www.planningportal.nsw.gov.au/major-projects/services

The Department of Planning, Industry and Environment acknowledges that it stands on Aboriginal land. We acknowledge the traditional custodians of the land and we show our respect for elders past, present and emerging through thoughtful and collaborative approaches to our work, seeking to demonstrate our ongoing commitment to providing places in which Aboriginal people are included socially, culturally and economically.

From: Ryan Maxwell <RMaxwell@molinostewart.com.au>
Sent: Thursday, 2 December 2021 5:34 PM
To: Julia Pope <Julia.Pope@planning.nsw.gov.au>
Cc: Melanie Kempton <Melanie.Kempton@arup.com>; Debbie Costin <Debbie.Costin@shred-x.com.au>; Lilli Thannhauser <Lilli.Thannhauser@arup.com>; Shireen Baguley

<SBaguley@molinostewart.com.au>
Subject: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - DPIE consultation

Hi Julia,

Molino Stewart has been engaged to undertake the Arndell Park Clinical Waste Management Facility SSD 6761- Independent Environmental Audit (IEA).

The purpose of this correspondence is to obtain the input of the NSW Department Planning, Industry and Environment (DPIE) into the scope of the IEA. The Independent Audit Post Approval Requirements Guidelines also require us to consult with the Department, who may request that other parties or agencies are consulted to obtain their input into the scope of the audit.

Please see the attached letter and schedules with further details and I look forward to the Department's response on this matter.

Regards,

Ryan Maxwell – Senior Environmental Consultant

Molino Stewart Pty Ltd
Suite 3, Level 1, 20 Wentworth St,
Parramatta, NSW, 2124

PO Box 614, Parramatta CBD BC

Mobile: 0404 675 049
Direct: (02) 9354 0320
Switch: (02) 9354 0300
rmaxwell@molinostewart.com.au

MOLINO STEWART
ENVIRONMENT & NATURAL HAZARDS

20/01/2022

Julia Pope
Team Leader Compliance – Metro
NSW Department Planning, Industry and Environment
4 Parramatta Square,
12 Darcy Street,
Parramatta NSW 2124

Dear Julia

Re: Arndell Park Clinical Waste Management Facility (SSD-6761) Independent Environmental Audit Consultation

The purpose of this correspondence is to obtain the input of the NSW Department Planning, Industry and Environment (DPIE) into the scope of the Independent Environmental Audit Molino Stewart has been approved to undertake for the Arndell Park Clinical Waste Management Facility (SSD-6761) as per the DPIE approval letter dated 2 November 2021.

As per Section 3.2 Scope Development in the NSW DPIE's Independent Audit Post Approval Requirements Guidelines dated May 2020 this letter serves to consult with DPIE and provide the opportunity to request that particular parties or agencies are consulted as part of the audit process. We note that for the purposes of this audit the conditions of consent for the Arndell Park Clinical Waste Management Facility (SSD-6761) do not contain a requirement for a Community Consultative Committee to be in place.

If DPIE has any requirements it would like incorporated in the audit or particular parties or agencies that it recommends are included as part of the consultation component of this audit, it is requested that these parties and relevant contact details are disclosed to Molino Stewart in response to this letter by 17th December 2021.

If there are any matters which require further discussion, please do not hesitate to contact the undersigned on 93500300 or SBaguley@molinostewart.com.au below.

Yours faithfully

For Molino Stewart Pty Ltd

S Baguley

Shireen Baguley

Principal

https://molinostewart.sharepoint.com/sites/Jobs1301-1400/Shared Documents/1342 Arndell Park Medical Waste IEA/Consultation/Independent Environmental Audit Consultation - SSD-6761.docx

From:	Alexander Spaller
To:	Ryan Maxwell
Cc:	James Boyle
Subject:	RE: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - EPA consultation [ref:_00D7F6iTix._5007F1G8r4J:ref]
Date:	Friday, 7 January 2022 11:15:53 AM
Attachments:	image001.png image004.png image003.png

Dear Ryan,

The NSW EPA routinely inspects the Med-X Facility against the requirements of its Environment Protection Licence, No. 20233, and relevant environmental legislation including the *Protection of the Environment Operations Act 1997* and its Regulations.

A copy of its licence is publicly available at:
https://apps.epa.nsw.gov.au/prpoeoapp/Detail.aspx?instid=20233&id=20233&option=licence&searchrange=licence&range=POEOlicence&prp=no&status=Issued

Please be advised that the NSW EPA has no ongoing issues or concerns regarding the Med-X Facility. Accordingly, the EPA does not wish to provide input into the scope of the independent audit.

Thanks,

Alexander Spaller
Senior Operations Officer
Regulatory Operations Metro South
NSW Environment Protection Authority
D 02 9995 5894 | **M** 0408 873 568
epa-logo

www.epa.nsw.gov.au @NSW_EPA

The EPA acknowledges the traditional custodians of the land and waters where we work. As part of the world's oldest surviving culture, we pay our respect to Aboriginal elders past, present and emerging.

From: Environment Line <info@environment.nsw.gov.au>
Sent: Wednesday, 15 December 2021 8:29 AM
To: EPA Delivery Hub Mailbox <EPA.DeliveryHub@epa.nsw.gov.au>
Subject: FW: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - EPA consultation [ref:_00D7F6iTix._5007F1G8r4J:ref]

-- Forwarded Message ----------
From: Ryan Maxwell [rmaxwell@molinostewart.com.au]

Sent: 14/12/2021 11:15
To: john.klepetko@epa.nsw.gov.au
Cc: melanie.kempton@arup.com; info@epa.nsw.gov.au; lilli.thannhauser@arup.com; debbie.costin@med-xsolutions.com.au; sbaguley@molinostewart.com.au
Subject: Arndell Park Clinical Waste Management Facility SSD 6761 - Independent Environmental Audit - EPA consultation

Hi John,
The purpose of this email is to obtain the input of the NSW Environmental Protection Authority (EPA) into the scope of the Independent Environmental Audit Molino Stewart has been approved to undertake for the Arndell Park Clinical Waste Management Facility (SSD-6761). The schedules setting out the conditions upon which this audit will be conducted are attached for information. As per Section 3.2 Scope Development in the NSW DPIE's Independent Audit Post Approval Requirements Guidelines dated May 2020, Molino Stewart consulted with DPIE who advised that further consultation should be undertaken with the NSW EPA as part of the audit process.

If the EPA has any requirements it would like incorporated in the audit, it is requested that these are provided to Molino Stewart in response to this email by 24th December 2021.

If there are any matters which require further discussion, please do not hesitate to contact the undersigned below.
Thanks,

Ryan Maxwell – Senior Environmental Consultant
Molino Stewart Pty Ltd
Suite 3, Level 1, 20 Wentworth St,
Parramatta, NSW, 2124
PO Box 614, Parramatta CBD BC
Mobile: 0404 675 049
Direct: (02) 9354 0320
Switch: (02) 9354 0300
rmaxwell@molinostewart.com.au

Molino Stewart will be closing on midday 24th December

& returning on 10th January 2022

During the current CoVID-19 outbreak Molino Stewart staff are working remotely but continue to be available to meet your project needs. Please contact me directly on my number above or to speak to other staff ring the switch number and follow the prompts.

MOLINO STEWART: Environment & Natural Hazards

ref:_00D7F6iTix._5007F1G8r4J:ref

Appendix F | Declaration of Independence Form

Declaration of Independence Form - Auditor

Project Name	Med-X – Arndell Park Medical Waste Facility
Consent number	SSD-6761
Description of Project	Undertake an in initial independent audit to assess compliance with SSD-6761and associated documents.
Project Address	9 Kenoma Place, Arndell Park, NSW 2148
Proponent	Med-X
Date	2/11/21

I declare that:

i. I am not related to any proponent, owner, operator or other entity involved in the delivery of the project. Such a relationship includes that of employer/employee, a business partnership, sharing a common employer, a contractual arrangement outside an Independent Audit, or that of a spouse, partner, sibling, parent, or child;
ii. I do not have any pecuniary interest in the project, proponent or related entities. Such an interest includes where there is a reasonable likelihood or expectation of financial gain (other than being reimbursed for performing the audit) or loss to the auditor, or their spouse, partner, sibling, parent, or child;
iii. I have not provided services (not including independent reviews or auditing) to the project with the result that the audit work performed by themselves or their company, except as otherwise declared to the Department prior to the audit;
iv. I am not an Environmental Representative for the project; and
v. I will not accept any inducement, commission, gift or any other benefit from auditee organisations, their employees or any interested party, or knowingly allow colleagues to do so.

Notes:

a) *Under section 10.6 of the Environmental Planning and Assessment Act 1979 a person must not include false or misleading information (or provide information for inclusion in) in a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is false or misleading in a material respect. The proponent of an approved project must not fail to include information in (or provide information for inclusion in) a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is materially relevant to the monitoring or audit. The maximum penalty is, in the case of a corporation, $1 million and for an individual, $250,000; and*
b) *The Crimes Act 1900 contains other offences relating to false and misleading information: section 307B (giving false or misleading information – maximum penalty 2 years imprisonment or 200 penalty units, or both)*

Name of Proposed Auditor	Ryan Maxwell
Signature	
Qualification	B.Science – Marine Science / Sustainable Resource Management
Company	Molino Stewart Pty Ltd

Declaration of Independence Form - Auditor

Project Name	Med-X – Arndell Park Medical Waste Facility
Consent number	SSD-6761
Description of Project	Undertake an in initial independent audit to assess compliance with SSD-6761and associated documents.
Project Address	9 Kenoma Place, Arndell Park, NSW 2148
Proponent	Med-X
Date	2/11/21

I declare that:

i. I am not related to any proponent, owner, operator or other entity involved in the delivery of the project. Such a relationship includes that of employer/employee, a business partnership, sharing a common employer, a contractual arrangement outside an Independent Audit, or that of a spouse, partner, sibling, parent, or child;

ii. I do not have any pecuniary interest in the project, proponent or related entities. Such an interest includes where there is a reasonable likelihood or expectation of financial gain (other than being reimbursed for performing the audit) or loss to the auditor, or their spouse, partner, sibling, parent, or child;

iii. I have not provided services (not including independent reviews or auditing) to the project with the result that the audit work performed by themselves or their company, except as otherwise declared to the Department prior to the audit;

iv. I am not an Environmental Representative for the project; and

v. I will not accept any inducement, commission, gift or any other benefit from auditee organisations, their employees or any interested party, or knowingly allow colleagues to do so.

Notes:

a) *Under section 10.6 of the Environmental Planning and Assessment Act 1979 a person must not include false or misleading information (or provide information for inclusion in) in a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is false or misleading in a material respect. The proponent of an approved project must not fail to include information in (or provide information for inclusion in) a report of monitoring data or an audit report produced to the Minister in connection with an audit if the person knows that the information is materially relevant to the monitoring or audit. The maximum penalty is, in the case of a corporation, $1 million and for an individual, $250,000; and*

b) *The Crimes Act 1900 contains other offences relating to false and misleading information: section 307B (giving false or misleading information – maximum penalty 2 years imprisonment or 200 penalty units, or both)*

Name of Proposed Auditor	Shireen Baguley
Signature	
Qualification	Exemplar Global Certified Lead Environmental Auditor (125758)
Company	Molino Stewart Pty Ltd

Appendix G | Odour Audit Action Report

ACTION REPORT FROM ODOUR AUDIT JANUARY 2022 – MED-X ARNDELL PARK SITE

Activity	Best practice odour management	Implemented at the Project	Comment	Management response – February 2022
Ventilation	Ensure adequacy of the ventilation system	Yes/No	Odour originates from the autoclaves and the air stream is captured and directed through the stand-alone blowdown tank which condenses and removes odorous VOCs from the air stream. Residual emissions from the stand-alone tank are dispersed from a pipe vent which extends 1m above the roof line. This represents best practice compared to the alternative of having fugitive emissions, however to satisfy a neighbouring complainant the stack points downwards which is not best practice for air dispersion. As there have been no odour complaints, it is recommended to maintain the status quo.	Under review for future monitoring Review in June 2022
Management tools	Include air quality/odour requirements in staff training	Partial	All AQMP commitments need to be incorporated into staff training including the requirements for monitoring.	Training materials to be updated – June 2022
	Monitoring	No	While monitoring is detailed in the AQMP, this has not yet been undertaken.	Under review by site Management June 2022

AQMP aspect	Comment	Recommended action(s)	Management review March 2022
Control measures	In general, the stand-alone tank appears to be a suitable odour control, however improvements can be made to ensure it performs optimally.	Seal the stand-alone tank inspection lid to ensure no leakage. Complete the chiller system pipe connection and operate the chiller system in summertime (or in the event of complaints in spring or autumn). If odour complaints arise, review the stack "U" bend modification.	Technical review – scheduled for April 2022
Management practices	Overall, the odour management practices applied at Project can be considered to be equivalent with industry best practice.	Continue to implement management practices per the AQMP and record their implementation in the annual compliance checklist.	Document control checklist to be created to align to Australian Standards. June 2022
Monitoring	Monitoring methods for stack testing and field odour surveys are included in the AQMP but have not been undertaken.	Ensure quarterly field odour surveys are conducted per the AQMP. Install a sampling plane per AS 4323.1-1995 in the stack servicing the stand-alone tank. In consultation with DPIE, revise the AQMP to conduct monitoring in the event of a number of valid complaints, rather than annually, and also to monitor speciated VOC from the stack instead of odour, (given that odour testing companies are unwilling to have their staff sniff potentially Covid contaminated air).	Review plan to include added controlled as noted with valid complaints mechanisms. Scheduled for April 2022
Performan ce evaluation	The AQMP includes key performance indicators to evaluate the Project odour performance.	Evaluate the results of the required monitoring against the relevant key performance indicators specified in the AQMP.	Noted and forms part of the technical review.

AQMP aspect	Comment	Recommended action(s)	Management review March 2022
Non-compliance, incidents and contingency plan	The Project has not reported any incidents or non-compliances. The AQMP includes appropriate methods for reporting, investigating, and implementing actions should a non-compliance or incident occur.	Ensure relevant staff are aware of requirements per the AQMP in the event of a non-compliance or air quality incident.	Training program will include incident based reporting and responsibilities.
Complaints	The Project has not received any odour complaints. The AQMP includes a complaints protocol for investigating complaints should an odour complaint be received.	Ensure any future odour complaints received are made publicly available on the Project website.	All reporting responsibilities are captured in the EPA report.
Review and improvement of environmental performance	The AQMP includes methods to improve the Project's odour performance, including this odour audit.	Ensure the recommendations of this odour audit are implemented. Ensure the AQMP is updated as required and the most recent approved version is implemented. Include a commitment for staff training in the AQMP to ensure workers are aware of the relevant requirements of the AQMP.	Noted and forms part of the management review process.

This action report was tabled in February 2022 review meeting.

Dated the 25th day of February 2022