Operational Compliance Report

Date:	30/03/2023
Reporting Period:	18th January 2022 – 18th January 2023
Application Number:	SSD 6761
Applicant:	Med-X Pty Ltd

Operational Compliance Report

Document control

Document Title	Operational Compliance report
Application No.	SSD 6761

Revision	Date Issued	Description	Declaration	
			Name	Title
A	30/03/2023	Operational Compliance Report	Sinead Busher	National Regulatory Manager

Glossary

Term	Definition
AQMP	Air Quality Management Plan
CoC	Conditions of consent Conditions contained in Schedule 2 of the Development Consent for SSD 6761
DPIE / The Department	NSW Department of Planning, Industry and Environment.
EPL	Environmental Protection Licence
Incident	An occurrence or set of circumstances that causes or threatens to cause material harm and which may or may not be or cause a non-compliance Note: "material harm" is defined in this consent
Material harm	Is harm that: a) involves actual or potential harm to the health or safety of human beings or to the environment that is not trivial, or b) results in actual or potential loss or property damage of an amount, or amounts in aggregate, exceeding $10,000, (such loss includes the reasonable costs and expenses that would be incurred in taking all reasonable and practicable measures to prevent, mitigate or make good harm to the environment)

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Executive Summary

This operational compliance report relates to activities undertaken at the Arndell Park Clinical Waste Management Facility located at Lot 14 DP 786328, 9 Kenoma Place, Arndell Park NSW and Lot 1005 DP 788155, 7 Vangeli Street, Arndell Park NSW (See Figure 1). The project is currently in its operational phase. The compliance report declaration has been signed by Sinead Busher and can be found in Appendix C.

This is the second compliance report submitted under SSD 6761,and covers the reporting period from 18th January 2022 to 18th January 2023. An Independent Environmental Audit and an Odour Audit were finalised in this reporting period. As such, actions from the previous compliance report and these audits are included.

The Independent Environmental Audit identified 18 non-compliances with 25 condition items not being triggered and the remaining 82 condition items determined to be compliant. One opportunity for improvement was identified. Non-compliances, corrective actions and opportunities for improvement are outlined in Appendix A.

The action summary table provided in Table 2-1 provides an overview of the actions undertaken and future actions planned to rectify non-compliances and associated timelines.

1 Introduction

This operational compliance report relates to activities undertaken at the Arndell Park Clinical Waste Management Facility located at Lot 14 DP 786328, 9 Kenoma Place, Arndell Park NSW and Lot 1005 DP 788155, 7 Vangeli Street, Arndell Park NSW (See Figure 1). The project is currently in its operational phase.

Previous activities undertaken:

- Commencement of operations in accordance with the Development Consent for SSD 6761, on the 2nd November 2020
- Modification of the SSD (Mod 1) on the 26th June 2021, which adjusted the facilities' waste processing and storage limits (Condition A6).
- Standard Site Operations
- Commissioning of Independent Environmental Audit
- Request for Extension for Independent Environmental Audit until May 2022
- Commissioning of the Odour Audit
- Request for Extension for the submission of Odour Audit until March 2022
- Preparation of Compliance Report
- Request for Extension for the submission of Compliance Report May 2022
- Surrender of historical development consents JRPP-11-1642 dated 3 August 2011 and modification consent S 9612/1451 dated 2 October 2012 to Blacktown City Council

Activities undertaken throughout this reporting period (18th January 2022 – 18th January 2023) include:

- Standard site operations
- Completion of Independent Environmental Audit undertaken in November 2021 and submitted to DPE in May 2022
- Completion of Odour Audit in April 2022
- Three quarterly odour surveys undertaken in July 2022, October 2022 and February 2023
- Preparation of compliance reporting.

Figure 1: Development Footprint of Arndell Park Clinical Waste Facility locations.

Key contacts for the Arndell Park Clinical Waste Management Facility listed in Table 1-1.

Table 1-1: Key personnel contact details

Position	Name	Details
State Manager	Tim Horton	0439384756 Tim.horton@med-xsolutions.com.au
National Regulatory Manager	Sinead Busher	0423851801 sinead.busher@med-xsolutions.com.au

2 Previous report actions

Table 2-1 provides a summary of actions identified in the Odour Audit and Independent Environmental Audit, along with a summary of actions undertaken within this reporting period to address these actions. Actions that have been completed during this reporting period are shown in green, with actions completed in the previous reporting period shown in grey.

Table 2-1 Action status summary

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
SSD 6761	C6	Limit the amount of bins stored in front of the hebal wall so it can be inspected. Reviewing the storage locations on-site and updating the WMP and OEMP if required. Review of potential surveillance options for the site to track waste storage areas.	15th September 2022	Completed	No bins are stored in front of hebal wall. Designated clean bin storage area is located adjacent to the warehouse, and within the Facility as shown on site plans within the OEMP. A photo of the hebal wall and carpark is provided in Appendix D.
SSD 6761	C6	Review of BCP to incorporate inclement conditions and how to handle this on site with infrastructure.	20th May 2022	Completed	Internal review of BCP undertaken. Existing BCP includes inclement weather and natural disasters and is considered sufficient. No further action required.
SSD 6761	A6	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.	15th July 2022	Ongoing	Med-X use an internal waste tracking system, called Customer Relations Management (CRM) system. This system is used to record all relevant information. Information recorded for each delivery includes: • Client Details • Total net weight of each waste type (recorded on weight sheet)

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
					• Number and size of containers weighed (recorded on weight sheet) • Drivers route allocation sheet • Service Docket Real time data detailing waste volumes processed and stored at the site is recorded and collated on the Med-X CRM system and monitored daily. Med-X uploads all relevant information from the Med-X CRM system to the EPA's online waste tracking system. Waste monitoring is tracked using the spreadsheet "Med-X EPA Report Clinical Sharps" which shows the running total of waste received. Data is taken from CRM. No alert is set, however this is monitored on a monthly basis. Med-X is investigating setting up a dashboard view within the business's existing BI system which will present waste volume data and limits automatically. For the previous reporting period, aligning with EPA reporting requirements (3 September 2021– 2 September 2022), 1,920 tonnes of clinical waste were received and 61.65 tonnes of related waste (consisting of cytotoxic, anatomical, and pharmaceutical).

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
SSD 6761	A6	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.	15th July 2022	Completed	As above.
SSD 6761	A9	Surrender the previous development consents for the facility.	9/05/22	Completed 9/05/22	JRPP-11-1642 & S96-12-1451 Surrendered to Blacktown city council on 9/05/22, Confirmation letter from Council received 13/05/22.
SSD 6761	A15	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, specific waste requirements as per B13-B16, specific traffic requirements as per B22 and B23 etc.	15th September 2022	Completed	Staff induction has been updated to include address identified additional items. The updated site induction form is provided in Appendix C. Online training records are kept in the Learning Management System (LMS) which was implemented on 31st March 2022. Completed training courses prior to this date were carried across from the previously external LMS, but records and training have improved since then. Schedules for initial and refresher sessions of online courses are kept in the LMS as well as details including name, contents, location, type of course and test results. On-site toolbox talk training records are kept and where needed, updates to documentation or relevant training is discussed in these sessions.

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
SSD 6761	A15	Document the delivery of ongoing awareness training.	15th September 2022	Completed	As above
SSD 6761	A16	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 will adopt a site plant register which will incorporate summary of records, testing inspection checks and maintenance intervals.	31st April 2023	To be completed	The site plant register is currently under development. An updated proposed completion date is provided, and information will be incorporated in the next compliance reporting period. Biological monitoring of every cycle is not feasible. If all parameters are met on the autoclave (pressure, temp, time), then the cycle will fulfil the requirement to achieve microbial inactivation in accordance with the autoclave validity testing which confirmed these parameters. In accordance with the WMP and OEMP, annual Biological Indicator tests are undertaken by the National Association of Testing Authorities (NATA) approved Laboratory, to validate the autoclave sterilisation process.
.SSD 6761	B1	Seal the stand-alone tank inspection lid to ensure no leakage	29th March 2022	Completed	To address this, a rubber seal was installed which is folded underneath stainless steel lid. This was completed in March 2022.
SSD 6761	B2	Install a sampling plane per AS 4323.1-1995 in the stack servicing the stand-alone tank	31st May 2023	To be competed	Following installation of the chiller pipe, this will be installed.

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
SSD 6761	B1	Complete the chiller system pipe connection and operate the chiller system in summertime (or in the event of complaints in spring or autumn).	31st April 2023	To be completed	Med-X is looking to have a chiller pipe installed as soon as possible. A plumber attended the Facility in March 2023 and Med-X are finalising installation dates.
SSD 6761	B4	If odour complaints arise, review the stack "U" bend modification.	As required	Ongoing	Odour complaints received in this reporting period are outlined in Table 5-1. Complaints will continue to be monitored, and the need to modify the U-bend again will be investigated should no other cause be evident or should other implemented controls not be effective.
SSD 6761	B4	Continue to implement management practices per the AQMP and record their implementation in the annual compliance checklist.	On-going	Ongoing	Refer to Section 3.2 of this compliance report. This will be updated annually as part of compliance reporting.
SSD 6761	B4	Ensure quarterly field odour surveys are conducted per the AQMP.	On-going	Ongoing	Three surveys have been completed. The final quarterly odour survey will be completed in April 2023 (weather depending).
SSD 6761	B4	In consultation with DPE, 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	Revise AQMP by 15th August 2022	Completed	AQMP has been updated to reflect updated training requirements and stack testing requirements, and include the requirement for monitoring to be undertaken in the event that more than one odour complaint is received whereby the cause cannot be identified through investigation of site operations

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
		have their staff sniff potentially Covid contaminated air).			
SSD 6761	B4	Evaluate the results of the required monitoring against the relevant key performance indicators specified in the AQMP.	Ongoing	Ongoing	Completed as part of the quarterly field odour surveys. The final quarterly odour survey will be completed in April 2023 (weather dependent).
SSD 6761	B4	Ensure relevant staff are aware of requirements per the AQMP in the event of a non-compliance or air quality incident.	15th September 2022	Completed	AQMP updated to reflect updated training requirements and requirements for staff training are included in updated site induction (see Appendix C).
SSD 6761	B4	Ensure any future odour complaints received are made publicly available on the Project website.	On-going	Ongoing	Complaints register available here: https://www.med-xsolutions.com.au/development-and-plans/ This is updated and maintained regularly to ensure that an updated version is available on the website.
SSD 6761	B4	Ensure the recommendations of the odour audit are implemented.	15th August 2022	Ongoing	Evidence of actions undertaken to address recommendations of the odour audit are provided as part of this compliance report
SSD 6761	B4	Ensure the AQMP is updated as required and the most recent approved version is implemented.	15th August 2022	Completed	AQMP updated to reflect updated training requirements and stack testing requirements.
SSD 6761	B6	Include a commitment for staff training in the AQMP to ensure workers are aware of the relevant requirements of the AQMP.	15th September 2022	Completed	AQMP updated to reflect updated training and requirements for staff training are included in updated site induction (see Appendix C)

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
SSD 6761	B9	Complete an emergency drill to test the Emergency Plan and then review and if required update the Emergency Plan	31st July 2022	Completed	An emergency drill was conducted 24 November 2022. PIRMP has been updated recently to include Newcastle site. The latest version is available online here: https://www.med-xsolutions.com.au/development-and-plans/
SSD 6761	B10	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.	31st April 2023	To be completed	Med-X is looking to have micron filter and valves on stormwater drains installed as soon as possible. A plumber attended the Facility in March 2023 and Med-X are finalising installation dates.
SSD 6761	B14	Remove the clean bins from car spaces within the facility as per Appendix 1 of the Development Consent 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).	15th August 2022	Completed	Bins were removed from this area and no updates to WMP and TMP were required.
SSD 6761	B18, B19	Complete an assessment to determine the waste classification of treated waste in accordance with the NSW EPA Waste	15th August 2022	Completed	Biological monitoring of every cycle is not feasible. If all parameters are met on the autoclave (pressure, temp, time), then the cycle will fulfil the requirement to achieve microbial inactivation in

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
		Classification Guidelines. Maintain records for the life of the project.			accordance with the autoclave validity testing which confirmed these parameters. In accordance with the WMP and OEMP, annual Biological Indicator tests are undertaken by the National Association of Testing Authorities (NATA) approved Laboratory, to validate the autoclave sterilisation process. Continuous monitoring of the autoclave treatment parameters is maintained via the plant PLC system and recorded for every cycle on the plant Honeywell chart. Approval by Health NSW for the method of treatment (autoclave and shredder) was granted in March 2019.
SSD 6761	C3	Reinforce/train staff that as per Section 4.3.3 of the OEMP, any complaints are required to be reported to DPE immediately.	15th September 2022	Completed	OEMP has been updated to clarify that environmental incidents are reported to the department. It is noted that Med-X do not propose to report complaints to DPE; a complaints register is publicly available on Med-X website. It is noted that Med-X contacted DPE following an odour complaint received in January 2023 to obtain advice about reporting requirements for complaints. The compliance officer at DPE advised that unless the complaint is established as an incident, they do not require immediate notification. The officer advised that it would be sufficient to log the

Source	Condition of Consent number	Action Proposed	Proposed completion date	Status	Action completed
					complaint details and any actions taken on the site Complaint Register.
SSD 6761	C5	The OEMP including all sub-plans should be reviewed and updated following the independent audit and resubmitted to the Planning Secretary for Approval.	March 2023	Ongoing	Updated OEMP and subplans to be provided to the department for review and approval. These plans will be provided in March 2023.
SSD 6761	C15	Ensure all documents/information required under this condition are uploaded to the website and regularly maintained.	15th August 2022	Completed	Noted. All management plans, record of approvals, complaints and environment register are available online. When necessary, these documents are updated.
Corrective actions against opportunities for improvement					
SSD 6761	B17	Conduct spot checks or other due diligence to confirm that waste which leaves the facility is being disposed of at suitably licensed locations.	15th July	Completed	Weighbridge dockets available to confirm delivery to licensed facilities. Disposal sites (Bingo landfill at Eastern Creek and Weston Aluminium incinerator at Kurri Kurri) are licenced with EPLs.

3 Compliance status summary

Compliance status summary is outlined in Appendix A. This will be used to track compliance, will be updated regularly and will be included in each Annual Operational Compliance Report.

Compliance status descriptions used in Appendix A – Compliance Table are outlined in Table 3-1.

Table 3-1: Compliance status descriptions

Status	Description
Compliant	The proponent has collected sufficient verifiable evidence to demonstrate that all elements of the requirement have been complied with.
Non-compliant	The proponent has identified a non-compliance with one or more elements of the requirement.
Not Triggered	A requirement has an activation or timing trigger that has not been met at the phase of the development when the compliance assessment is undertaken, therefore an assessment of compliance is not relevant.

18 non-compliances were identified in the Independent Environmental Audit completed between November 2021 and April 2022. The submission of this Independent Environmental Audit to the department has been taken as notification to the planning secretary as required under Schedule B C7 of the conditions of consent for SSD 6761. Summary of non-compliances identified are outlined in Table 3-2. Actions associated with the rectification of each of these non-compliances have been outlined in Table 2-1.

Table 3-2: non-compliances reported in accordance with CoC C7

Relevant CoC	Compliance requirement	Non-compliance description
A6a	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;	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 summary spreadsheet was different to those provided in the raw waste output report.
A6b	In regard to processing and storage capacity, the Applicant must not: (b) receive and store more than 300 tonnes of related waste per annum;	
A9	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.	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.
A15	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.	OMEP dated 18/12/20 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 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, specific 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

Relevant CoC	Compliance requirement	Non-compliance description
		operating procedures for site machinery. These videos were very detailed and an excellent way to familiarise new employees. 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.
A16a	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 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 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 6 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.
B1	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	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

Relevant CoC	Compliance requirement	Non-compliance description
	monitoring requirements as specified in the EPL applicable to the site.	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.

Relevant CoC	Compliance requirement	Non-compliance description
		There has been no complaints received 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 Condition C1).
B2	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.	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.
B4b	The Applicant must: (b) implement the most recent version of the AQMP approved by the Planning Secretary for the duration of the development.	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 been completed. - Air quality commitments are not fully incorporated into staff training

Relevant CoC	Compliance requirement	Non-compliance description
		- 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 received 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 Condition C1).
B6	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:	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 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.
B8b	(b) detail emergency procedures for the development.	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.

Relevant CoC	Compliance requirement	Non-compliance description
		- Emergency contact numbers and evacuation procedures were placed throughout the facility. - Spill kits were observed throughout the facility. - Fire extinguishers were observed throughout the facility - 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.
B10	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).	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 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.
B14	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.	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.

Relevant CoC	Compliance requirement	Non-compliance description
B18	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.	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.
B19	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.
C3b	(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;	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 received 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. 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
C4	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).	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

Relevant CoC	Compliance requirement	Non-compliance description
		reporting protocols, completion of the compliance reports and publicly available information of the website.
C5	Within three months of: (d) the approval of any modification of the conditions of this consent; or	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.
C15	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;	A review of the Med-X website on 11/3/22 determined that the only documentation publicly available was the PIRMP. Other documentation. 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/

Relevant CoC	Compliance requirement	Non-compliance description
	(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	

3.1 Air Quality and Odour

An Odour Audit was completed by Todoroski Air Services on the 20th April 2022. This Odour Audit was completed in line with Condition B6(a) of the Development consent SSD 6761. An extension for the submission of this Odour Audit was granted by DPE until March 2022. Approval as an independent odour auditor was granted by DPE on the 7th July 2021. This audit was updated following DPE comments provided on the 6th April 2022 and resubmitted on the 28th April 2022, with appropriate modifications. The recommendations of this audit are outlined in Table 3-2 and actions are outlined in Table 2-1.

Odour monitoring was undertaken in in this reporting period in the form of quarterly odour surveys as per the recommendations of the odour audit. A summary of the findings of each odour survey is outlined below:

- First survey (July 2022) found very slight odour detection associated with the project
- Second survey (October 2022) – no project related odour were detected
- Third survey (January 2022) – Overall, while some garbage and sour odour characters likely related to the Project were observed offsite during the survey, these were generally of a weak intensity, too infrequent and relatively short lived to be considered offensive.

No updates to the AQMP have been required as a result of the odour surveys.

Management practices in the AQMP continue to be implemented in accordance with Section 5.3 of the AQMP. Table 3-3 provides a checklist of management practices, which is completed on an annual basis as part of this compliance reporting:

Table 3-3: Compliance with AQMP management practices

Management practice	Frequency	Evidence	Compliance status
Keep building doors closed when not in use	Continuous	Noted. When possible (ie outside of vehicle receipt periods of 7:00am – 5:00pm) Facility doors are kept closed.	Compliant
Avoid opening the doors after 5pm, especially in the cooler times of the year;	Daily	During vehicle receipt periods (7:00am – 5:00pm), doors to the Facility are required to open. Outside of these periods (i.e after 5pm), Facility doors are closed.	Compliant
Ensure all sorting and receiving of waste to occur within the building	Daily	All clinical and related wastes that are received at the Facility are unloaded and processed inside bunded area within the enclosed processing building in accordance with Section 4,1 of WMP and OEMP	Compliant
No open stockpiling of waste materials outside the building	Daily	As above.	Compliant
Carefully co-ordinate waste delivery and dispatch schedules to avoid a queue of incoming or outgoing trucks for any extended periods of time	Daily	In accordance with the OTMP, vehicle arrivals at the facility will be closely monitored, to limit congestion and ensure waste delivery is evenly spaced across the daily operating hours. This includes the use of the GPS real-time vehicle tracking system (Verizon system) combined with additional monitoring of daily trends in arrivals. Data collected through daily monitoring is reviewed bi-monthly.	Compliant
Spill management procedures to ensure immediate clean-up of any spill	As required	Spill management procedures are implemented in accordance with the Spill Control and Contamination Plan in the Pollution Incident Response Plan and Emergency Management Plan.	Compliant
Maintain an odour complaint logbook and in the event of a complaint conduct an immediate investigation of any odour sources, together with appropriate	As required	Complaints register available here: https://www.med-xsolutions.com.au/development-and-plans/ This is updated and maintained regularly to ensure that an updated version is available on the website.	Compliant

actions to eliminate any identified excessive odour		In the event of a complaint, all complaints will be acknowledged as soon as practicable following receipt, and wherever possible within 24 hours. The Branch Manager, or their nominee, shall investigate and determine appropriate corrective/preventive actions to be taken to address complaints. The complainant will be informed in writing of the results of the investigation and action to be taken to rectify or address the matter(s). Details of complaints received in this reporting period, and actions taken to address these are provided in Table 5-1.	
Engines of on-site vehicles and plant switched off when not in use	Daily	In accordance with Section 4.4 of the TMP, vehicles waiting to be serviced will queue in the holding positions and vehicles are not permitted to idle. When in the Facility during delivery hours all vehicles are switched off when not in use.	Compliant
Vehicles and plant fitted with pollution control devices in accordance with manufacturer specifications	Daily	All on-site vehicles are maintained in accordance with manufacturer specifications. All vehicles are bunded and fitted with spill kills.	Compliant
Maintain and service vehicles according to manufacturer's specifications	As required	All on-site vehicles are maintained in accordance with manufacturer specifications.	Compliant
Ensure any waste left overnight is stored in a closed container within the building	Daily	All waste is stored within closed containers within the Facility. No waste is permitted to be stored outside the Facility.	Compliant
Regular cleaning of all hard stand areas and lower parts of walls in contact with, or near proximity to waste (it is noted that this would already be required for hazard control)	As required	Cleaning of the facility is undertaken as part of general housekeeping duties and in accordance with the Med-X National Cleaning Procedure (MXNATQPR313).	Compliant

3.2 Independent Environmental Audit

The next Independent Environmental Audit will be required in 2 years for the reporting period 18th January 2024 – 18th January 2025.

4 Incidents

No incidents were recorded during the reporting period.

5 Complaints

Complaints registers have been kept in line with CoC C3b (Operational Environmental Management plan), B3f (Air Quality management) and B6c (Odour Management).

Table 5-1: Complaints Register

Complaint #	Date and Time	Description	When the complaint was observed	Activities that may have contributed to the complaint	Actions taken to resolve	Stakeholder communications	Further actions and improvements	CLOSED	DATE & INITIALS
01	Morning of 01/06/22	Bad odour noted form neighbour, Darren, at Wallboard. Complainant advised that the smell has been present for several months.	Morning of 01/06/22	Exhaust stack where steam is emitted after cooling in the external holding tank, contributed to by autoclave process.	Met with neighbour to discuss but smell was not evident at the time. Explained to neighbour that the emission that they see from the exhaust stack is steam. Ongoing observation of tissue to be undertaken on site.	Visited neighbour, Wallboard, to discuss complaint. EPA NSW visited site following odour report received from a neighbour (details of who not specified). Site visit was conducted with no odour evident. EPA was able to witness steam	Ongoing field odour surveys as part of reporting requirements to be undertaken. Neighbour advised to contact Med-X should issue arise again. Med-X to observe operations to check for potential odours and	No	All managers 06/2022

Complaint #	Date and Time	Description	When the complaint was observed	Activities that may have contributed to the complaint	Actions taken to resolve	Stakeholder communications	Further actions and improvements	CLOSED	DATE & INITIALS
						ejected from the autoclave.	address as necessary.		
02	16/01/23	Odour noted from neighbour at Wallboard Tools following Account Manager contacting Med-X via email requesting to discuss	Morning 10/01/2023	Exhaust stack where steam is emitted after cooling in the external holding tank.	Met with neighbour to discuss but smell was not evident at the time. Explained to neighbour that Med-X is seeking a quote to introduce cooling spray into the steam flow to reduce emissions. Phone call was also made to Jason (Wallboard) to advise of abovementioned too. See sheet: Documents evidence CL23 01.	Visited neighbour, Wallboard, to discuss their initial email asking to discuss the smell (10/01). Advised the employee on site, David, that they can contact us any time they are experiencing the smell "as it happens" so it can be addressed immediately. Provided contact details and business cards again.	Wallboard to be contacted next week once quote for cooling spray work is obtained. Med-X Leadership team advised of complaint during weekly meeting. Med-X to consider implementation of cooling sprays to further reduce likelihood of odour emissions.	No	Chris Grundy & Sinead Busher 01/2023

Operational Compliance Report

Complaint #	Date and Time	Description	When the complaint was observed	Activities that may have contributed to the complaint	Actions taken to resolve	Stakeholder communications	Further actions and improvements	CLOSED	DATE & INITIALS
							Quote received for cooling sprays 24/01. Investigating feasibility.		

Appendices

Appendix A – Compliance Table

Condition Number	Requirement	Development Phase	Evidence and Comments	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.	At all times	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	At all times	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;	At all times	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;	At all times	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;	At all times	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;	At all times	The development 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.	At all times	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 Appendix 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	At all times	There have been no written directions from the Planning Secretary.	Not Triggered

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	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).	At all times	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.	At all times	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.	At all times	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;	Operations	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 summary spreadsheet was different to those provided in the raw waste output report.	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;	Operations		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;	Operations	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
	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;	Operations	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	In regard to processing and storage capacity, the Applicant must not: (e) store more than 180 kilograms of anatomical waste at any one time;	Operations	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 anatomical 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.	Operations	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	At all times	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.	Commissioning	Operation of the development was not staged therefore this condition was not triggered 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.	Commissioning	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.	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.	Commissioning	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;	At all times	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	(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.	At all times	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);	At all times	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);	At all times	Strategies, plans or programs were not combined therefore this condition is not triggered.	Not Triggered
	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).	At all times	Strategies, plans or programs have not been updated since their initial approval therefore this condition is not triggered.	Not Triggered
A13 STAGING, COMBINING AND UPDATING STRATEGIES, PLANS OR PROGRAMS	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.	At all times	Strategies, plans or programs have been staged or updated since there initial 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.	At all times	Strategies, plans or programs have not been updated since their initial approval therefore this condition is not triggered.	Not Triggered

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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.	At all times	OMEP dated 18/12/20 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 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, specific 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. 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.	Non-Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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;	Operations	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 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 6 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. 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.	Commissioning	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.	At all times	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	Development Phase	Evidence and Comments	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.	At all times	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.	At all times	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 treatment of clinical waste by Autoclave which expires on 31/4/24.	Compliant
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.	Operations	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.	Non-Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
			There has been no complaints received 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 Condition C1).	
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.	Operations	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.	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:	Commissioning	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);	Commissioning	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;	Commissioning	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;	Commissioning	Section 5.1 of the AQMP ranks all emissions 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;	Commissioning	Section 6 of the AQMP evaluates environmental performance of the operation via monitoring including stack testing, field odour surveys.	Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	(e) identify the control measures that that will be implemented for each emission source;	Commissioning	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.	Commissioning	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
B4 Air Quality Management Plan	The Applicant must: (a) not commence operation until the AQMP required by condition B3 is approved by the Planning Secretary;	Operations	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	Development Phase	Evidence and Comments	Compliance Status
	The Applicant must: (b) implement the most recent version of the AQMP approved by the Planning Secretary for the duration of the development.	Operations	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 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 received 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 Condition C1).	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).	Commissioning	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:	Operations	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	(a) be carried out by a suitably qualified, experienced and independent person(s), whose appointment has been endorsed by the Planning Secretary;	Operations	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;	Operations	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;	Operations	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;	Operations	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;	Operations	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.	Operations	As per Table 6-1 in Section 6 of the Audit Report, recommendations to improve 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.	Operations	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';	Operations	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	(b) detail emergency procedures for the development.	Operations	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 facility - 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.	Non-Compliant
Dangerous Goods				
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).	At all times	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				

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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).	At all times	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 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. 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;	Commissioning	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;	Commissioning	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.	Commissioning	Refer to Condition B12 (b)	Compliant
B12 Waste Management Plan	The Applicant must: (a) not commence operation until the WMP required by condition B11 is approved by the Planning Secretary; and	Commissioning	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
	The Applicant must: (b) implement the most recent version of the WMP approved by the Planning Secretary for the duration of the development.	Operations	A review of the facility's waste management processes was undertaken and determined to be generally in compliance	Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
			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 inspection. 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 diligence 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 annually. The WMP has not been updated since 8/10/20 however this is further assessed in Condition C5.	
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.	Operations	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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.	Operations	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. There were no waste/storage/traffic related complaints regarding this.	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.	Operations	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.	Operations	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.	Operations	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 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 diligence 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.	Operations	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.	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.	Operations	As detailed in Condition B19, waste classification records for treated waste leaving the facility have not been provided.	Non-Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
			Biological indicator testing records from the autoclave were available as detailed in Condition A16.	
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),	Commissioning	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;	Commissioning	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;	Commissioning	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;	Commissioning	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.	Commissioning	Section 5 of the OTMP details a monitoring program.	Compliant
B21 Operational Traffic Management Plan	The Applicant must: (a) not commence operation until the OTMP required by condition B20 is approved by the Planning Secretary;	Commissioning	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
	(b) implement the most recent version of the OTMP approved by the Planning Secretary for the duration of the development.	Operations	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 queued or parked on the public roads outside the facility. - Adequate parking was available onsite and space for trucks to manoeuvre 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	Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
			which showed that there were no vehicles driving prior to permitted operating hours.	
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.	At all times	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, there are some clean bins being temporarily stored in some car spaces however the remaining car spaces appear to be adequate. As detailed in Condition 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);	Operations	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;	Operations	Swept Path Analysis for typically 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;	Operations	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 queuing identified. During the site inspection, heavy vehicles entering the facility were observed. There was no queuing of vehicles on public roads and adequate room within the facility to prevent queuing.	Compliant

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	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;	Operations	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;	Operations	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 facility. 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;	Operations	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;	Operations	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.	Operations	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.	Operations	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 Response Plan. A Site Stormwater Plan (Appendix E of the OEMP) has also been partially implemented which manages any potential	Compliant

<table>
<tr><th>Condition Number</th><th>Requirement</th><th>Development Phase</th><th>Evidence and Comments</th><th>Compliance Status</th></tr>
<tr><td></td><td></td><td></td><td>spills. This is further detailed in Condition B10.

There are no discharge criteria contained with the facilities EPL.</td><td></td></tr>
<tr><td>NOISE</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Hours of Work</td></tr>
<tr><td>B25 Hours of Work</td><td>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<table><tr><th>Activity</th><th>Day</th><th>Time</th></tr><tr><td>Operation of Clinical Waste Management Facility at 9 Kenoma Place, Arndell Park</td><td>Monday – Saturday (including public holidays that fall on Saturday)</td><td>7 am – 7 pm</td></tr><tr><td>Operation of depot and storage facility at 7 Vangeli Street, Arndell Park</td><td>Monday – Saturday (including public holidays that fall on Saturday)</td><td>5 am – 7 pm</td></tr></table></td><td>Operations</td><td>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 however 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.</td><td>Compliant</td></tr>
<tr><td rowspan="2">B26 Hours of Work</td><td>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;</td><td>Operations</td><td>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.</td><td>Compliant</td></tr>
<tr><td>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;</td><td>Operations</td><td>This condition has not been triggered.</td><td>Not Triggered</td></tr>
</table>

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	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.	Operations	This condition has not been triggered.	Not Triggered
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	At all times	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;	At all times	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	At all times	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.	At all times	20/1/22 - RM 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	At all times	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	At all times	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

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
	(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	At all times	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 received 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 notification 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	At all times	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.	At all times	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
C3 Operational Environmental Management Plan	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;	At all times	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	Development Phase	Evidence and Comments	Compliance Status
	(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;	At all times	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 received 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. 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 A copy of the complaints register is also required to be available of the Med-X website which is further detailed in Condition 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).	At all times	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;	Commissioning	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).	At all times	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				

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
C5 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.	At all times	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;	At all times	A compliance report has not yet been submitted to DPE (as detailed in Condition 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;	At all times	There have been no reportable incidents under Condition 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;	At all times	This audit constitutes the first independent audit therefore this condition has not yet been triggered.	Not Triggered
	Within three months of: (d) the approval of any modification of the conditions of this consent; or	At all times	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.	Non-Compliant
	Within three months of: (e) the issue of a direction of the Planning Secretary under condition A2(b) which requires a review,	At all times	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				

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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.	At all times	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.	At all times	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.	At all times	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.	At all times	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;	At all times	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;	At all times		Not Triggered
	(c) describe what measures will be implemented over the next year to improve the environmental performance of the development	At all times		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.	At all times		Not Triggered
Independent Audit				

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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)	Operations	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;	Operations	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).	Operations	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.	Operations	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				

Condition Number	Requirement	Development Phase	Evidence and Comments	Compliance Status
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.	Operations	Noted - monitoring required by the Development Consent and any management plans has been assessed in this audit.	Compliant
ACCESS TO INFORMATION				
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	At all times	A review of the Med-X website on 11/3/22 determined that the only documentation publicly available was the PIRMP. Other documentation. 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/	Non-Compliant

Appendix B – Compliance Report Declaration Form

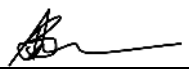
Compliance Report Declaration Form	
Project Name	Arndell Park Clinical Waste Management Facility
Project Application Number	SSD 6761
Description of the Project	Operation of a clinical waste management facility to process up to 2,000 tonnes per annum of clinical waste and store up to 300 tonnes per annum of related waste at 9 Kenoma Place, Arndell Park and use of 7 Vangeli Street, Arndell Park for a delivery vehicle depot and clean sharp waste container storage
Project Address	Lot 14 DP 786328, 9 Kenoma Place, Arndell Park NSW Lot 1005 DP 788155, 7 Vangeli Street, Arndell Park NSW
Proponent	Med-X Pty Ltd
Title of Compliance report	Operational Compliance Report
Date	30/03/2023

I declare that I have reviewed the contents of the attached Compliance Report and to the best of my knowledge:

i. the Compliance Report has been prepared in accordance with all relevant conditions of consent;
ii. the Compliance Report has been prepared in accordance with the Compliance Reporting Requirements;
iii. the findings of the Compliance Report are reported truthfully, accurately and completely;
iv. due diligence and professional judgement have been exercised in preparing the Compliance Report; and
v. the Compliance Report is an accurate summary of the compliance status of the development.

Notes:

- 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) 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
- 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 Authorised Reporting Officer	Sinead Busher
Title	National Regulatory Manager
Signature	
Qualification	Accounting, Adv Diploma of Business, Quality assurance – Auditing, Diploma of Environmental Management.
Company	Med-X Pty Ltd
Company Address	2/24 Habib Drive, South Lismore NSW 2800

Appendix C – Site induction form

ARNDELL PARK AUTOCLAVE FACILITY - SITE INDUCTION FORM

This form is to be completed by inductees as a record of their site induction training.

Name:	Company:

Circle to answer **Employee:** YES / NO **Contractor:** YES / NO **Visitor:** YES / NO

The site induction is to be provided in conjunction with any general safety instructions, safe work instructions, project or site-specific safety rules. Note: this induction covers this site including; office block, factory and yard.

* Please initial in column under "Yes - No - N/A" as each topic is completed *

TOPIC		Yes	No	N/A
1.	I have been advised of emergency procedures relating to this site, the location of emergency evacuation and assembly points, emergency personnel including First Aid attendants, Fire Wardens, location of the nearest off-site medical-Centre and the location of fire-fighting equipment. *Please refer to Evacuation Sign and Diagram.*			
2.	I have been advised of the site layout including vehicle traffic routes, pedestrian walkways, restricted areas, exclusion zones, and the locations of amenities and safety notice-board.			
3.	As a precaution and at no time are visitors permitted to work alone around onsite outside or Inside of the Autoclave Plant. Visitors must be accompanied at all times, I understand this.			
4.	I am aware that I must report all incidents, injuries and near misses (no matter how minor) to management or to site safety personnel immediately upon becoming aware of them.			
5.	I am aware that threats or abuse of any other person on the site will not be tolerated.			
6.	I am aware that I must report any extenuating circumstances relating to my health and well-being to my supervisor on my arrival to the site and/or during my work shift.			
7.	I know / understand this site has 24hr CCTV surveillance and a monitored alarm system.			
8.	There is No Smoking allowed on site. Smoking allowed outside front gate, I understand this.			
9.	I understand that I may be required to participate in Drug & Alcohol random screening.			
10.	I have been shown where the emergency stops are located on the Bin Lifter, Shredder, Waste Compactor, Boiler Unit & Autoclave and understand that I am to keep my hands clear of all moving parts out of harms way, stay safe at all times.			
11.	All contractors working on site agree that all equipment used of their own is in safe working order, tested/tagged, complies with all relevant W/H/S regulations required for work on site.			
12.	I am aware that I must attend toolbox talks / training associated with my job / area of work.			
13.	I am aware that failure to comply with a directive given for the health and safety of myself or others by a Manager and / or Health and Safety representative may result in the issue of a safety breach or banning / removal from site.			
14.	I am aware that I must only undertake / carry out work as prescribed by my employer and will not undertake any work activities (including working at heights, confined spaces) or use any plant (including PPE), equipment, or hazardous materials that I have not been authorised, trained, or deemed competent to do so.			
15.	I am aware of the mandatory PPE requirements for this site, and that failure to comply with PPE requirements may result in a safety breach being issued, banning / removal from site.			
16.	Throughout the premise there are "Line markings & Bollards", I understand these are there to help protect staff against a potential hazard and I am not to move them unless instructed by a Manager or Supervisor.			
17.	I am aware that this company has a site safety committee, and the company has a OH&S representative at head office.			
18.	I understand that only certified persons are authorised to undertake work on any electrical leads, equipment, cabling, tools, lighting or plant, and to treat all electrical cabling as "live".			

I agree to abide all site requirements shown by Med-X Pty Ltd and comply with my obligations under WHS legislation in the interest of health and safety of myself, fellow workers, visitors to the site, and the general public.

Name:	Signature:	Date:
Inductee		
Name:	**Signature:**	**Date:**
Trainer		

Appendix D – Site photographs

Photo 1: Hebal wall and carpark. Photo taken in March 2023