

## Eckoff, Michael

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**From:** Kyle Little <KLittle@danielshealth.com>  
**Sent:** Wednesday, September 21, 2022 7:29 PM  
**To:** Eckoff, Michael  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter  
**Attachments:** Daniels Orlando FLDEP Response letter Sept 2022.pdf; Appendix A Casualty liability insurance.pdf; Appendix B DEP Form 62-730.900(5)(a).pdf

### EXTERNAL MESSAGE

This email originated outside of DEP. Please use caution when opening attachments, clicking links, or responding to this email.

Hello Michael

Nice speaking with you today.

As discussed, please see the attached letter.

We also sought clarification regarding our EPA ID number contrary to what we discussed today. As Daniels is a national hazardous waste transporter (with headquarters in Illinois) the EPA ID number ILR000169029 will remain on the manifests. It would not be consistent with EPA Part 263, to include our State EPA ID number. We will however, ensure, as applicable, the hazardous waste transporter permit is updated and the insurance

Thank you

Best regards,

#### Kyle Little

Director of Regulatory Compliance

Daniels Health | North America

**A.** 111 W Jackson Blvd, Suite 1900, Chicago IL 60604

**M.** 312 – 285 – 9087

**F.** 312 – 873 – 4031

**E.** [klittle@danielshealth.com](mailto:klittle@danielshealth.com)

**W.** [www.danielshealth.com](http://www.danielshealth.com)

**From:** Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>  
**Sent:** Wednesday, September 7, 2022 9:50 AM  
**To:** Kyle Little <KLittle@danielshealth.com>  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

Okay, I'll send a meeting invite.

**From:** Kyle Little <KLittle@danielshealth.com>  
**Sent:** Wednesday, September 7, 2022 10:46 AM  
**To:** Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

**EXTERNAL MESSAGE**

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Virtual is preferred

thank you

Best regards,

**Kyle Little**  
Director of Regulatory Compliance  
Daniels Health | North America

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**W.** [www.danielshealth.com](http://www.danielshealth.com)

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**From:** Eckoff, Michael <[Michael.Eckoff@FloridaDEP.gov](mailto:Michael.Eckoff@FloridaDEP.gov)>  
**Sent:** Wednesday, September 7, 2022 9:44 AM  
**To:** Kyle Little <[KLittle@danielshealth.com](mailto:KLittle@danielshealth.com)>  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

Okay, great. Would you like an in-person or virtual meeting? We use Microsoft Teams for virtual meetings.

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**From:** Kyle Little <[KLittle@danielshealth.com](mailto:KLittle@danielshealth.com)>  
**Sent:** Wednesday, September 7, 2022 10:38 AM  
**To:** Eckoff, Michael <[Michael.Eckoff@FloridaDEP.gov](mailto:Michael.Eckoff@FloridaDEP.gov)>  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

**EXTERNAL MESSAGE**

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No problem. May I propose Wednesday, 9-21-2022, 11:00 AM (EST).

Let me know if you would like me to send through the invite.

Thank you Michael.

Best regards,

**Kyle Little**  
Director of Regulatory Compliance  
Daniels Health | North America

**A.** 111 W Jackson Blvd, Suite 1900, Chicago IL 60604  
**M.** 312 – 285 – 9087  
**F.** 312 – 873 – 4031  
**E.** [klittle@danielshealth.com](mailto:klittle@danielshealth.com)  
**W.** [www.danielshealth.com](http://www.danielshealth.com)

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**From:** Eckoff, Michael <[Michael.Eckoff@FloridaDEP.gov](mailto:Michael.Eckoff@FloridaDEP.gov)>  
**Sent:** Wednesday, September 7, 2022 6:23 AM  
**To:** Kyle Little <[KLittle@danielshealth.com](mailto:KLittle@danielshealth.com)>  
**Subject:** RE: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

Good morning Kyle,

Thank you for reaching out to schedule a meeting. Unfortunately those days will not work for us. I have the following availability the following week:

Monday, 9-19-2022, 2:30 PM to 3:30 PM  
Tuesday, 9-20-2022, 9:00 AM to 10:00 AM  
Wednesday, 9-21-2022, 11:00 AM to 12:00 PM  
Thursday, 9-22-2022, 9:00 AM to 10:00 AM, 10:00 AM to 11:00 AM, or 11:00 AM to 12:00 PM

Thank you,  
Michael

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**From:** Kyle Little <[KLittle@danielshealth.com](mailto:KLittle@danielshealth.com)>  
**Sent:** Tuesday, September 6, 2022 4:53 PM  
**To:** Eckoff, Michael <[Michael.Eckoff@FloridaDEP.gov](mailto:Michael.Eckoff@FloridaDEP.gov)>  
**Subject:** FW: DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

**EXTERNAL MESSAGE**

This email originated outside of DEP. Please use caution when opening attachments, clicking links, or responding to this email.

Good afternoon Michael,

I hope you had a nice Labor day weekend. As stated within the attached letter, may we please arrange a meeting to discuss?

May I propose next week Wednesday or Thursday anytime?

I can send through the invite if you prefer.

Look forward to speaking to you, thank you!

Best regards,

**Kyle Little**  
Director of Regulatory Compliance  
Daniels Health | North America

A. 111 W Jackson Blvd, Suite 1900, Chicago IL 60604  
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W. [www.danielshealth.com](http://www.danielshealth.com)

**From:** Buie, Shona <[Shona.Buie@FloridaDEP.gov](mailto:Shona.Buie@FloridaDEP.gov)> **On Behalf Of** DEP\_CD  
**Sent:** Wednesday, August 31, 2022 12:42 AM  
**To:** Dean McPhee <[dmcphee@danielshealth.com](mailto:dmcphee@danielshealth.com)>  
**Cc:** Ammon, Pamela <[Pamela.Ammon@FloridaDEP.gov](mailto:Pamela.Ammon@FloridaDEP.gov)>; Eckoff, Michael <[Michael.Eckoff@FloridaDEP.gov](mailto:Michael.Eckoff@FloridaDEP.gov)>  
**Subject:** DEP MAIL/FLD984171850 – Daniels Sharpsmart Inc – Warning letter

You don't often get email from [dep\\_cd@dep.state.fl.us](mailto:dep_cd@dep.state.fl.us). [Learn why this is important](#)

Greetings,

The Department of Environmental Protection is using electronic correspondence rather than paper mail to deliver documents faster while reducing costs and waste. Please click on the link below to access the above referenced document in OCULUS, the Department of Environmental Protection's electronic document management system.

[https://depedms.dep.state.fl.us:443/Oculus/servlet/shell?command=getEntity&\[guid=2.482828.1\]&\[profile=Enforcement\\_Legal\]](https://depedms.dep.state.fl.us:443/Oculus/servlet/shell?command=getEntity&[guid=2.482828.1]&[profile=Enforcement_Legal])

**To access the documents in OCULUS:**

1. Click on the link to open OCULUS at the Login screen.
2. Click on PUBLIC OCULUS login to view the search results screen.
3. Click the arrow button next to *view* in the Operations drop-down menu to open and view the document in its native format. Most OCULUS documents are in .pdf format. Acrobat Reader is required to read the document. The free reader can be downloaded from <http://www.adobe.com/products/reader.html>.

If you are interested in reviewing documents from the Department's Information Portal, you can access the portal at <http://prodenv.dep.state.fl.us/DepNexus/public/searchPortal>.

Thank you for your attention to this matter.

Sincerely,

Florida Department of Environmental Protection  
Central District Office

***PLEASE NOTE:*** Florida has a very broad public records law. Electronic communications regarding state business are public records available upon request. Your e-mail communications may therefore be subject to public disclosure.



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Daniels Sharpsmart, Inc.  
111 West Jackson Blvd. Suite 1900  
Chicago, IL 60604



September 19, 2022

Attention: Michael Eckoff  
Florida Department of Environmental Protection  
Central District Office  
3319 Maguire Blvd. Suite 232  
Orlando, FL 32803

**RE:** Daniels Sharpsmart, Inc. Warning Letter

Via Email

Dear Mr. Eckoff,

Daniels Sharpsmart, Inc. (“Daniels”) provides essential services to the United States healthcare industry, specifically in the safe containment of healthcare generated wastes.

For the last 35+ years, we have partnered with healthcare workers, providing the safest and most sustainable containers in the world. Daniels containers are the world’s first reusable container specifically designed to prevent needlestick injuries and minimize healthcare generated waste. Through education, innovation and service, we are committed to make the healthcare industry safer for frontline workers and continually drive the development of ecologically sustainable solutions.

A routine inspection was conducted at the Daniels facility located in Orlando, FL on June 30, 2022. During the inspection, possible violations of Chapter 403, F.S., Chapter 62-730, Florida Administrative Code (F.A.C.), were observed.

## Daniels Health | USA

**A** 111 W. Jackson Blvd  
Suite 1900, Chicago, IL 60604

**T** +1 312-546-8900  
**F** +1 312-546-8950

**W** [www.danielshealth.com](http://www.danielshealth.com)  
**E** [USA@danielshealth.com](mailto:USA@danielshealth.com)

Please accept this letter as reply to the possible violations as referenced below:

**1. The facility failed to maintain liability insurance for EPA identification number ILR000169029**

In accordance with EPA 40 CFR Part 263, Daniels operates as a national hazardous waste transporter and have chosen to use the EPA identification (ID) number assigned to our main location in Chicago, IL, ILR000169029, which represents the company as a whole. Each individual location and truck use the number issued to the company's headquarters location and does not receive its own unique number.

Daniels has and maintain financial responsibility for the aforementioned EPA ID number under its umbrella policy in a minimum amount of \$1,000,000.00 per occurrence. This EPA ID number will also be included on DEP Form 62-730.900(5)(a). Daniels Sharpsmart, Inc. EPA ID number FLD984171850 is listed, however.

Please see **Appendix A:** Casualty/liability insurance

Please see **Appendix B:** DEP Form 62-730.900(5)(a)

**2. The facility failed to register EPA identification number ILR000169029 using Form 62-730.900(1)(b) in the State of Florida to transport hazardous waste**

Upon initially completing Form 62-730.900(1)(b) to transport hazardous waste, Daniels then subsequently obtained a State specific EPA ID number FLD984171850. As Daniels is a national hazardous waste transporter, this EPA ID number should have never been issued. EPA ID number ILR000169029 is correct. EPA ID number ILR000169029 will be updated on Form 62-730.900(1)(b) and submitted to the Department for review.

Should you have any questions or require further information please feel free to contact me directly.

Sincerely,

Kyle Little

Director of Compliance

(312) 285 – 9087

[KLittle@danielshealth.com](mailto:KLittle@danielshealth.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cottingham & Butler Michael Saladino 800 Main St. Dubuque IA 52001	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 563-587-5000		<b>FAX (A/C. No):</b> 563-583-7339
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Daniels Sharpsmart, Inc. 111 W Jackson Boulevard, Suite 1900 Chicago IL 60604	DANIHEA-01		<b>INSURER(S) AFFORDING COVERAGE</b>
			<b>INSURER A :</b> Zurich American Insurance Company
			<b>INSURER B :</b> James River Insurance Company
			<b>INSURER C :</b> Aspen Specialty Insurance Company
			<b>INSURER D :</b> RSUI Indemnity Company
			<b>INSURER E :</b> Great Northern Insurance Company
		<b>INSURER F :</b>	<b>NAIC #</b> 16535 12203 10717 22314 20303

**COVERAGES**

CERTIFICATE NUMBER: 1326178558

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			99507266	9/30/2021	9/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP0137005-07	9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ =			00095897-2	9/30/2021	9/30/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0137007-07	9/30/2021	9/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D	Pollution Excess Umbrella			ER00EOX20 NHA095606	9/30/2020 9/30/2021	9/30/2023 9/30/2022	Each Occurrence Limit 10,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Information Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**STATE OF FLORIDA**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Aspen Specialty Insurance Company  
(Name of Insurer)

(the "Insurer"), of 155 Federal St, Suite 602, Boston, MA 02110  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Daniels Sharpsmart, Inc.  
(Name of Insured)

(the "Insured"), of 111 W Jackson Boulevard, Suite 1900, Chicago IL 60604  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984171850		10705 Rocket Boulevard, Unit 9, Orlando, FL 32824

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ER00E0X20, issued on 9/30/2020.  
(date)

The effective date of said policy is 9/30/2021 and the expiration date of said policy is 9/30/2022.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ N/A for each accident in excess of the underlying limit of \$ N/A for each accident, exclusive of legal defense costs. The coverage is provided under policy number N/A, issued on N/A. The effective date of said policy is N/A and the expiration date of said policy is N/A.  
(date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
  - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
  - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

**Leighanne Heron**

\_\_\_\_\_  
(Typed name)

**Associate Underwriter**

\_\_\_\_\_  
(Title)

Authorized Representative of

**Aspen Specialty Insurance Company**

\_\_\_\_\_  
(Name of Insurer)

**155 Federal St., Suite 602, Boston, MA 02110**

\_\_\_\_\_  
(Address of Representative)