

ERIE COUNTY MEDICAL CENTER CORPORATION  
JUNE 26, 2018 MINUTES OF THE  
BOARD OF DIRECTORS REGULAR MEETING  
STAFF DINING ROOM

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Present: Bishop Michael Badger, Ronald Bennett, Scott Bylewski, Jonathan Dandes, Kathleen Grimm, MD, Sharon Hanson, Michael Hoffert, James Lawicki, Christopher O'Brien, Jennifer Persico, William Pauly, Thomas J. Quatroche, Michael Seaman

Excused: Ronald A. Chapin, Darby Fishkin, Thomas Malecki, CPA, Eugino Russi

Also

Present: Donna Brown, Anthony Colucci, III, Esq., John Cumbo, Peter Cutler, Andrew Davis, Richard Embden, Stephen Gary, Susan Gonzalez, Al Hammonds, Donna Jones, Charlene Ludlow, Keith Lukasik, Brian Murray, MD, James Turner, Karen Ziemianski

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I. Call to Order: The meeting was called to order at 4:30 p.m.

Mr. Dandes announced that Jack Quinn was appointed to the ECMC Board of Directors and that Thomas Quatroche has been appointed to the Board of Directors of America's Essential Hospitals.

II. Minutes: Moved by Michael Hoffert and seconded by Jennifer Persico, the Board of Directors unanimously approved the minutes of the May 29, 2018 meeting.

III. Action Items

A) Resolution Designating the Naming of Certain Spaces and Structures.

Moved by Michael Hoffert and seconded by Michael Seaman

**Motion approved unanimously**

B) Resolution Adopting a Negative Declaration in Connection with the Main Lobby and Building Envelope Renovation Project.

Moved by Ronald Bennett and seconded by Michael Hoffert

**Motion approved unanimously**

C) Approval of June 7, 2018 Medical/Dental Staff Appointments/Re-Appointments.

Moved by Michael Seaman and seconded by Bishop Michael Badger

**Motion approved unanimously**

#### IV. **Reports of Corporation's Management**

##### **Chief Executive Officer**

##### **Patient Experience**

- “Providing an Excellent Patient Experience” meetings have been completed with behavioral health, med-surg and ED/CC nursing staff.
- Implementation of a Veteran Recognition Program, aimed at recognition of those who have served our country who may find themselves within our facility for health care.
- Hosted Patient Experience meeting with outpatient dialysis staff.

##### **Culture**

- Thomas Quatroche and Karen Ziemianski, RN attended the American Essential Hospitals 2018 VITAL conference. Ms. Ziemianski presented on “Transforming Quality of Care Through Frontline Mindfulness”
- John Cozamera, RN, Team Leader in CPEP won WNYPNA Outstanding Staff Nurse Award
- Farmers Market is in full season mode.
- Beth Weslow, RN, received the 2018 Jackie Pacos Memorial Student Nurse Practitioner Scholarship Award from Nurse Practitioner Association of NYS, Region 1, Inc.
- Corporate Challenge Winner – Alex Simon, ECMC, Healthcare Information Reporting Analyst

##### **Operations**

- June 19<sup>th</sup> renaming ceremony – Barry and Deanna Snyder Dialysis and Medical Office Building
- New ECMC Chief Quality Officer – Donna Jones, RN, FACHE, CPHQ
- Searches for SVP of Human Resources and SVP, Operations continue with excellent candidates being presented for consideration.
- Key Statistics for the month were reviewed.\*Outpatients visits up for month

##### **Chief Financial Officer**

A summary of the financial results through May 31, 2018 and a Quarterly Financial Statement and projected statement of Yearly Cash Flows were briefly reviewed and the full set of these materials are received and filed.

V. **Reports from Standing Committees:**

**Building and Grounds Committee:** Mr. Bennett advised that the team has done a phenomenal job with parking during construction on the campus; we continue to see our in-house workers doing a great job; all major projects are moving along; adjustments being made to volume sound of fire announcements; and lobby project going out for bid in July.

**Human Resources Committee:** Claims have dropped by 35 percent; added physician coverage for Behavioral Health has decreased job-related incidents.

**Quality Improvement Committee:** Mr. Hoffert, encouraged all board members to attend QI meetings. There were six presentations at this month's QI committee meeting. Mr. Hoffert and others present reviewed the presentations with the board.

All reports except that of the Performance Improvement Committee are received and filed.

VI. **Recess to Executive Session – Matters Made Confidential by Law**

Moved by Bishop Michael Badger and seconded by Kathleen Grimm, MD to enter into Executive Session at 5:05p.m. to consider matters made confidential by law, including certain litigation matters, strategic investments, and business plans.

**Motion approved unanimously.**

VIII. **Reconvene in Open Session**

Reconvene in Open Session at 5:20 p.m. No action was taken by the Board of Directors in Executive Session

**Motion approved unanimously**

IX. **Adjournment:** Moved by Michael Badger and seconded by Michael Seaman to adjourn the Board of Directors meeting at 5:20p.m.



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Michael A. Badger  
Corporation Secretary

**Resolution Designating the  
Naming of Certain Spaces and Structures**

Approved June 26, 2018

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WHEREAS, by Resolution approved by the Corporation's Board of Directors on October 31, 2017, the Corporation set forth its policy regarding the naming of spaces and structures owned or otherwise controlled by the Corporation; and

WHEREAS, consistent with the Corporation's policy, the ECMC Foundation, Inc. has engaged in negotiation with several donors to the Foundation regarding acknowledgement of donations that includes, among other things, the opportunity to name a Corporation space or structure in the honor or memory of a person or entity; and

WHEREAS, the Foundation has provided a listing of the information called for by the Corporation policy and is seeking the approval of the Board of Directors of the Corporation regarding the naming of spaces and structures as detailed on the attachment to this resolution;

NOW, THEREFORE, the Board of Directors resolves as follows:

1. The recommendations submitted by the Foundation as detailed on the attachment to this resolution are hereby approved.
2. The Foundation is delegated the authority to implement the naming substantially in accordance with the information contained in the attachment and in accordance with the Corporation's October 31, 2017 policy as approved by the Board of Directors.
3. This resolution shall take effect immediately.



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Michael A Badger  
Corporation Secretary

June Board Appr	Donor Name	Naming Opportunity	Location	Recognition Name	Commitment
	Peter K. Cutler	Treatment Room	ESI-3	Peter K. Cutler & Elizabeth A. Ball	
	Patrick P. Lee Foundation	Safe Suite, (2) CPEP Triage Rooms	Trauma Center/ED	Patrick P. Lee Foundation	

**A Resolution of the Board of Directors Adopting a Negative Declaration in Connection  
with the Main Lobby and Building Envelope Renovation Project**

Approved June 26, 2018

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WHEREAS, Erie County Medical Center Corporation (the “Corporation”) has determined that it is appropriate and in the public interest that ECMCC enter into contracts for the design, planning and construction of the Main Lobby and Building Envelope Renovation Project (the “Action”); and

WHEREAS, ECMCC determined that it would serve as “Lead Agency” pursuant to the New York State Environmental Quality Review Act (“SEQR”) with respect to the Action; and

WHEREAS, ECMCC, as Lead Agency, in making a Determination of Significance with respect to the Action, has considered the Action, has examined the completed Full Environmental Assessment Form and has reviewed and discussed each criterion for determining significance set forth in Part 617.7 of the SEQR regulations.

NOW, THEREFORE, the Board of Directors resolves, as follows:

1. Based upon a consideration of the Action, an examination of the completed Full Environmental Assessment Form, a review and discussion of each criterion for making a Determination of Significance set forth in Part 617.7 of the SEQR Regulations, and such further investigation of the Action and its environmental impacts, if any, the Corporation has deemed appropriate, the Corporation makes the following findings with respect to the Action:

- a. No potentially large impacts on the environment from the Action are identified in the Full Environmental Assessment Form.
- b. The Action is not expected to trigger any significant adverse impacts, including those examples of impacts listed in Part 617.7 of the SEQR Regulations.

2. Based upon the foregoing investigation of the potential environmental impacts of the Action and considering both the magnitude and importance of each potential environmental impact, the Corporation makes the following determinations:

- a. The Action will not have a significant adverse impact on the environment and an environmental impact statement will not be prepared with respect to the Action; and
- b. The Board of Directors hereby authorizes the preparation of a Notice of Determination of Non-Significance (“Negative Declaration”) and the filing of such Negative Determination and Environmental Notice Bulletin (“ENB”) in accordance with the requirements of SEQR and the SEQR Regulations.

3. This resolution shall take effect immediately.

A handwritten signature in blue ink, reading "Michael A. Badger", is positioned above a horizontal line. The signature is written in a cursive style.

Michael A. Badger  
Corporation Secretary

**Full Environmental Assessment Form**  
**Part 1 - Project and Setting**

**Instructions for Completing Part 1**

**Part 1 is to be completed by the applicant or project sponsor.** Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification.

Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information; indicate whether missing information does not exist, or is not reasonably available to the sponsor; and, when possible, generally describe work or studies which would be necessary to update or fully develop that information.

Applicants/sponsors must complete all items in Sections A & B. In Sections C, D & E, most items contain an initial question that must be answered either "Yes" or "No". If the answer to the initial question is "Yes", complete the sub-questions that follow. If the answer to the initial question is "No", proceed to the next question. Section F allows the project sponsor to identify and attach any additional information. Section G requires the name and signature of the project sponsor to verify that the information contained in Part 1 is accurate and complete.

**A. Project and Sponsor Information.**

Name of Action or Project: Erie County Medical Center- Main Entryway Expansion and Drop-off Canopy		
Project Location (describe, and attach a general location map): 462 Grider Street, Buffalo, NY 14215 (Erie County)		
Brief Description of Proposed Action (include purpose or need):  The ECMC Campus consists of 69+/- Acres on the West side of Grider Street, South of the Kensington Expressway (Rt 33) within the City of Buffalo.  The proposed action to take place consists of the planning, designing and construction of a new main entryway expansion off of the existing eastern side of the building. The expansion will include a 4,700 SF canopy addition to the drop-off lane and will create a temporary entrance to the building just north of the construction zone.		
Name of Applicant/Sponsor: Erie County Medical Center Corporation	Telephone: 716-898-3544	
	E-Mail:	
Address: 462 Grider Street		
City/PO: Buffalo	State: New York	Zip Code: 14202
Project Contact (if not same as sponsor; give name and title/role): Thomas Quatroche, President and Chief Executive Officer	Telephone: 716-898-5830	
	E-Mail: tquatroche@ecmc.edu	
Address: 462 Grider Street		
City/PO: Buffalo	State: New York	Zip Code: 14202
Property Owner (if not same as sponsor): Same	Telephone:	
	E-Mail:	
Address:		
City/PO:	State:	Zip Code:



## B. Government Approvals

**B. Government Approvals, Funding, or Sponsorship.** (“Funding” includes grants, loans, tax relief, and any other forms of financial assistance.)

Government Entity	If Yes: Identify Agency and Approval(s) Required	Application Date (Actual or projected)
a. City Council, Town Board, <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or Village Board of Trustees		
b. City, Town or Village <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Planning Board or Commission		
c. City Council, Town or <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Village Zoning Board of Appeals		
d. Other local agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. County agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Erie County Dept of Environment and Planning	TBD
f. Regional agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
g. State agencies <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NYS Dept. of Health and ECMCC	TBD
h. Federal agencies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
i. Coastal Resources. i. Is the project site within a Coastal Area, or the waterfront area of a Designated Inland Waterway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  ii. Is the project site located in a community with an approved Local Waterfront Revitalization Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No iii. Is the project site within a Coastal Erosion Hazard Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## C. Planning and Zoning

### C.1. Planning and zoning actions.

Will administrative or legislative adoption, or amendment of a plan, local law, ordinance, rule or regulation be the only approval(s) which must be granted to enable the proposed action to proceed? ☐Yes☒No

- If Yes, complete sections C, F and G.
- If No, proceed to question C.2 and complete all remaining sections and questions in Part 1

### C.2. Adopted land use plans.

a. Do any municipally- adopted (city, town, village or county) comprehensive land use plan(s) include the site where the proposed action would be located? ☒Yes☐No

If Yes, does the comprehensive plan include specific recommendations for the site where the proposed action would be located? ☐Yes☒No

b. Is the site of the proposed action within any local or regional special planning district (for example: Greenway Brownfield Opportunity Area (BOA); designated State or Federal heritage area; watershed management plan; or other?) ☒Yes☐No

If Yes, identify the plan(s):

NYS Heritage Areas: West Erie Canal Corridor

c. Is the proposed action located wholly or partially within an area listed in an adopted municipal open space plan, or an adopted municipal farmland protection plan? ☐Yes☒No

If Yes, identify the plan(s):

### C.3. Zoning

a. Is the site of the proposed action located in a municipality with an adopted zoning law or ordinance. ☒ Yes ☐ No

If Yes, what is the zoning classification(s) including any applicable overlay district?

D-M (Medical Campus) under the Buffalo Green Code Adopted by the City in 2017.

b. Is the use permitted or allowed by a special or conditional use permit? ☒ Yes ☐ No

c. Is a zoning change requested as part of the proposed action? ☐ Yes ☒ No

If Yes,

i. What is the proposed new zoning for the site? \_\_\_\_\_

### C.4. Existing community services.

a. In what school district is the project site located? Buffalo Public Schools (City of Buffalo)

b. What police or other public protection forces serve the project site?

City of Buffalo Police, Erie County Medical Campus Police, Erie County Sheriff, New York State Trooper

c. Which fire protection and emergency medical services serve the project site?

City of Buffalo Fire Department and Erie County Medical Campus Corporation

d. What parks serve the project site?

None

### D. Project Details

#### D.1. Proposed and Potential Development

a. What is the general nature of the proposed action (e.g., residential, industrial, commercial, recreational; if mixed, include all components)? Community Service

b. a. Total acreage of the site of the proposed action? \_\_\_\_\_ <1 acres

b. Total acreage to be physically disturbed? \_\_\_\_\_ <1 acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? \_\_\_\_\_ 69+/- acres

c. Is the proposed action an expansion of an existing project or use? ☒ Yes ☐ No

i. If Yes, what is the approximate percentage of the proposed expansion and identify the units (e.g., acres, miles, housing units, square feet)? % \_\_\_\_\_ <10% Units: \_\_\_\_\_ 4,700 SqFt

d. Is the proposed action a subdivision, or does it include a subdivision? ☐ Yes ☒ No

If Yes,

i. Purpose or type of subdivision? (e.g., residential, industrial, commercial; if mixed, specify types)

ii. Is a cluster/conservation layout proposed? ☐ Yes ☐ No

iii. Number of lots proposed? \_\_\_\_\_

iv. Minimum and maximum proposed lot sizes? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

e. Will proposed action be constructed in multiple phases? ☐ Yes ☒ No

i. If No, anticipated period of construction: \_\_\_\_\_ 12 months

ii. If Yes:

- Total number of phases anticipated \_\_\_\_\_

- Anticipated commencement date of phase 1 (including demolition) \_\_\_\_\_ month \_\_\_\_\_ year

- Anticipated completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year

- Generally describe connections or relationships among phases, including any contingencies where progress of one phase may determine timing or duration of future phases: \_\_\_\_\_

f. Does the project include new residential uses? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes, show numbers of units proposed.				
	<u>One Family</u>	<u>Two Family</u>	<u>Three Family</u>	<u>Multiple Family (four or more)</u>
Initial Phase	_____	_____	_____	_____
At completion	_____	_____	_____	_____
of all phases	_____	_____	_____	_____

g. Does the proposed action include new non-residential construction (including expansions)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If Yes,	
i. Total number of structures _____ 1 ii. Dimensions (in feet) of largest proposed structure: _____ 40ft height; _____ 40ft width; and _____ 120ft length iii. Approximate extent of building space to be heated or cooled: _____ 4,700 square feet	

h. Does the proposed action include construction or other activities that will result in the impoundment of any liquids, such as creation of a water supply, reservoir, pond, lake, waste lagoon or other storage? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes,	
i. Purpose of the impoundment: _____ ii. If a water impoundment, the principal source of the water: <input type="checkbox"/> Ground water <input type="checkbox"/> Surface water streams <input type="checkbox"/> Other specify: _____ iii. If other than water, identify the type of impounded/contained liquids and their source. _____ iv. Approximate size of the proposed impoundment. Volume: _____ million gallons; surface area: _____ acres v. Dimensions of the proposed dam or impounding structure: _____ height; _____ length vi. Construction method/materials for the proposed dam or impounding structure (e.g., earth fill, rock, wood, concrete): _____	

**D.2. Project Operations**

a. Does the proposed action include any excavation, mining, or dredging, during construction, operations, or both? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> (Not including general site preparation, grading or installation of utilities or foundations where all excavated materials will remain onsite) If Yes:	
i. What is the purpose of the excavation or dredging? <u>Foundation/Footings</u> ii. How much material (including rock, earth, sediments, etc.) is proposed to be removed from the site? • Volume (specify tons or cubic yards): <u>&lt;100 cubic yards</u> • Over what duration of time? <u>&lt;2 months</u> iii. Describe nature and characteristics of materials to be excavated or dredged, and plans to use, manage or dispose of them. <u>Soil, existing sidewalk concrete, and asphalt</u>	
iv. Will there be onsite dewatering or processing of excavated materials? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If yes, describe. _____	
v. What is the total area to be dredged or excavated? _____ > 1 acres vi. What is the maximum area to be worked at any one time? _____ > 1 acres vii. What would be the maximum depth of excavation or dredging? _____ > 6 feet viii. Will the excavation require blasting? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> ix. Summarize site reclamation goals and plan: _____ <u>Reclaim to match existing</u>	

b. Would the proposed action cause or result in alteration of, increase or decrease in size of, or encroachment into any existing wetland, waterbody, shoreline, beach or adjacent area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes:	
i. Identify the wetland or waterbody which would be affected (by name, water index number, wetland map number or geographic description): _____	

ii. Describe how the proposed action would affect that waterbody or wetland, e.g. excavation, fill, placement of structures, or alteration of channels, banks and shorelines. Indicate extent of activities, alterations and additions in square feet or acres:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

iii. Will proposed action cause or result in disturbance to bottom sediments? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_

iv. Will proposed action cause or result in the destruction or removal of aquatic vegetation? ☐ Yes ☐ No  
If Yes:

- acres of aquatic vegetation proposed to be removed: \_\_\_\_\_
- expected acreage of aquatic vegetation remaining after project completion: \_\_\_\_\_
- purpose of proposed removal (e.g. beach clearing, invasive species control, boat access): \_\_\_\_\_
- proposed method of plant removal: \_\_\_\_\_
- if chemical/herbicide treatment will be used, specify product(s): \_\_\_\_\_

v. Describe any proposed reclamation/mitigation following disturbance: \_\_\_\_\_

\_\_\_\_\_

c. Will the proposed action use, or create a new demand for water? ☐ Yes ☒ No  
If Yes:

i. Total anticipated water usage/demand per day: \_\_\_\_\_ gallons/day

ii. Will the proposed action obtain water from an existing public water supply? ☐ Yes ☐ No  
If Yes:

- Name of district or service area: \_\_\_\_\_
- Does the existing public water supply have capacity to serve the proposal? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No
- Do existing lines serve the project site? ☐ Yes ☐ No

iii. Will line extension within an existing district be necessary to supply the project? ☐ Yes ☐ No  
If Yes:

- Describe extensions or capacity expansions proposed to serve this project: \_\_\_\_\_
- Source(s) of supply for the district: \_\_\_\_\_

iv. Is a new water supply district or service area proposed to be formed to serve the project site? ☐ Yes ☐ No  
If Yes:

- Applicant/sponsor for new district: \_\_\_\_\_
- Date application submitted or anticipated: \_\_\_\_\_
- Proposed source(s) of supply for new district: \_\_\_\_\_

v. If a public water supply will not be used, describe plans to provide water supply for the project: \_\_\_\_\_

\_\_\_\_\_

vi. If water supply will be from wells (public or private), maximum pumping capacity: \_\_\_\_\_ gallons/minute.

d. Will the proposed action generate liquid wastes? ☐ Yes ☒ No  
If Yes:

i. Total anticipated liquid waste generation per day: \_\_\_\_\_ gallons/day

ii. Nature of liquid wastes to be generated (e.g., sanitary wastewater, industrial; if combination, describe all components and approximate volumes or proportions of each): \_\_\_\_\_

\_\_\_\_\_

iii. Will the proposed action use any existing public wastewater treatment facilities? ☐ Yes ☐ No  
If Yes:

- Name of wastewater treatment plant to be used: \_\_\_\_\_
- Name of district: \_\_\_\_\_
- Does the existing wastewater treatment plant have capacity to serve the project? ☐ Yes ☐ No
- Is the project site in the existing district? ☐ Yes ☐ No
- Is expansion of the district needed? ☐ Yes ☐ No

<ul style="list-style-type: none"> <li>• Do existing sewer lines serve the project site? _____</li> <li>• Will line extension within an existing district be necessary to serve the project? _____</li> </ul> <p>If Yes:</p> <ul style="list-style-type: none"> <li>• Describe extensions or capacity expansions proposed to serve this project: _____          _____          _____</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Will a new wastewater (sewage) treatment district be formed to serve the project site? _____</p> <p>If Yes:</p> <ul style="list-style-type: none"> <li>• Applicant/sponsor for new district: _____</li> <li>• Date application submitted or anticipated: _____</li> <li>• What is the receiving water for the wastewater discharge? _____</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>v. If public facilities will not be used, describe plans to provide wastewater treatment for the project, including specifying proposed receiving water (name and classification if surface discharge, or describe subsurface disposal plans): _____          _____          _____</p>		
<p>vi. Describe any plans or designs to capture, recycle or reuse liquid waste: _____          _____          _____</p>		
<p>e. Will the proposed action disturb more than one acre and create stormwater runoff, either from new point sources (i.e. ditches, pipes, swales, curbs, gutters or other concentrated flows of stormwater) or non-point source (i.e. sheet flow) during construction or post construction? _____</p> <p>If Yes:</p> <p>i. How much impervious surface will the project create in relation to total size of project parcel?</p> <p style="padding-left: 20px;">_____ Square feet or _____ acres (impervious surface)</p> <p style="padding-left: 20px;">_____ Square feet or _____ acres (parcel size)</p> <p>ii. Describe types of new point sources. _____          _____</p> <p>iii. Where will the stormwater runoff be directed (i.e. on-site stormwater management facility/structures, adjacent properties, groundwater, on-site surface water or off-site surface waters)? _____          _____</p> <ul style="list-style-type: none"> <li>• If to surface waters, identify receiving water bodies or wetlands: _____          _____</li> <li>• Will stormwater runoff flow to adjacent properties? _____</li> </ul>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>iv. Does proposed plan minimize impervious surfaces, use pervious materials or collect and re-use stormwater? _____</p> <p>f. Does the proposed action include, or will it use on-site, one or more sources of air emissions, including fuel combustion, waste incineration, or other processes or operations? _____</p> <p>If Yes, identify:</p> <p>i. Mobile sources during project operations (e.g., heavy equipment, fleet or delivery vehicles)</p> <p><del>Machinery that is to be determined at a later time will be used in construction and may or may not be a source of emissions</del></p> <p>ii. Stationary sources during construction (e.g., power generation, structural heating, batch plant, crushers)</p> <p><del>Machinery that is to be determined at a later time will be used in construction and may or may not be a source of emissions</del></p> <p>iii. Stationary sources during operations (e.g., process emissions, large boilers, electric generation) _____          _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>g. Will any air emission sources named in D.2.f (above), require a NY State Air Registration, Air Facility Permit, or Federal Clean Air Act Title IV or Title V Permit? _____</p> <p>If Yes:</p> <p>i. Is the project site located in an Air quality non-attainment area? (Area routinely or periodically fails to meet ambient air quality standards for all or some parts of the year) _____</p> <p>ii. In addition to emissions as calculated in the application, the project will generate:</p> <ul style="list-style-type: none"> <li>• _____ Tons/year (short tons) of Carbon Dioxide (CO<sub>2</sub>)</li> <li>• _____ Tons/year (short tons) of Nitrous Oxide (N<sub>2</sub>O)</li> <li>• _____ Tons/year (short tons) of Perfluorocarbons (PFCs)</li> <li>• _____ Tons/year (short tons) of Sulfur Hexafluoride (SF<sub>6</sub>)</li> <li>• _____ Tons/year (short tons) of Carbon Dioxide equivalent of Hydroflourocarbons (HFCs)</li> <li>• _____ Tons/year (short tons) of Hazardous Air Pollutants (HAPs)</li> </ul>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>h. Will the proposed action generate or emit methane (including, but not limited to, sewage treatment plants, landfills, composting facilities)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate methane generation in tons/year (metric): _____</p> <p>ii. Describe any methane capture, control or elimination measures included in project design (e.g., combustion to generate heat or electricity, flaring): _____</p>			
<p>i. Will the proposed action result in the release of air pollutants from open-air operations or processes, such as quarry or landfill operations? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes: Describe operations and nature of emissions (e.g., diesel exhaust, rock particulates/dust): _____</p>			
<p>j. Will the proposed action result in a substantial increase in traffic above present levels or generate substantial new demand for transportation facilities or services? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. When is the peak traffic expected (Check all that apply): <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend  <input type="checkbox"/> Randomly between hours of _____ to _____.</p> <p>ii. For commercial activities only, projected number of semi-trailer truck trips/day: _____</p> <p>iii. Parking spaces: Existing _____ Proposed _____ Net increase/decrease _____</p> <p>iv. Does the proposed action include any shared use parking? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>v. If the proposed action includes any modification of existing roads, creation of new roads or change in existing access, describe: _____</p> <p>vi. Are public/private transportation service(s) or facilities available within 1/2 mile of the proposed site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>vii. Will the proposed action include access to public transportation or accommodations for use of hybrid, electric or other alternative fueled vehicles? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>viii. Will the proposed action include plans for pedestrian or bicycle accommodations for connections to existing pedestrian or bicycle routes? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>			
<p>k. Will the proposed action (for commercial or industrial projects only) generate new or additional demand for energy? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Estimate annual electricity demand during operation of the proposed action: _____  TBD</p> <p>ii. Anticipated sources/suppliers of electricity for the project (e.g., on-site combustion, on-site renewable, via grid/local utility, or other):  Local utility grid, gas provider</p> <p>iii. Will the proposed action require a new, or an upgrade to, an existing substation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>			
<p>l. Hours of operation. Answer all items which apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ Daylight hours</li> <li>• Saturday: _____ Daylight hours</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ 24 Hours</li> <li>• Saturday: _____ 24 Hours</li> <li>• Sunday: _____ 24 Hours</li> <li>• Holidays: _____ 24 Hours</li> </ul> </td> </tr> </table>		<p>i. During Construction:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ Daylight hours</li> <li>• Saturday: _____ Daylight hours</li> <li>• Sunday: _____</li> <li>• Holidays: _____</li> </ul>	<p>ii. During Operations:</p> <ul style="list-style-type: none"> <li>• Monday - Friday: _____ 24 Hours</li> <li>• Saturday: _____ 24 Hours</li> <li>• Sunday: _____ 24 Hours</li> <li>• Holidays: _____ 24 Hours</li> </ul>
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<p>m. Will the proposed action produce noise that will exceed existing ambient noise levels during construction, operation, or both? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Provide details including sources, time of day and duration:</p> <p>Temporary conditions/ Only during construction hours of operation (Daylight hours) _____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a noise barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Describe: _____</p>	
<p>n.. Will the proposed action have outdoor lighting? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If yes:</p> <p>i. Describe source(s), location(s), height of fixture(s), direction/aim, and proximity to nearest occupied structures:</p> <p>Lighting site bollards, 42" high / Grade level lighting aimed at the building / Lighting underneath porte cochere that is intended to light the area below _____</p>	
<p>ii. Will proposed action remove existing natural barriers that could act as a light barrier or screen? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Describe: _____</p>	
<p>o. Does the proposed action have the potential to produce odors for more than one hour per day? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If Yes, describe possible sources, potential frequency and duration of odor emissions, and proximity to nearest occupied structures: _____</p> <p>Temporary conditions/ Only during construction hours of operation (Daylight hours) _____</p>	
<p>p. Will the proposed action include any bulk storage of petroleum (combined capacity of over 1,100 gallons) or chemical products 185 gallons in above ground storage or any amount in underground storage? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Product(s) to be stored _____</p> <p>ii. Volume(s) _____ per unit time _____ (e.g., month, year)</p> <p>iii. Generally describe proposed storage facilities: _____</p>	
<p>q. Will the proposed action (commercial, industrial and recreational projects only) use pesticides (i.e., herbicides, insecticides) during construction or operation? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe proposed treatment(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>ii. Will the proposed action use Integrated Pest Management Practices? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>r. Will the proposed action (commercial or industrial projects only) involve or require the management or disposal of solid waste (excluding hazardous materials)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p>i. Describe any solid waste(s) to be generated during construction or operation of the facility:</p> <ul style="list-style-type: none"> <li>• Construction: _____ tons per _____ (unit of time)</li> <li>• Operation : _____ tons per _____ (unit of time)</li> </ul> <p>ii. Describe any proposals for on-site minimization, recycling or reuse of materials to avoid disposal as solid waste:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>• Operation: _____</li> </ul> <p>iii. Proposed disposal methods/facilities for solid waste generated on-site:</p> <ul style="list-style-type: none"> <li>• Construction: _____</li> <li>• Operation: _____</li> </ul>	

s. Does the proposed action include construction or modification of a solid waste management facility? ☐ Yes ☒ No

If Yes:

i. Type of management or handling of waste proposed for the site (e.g., recycling or transfer station, composting, landfill, or other disposal activities): \_\_\_\_\_

ii. Anticipated rate of disposal/processing:

- \_\_\_\_\_ Tons/month, if transfer or other non-combustion/thermal treatment, or
- \_\_\_\_\_ Tons/hour, if combustion or thermal treatment

iii. If landfill, anticipated site life: \_\_\_\_\_ years

t. Will proposed action at the site involve the commercial generation, treatment, storage, or disposal of hazardous waste? ☐ Yes ☒ No

If Yes:

i. Name(s) of all hazardous wastes or constituents to be generated, handled or managed at facility: \_\_\_\_\_

ii. Generally describe processes or activities involving hazardous wastes or constituents: \_\_\_\_\_

iii. Specify amount to be handled or generated \_\_\_\_\_ tons/month

iv. Describe any proposals for on-site minimization, recycling or reuse of hazardous constituents: \_\_\_\_\_

v. Will any hazardous wastes be disposed at an existing offsite hazardous waste facility? ☐ Yes ☐ No

If Yes: provide name and location of facility: \_\_\_\_\_

If No: describe proposed management of any hazardous wastes which will not be sent to a hazardous waste facility: \_\_\_\_\_

## E. Site and Setting of Proposed Action

**E.1. Land uses on and surrounding the project site**

a. Existing land uses.

i. Check all uses that occur on, adjoining and near the project site.

☒ Urban ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Rural (non-farm)

☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): \_\_\_\_\_

ii. If mix of uses, generally describe: \_\_\_\_\_

b. Land uses and covertypes on the project site.

Land use or Covertypes	Current Acreage	Acreage After Project Completion	Change (Acres +/-)
• Roads, buildings, and other paved or impervious surfaces	69-/+	69-/+	<1
• Forested	0	0	0
• Meadows, grasslands or brushlands (non-agricultural, including abandoned agricultural)	0	0	0
• Agricultural (includes active orchards, field, greenhouse etc.)	0	0	0
• Surface water features (lakes, ponds, streams, rivers, etc.)	0	0	0
• Wetlands (freshwater or tidal)	0	0	0
• Non-vegetated (bare rock, earth or fill)	0	0	0
• Other Describe: _____	0	0	0



c. Is the project site presently used by members of the community for public recreation? i. If Yes: explain: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Are there any facilities serving children, the elderly, people with disabilities (e.g., schools, hospitals, licensed day care centers, or group homes) within 1500 feet of the project site? If Yes, i. Identify Facilities: Filmore Jr. High School, Buffalo Public School #84, PS 197 Math Science Technology _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the project site contain an existing dam? If Yes: i. Dimensions of the dam and impoundment: • Dam height: _____ feet • Dam length: _____ feet • Surface area: _____ acres • Volume impounded: _____ gallons OR acre-feet ii. Dam's existing hazard classification: _____ iii. Provide date and summarize results of last inspection: _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
f. Has the project site ever been used as a municipal, commercial or industrial solid waste management facility, or does the project site adjoin property which is now, or was at one time, used as a solid waste management facility? If Yes: i. Has the facility been formally closed? • If yes, cite sources/documentation: _____ ii. Describe the location of the project site relative to the boundaries of the solid waste management facility: _____ _____ iii. Describe any development constraints due to the prior solid waste activities: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
g. Have hazardous wastes been generated, treated and/or disposed of at the site, or does the project site adjoin property which is now or was at one time used to commercially treat, store and/or dispose of hazardous waste? If Yes: i. Describe waste(s) handled and waste management activities, including approximate time when activities occurred: <small>The site is an active hospital and generates pharmaceutical and medical waste, referred to as "medical waste" and regulated as such. Some wastes may be considered "hazardous" or "bio-hazardous"</small> _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
h. Potential contamination history. Has there been a reported spill at the proposed project site, or have any remedial actions been conducted at or adjacent to the proposed site? If Yes: i. Is any portion of the site listed on the NYSDEC Spills Incidents database or Environmental Site Remediation database? Check all that apply: <input checked="" type="checkbox"/> Yes – Spills Incidents database      Provide DEC ID number(s): <u>1706277</u> <input type="checkbox"/> Yes – Environmental Site Remediation database      Provide DEC ID number(s): _____ <input type="checkbox"/> Neither database ii. If site has been subject of RCRA corrective activities, describe control measures: _____ Case Closed 10/12/2017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iii. Is the project within 2000 feet of any site in the NYSDEC Environmental Site Remediation database? If yes, provide DEC ID number(s): <u>C915279, 915165</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
iv. If yes to (i), (ii) or (iii) above, describe current status of site(s): C915279: Classification A (Active) Currently work is underway and not yet complete. 915165: Classification 02	

v. Is the project site subject to an institutional control limiting property uses? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
<ul style="list-style-type: none"> <li>• If yes, DEC site ID number: _____</li> <li>• Describe the type of institutional control (e.g., deed restriction or easement): _____</li> <li>• Describe any use limitations: _____</li> <li>• Describe any engineering controls: _____</li> <li>• Will the project affect the institutional or engineering controls in place? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></li> <li>• Explain: _____</li> <li>_____</li> <li>_____</li> </ul>													
<b>E.2. Natural Resources On or Near Project Site</b>													
a. What is the average depth to bedrock on the project site? _____ 5 ft +/- feet													
b. Are there bedrock outcroppings on the project site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes, what proportion of the site is comprised of bedrock outcroppings? _____ N/A %													
c. Predominant soil type(s) present on project site: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Urban soils</td> <td style="width: 20%; text-align: right;">100 %</td> <td style="width: 20%;"></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____ %</td> <td></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">_____ %</td> <td></td> </tr> </table>		Urban soils	100 %		_____	_____ %		_____	_____ %				
Urban soils	100 %												
_____	_____ %												
_____	_____ %												
d. What is the average depth to the water table on the project site? Average: _____ N/A feet													
e. Drainage status of project site soils: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Well Drained:</td> <td style="width: 30%; text-align: right;">_____ % of site</td> <td style="width: 40%;"></td> </tr> <tr> <td><input type="checkbox"/> Moderately Well Drained:</td> <td style="text-align: right;">_____ % of site</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Poorly Drained</td> <td style="text-align: right;">100 % of site</td> <td></td> </tr> </table>		<input type="checkbox"/> Well Drained:	_____ % of site		<input type="checkbox"/> Moderately Well Drained:	_____ % of site		<input checked="" type="checkbox"/> Poorly Drained	100 % of site				
<input type="checkbox"/> Well Drained:	_____ % of site												
<input type="checkbox"/> Moderately Well Drained:	_____ % of site												
<input checked="" type="checkbox"/> Poorly Drained	100 % of site												
f. Approximate proportion of proposed action site with slopes: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><input checked="" type="checkbox"/> 0-10%:</td> <td style="width: 30%; text-align: right;">100 % of site</td> <td style="width: 30%;"></td> </tr> <tr> <td><input type="checkbox"/> 10-15%:</td> <td style="text-align: right;">_____ % of site</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 15% or greater:</td> <td style="text-align: right;">_____ % of site</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> 0-10%:	100 % of site		<input type="checkbox"/> 10-15%:	_____ % of site		<input type="checkbox"/> 15% or greater:	_____ % of site				
<input checked="" type="checkbox"/> 0-10%:	100 % of site												
<input type="checkbox"/> 10-15%:	_____ % of site												
<input type="checkbox"/> 15% or greater:	_____ % of site												
g. Are there any unique geologic features on the project site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes, describe: _____ _____													
h. Surface water features.													
i. Does any portion of the project site contain wetlands or other waterbodies (including streams, rivers, ponds or lakes)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
ii. Do any wetlands or other waterbodies adjoin the project site? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
If Yes to either <i>i</i> or <i>ii</i> , continue. If No, skip to E.2.i.													
iii. Are any of the wetlands or waterbodies within or adjoining the project site regulated by any federal, state or local agency? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
iv. For each identified regulated wetland and waterbody on the project site, provide the following information: <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">• Streams:</td> <td style="width: 40%;">Name _____</td> <td style="width: 50%;">Classification _____</td> </tr> <tr> <td>• Lakes or Ponds:</td> <td>Name _____</td> <td>Classification _____</td> </tr> <tr> <td>• Wetlands:</td> <td>Name _____</td> <td>Approximate Size _____</td> </tr> <tr> <td>• Wetland No. (if regulated by DEC)</td> <td colspan="2">_____</td> </tr> </table>		• Streams:	Name _____	Classification _____	• Lakes or Ponds:	Name _____	Classification _____	• Wetlands:	Name _____	Approximate Size _____	• Wetland No. (if regulated by DEC)	_____	
• Streams:	Name _____	Classification _____											
• Lakes or Ponds:	Name _____	Classification _____											
• Wetlands:	Name _____	Approximate Size _____											
• Wetland No. (if regulated by DEC)	_____												
v. Are any of the above water bodies listed in the most recent compilation of NYS water quality-impaired waterbodies? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If yes, name of impaired water body/bodies and basis for listing as impaired: _____ _____													
i. Is the project site in a designated Floodway? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
j. Is the project site in the 100 year Floodplain? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
k. Is the project site in the 500 year Floodplain? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>													
l. Is the project site located over, or immediately adjoining, a primary, principal or sole source aquifer? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If Yes: <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">i. Name of aquifer:</td> <td>_____</td> </tr> </table>		i. Name of aquifer:	_____										
i. Name of aquifer:	_____												

<p>m. Identify the predominant wildlife species that occupy or use the project site:</p> <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;">Gray Squirrel</td> <td style="border-bottom: 1px solid black; width: 33%;">Pigeons</td> <td style="border-bottom: 1px solid black; width: 33%;">Brown Rat</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Gray Squirrel	Pigeons	Brown Rat				
Gray Squirrel	Pigeons	Brown Rat					
<p>n. Does the project site contain a designated significant natural community? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Describe the habitat/community (composition, function, and basis for designation): _____</p> <p style="margin-left: 20px;">ii. Source(s) of description or evaluation: _____</p> <p style="margin-left: 20px;">iii. Extent of community/habitat:</p> <ul style="list-style-type: none"> <li>Currently: _____ acres</li> <li>Following completion of project as proposed: _____ acres</li> <li>Gain or loss (indicate + or -): _____ acres</li> </ul>							
<p>o. Does project site contain any species of plant or animal that is listed by the federal government or NYS as endangered or threatened, or does it contain any areas identified as habitat for an endangered or threatened species? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>							
<p>p. Does the project site contain any species of plant or animal that is listed by NYS as rare, or as a species of special concern? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p>							
<p>q. Is the project site or adjoining area currently used for hunting, trapping, fishing or shell fishing? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If yes, give a brief description of how the proposed action may affect that use: _____</p> <p>_____</p>							
<p><b>E.3. Designated Public Resources On or Near Project Site</b></p>							
<p>a. Is the project site, or any portion of it, located in a designated agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes, provide county plus district name/number: _____</p>							
<p>b. Are agricultural lands consisting of highly productive soils present? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p style="margin-left: 20px;">i. If Yes: acreage(s) on project site? _____</p> <p style="margin-left: 20px;">ii. Source(s) of soil rating(s): _____</p>							
<p>c. Does the project site contain all or part of, or is it substantially contiguous to, a registered National Natural Landmark? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p style="margin-left: 20px;">i. Nature of the natural landmark: <input type="checkbox"/> Biological Community <input type="checkbox"/> Geological Feature</p> <p style="margin-left: 20px;">ii. Provide brief description of landmark, including values behind designation and approximate size/extent: _____</p> <p>_____</p> <p>_____</p>							
<p>d. Is the project site located in or does it adjoin a state listed Critical Environmental Area? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>If Yes:</p> <p style="margin-left: 20px;">i. CEA name: _____</p> <p style="margin-left: 20px;">ii. Basis for designation: _____</p> <p style="margin-left: 20px;">iii. Designating agency and date: _____</p>							

c. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on, or has been nominated by the NYS Board of Historic Preservation for inclusion on, the State or National Register of Historic Places?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <div style="margin-left: 20px;">           i. Nature of historic/archaeological resource: <input type="checkbox"/> Archaeological Site    <input type="checkbox"/> Historic Building or District            ii. Name: _____            iii. Brief description of attributes on which listing is based: _____         </div>	
f. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Have additional archaeological or historic site(s) or resources been identified on the project site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <div style="margin-left: 20px;">           i. Describe possible resource(s): _____            ii. Basis for identification: _____         </div>	
h. Is the project site within five miles of any officially designated and publicly accessible federal, state, or local scenic or aesthetic resource?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <div style="margin-left: 20px;">           i. Identify resource: _____            ii. Nature of, or basis for, designation (e.g., established highway overlook, state or local park, state historic trail or scenic byway, etc.): _____            iii. Distance between project and resource: _____ miles.         </div>	
i. Is the project site located within a designated river corridor under the Wild, Scenic and Recreational Rivers Program 6 NYCRR 666?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes: <div style="margin-left: 20px;">           i. Identify the name of the river and its designation: _____            ii. Is the activity consistent with development restrictions contained in 6NYCRR Part 666?         </div>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### F. Additional Information

Attach any additional information which may be needed to clarify your project.

If you have identified any adverse impacts which could be associated with your proposal, please describe those impacts plus any measures which you propose to avoid or minimize them.

#### G. Verification

I certify that the information provided is true to the best of my knowledge.

Applicant/Sponsor Name Thomas J. Quatroche, Jr. Ph.D. Date 4/9/18

Signature  Title President and Chief Executive Officer





**Disclaimer:** The EAF Mapper is a screening tool intended to assist project sponsors and reviewing agencies in preparing an environmental assessment form (EAF). Not all questions asked in the EAF are answered by the EAF Mapper. Additional information on any EAF question can be obtained by consulting the EAF Workbooks. Although the EAF Mapper provides the most up-to-date digital data available to DEC, you may also need to contact local or other data sources in order to obtain data not provided by the Mapper. Digital data is not a substitute for agency determinations.



B.i.i [Coastal or Waterfront Area]	No
B.i.ii [Local Waterfront Revitalization Area]	No
C.2.b. [Special Planning District]	Yes - Digital mapping data are not available for all Special Planning Districts. Refer to EAF Workbook.
C.2.b. [Special Planning District - Name]	NYS Heritage Areas: West Erie Canal Corridor
E.1.h [DEC Spills or Remediation Site - Potential Contamination History]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Listed]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.i [DEC Spills or Remediation Site - Environmental Site Remediation Database]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.1.h.iii [Within 2,000' of DEC Remediation Site]	Yes
E.1.h.iii [Within 2,000' of DEC Remediation Site - DEC ID]	C915279, 915165
E.2.g [Unique Geologic Features]	No
E.2.h.i [Surface Water Features]	No
E.2.h.ii [Surface Water Features]	No
E.2.h.iii [Surface Water Features]	No
E.2.h.v [Impaired Water Bodies]	No
E.2.i. [Floodway]	No
E.2.j. [100 Year Floodplain]	No
E.2.k. [500 Year Floodplain]	No
E.2.l. [Aquifers]	No
E.2.n. [Natural Communities]	No

E.2.o. [Endangered or Threatened Species]	No
E.2.p. [Rare Plants or Animals]	No
E.3.a. [Agricultural District]	No
E.3.c. [National Natural Landmark]	No
E.3.d [Critical Environmental Area]	No
E.3.e. [National Register of Historic Places]	Digital mapping data are not available or are incomplete. Refer to EAF Workbook.
E.3.f. [Archeological Sites]	Yes
E.3.i. [Designated River Corridor]	No

June 1, 2018

Michael Drozdowski, RA, LEED AP  
Director of Capital Projects  
Erie County Medical Campus Corporation  
462 Grider Street  
Buffalo, NY 14215

**Re: ECMC Lobby Expansion - SEQRA**

Dear Michael:

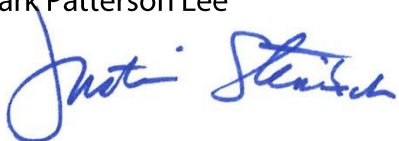
In accordance with the State Environmental Quality Review Act (SEQRA), Article 8 of the Environmental Conservation Law and outlined in Part 617 of the implementing regulations, an environmental review was initiated for the proposed construction of the new 4,700 SF entryway expansion on the existing Erie County Medical Center (ECMC) building. This Proposed Action was categorized as an Unlisted Action with a coordinated environmental review and Lead Agency designation undertaken. This coordinated review included correspondence sent out to Erie County, NYS Department of Health, and the City of Buffalo Environmental Management Commission with comments requested by May 16, 2018.

As of the date of this letter, no comments have been received nor has there been any correspondence from the potentially involved agencies regarding ECMCC being designated as the Lead Agency.

Therefore, ECMCC is recommended to confirm themselves as the Lead Agency and continue with the environmental review in Parts 2 and 3 of the Environmental Assessment Form, moving towards making a final determination of significance on the Proposed Action.

Should you have any questions or require additional information, please do not hesitate to contact me.

Very truly yours,  
Clark Patterson Lee



Justin W. Steinbach, AICP  
Associate

## **CREDENTIALS COMMITTEE MEETING MINUTES**

### **Committee Members Present:**

Yogesh Bakhai, MD (Chair)  
Samuel Cloud, DO  
Robert Glover, Jr., MD  
Richard Hall, MD, DDS, PhD

Susan Ksiazek, RPh  
Brian Murray, MD, CMO (ex-officio)  
Richard Skomra, CRNA

### **Committee Members Excused:**

Mark LiVecchi, MD, DMD, MBA  
Mandip Panesar, MD

### **Medical-Dental Staff Office and Administrative Members Present:**

Tara Boone, Medical-Dental Staff Services Coordinator; Judy Fenski, Credentialing Specialist;  
Kerry Carlin, Credentialing Specialist

### **CALL TO ORDER**

The meeting was called to order at 3:03 pm. The Medical Executive Committee endorsed and the Board of Directors approved the May 2018 Credentials Committee meeting minutes, including the approval of an applicant flagged for their further review and discussion of the dossier.

The Committee met with an applicant and the Chief of Service of the sponsoring department to review and discuss information in the dossier specific to post graduate training.

**FOR  
INFORMATI  
ON**

### **ADMINISTRATIVE**

The Credentials Committee was made aware of recent resignations, application withdrawals, leave requests or conclusions and presents the following names to the Executive Committee for information.

- A. Deceased – None
- B. Applications Withdrawn –Application Processing Cessation – Paterson, Melissa CRNA
- C. Automatic Processing Conclusion – (inactive applications > 180 days from date of signature)-None
- D. Resignations

#### **Cardiovascular/Thoracic Surgery**

Jajkowski, Mark MD	05/15/2018
Zynda, Marcella NP	05/22/2018

#### **Emergency Medicine**

Reed-Schrader, Essie MD	07/01/2018
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#### **Family/Internal Medicine**

Amitrano, Loretta FNP	06/01/2018
Anand, Dimple FNP	06/19/2018
McVey, Joanne NP	05/18/2018

#### **Internal Medicine**



Marks, Donald MD	06/25/2018
Young, Melissa ANP	05/12/2018
<b><u>Pathology</u></b>	
Zhang, Nan MD	06/01/2018
<b><u>Psychiatry</u></b>	
Mashinic, Elisabeth MD	05/10/2018
Oliveria, Maria MD	05/17/2018
Perry, Char'lese DNP	05/15/2018
<b><u>Rehabilitation Medicine</u></b>	
Morgan, Shaun DC	05/31/2018

**FOR  
INFORMATION**

#### ***CHANGE IN STAFF CATEGORY***

##### **Family Medicine**

Glick, Myron MD

*From Active to Courtesy, Refer and Follow*

##### **Internal Medicine/Hospitalist**

Chana, Barinder MD

*From Courtesy, Refer and Follow to Active*

**FOR  
OVERALL ACTION**

#### ***DEPARTMENT CHANGE or ADDITION***

##### **Internal Medicine**

Fedkiw, Kimberly FNP

adding Thoracic/Cardiovascular

Surgery

*Collaborating Physician: Picone, Anthony MD*

**FOR OVERALL ACTION**

#### ***CHANGE OR ADDITION OF COLLABORATING/SUPERVISING ATTENDING***

##### **Surgery**

Minhas, Parveen ANP

*From Patel, Sunil MD to Kayler, Liise MD*

Shisler, Tomi FNP

*From Patel, Sunil MD to Kayler, Liise MD*

**FOR  
OVERALL ACTION**

#### ***PRIVILEGE ADDITION/REVISION***

##### **Family Medicine\***

Bieniek, Christopher PA-C

Allied Health

Professional

- Level 1 Core Privileges

##### **Internal Medicine\***

Dodd, Hema MD

Active

- Wound Culture

***\*FPPE N/A; not new privileges, but secondary to format revisions to privilege forms***

**FOR  
OVERALL  
ACTION**

***PRIVILEGE WITHDRAWAL***

None

***UNACCREDITED FELLOWSHIPS***

One Addiction Medicine Fellow in the Department of Family Medicine is scheduled to begin a one year fellowship on July 1, 2018. All Primary Source Verifications have been completed, and administrative signatures obtained from the CMO, Chief of Service and Medical-Dental Staff President as per policy.

Subsequent to last month's Credentials Committee meeting, the Medical-Dental Staff Office was notified of a potential candidate for the Neurosurgery program. An application was emailed and the anticipated start date is August 1, 2018.

**FOR INFORMATION**

***APPOINTMENT APPLICATIONS, recommended– comments as indicated***

**INITIAL APPLICATIONS (14)**

**Anesthesiology**

Welka, Andrew MD

Active

**Dentistry**

Canallatos, Jessica DDS

Active

Canallatos, Paul DDS

Active

**Emergency Medicine**

Crowley, Charlotte MD

Active

**Family Medicine**

Colquhoun, Janelle ANP

Allied Health

Professional

*Collaborating physician: Azadfard, Mohammadreza MD*

Seitaj, Nicole NP

Allied Health

Professional

*Collaborating Physician: Evans, Stephen MD*

**Internal Medicine – Hospitalist**

Hanif, Ahmad MD

Active

Kothari, Shalin MD

Active

Lu, Yifan MD

Active

**Internal Medicine**

Vitello, Laura NP

Allied Health

Professional

*Collaborating Physician: Brockman, Daniel DO*

**Neurosurgery**

Morrison, John MD

Active

**Orthopaedic Surgery**

Zielinski, Christopher PA-C

Allied Health

Professional

*Supervising Physician: Clark, Lindsey MD*

**Psychiatry**

Joseph, Brian MD

Active

**Rehabilitation Medicine**

Stewart, Maxine DC

Allied Health

Professional

**DUAL DEPARTMENT INITIAL APPOINTMENT APPLICATIONS (2)****Internal Medicine/Family Medicine**

Reiter, Braden DO

Active

**Internal Medicine/Thoracic Cardiovascular**

Ksiazek, Nicole PA-C

Allied Health

Professional

*Supervising Physician: Brockman, Daniel DO/Picone, Anthony MD*

One applicant dossier was tabled until next month pursuant to further discussion with the Chief of Service regarding anticipated clinical activity and the appropriate corresponding membership category.

**FOR OVERALL ACTION*****REAPPOINTMENT APPLICATIONS, recommended – comments as indicated*****REAPPOINTMENT REVIEW (31)****Anesthesiology**

Grolemond, Stephanie CRNA

Allied Health

Professional

Junciewicz, Edmund DO

Active

Spulecki, Cheryl CRNA

Allied Health

Professional

**Emergency Medicine**

Brong, Nycole PA-C

Allied Health

Professional

*Supervising Physician: Clemency, Brian DO*

Krause, Richard MD

Active

Rivers, William MD

Active

**Family Medicine**

Ghazi, Muhammad MD

Active

Manyon, Andrea MD

Active

Redhead, Antonia MD

Active

**Internal Medicine**

Anillo, Sergio MD

Active

Dodd, Hema MD

Active

Fudyma, John MD

Active

Henley, Coleman MD

Active

Kim, Youn Jea NP

Allied Health

Professional

*Collaborating Physician: Sadiq, Riffat MD*

Makdissi, Antoine MD

Active

Yang, Hyehwan NP

Allied Health

Professional

*Collaborating Physician: Tadakamalla, Ashvin MD*

**Obstetrics & Gynecology**

Ogburn, Paul MD

Active

**Orthopaedic Surgery**

Cimorelli, Amanda PA-C

Allied Health

Professional

*Supervising Physician: Ablove, Robert MD*

Kish, Mary Jo NP

Allied Health

Professional

*Collaborating Physician: Kowalski, Joseph MD*

**Pathology**

Liu, Weiguo MD

Active

Tomaszewski, John MD

Active

**Plastic & Reconstructive Surgery**

Gerretsen, Carly FNP

Allied Health

Professional

*Collaborating Physician: Loree, Thom MD*

Popat, Saurin MD

Active

Tomljanovich, Paul MD

Active

**Psychiatry & Behavioral Medicine**

Gunther, Mark PhD

Allied Health

Professional

**Radiology**

Hoffman, Kira PA-C

Allied Health

Professional

*Supervising Physician: Marshall, Jonathan DO*

**Rehabilitation Medicine**

Miller, David DC

Allied Health

Professional

**Surgery**

Komornicki, Isabel ANP

Allied Health

Professional

*Collaborating Physician: Jordan, Jeffrey MD*

Pell, Michael MD

Active

**Thoracic/Cardiovascular**

Grosner, Gary MD

Associate

**Urology**

Griswold, John MD

Active

**DUAL DEPARTMENT REAPPOINTMENT APPLICATIONS (1)**

**Family Medicine/Internal Medicine**

Martinez, Anthony MD

Active

**FOR OVERALL ACTION**

***PROVISIONAL APPOINTMENT REVIEW, recommended***

The following members of the Provisional Staff from the previous year period are presented for movement to the Permanent Staff on the date indicated.

**Provisional to Permanent Staff**

**Provisional Period**

**Expires 06/27/2018**

**Anesthesiology**

Juncewicz, Edmund DO	Active
<b><u>Family Medicine</u></b>	
Alicandri, Darren MD	Active
Amitrano, Loretta FNP	Allied Health
Professional	
Leiser, Elizabeth ANP	Allied Health
Professional	
<b><u>Orthopaedic Surgery</u></b>	
Cullen, Kyle PA-C	Allied Health
Professional	
Weeks, Joshua PA-C	Allied Health
Professional	
<b><u>Pathology</u></b>	
Baqai, Saad MD	Active
<b><u>Radiology/Teleradiology</u></b>	
Griffin, Gillian MD	Active
<i>The future August 2018 Provisional to Permanent Staff list will be compiled for Chief of Service review and endorsement.</i>	

## FOR OVERALL ACTION

### AUTOMATIC CONCLUSION, Reappointment Expiration, FIRST NOTICE

None

### AUTOMATIC CONCLUSION, Reappointment Expiration, SECOND NOTICE

None

### AUTOMATIC CONCLUSION, Reappointment Expiration, FINAL NOTICE

None

### OLD BUSINESS

#### **Office Operations**

=S. Ksiazek applauded the efforts of the Medical-Dental Staff Office team with collecting the 2018 dues, with less than 10 outstanding.

=The wording of the Professional Reference Form has been amended in an effort to provide more clarity for the respondents when additional information is to be supplied.

=The Medical-Dental Staff Office and Corporate Compliance staff are working together on a shared list of employed Allied Health Professionals and their collaborating/supervising physicians.

=At last month's meeting, a member of the Credentials Committee asked if the wording on the self-disclosure page of the Initial Appointment application might be amended to prompt for added detail regarding post graduate training. S.Ksiazek provided an overview of other pages of the application where those prompts exist and the due diligence of the Primary Source Verifications done by the staff, which have been more than sufficient to identify issues. In addition, the current form is harmonized with Kaleida Health to foster future collaboration with the electronic application process. The Committee was satisfied with the explanation and requested no further action.

=S. Ksiazek announced a long awaited significant step forward for systems efficiency: the 2018 UB resident roster, mass updated by Kaleida Health IT, has for the first time flowed over to the ECMC side of the shared credentialing software. Per ECMC IT, minor issues have been noted and are being addressed. This is something that we have been asking to have happen for years and will significantly decrease the manual data entry of residents into the Meditech system by IT staff.

### **Letter Templates**

In order to ease the transition of the Medical-Dental Staff Office, S. Ksiazek is crafting as many letter templates as can be thought of to ensure the correspondence bank is stocked adequately for future use/need.

### **Privilege Forms**

#### **Fluoroscan**

With the transition of the Radiation Physicist in-house to a contracted outside service, the Medical-Dental Staff Office seized the opportunity to reach out to the Department of Radiology/Imaging Services for a review and update of the training materials and privilege forms. The training and testing materials were reviewed by the Assistant Director of Imaging, with no changes made. The contact information on the Initial Privilege Form, the Emergency Medicine, Orthopaedic Surgery and Surgery privilege forms have been amended to the Assistant Director of Imaging, who will coordinate the training documentation with the contracted radiation physicist group.

#### **Inspire™ procedure**

A request has been received from the Department of Plastic and Reconstructive Surgery to have this new procedure added to the departmental privilege form. In receiving this request, the Credentials Committee endorsed:

- 1) Although this crosses specialty lines to other surgical departments such as Oral Maxillofacial Surgery and Otolaryngology, and both department Chiefs of Service have expressed interest in having the procedure added to their departmental forms, the current marketing practices of the manufacturer would not afford a physician the opportunity to perform the procedure until approved by the manufacturer. At present, only two physicians from the Plastic and Reconstructive Surgery department are on the manufacturer's list. It was agreed that if surgeons from departments other than the current Plastic and Reconstructive Surgery are approved and trained by the manufacturer, the privilege will be added to their department form with the same requirements.
- 2) This procedure does not meet the definition of "New Technology" as defined in the Credential Manual, Clinical Privileges, Section D and so therefore the process delineated in this section would not apply.
- 3) The Special Requirements attached to the privilege are appropriate, with the third satisfying the FPPE process.

SPECIAL PROCEDURAL PRIVILEGES	Physician Request	Recommend		Special Requirements
		YES	NO	

12 <sup>th</sup> cranial nerve stimulation implant (INSPIRE™)				<p><b>AT INITIAL REQUEST:</b></p> <p>1) On list of manufacturer approved providers to perform the procedure  2) Evidence of successful completion of the manufacturer training (DISE)  3) First case under supervision of the Chief of Service or designee</p>
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### **Temporary Privileges**

The temporary privileges tracker was reviewed for the committee, noting the privileges granted since the last meeting. The quality control checks confirmed that all were executed in full compliance with policy and accreditation standards.

### **FOR OVERALL ACTION**

#### **NEW BUSINESS**

##### **Vizient Mock Survey/JC Readiness**

S. Ksiazek provided a brief overview of the recent Vizient mock JC survey and the likely focus areas for the 2019 survey.

In addition to the areas already known (FPPE and OPPE), increased attention is being paid to privilege forms. S.Ksiazek recommends a process be established for at least a bi-annual review of forms by the Chiefs of Service and their corresponding ECMC business partners, especially Ambulatory managers to ensure that all services provided are reflected on the privilege forms.

### **FOR INFORMATION**

#### **OPEN ISSUES**

##### **Competency Assessment Documentation**

The MICU midlevel group submitted the competency assessment document that accompanies the training syllabus. It appears to follow the privilege form to also serve to satisfy FPPE. The Medical-Dental Staff Office has reached out to the group for some minor revisions to the document and placed into production thereafter.

### **Letter Template**

S.Ksiazek circulated a letter template to be used upon return from leave of absence, which will serve as a more formal documentation of the assessment by the Chief of Service of the need for FPPE. The Committee endorsed the letter template for use.

### **FOR**

### **INFORMATION**

#### **OTHER BUSINESS**

**FPPE-OPPE Report (included in the consent calendar of the Medical-Executive Committee)**

**FPPE (Focused Professional Practice Evaluation) (-)**

**OPPE (Ongoing Professional Practice Evaluation) (3)**

**May-18**

Internal Med	1
Lab	1
Derm	1
Total	3

Note: Over the years, the question regarding physical/mental ability to carry out privileges was removed from the OPPE professional reference and the supervising/collaborating MD OPPE reference form for the AHPs. It seemed prudent to return the question to the forms to ensure that fitness to practice evaluations are continual in nature and the documentation better meets the spirit of the JC standards. The Patient Safety Office has obliged and the verbiage has been returned to the forms.

**FOR  
INFORMATION**

### ***ADJOURNMENT***

With no other business, a motion to adjourn was received and carried at 4:01 PM.

Respectfully submitted,



Yogesh Bakhai, MD  
Chairman, Credentials Committee  
Att.