



CERTIFIED MAIL - RETURN RECEIPT REQUIRED

April 10, 2026

Troy Greer
Market President
Lovelace Health System, LLC
4101 Indian School Road NE, Suite 405
Albuquerque, NM 87110

Brian Miller
Chief Executive Officer
Lovelace Medical Center
601 Martin Luther King Junior Avenue NE
Albuquerque, NM 87102

**RE: NOTICE OF VIOLATION
LOVELACE MEDICAL CENTER
EPA ID# NMD069691038**

Dear Mr. Greer and Mr. Millier:

On April 12, 2024, the New Mexico Environment Department (“NMED”) conducted a hazardous waste Compliance Evaluation Inspection (“Inspection”) at Lovelace Medical Center (“Lovelace”), located at 601 Martin Luther King Junior Avenue NE, Albuquerque, New Mexico (“Facility”). Lovelace is an acute care hospital providing in-patient care, surgical services, cardiology, stroke care, radiology and oncology services. These activities generate various hazardous waste pharmaceuticals and waste solvent from the on-site pathology lab.

Based on observations and review of the information obtained, NMED has determined that Lovelace is a Large Quantity Generator (“LQG”) of hazardous waste as defined in 40 Code of Federal Regulations (“CFR”) 262.13. Furthermore, NMED has determined that Lovelace has violated the New Mexico Hazardous Waste Management Regulations (“HWMR”) 20.4.1 New Mexico Administrative Code (“NMAC”) as specified below.

NMED inspectors observed the following violations:

1. Failure to make a hazardous waste determination. Specifically, NMED inspectors observed two (2) unlabeled 5-gallon black plastic containers at the PACU Satellite Accumulation Area (“SAA”), and three (3) unlabeled 5-gallon black plastic containers at the main Central Accumulation Area (“CAA”). Lovelace could not provide sampling information or other acceptable knowledge documentation to demonstrate that a hazardous waste determination had been performed for these containers at the time of inspection.

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

These failures to make an accurate hazardous waste determination are violations of 20.4.1.300 NMAC, incorporating 40 CFR 262.11.

Corrective Action: Lovelace provided photographs on May 31, 2024 demonstrating that these containers were characterized and labeled as containing universal waste batteries. Therefore, no further action related to this violation is required.

2. Failure to demonstrate the length of time universal waste has accumulated. Specifically, NMED inspectors observed 7 universal waste lamps at the main CAA that were not labeled with an accumulation start date or associated with a waste accumulation log.

This failure to demonstrate the length of time universal waste has accumulated is a violation of 20.4.1.1000 NMAC, incorporating 40 CFR 273.15(c).

Corrective Action: Lovelace provided photographs on May 31, 2024 demonstrating that these lamps have been placed into containers marked with an accumulation start date. Therefore, no further action related to this violation is required.

3. Failure to store universal waste lamps in containers. Specifically, NMED inspectors observed 7 universal waste lamps at the main CAA that were not stored in a container.

This failure to store universal waste lamps in containers capable of preventing breakage is a violation of 20.4.1.1000 NMAC, incorporating 40 CFR 273.13(d)(1).

Corrective Action: Lovelace provided photographs on May 31, 2024 demonstrating that these lamps have been placed into containers. Therefore, no further action related to this violation is required.

4. Failure to label universal waste lamps with the words "universal waste", or with other words that identify the waste, at the main CAA. Specifically, NMED inspectors observed 7 unlabeled universal waste lamps.

This failure to label universal waste lamps with the words "universal waste", or with other words that identify the waste is a violation of 20.4.1.1000 NMAC, incorporating 40 CFR 273.14(e) and 20.4.1.1001(B) NMAC.

Corrective Action: Lovelace provided photographs on May 31, 2024 demonstrating that these lamps have been placed into labeled containers. Therefore, no further action related to this violation is required.

5. Failure to mark containers of hazardous waste with the date upon which accumulation began. Specifically, NMED inspectors observed three (3) 55-gallon black metal containers of hazardous waste flammable liquid at the main CAA that were not marked

with an accumulation start date.

This failure to mark containers of hazardous waste with the date upon which accumulation began is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.17(a)(5)(i)(C).

Corrective Action: Lovelace provided photographs on May 31, 2024 demonstrating that these lamps have been placed into labeled containers. Therefore, no further action related to this violation is required.

6. Failure to keep containers of hazardous waste stored at or near the point of generation closed. Specifically, NMED inspectors observed an open 5-gallon black plastic container of hazardous waste pharmaceuticals at each of the following locations: ER Med Room A, ER Med Room B, ER Med Room C, Radiology Med 2, Neurology, General Surgery Med 1, General Surgery Med 2, and Intensive Care.

This failure to keep containers of hazardous waste stored at or near the point of generation closed is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.15(a)(4).

Corrective Action: Provide NMED with documentation, such as photographs, demonstrating proper closure practices for hazardous waste containers at the Lovelace Facility.

7. Failure to label containers of hazardous waste stored at or near the point of generation with the words "hazardous waste". Specifically, NMED inspectors observed 5-gallon black plastic container of hazardous waste pharmaceuticals that was not properly labeled with the words "hazardous waste" at each of the following locations: ER Med Room A, ER Med Room C (container label was not visible), Radiology Med 2, Neurology, General Surgery Med 1, and General Surgery Med 2.

This failure to label containers of hazardous waste stored at or near the point of generation with the words "hazardous waste" is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.15(a)(5)(i).

Corrective Action: Provide NMED with documentation, such as photographs, demonstrating proper labeling practices for hazardous waste containers at the Lovelace Facility.

8. Failure to label containers of hazardous waste stored at or near the point of generation with an indication of the relevant hazard(s). Specifically, 5-gallon black plastic container of hazardous waste pharmaceuticals that were not properly labeled with the type(s) of hazards presented by those wastes at each of the following locations: ER Med Room A, ER Med Room C (container label was not visible), Radiology Med 2, Neurology, General

Surgery Med 1, and General Surgery Med 2.

This failure to label containers of hazardous waste stored at or near the point of generation with an indication of the relevant hazard(s) is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.15(a)(5)(ii).

Corrective Action: Provide NMED with documentation, such as photographs, demonstrating proper labeling practices for hazardous waste containers at the Lovelace Facility.

9. Failure to maintain sufficient aisle space for hazardous waste storage. Specifically, a 5-gallon black plastic container of hazardous waste pharmaceuticals that was placed behind containers of non-hazardous and biohazardous waste such that there was insufficient aisle space at the Internal Radiology Med Room SAA, and also observed a 5-gallon black plastic container of hazardous waste pharmaceuticals that was placed under a shelf and behind containers of sharps such that there was insufficient aisle space at the Intensive Care Med Room 2 SAA.

This failure to maintain sufficient aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment in an emergency at a hazardous waste storage area is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.255.

Corrective Action: This violation was corrected at the time of inspection. Therefore, no further action related to this violation is required.

10. Failure to include fire response procedures in the Facility Contingency Plan. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include the actions personnel at the Facility would take in response to a fire at the Facility.

This failure to include the actions facility personnel must take in response to a fire at the Facility in the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(a).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

11. Failure to include arrangements with local emergency response authorities in the Facility Contingency Plan. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include a description of arrangements agreed to with applicable local emergency response authorities.

This failure to include the arrangements agreed to with local emergency response authorities in the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(c).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

12. Failure to list the names and phone numbers for Emergency Coordinators in the Facility Contingency Plan. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include the name and phone number of the Emergency Response Coordinator.

This failure to list the names and emergency telephone numbers of all persons qualified to act as the Facility emergency coordinator in the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(d).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

13. Failure to include a list of emergency equipment to be used in the event of a hazardous waste emergency in the Facility Contingency Plan. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include a list of emergency equipment.

This failure to include a list of emergency equipment in the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(e).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

14. Failure to include an evacuation plan in the Facility Contingency Plan. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include an evacuation plan.

This failure to include an evacuation plan in the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(f).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

15. Failure to develop a Quick Reference Guide for the Facility Contingency Plan and submit to local emergency response authorities. Specifically, NMED inspectors observed that the Facility Contingency Plan did not include an associated Quick Reference Guide, and that the date of the most recent revision of the Facility Contingency Plan was stated in the document to be in Calendar Year 2022.

This failure to develop and submit to local emergency response authorities a Quick Reference Guide for the Facility contingency plan is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.261(f).

Corrective Action: Provide NMED with an updated hazardous waste Contingency Plan and Quick Reference Guide containing all elements required under 40 CFR Part 262.261 and 262.262; and ensure implementation for hazardous waste storage area emergency incidents and distribution to local emergency response authorities.

16. Failure to provide hazardous waste training to employees. Specifically, NMED inspectors observed that training provided by Lovelace to applicable personnel did not include training on hazardous waste management procedures.

This failure to provide hazardous waste management training to employees is a violation of 20.4.1.300 NMAC, incorporating 40 CFR 262.17(a)(7)(i).

Corrective Action: Provide NMED with documentation of completed hazardous waste-related training, such as the 40-hour HAZWOPER training for all employees that manage hazardous waste at a CAA, move waste within the Facility, and/or are designated as a Facility Emergency Response Coordinator.

NMED is requesting that Lovelace provide to NMED within thirty (30) days of receipt of this letter a written description of the actions taken by Lovelace to address the violations described above or a schedule for implementation of corrective actions not yet completed.

This Notice of Violation is considered an informal enforcement response in accordance with NMED's Enforcement Response Protocol. Please be aware that failure to address the above violation and any future substantial deviations from regulatory requirements may result in Lovelace being considered for an elevated enforcement action. Please note that your facility will appear on the Department's Enforcement Watch as a result of this NOV (see: <https://www.env.nm.gov/enforcement-watch/>). Further, the Department will issue a press

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release to local media highlighting your facility as appearing on this webpage. Your facility will remain on the Enforcement Watch website as an active matter until this matter is fully resolved. Also, be aware that any corrective action taken during our Inspection, or in response to this letter, does not relieve Lovelace of its obligation to comply with any and all other applicable laws and regulations.

Pursuant to the NMED Delegation Order dated June 23, 2025, the Cabinet Secretary has delegated the authority to issue Notices of Violation under the Hazardous Waste Act and HWMRs to the Chief of the Resource Protection Compliance and Enforcement Bureau. If you have any questions regarding this letter, please contact Aaron Coffman of my staff at (505) 690-5211 or by email at aaron.coffman@env.nm.gov. Please address any written response to the attention of Aaron Coffman at the address on the letterhead.

Sincerely,

Kyle Staggs

Chief

Resource Protection Compliance and Enforcement Bureau

KS: ac

cc: Aaron Coffman, NMED RPCEB
Damon Reyes, NMED District I Manager

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