

# Asbestos Abatement Project Monitoring Report

1 King Place  
Meriden, CT

City of Meriden  
Meriden, CT

December 9, 2015



**FUSS & O'NEILL**  
EnviroScience, LLC

Fuss & O'Neill EnviroScience, LLC  
146 Hartford Road  
Manchester, CT 06040



**FUSS & O'NEILL**  
EnviroScience, LLC

December 9, 2015

Ms. Juliet Burdelski  
Director of Economic Development  
City of Meriden  
142 East Main Street, Rm 217  
Meriden, CT 06450

**RE: Asbestos Abatement Project  
Former Veteran's Memorial Hospital  
1 King Place, Meriden, CT**  
Fuss & O'Neill EnviroScience Project No. 20120232.C2E

Dear Ms. Burdelski:

Enclosed please find the report for the asbestos abatement project completed at the Former Veteran's Memorial Hospital located at 1 King Place in Meriden, CT (the "Site"). The work was conducted for the City of Meriden (the "Client").

If you have any questions regarding the enclosed report, please do not hesitate to contact me at (860) 646-2469, extension 5570. Thank you for this opportunity to have served your environmental needs.

Sincerely,

Carlos Texidor  
Project Manager

CT/kr

Enclosure

146 Hartford Road  
Manchester, CT  
06040  
t 860.646.2469  
800.286.2469  
f 860.533.5143  
[www.fando.com](http://www.fando.com)

Connecticut  
Massachusetts  
Rhode Island  
South Carolina

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## Asbestos Abatement Project Monitoring Report 1 King Place City of Meriden

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# 1 Introduction

Fuss & O'Neill EnviroScience, LLC (EnviroScience) was retained to provide asbestos abatement project monitoring services at 1 King Place, Meriden, CT. Asbestos abatement was necessary prior to renovation of the subject facility in order to remove damaged materials to make the site “safe” for further environmental investigations. Asbestos abatement work occurred from October 14, 2015 to November 13, 2015. Please refer to *Appendix A* for the licenses and certifications of EnviroScience staff.

The Asbestos Abatement Contractor was Abatement Industries Group, Inc. of West Haven, Connecticut. Please refer to *Appendix B* for the Contractor's License and Contractor's Workers' Certifications.

As part of developing the scope of work for the project, EnviroScience prepared an Alternative Work Practice (AWP) application for submission to the State of Connecticut Department of Public Health for review and approval. An AWP allows for modification to required work practices as long as proposed methods are within certain guidelines and as protective as requirements. An AWP must be approved by the State of CT DPH prior to use. Refer to *Appendix C* for a copy of the AWP and approval.

The Abatement Contractor filed a notification with the State prior to the commencement of abatement activities; this can be found in *Appendix D*.

Upon commencement of abatement activities, background air samples were collected for analysis using Phase Contrast Microscopy (PCM). These background samples were collected at various locations such as the entrance to the worker decontamination facility, outside critical barriers, and at the negative air exhaust. These samples were collected and analyzed in order to monitor the air quality outside the containment during the abatement process. This was done in order to assess the air quality at the work site during the abatement project. Please refer to *Appendix E* for the Daily Monitoring Data and *Appendix F* for the Area Air Monitoring Worksheets.

Following the completion of final cleaning and encapsulation of the work area, aggressive final air clearance sampling was performed inside the work area to comply with state and federal regulatory requirements. Samples were analyzed by PCM or Transmission Electron Microscopy (TEM) as required. Please refer to *Appendix G* for the final air clearance reports.

In addition to air sampling, EnviroScience's Environmental Technicians William Champagne and Ulkens Auguste performed job site inspections. Prior to the beginning of removal activities, a pre-commencement inspection was conducted. This was to document that work area preparations were performed in accordance with the written technical specifications. During removal activities, progress inspections were conducted inside the work area to assess work progress and work procedures for adherence to contract specifications. Pre-sealant inspections were also conducted to verify that the work area met the no visible dust criteria prior to conducting final air clearance. A post-teardown inspection was also performed to ensure that all asbestos-containing materials (ACM) were removed. Please refer to *Appendix H* for the EnviroScience Site Logs and *Appendix I* for the EnviroScience Sign-in Sheets. In

addition, EnviroScience was provided copies of the Contractor's Sign-In Logs (*Appendix J*), Daily Logs (*Appendix K*), and Personal Air Sample Results (*Appendix L*).

## 2 Scope of Work

The scope of the abatement work included the removal and disposal of the ACM listed for each of the following locations:

Location	Material Removed
1968 Building First Floor Northwest Mechanical Room	~2,350 SF debris pile on ground; White paper formerly on 12" wide duct; White pipe insulation; White mudded fitting insulation
1968 Building First Floor East Hall	~450 SF 9" x 9" White speckled floor tile
1968 Building Second Floor East Hall	~750 SF Off-white 9" x 9" floor tile
1968 Building Stairwells	~250 SF Off-white 9" x 9" floor tiles (Broken)
North Addition Morgue Area	~125 SF 12" x 12" Beige floor tile (Loose)
1928 Nursing School Building First Floor Hall	~150 SF 12" x 12" Beige floor tile (Loose)
1928 Nursing School Building First Floor Hall	~1,200 SF White plaster debris (Skim and rough coat)
1923 Building Second Floor East Hall	~25 SF White pipe insulation on ground
1923 Building Second Floor East Hall	~110 SF 12" x 12" Light brown floor tile
1952 Bradley Building First Floor Middle Room	~100 SF Brown 9" x 9" Checkerboard tile
1952 Bradley Building Second Floor South Hall	~175 SF 9" x 9" Light brown and red floor tile
1952 Bradley Building Second Floor East Hall	~125 SF 9" x 9" Light brown and Red Floor tile
South Addition First Floor Hall	~650 SF 12" x 12" Light brown floor tile
South Addition Second Floor Hall	~250 SF 12" x 12" Light brown floor tile
Laundry/Storage Area Loading Dock	~60 Cubic yard debris pile on ground in black garbage bags which contained the following asbestos containing materials: White pipe insulation; Floor tile – red, black, and white pattern; Black mastic associated with red, black, and white pattern floor tile; Floor tile – dark brown; Floor tile – tan with red; Floor tile – yellow; Floor tile - red

## 3 Discussion

The clean-up of damaged asbestos containing materials started on October 14, 2015 at the Former Veteran's Memorial Hospital located at 1 King Place. A total of eight areas were cleaned under negative pressure and partial containment as described in the AWP approved by the State of Connecticut DPH. The remainder of the removal consisted of pipe insulation less than three square feet and loose undamaged floor tile which was performed with glove bags or no environmental controls.

### Containment 1

This phase of work began in the Laundry/Storage Area Loading Dock. The area had a large pile of mixed debris (~60 cubic yards of material), so AIG chose to live load the waste. The crew began installing critical barriers and constructing an enclosure around two thirty-yard dumpsters on October 16, 2015. A pre-commencement visual inspection was performed on October 21, 2015. A final visual inspection was conducted the following day. The area was then encapsulated and two aggressive final air clearances were run in both the loading dock and dumpster enclosure. Both areas passed final air clearances by the end of the shift. The dumpster enclosure was then disassembled and the dumpsters were hauled off site October 23, 2015.

Prior to the start of cleaning in the 1968 Building First Floor Northwest Mechanical Room, all loose off-white 9" x 9" floor tile was removed from the 1968 Building stairwells. All loose tiles were disposed of properly and a final visual inspection was performed on October 23, 2015.

### Containment 2

Work in the 1968 Building First Floor Northwest Mechanical Room began on October 14, 2015. This room was divided into two parts. A HEPA vacuum and water was used to prepare a taping surface for the dividing wall. A pre-commencement visual for the west side of this area was performed on October 26, 2015. The crew proceeded to clear all debris off the floor, remove heavily damaged material, repair slightly damaged material, and wash all non-porous material. A final visual inspection was performed on October 27, 2015. The area was then encapsulated and an aggressive final air clearance was performed. This area passed final air clearance by the end of the shift. The crew shut off the negative air machines and left the dividing poly wall up.

### Containment 3

Preparation of the 1968 Building Second Floor East Hall began on October 22, 2015. A pre-commencement visual was performed on October 27, 2015. All off-white 9"x 9" floor tiles were removed and the remaining mastic floors were cleared of debris on October 27, 2015. A final visual inspection and final area clearance was performed the same day. The area was cleared at the end of the shift.

### Containment 4

Work in the South Addition First Floor Hall began on October 22, 2015. Due to the lack of sheetrock in this entire building, a full containment was created to remove the damaged 12" x 12" light brown floor tiles. A pre-commencement visual inspection, final visual inspection, and final air clearance were performed on October 28, 2015. The area was cleared at the end of the shift. The walls and ceiling of this containment remained in order to create a separation between the hallway and abutting rooms.

### Containment 5

The crew began prepping the East Side of the 1968 Building First Floor Northwest Mechanical Room on October 28, 2015. A critical barrier was installed at the top of the metal stairwell on the east side and all vents were sealed and a pre-commencement visual was done at this time. A final visual inspection and final air clearance were conducted October 29, 2015. PCM samples were analyzed and the area was cleared by the end of the shift.

#### Containment 6

Work in the 1952 Building First Floor Middle Room began on October 30, 2015. The work area included the hallways, elevator lobby, and the surrounding rooms that did not have sheetrock. A pre-commencement visual, final visual inspection and final air clearance were all performed the same day. The large debris pile, pipe fitting insulation, linoleum floor, and loose floor tile were removed at this time. Upon teardown of this area several 9"x 9" brown checkerboard floor tiles that were originally secure during the final visual had come loose. The loose undamaged material was collected and disposed of immediately.

#### Containment 7

The crew began preparing the 1968 Building First Floor East Hall on November 2, 2015. This area was covered with heavily water damaged 9" x 9" white speckled floor tile. A pre-commencement visual inspection, final visual inspection, and final air clearance were performed on November 3, 2015. The floor remained dry for only a short period of time.

On November 4, 2015, AIG began removing loose undamaged floor tile from the first and second floors for the remainder of the week. The material was lifted by hand and disposed of properly. Multiple glove bags were utilized to clean up pipe fitting insulation and short linear sections of pipe insulation. All material removed was documented and a final visual inspection was performed on November 6, 2015.

#### Containment 8

The final area cleaned under a negative pressure partial containment was the 1928 Nursing School Building First Floor. This section had severely damaged plaster throughout. The extent of removal included the floors and substantially loose material above in the halls and middle room. After thoroughly going over the work area the crew began prepping on November 9, 2015. A final visual inspection was performed on November 10, 2015 by William Champagne. An aggressive final air clearance was conducted by Ulkens Auguste on November 11, 2015. PCM air samples were read on site, passed containment and was removed by the abatement contractor.

Upon completing all clean-up involved with this scope of work, AIG installed polyurethane-sheeting barriers to separate the "safe" areas created on the first and second floors from the upper levels that remain contaminated in most areas. The damaged plaster debris throughout the 1928 Nursing School Building was not addressed at this time. Critical barriers were installed at the stairwells and all entrances to the 1952 Building Cafeteria to eliminate access to this area. A final walk-through was performed on November 13, 2015 in order to confirm all critical barriers were installed where required. Additional floor tile was removed, and damaged pipe insulation above the hallways were secured with dip lag after the walkthrough. All entrances were labelled with asbestos warning signage and all equipment was hauled off site on this day.

## 4 Conclusion

All work areas passed pre-sealant visual inspections prior to work area encapsulation by the contractor. Following encapsulation, aggressive final air clearance sampling (PCM) was conducted in accordance with the requirements of the State of Connecticut Department of Public Health (CTDPH) Standards for

Asbestos Abatement (19a-332a-1 through 19a-332a-16) and the United States Environmental Protection Agency (EPA) Asbestos Hazard Emergency Response Act (AHERA) Regulation (40 CFR Part 763 Final Rule and Notice). All work areas completed during this phase of work passed final air clearance. Please refer to *Appendix M* for a copy of the Final Visual Inspection Forms.

The scope of work for this project was modified on November 2, 2015 due to the additional damage that had occurred since the Limited Hazardous Material Inspection conducted on September 16-19 and 22, 2015. The vacant building appears to have been impacted by trespassers, partial renovation, and weather conditions. Abatement Industries Group was originally scheduled to perform clean-up on the upper floors of the building but efforts were refocused to additional areas of the first and second floors at this time. Critical barriers were installed at each stairwell to separate the first and second floor from the upper floors.

A copy of the Waste Shipment Record was provided by the Asbestos Abatement Contractor and can be found in *Appendix N*.

PCM air samples were analyzed on-site by a trained Asbestos Project Monitor listed on the Asbestos Analyst's Registry (AAR) maintained by the American Industrial Hygiene Association (AIHA).

Report prepared by Environmental Technician William Champagne.

Reviewed by:



Carlos Texidor  
Project Manager



Robert L. May, Jr.  
President

## Appendix A

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### Fuss & O'Neill EnviroScience Certifications





# Certificate of Training

This program was presented at  
Fuss & O'Neill Enviro Science in  
Manchester, CT with the prior  
approval of the CTDPH.

*Awarded to*

**WILLIAM CHAMPAGNE**

*For successful completion of an 8 (eight) hour  
Asbestos Project Monitor Refresher Course*

**September 9-10, 2015**

This training was approved and given in accordance with  
Regulations for Connecticut State Agencies  
RCSA 20-440 - 1-9 and RCSA 20-441 and meets the  
requirements for the EPA Revised MAP under TSCA Title II of 4/4/94

*Presented by*

**Mystic Air Quality Consultants, Inc.**

**1204 North Road, Groton, CT 06340 (800) 247-7746**

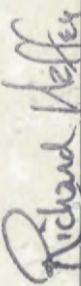
Certificate Number: APM/R24333

Exam Grade: 100

Expiration Date: 09/10/2016



**Christopher J. Eident, CIH, CSP, RS**



**George Williamson, Training Director**

Richard Haffey, Training Director

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

Certificate of Completion  
Awarded to

**William A. Champagne**

(DOB May 16, 1989)

Has completed a 40 Hour 5 Day Approved Course of Instruction in  
Asbestos Project Monitor



## **Project Monitor Initial Training**

**December 15, 2014 through December 19, 2014**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-21

SUPERIOR INDUSTRIES LLC

342 Carter Lane  
Southington CT 06489  
860-620-1133 (voice)  
860-620-1134 (fax)

Examination Date: December 19, 2014  
Expiration Date: December 19, 2015  
Certificate Number: APMI-WC-05-16-89-14

Earl R. Clark, Training Director

mail 1-16-15

### CT OCCUPATIONAL MEDICINE PARTNERS

St Francis / Hartford  
Tel: 860-714-4270  
FAX: 860-714-8068

St. Francis / Windsor  
Tel: 860-714-9444  
FAX: 860-714-8900

St. Francis / Torrington  
Tel: 860-482-3467  
FAX: 860-482-3867

MedWorks/Bristol  
Tel: 860-589-0114  
FAX: 860-589-1936

MedWorks/Newington  
Tel: 860-667-4418  
FAX: 860-667-1503

CorpCare / S Windsor  
Tel: 860-647-4796  
FAX: 860-644-0287

Corporate Health Care / Danbury  
Tel: 203-749-5720  
FAX: 203-739-1881

Johnson Memorial / Enfield  
Tel: 860-763-7668  
FAX: 860-763-7676

### Job Preplacement Examination Recommendations

NAME: William Champagne Date: 1-8-15

COMPANY: Fuss & O'Neil Enviroscience PROSPECTIVE JOB: Environ Tech

#### TYPE OF EXAMINATION:

- Preplacement
- Return to Work
- Periodic
- Fitness for Duty

The above named employee/applicant has been physically examined and pertinent medical history has been reviewed. Based upon this health assessment and knowledge of the job requirements

- No work restrictions. The employee is medically qualified to perform all necessary job functions safely under the indicated working conditions and environment.
- Medically qualified to perform all necessary job functions safely under the indicated working conditions and environment, provided the restrictions listed below can be accommodated, and/or the recommendations listed below can be satisfied.
- Not medically qualified for the prospective job for which he/she has been examined. Reasons are listed below.
- Placement delayed pending further medical evaluation.
- Health Care Worker Statement: No evidence of communicable diseases was found at the time of the physical examination.

*Handwritten signature/initials*

RESTRICTIONS, RECOMMENDATIONS, COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 1-8-15 PHYSICIAN: [Signature] SIGNATURE: [Signature]

### RESPIRATOR CLEARANCE FORM

Employee Name: William Champagne  
Date of Evaluation: 1-8-15  
Employer: Foss + O'Neil Environmental Science

Consistent with OSHA standard 29 CFR 1910.134(e), the above named employee has been evaluated for ability to use an industrial respirator. This evaluation was based upon:

- Review of Medical Questionnaire, adapted from 29 CFR 1910.134, Appendix C.
- Review of Medical Questionnaire and follow-up examination.

- All of the below
- N, R or P disposable respirators (filter-masks, non-cartridge type)
- Half-facepiece cartridge respirators
- Full-facepiece cartridge respirators
- Supplied air (airline) respirators
- Self-contained breathing apparatuses
- Other: \_\_\_\_\_

**In the opinion of the CorpCare physician or licensed health care professional:**

The employee is  is /  is not medically able to use the above-cited respirator(s) without limitations.

Limitations on the employee's respirator use related to his medical condition are:

None, or  \_\_\_\_\_

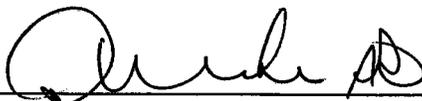
Limitations on the employee's respirator use related to workplace conditions in which the respirator will be used are:

None, or  \_\_\_\_\_

Further medical evaluations  are /  are not required. Required additional medical evaluations are:

\_\_\_\_\_

**Additional recommendations are on the reverse of this document.**

  
Signature

1-8-15  
Date

WHITE - Chart

YELLOW - Company

PINK - Patient



Dear ULKENS AUGUSTE,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

JEWEL MULLEN, MD, MPH, MPA, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
ULKENS AUGUSTE

VALIDATION NO. 03-286887      CERTIFICATE NO. 000644      CURRENT THROUGH 09/30/16

PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE COMMISSIONER

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A  
ASBESTOS CONSULTANT-PROJECT MONITOR

ULKENS AUGUSTE

CERTIFICATE NO. 000644  
CURRENT THROUGH 09/30/16  
VALIDATION NO. 03-286887

SIGNATURE COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place to your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
ULKENS AUGUSTE

VALIDATION NO. 03-286887      CERTIFICATE NO. 000644      CURRENT THROUGH 09/30/16

PROFESSION  
ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE COMMISSIONER

1001864-0001871-0000001 of 0000001-C01-a1d00101-1364-01867

# Fuss & O'Neill EnviroScience, LLC

146 Hartford Road, Manchester, CT 06040 – (860) 646-2469

This is to certify that

**Ulkens Auguste**

xxx-xx-6277

has successfully completed the  
**8 Hr. Asbestos Project Monitor Refresher**  
Asbestos Accreditation under TSCA Title II  
40 CFR Part 763

  
\_\_\_\_\_  
(John Rowinski, Principal Instructor)

January 7 & 8, 2015  
Date of Course

January 8, 2015  
Examination Date

  
\_\_\_\_\_  
Robert L. May, Jr., Training Manager

APM-R-1/15-01  
Certificate Number

January 8, 2016  
Expiration Date

**INSTITUTE FOR ENVIRONMENTAL  
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887  
(Phone) 978.658.5272

**IEE**

**IEE**

*This is to certify that*  
Ulkens Auguste

*has completed the requisite training, and has passed  
an examination for accreditation*

**Asbestos Project Monitor**

pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

February 06, 2009  
Examination Date

Course Location  
Institute for Environmental Education  
16 Upton Drive  
Wilmington, MA 01867

February 2-6, 2009  
Course Dates

February 06, 2010  
Expiration Date

09-3811-173-239802  
Certificate Number

*Wentworth*

Training Director

# CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC

<input type="checkbox"/> St. Francis/Hartford 114 Woodard Street Hartford, CT 06105 860-714-4270 FAX 860-714-8068	<input type="checkbox"/> St. Francis/Windsor 100 Deerfield Road Windsor, CT 06095 860-714-9444 FAX 860-714-8900	<input type="checkbox"/> MedWorks/Bristol 539 Farmington Ave. Bristol, CT 06010 860-589-0114 FAX 860-589-1936	<input type="checkbox"/> MedWorks/Newington 375 East Cedar Street Newington, CT 06111 860-667-4418 FAX 860-667-1503	<input type="checkbox"/> CorpCare/S/Windsor 2800 Tamarack Ave, Suite 001 South Windsor, CT 06074 860-647-4796 FAX 860-646-3945	<input type="checkbox"/> St. Francis/Torrington 1598 E. Main Street Torrington, CT 06790 860-482-3467 FAX 860-482-3867
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## Job Placement Examination Recommendations

NAME: Auguste, Ulkens DATE: 10/30/2015

COMPANY: Fuss & O'Neill Enviroscience PROSPECTIVE JOB: Environmental Technician

TYPE OF EXAMINATION:

Pre Placement     Return to Work     Periodic     Fitness for Duty

The above named employee/applicant has been physically examined and pertinent medical history has been reviewed. Based upon this health assessment and knowledge of the job requirements  as provided by the employer  as described by the applicant, the following recommendations are made.

- No work restrictions. The employee is medically qualified to perform all necessary job functions safely under the indicated working conditions and environment.
- Medically qualified to perform all necessary job functions safely under the indicated working conditions and environment, provided the restrictions listed below can be accommodated, and/or the recommendations listed below can be satisfied.
- Not medically qualified for the prospective job for which he/she has been examined. Reasons are listed below.

RESTRICTIONS, RECOMMENDATIONS, COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Katherine E. Tracy, M.D.

DATE: 10/30/15 PHYSICIAN: [Signature] SIGNATURE: \_\_\_\_\_

## RESPIRATOR CLEARANCE FORM

Employee Name: Wkens Auguste  
 Date of Evaluation: 10/30/15  
 Employer: Fuss, O'Neill EnviroScience

**Consistent with OSHA standard 29 CFR 1910.134(e), the above named employee has been evaluated for ability to use an industrial respirator. This evaluation was based upon:**

- Review of Medical Questionnaire, adapted from 29 CFR 1910.134, Appendix C.
- Review of Medical Questionnaire and follow-up examination.

- All of the below
- N, R or P disposable respirators (filter-masks, non-cartridge type)
- Half-facepiece cartridge respirators
- Full-facepiece cartridge respirators
- Supplied air (airline) respirators
- Self-contained breathing apparatuses
- Other: \_\_\_\_\_

**In the opinion of the CorpCare physician or licensed health care professional:**

The employee is  is /  is not medically able to use the above-cited respirator(s) without limitations.

Limitations on the employee's respirator use related to his medical condition are:

None, or  \_\_\_\_\_

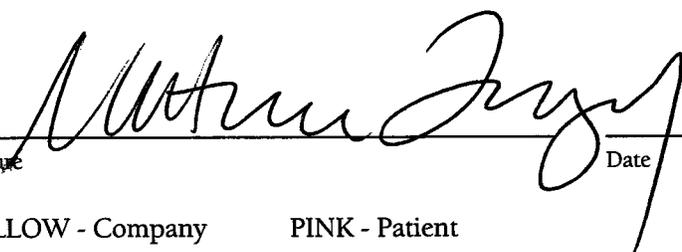
Limitations on the employee's respirator use related to workplace conditions in which the respirator will be used are:

None, or  \_\_\_\_\_

Further medical evaluations  are /  are not required. Required additional medical evaluations are:

\_\_\_\_\_  
 \_\_\_\_\_

**Additional recommendations are on the reverse of this document.**

  
 \_\_\_\_\_  
 Signature Date

WHITE - Chart      YELLOW - Company      PINK - Patient



Fuss & O'Neill EnviroScience, LLC  
146 Hartford Road, Manchester, CT 06040  
Phone: (860) 646-2469; Fax: (860) 649-6883

**QUALITATIVE\* FIT TEST RECORD**

**EMPLOYEE INFORMATION**

Name: William August Date of Birth: Sept 16, 1979

Date of Last Pulmonary Function Test: 10/28/14  Passed  Failed

**RESPIRATOR(S) FIT TESTED**

Manufacturer: North

Type: 1/2 face

Model: 770030L

Size: Lg

Approval Number: \_\_\_\_\_

**TEST AGENT AND RESULTS OF TEST**

Irritant Smoke  Isoamyl Acetate  Saccharin Aerosol

Passed  Failed Comments: \_\_\_\_\_

**TEST ADMINISTRATOR**

Name: Marjorie A. Waite Date: 5/17/15

Signature: Marjorie A. Waite Next Test Due Date: 5/17/16

\*Qualitative fit tests are valid for contaminant exposure levels less than ten (10) times the respective occupational exposure limit.

## Appendix B

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### Contractor's License and Workers' Certifications



**CHECK LIST FOR WORKER CREDENTIALS**

Name	SS #*	CT License*		Training**		Medical** Exp. Date	Fit Test*** Expiration Date
		License Number	Expire Date	Date Initial Training	Last Current Refresher		
Joselito R Flores	4169	5952	10/31/16	5/15/15	N/A	6/20/16	7/7/16
Jose Valdiviezo	7398	5803	10/31/16	1/27/15	<del>1/27/15</del>	3/12/16	3/13/16
Ramon Rosado	9735	6824	4/30/16	3/23/03	3/28/15	4/13/16	4/24/16
Ediberto Perez	<del>6734</del>	158	7/31/16	5/27/14	1/23/15	7/30/16	7/30/16
Engerber Lopez	8022	4496	11/30/16	3/01/02	8/29/15	3/31/16	11/4/16
Adriana Rivera	4382	13116	1/31/16	3/24/13	3/21/15	6/5/16	8/27/16
Anthony Volturmo	1284	5975	1/31/16	6/5/15	N/A	6/9/16	7/2/16
Diana Pillaño	8239	11058	6/30/16	2/8/09	5/2/15	5/2/16	5/2/16
David <del>Robson</del> Robson	0961	2757	11/30/15		7/18/15	7/1/16	3/7/16
Andrzej Baginski	2352	48	1/31/16		3/28/15	7/21/16	2/19/16

\* Required in Connecticut for all workers/Supervisors

\*\* Required per 19a-332a-4(b)(6) of CTDPH Standards of Asbestos Abatement.

\*\*\* To be matched with the model and size of respirator being used.

20120232.C2E 11/19/15  
 Project Name/Number Date

### CHECK LIST FOR WORKER CREDENTIALS

Name	SS #*	CT License*		Training**		Medical** Exp. Date	Fit Test*** Expiration Date
		License Number	Expire Date	Date Initial Training	Last Current Refresher		
Todd Craig	2063	152	1/31/16	4/28/15	1/23/16	3/11/16	3/5/16
Yimiyerson Guzman	5012	12552	1/31/16	[REDACTED]	1/17/15	7/7/16	8/27/16
Robert Zargo	5623	161	9/30/16	[REDACTED]	4/4/15	12/3/16	1/6/2016
Ralph Gugliardi	3778	5855	4/30/16	1/16/15	1/16/15	4/11/16	4/13/16

\* Required in Connecticut for all workers/Supervisors

\*\* Required per 19a-332a-4(b)(6) of CTDPH Standards of Asbestos Abatement.

\*\*\* To be matched with the model and size of respirator being used.

20120232.C2E  
Project Name/Number

10/19/15  
Date



State of Connecticut

Lookup Detail View

Name

Name

DAVID C ROBSON

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	2757	11/30/2015	12/12/2005	David C. Robson	ACTIVE	None

Generated on: 12/10/2014 9:32:25 AM



**Environmental Compliance and Occupational Safety Training**

44-01 21st Street, Long Island City, NY 11101

Tel: (718) 349-3235 Fax: (718) 349-3238

HEREBY CERTIFIES THAT

**David C. Robson**

HAS COMPLETED A US EPA/ AHERA 8-HOUR COURSE ENTITLED

**ASBESTOS SUPERVISOR REFRESHER**

This course is accredited by the State of New York and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

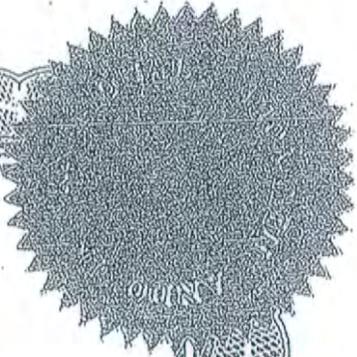
On this 18th Day of July, 2015  
Date(s) of course: 07/18/2015

Director: Dr. Milutin Srbljak

A handwritten signature in black ink, appearing to read 'Dr. Milutin Srbljak', written over a horizontal line.

Expiration Date: 07/18/2016  
Certificate #: 071820154SCRNY-01  
Exam Date: 07/18/2015

Exam Grade: 80%



# CERTIFICATE OF ACHIEVEMENT ASBESTOS ABATEMENT

Accredited by the Illinois Department of Public Health

This is to certify that DAVID C. ROBSON  
has completed the Contractor/Supervisor Initial Asbestos Training course and passed the  
examination on JANUARY 13, 1995 with a minimum score of 70% or better.  
Training was in accordance with U.S. E.P.A. 40 CFR 763 Subpart E, Appendix C, Asbestos  
Containing Materials in Schools: Model Accreditation Plan, TSCA II, Authorized by both  
AHERA & ASHARA.

JANUARY 9-13 1995  
Course Dates

JANUARY 12 1996  
Expires

9501-CS-07  
Certificate Number



*Dr. Penell*  
Director of Training

Nicholas Penell  
Doctor of Public Health

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

Service Date: 07/01/2015

Employee Name: \_\_\_\_\_

Employee SSN: XXX-XX-0961

Robson, David

Address: \_\_\_\_\_

76 Grove St.

WALLINGFORD CT 06492

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

PLHCP Signature  
Richard St. Dennis PA-C

Employee's Signature  
[Signature]

PLHCP Name (printed)

Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Robson, David

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**Check Type of Respirator(s) To Be Used** (Check  ALL that apply)

Air-purifying (non-powered)     Air-purifying (powered)

Atmosphere supplying Respirator

Combination air-line and SCBA

Continuous-Flow Respirator

Supplied-Air Respirator

Open Circuit SCBA     Closed Circuit SCBA

Dust Mask     1/2 Face with Canisters     Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions**  
(Check  ALL That Apply When Wearing Respirator)

High Places     Enclosed Places     Protective Clothing

Temperature Extremes     Mostly Cold     Mostly Hot

Other: \_\_\_\_\_

Questionare will be:     HAND CARRIED     MAILED     OTHER

Address:  
76 Grove St.

WALLINGFORD    CT    06492

Employee SSN: XXX-XX-0961

**Extent of Useage** (Check  ALL that apply)

On a daily basis \_\_\_\_\_ Total Hours

Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours

Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required** (Check  ALL that apply)

Light     Moderate     Heavy

**Exposure to Hazardous Materials** (Check  ALL that apply)

<input type="checkbox"/> Arsenic	<input type="checkbox"/> Benzene
<input type="checkbox"/> Coke Oven	<input type="checkbox"/> Cotton Seed / Dust
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Formaldehyde
<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Lead
<input type="checkbox"/> Textiles	<input type="checkbox"/> Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_  
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check  ALL that apply)

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use

Class II - Some Specific Use Restrictlons     To be used for Emergency Response or Escape Only     Other: \_\_\_\_\_

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. <sup>2</sup>

Fit Test Required     Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily     Fit Test NOT Performed at: Concentra Medical Centers (CT)

Special prescription eyewear needed to accommodate respirator     Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased-risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature \_\_\_\_\_  
PA/203  
Physician's License Number (Optional in Most States)

Richard St. Dennis PA-C  
Physician's Name (Printed)  
7/1/15  
Date of Exam    7/1/16  
Expires On

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

**Medical Surveillance - Asbestos**

Service Date: 07/01/2015

Patient: Robson, David

SSN: XXX-XX-0961

DOB: 11/16/1959

Gender: M

Marital Status: S

Address: 76 Grove St.

WALLINGFORD, CT 06492

Home Phone: (203) 996-3149

Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: Pike Falls Corporation-West Hav

Address: 16 Hamilton St

West Haven, CT 065162300

Job Contact: Monica Giannetta

Role: Primary Contact

Phone: (203) 932-9639 Ext.: \_\_\_\_\_

Fax: (203) 931-8786

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/01/2015 in accordance with: \_\_\_\_\_ 29 CFR 1926.1101.  
\_\_\_\_\_ 40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Provider Signature

7/1/15  
Date

Richard St. Dennis PA-C

## Respiratory Fit Test Record

Employee Name: Dave Robson

Social Security: 09601

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 3-7-15

Type of Test: *Irritant Smoke Qualitative Testing*

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

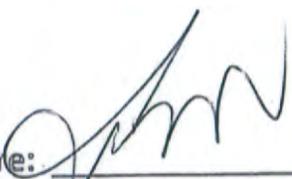
Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature:  Date: 3-7-15

Administrator:  Date: 3-7-15



State of Connecticut

Lookup Detail View

Name

**Name**

ROBERT A ZARGO

License Information  
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	161	09/30/2016	05/30/2000	Robert Zargo	ACTIVE	None

Generated on: 9/1/2015 12:30:45 PM

# ENVIRONMENTAL TRAINING AND ASSESSMENT

## *Certificate of Completion* *Asbestos Abatement Site Supervisor*

**Robert Zargo**  
*19 Terrace Avenue*  
*West Haven, CT 06516*

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 4/4/2015      Examination Grade: 88%  
Examination Date: 4/4/2015      Certificate Number: ASR-01960  
Expiration Date: 4/4/2016



Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

<b>HEALTH, SAFETY &amp; ASBESTOS          ABATEMENT TECHNIQUES          40 HOUR COURSE for FOREMAN/SUPERVISOR</b>	
Name: <b>Robert Zilber</b>	
ID #: <b>704-86-5261</b>	
Issued: <b>1-20-94</b>	Expires: <b>1-20-95</b>
Test Grade: <b>86%</b>	Certificate #: <b>0-02295E</b>

New England Laborers' Training Trust Fund Route 57 & Murdoch Rd. - P.O. Box 77 Pomfret Center, CT 06229

Genaro S. Lepore Administrator

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 12/03/2014

**Medical Surveillance - Asbestos**

**Patient:** Zargo, Robert  
**SSN:** XXX-XX-5626  
**DOB:** 09/27/1963  
**Gender:** M  
**Marital Status:** M  
**Address:** 19 Terrace Ave.  
WEST HAVEN, CT 06516  
**Home Phone:** (203) 410-3253  
**Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Employer:** Pike Falls-Abatement Ind  
**Address:** 16 Hamilton St  
West Haven, CT 065162300  
**Job Contact:** Shakira Rosado  
**Role:** Primary Contact  
**Phone:** (203) 932-9639 **Ext.:** \_\_\_\_\_  
**Fax:** (203) 931-8786  
**Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 12/03/2014 in accordance with: \_\_\_\_\_ 29 CFR 1926.1101.  
\_\_\_\_\_ 40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): Worked 2 asbestos x 20 years  
Needs xray yearly based on asbestos standard

[Signature]  
Provider Signature

12/3/14  
Date

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0482

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

Service Date: 12/03/2014

Employee Name: Zargo, Robert

Employee SSN: XXX-XX-5628

Address: 19 Terrace Ave.

WEST HAVEN CT 06516

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual **HAS** been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual **HAS NOT** been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearers must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

*Maurice H. Miller (for Dr. Specht)*

PLHCP Signature MAURICE H. MILLER, MD

*Signed 04/01/15*

Employee's Signature Dec 03, 2015

PLHCP Name (printed) 049867 / CT

1551562081

Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Zargo, Robert

Employer: Pike Falls Corporation-See Locations

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)  Air-purifying (powered)
  - Atmosphere supplying Respirator
  - Combination air-line and SCBA
  - Continuous-Flow Respirator
  - Supplied-Air Respirator
  - Open Circuit SCBA  Closed Circuit SCBA
  - Dust Mask  1/2 Face with Canisters  Full Face with Canisters
- Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places  Enclosed Places  Protective Clothing
- Temperature Extremes  Mostly Cold  Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:  HAND CARRIED  MAILED  OTHER

Address: 19 Terrace Ave.

WEST HAVEN CT 06516

Employee SSN: XXX-XX-5626

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light  Moderate  Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic  Benzene
- Coke Oven  Cotton Seed / Dust
- Cadmium  Formaldehyde
- Methylene Chloride  Lead
- Textiles  Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_  
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check  ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions  To be used for Emergency Response or Escape Only  Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. <sup>2</sup>
- Fit Test Required  Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily  Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator  Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature [Signature]

Physician's License Number (Optional in Most States) 027665

Physician's Name (Printed) 12/31/15

Date of Exam 12/31/15 Expires On

## Respiratory Fit Test Record

Employee Name: ROBERT ZARGO

Social Security: 5626

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 1-6-15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Robert Zargo Date: 1-6-15

Administrator: (Signature) Date: 1-6-15



State of Connecticut

**Lookup Detail View**

**Name**

**Name**

RALPH B GAGLIARDI

**License Information  
lookup**

<b>License Type</b>	<b>License Number</b>	<b>Expiration Date</b>	<b>Granted Date</b>	<b>License Name</b>	<b>License Status</b>	<b>Licensure Actions or Pending Charges</b>
Asbestos Abatement Supervisor	5855	04/30/2016	04/02/2015	RALPH B GAGLIARDI	ACTIVE	None

CERT# A-714S - 827

**CHEMSCOPE TRAINING DIVISION  
ASBESTOS CONTRACTOR/SUPERVISOR INITIAL  
40HOUR TRAINING CERTIFICATE**

**Ralph Gagliardi  
16 Hamilton Street , West Haven CT**

Has attended a 40 hour Course on the subject discipline on  
1/12/2015-1/16/2015 and has passed a written examination

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a supervisor under TSCA Title II"

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos abatement, protective clothing, air monitoring, government regulations, equipment and supplies, planning work areas, removal practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues, insurance and bonding record keeping, building systems, supervisory techniques, and contract specifications. The course includes lecture, demonstration, and hands on training.

**Examination Date: 1/16/2015**

**Expiration Date: 1/16/2016**

This training course has been accredited by the State of Connecticut.



Ronald D. Arena  
Training Manager

Chem Scope, Inc.  
15 Moulthrop Street  
North Haven CT 06473  
(203) 865-5605

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0482

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Gagliardi, Ralph

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionare will be:     HAND CARRIED     MAILED     OTHER

DO NOT WRITE BELOW THIS LINE

Address: 33 Soundview Ave

MILFORD      CT      06460

Employee SSN: XXX-XX-3778

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check  ALL that apply)**

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use

Class II - Some Specific Use Restrictions       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. <sup>2</sup>

Fit Test Required       Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (CT)

Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup> Physician or other Licensed Healthcare Professional

<sup>2</sup> Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual **HAS** been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual **HAS NOT** been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of ~~smoking~~ and asbestos, lead and/or other chemical exposure(s).

MAURICE H. MILLER, MD

Physician's Signature Maurice H. Miller

Physician's Name (Printed) Maurice H. Miller      1551562081  
Date of Exam 04/01/15      Expires On 09/01/16

Physician's License Number (Optional in Most States)

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

**Service Date:** 04/01/2015

**Employee Name:**  
Gagliardi, Ralph

**Employee SSN:** XXX-XX-3778

**Address:**  
33 Soundview Ave

MILFORD CT 06460

**Employer:** AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

  
PLHCP Signature

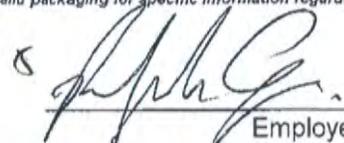
MAURICE H. MILLER, MD

PLHCP Name (printed)

049867 / CT

<sup>1</sup>Physician or other Licensed Healthcare Professional

1551562081

  
Employee's Signature

Apr 01, 2016

Expiration Date

To be maintained in the employee's file with a copy to the employee



## Respiratory Fit Test Record

Employee Name: Ralph Gagliardi

Social Security: 3778

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 4/13/15

Type of Test: *Irritant Smoke Qualitative Testing*

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Ralph Gagliardi III Date: 4/13/15

Administrator: [Signature] Date: 4/13/15



State of Connecticut

**Lookup Detail View**

Name

**Name**

RAMON ROSADO

License Information  
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	6284	04/30/2016	03/28/2003	Ramon Rosado	ACTIVE	None

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# SENAGRYPH TRAINING FACILITIES

SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

37-42 72nd St. Jackson Hts. N.Y. 11372 (718) 429-0647 E-MAIL: senagryph@aol.com

HEREBY CERTIFIES THAT

RAMON ROSADO

SS# 017-57-9735



HAS SUCCESSFULLY COMPLETED  
A 32 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

ASBESTOS ABATEMENT WORKER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 23RD DAY OF MARCH 2003

COURSE DATES: 3/15-23/03

EXPIRATION DATE: 3/23/04

LANGUAGE: SPANISH

TEST SCORE: 70%

DIRECTOR: *Julia Herrera*  
JULIA HERRERA

INSTRUCTOR: *Gerardo Cano*  
GERARDO CANO

FOR COURSE PARTICIPANTS SEEKING NEW YORK STATE CERTIFICATION OR TRAINING  
RECIPROCITY FROM ANOTHER STATE, THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION  
IS THE NYS-DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING



**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

Service Date: 04/13/2015

Employee Name:  
Rosado, Ramon A.

Employee SSN: XXX-XX-9735

Address:  
232 Filmore Street

NEW HAVEN CT 06513

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

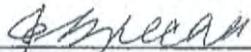
**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

  
PLHCP Signature  
Evangeline Specht, MD

\_\_\_\_\_  
Employee's Signature  
4/13/16

\_\_\_\_\_  
PLHCP Name (printed)

\_\_\_\_\_  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Rosado, Ramon A.

Address: 232 Filmore Street

NEW HAVEN CT 06513

Employer: AIG (Abatement Industries Group) FKA Pike Falls

Employee SSN: XXX-XX-9735

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)  Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA  Closed Circuit SCBA
- Dust Mask  1/2 Face with Canisters  Full Face with Canisters

*3x/week*

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light  Moderate  Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic  Benzene
- Coke Oven  Cotton Seed / Dust
- Cadmium  Formaldehyde
- Methylene Chloride  Lead
- Textiles  Chromium

Other(s): \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places  Enclosed Places  Protective Clothing
- Temperature Extremes  Mostly Cold  Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:  HAND CARRIED  MAILED  OTHER

EVALUATION AUTHORIZATION BY: \_\_\_\_\_  
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check  ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions  To be used for Emergency Response or Escape Only  Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. <sup>2</sup>
- Fit Test Required  Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily  Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator  Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.
- <sup>1</sup> Physician or other Licensed Healthcare Professional
- <sup>2</sup> Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Evangeline Specht, MD*

Physician's Signature *[Signature]*

Physician's Name (Printed) Evangeline Specht, MD

Physician's License Number (Optional in Most States) 027665/CT

Date of Exam 4/13/17 Expires On \_\_\_\_\_

**Concentra Medical Centers (CT)**  
370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492  
**Medical Surveillance - Asbestos**

Service Date: 04/13/2015

**Patient:** Rosado, Ramon A.  
**SSN:** XXX-XX-9735  
**DOB:** 04/10/1966  
**Gender:** M  
**Marital Status:** S  
**Address:** 232 Filmore Street  
NEW HAVEN, CT 06513  
**Home Phone:** (203) 850-8652  
**Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Employer:** Pike Falls-Abatement Ind  
**Address:** 16 Hamilton St  
West Haven, CT 065162300  
**Job Contact:** Monica Giannetta  
**Role:** Primary Contact  
**Phone:** (203) 932-9639 **Ext.:** \_\_\_\_\_  
**Fax:** (203) 931-8786  
**Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 04/13/2015 in accordance with: \_\_\_\_\_ 29 CFR 1926.1101.  
\_\_\_\_\_ 40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): Work 2 asbestos x 3 years

[Signature]  
Provider Signature

4/13/15  
Date

## Respiratory Fit Test Record

Employee Name: Ramon Rosado

Social Security: 9735

Location: PIKE FALLS 16 HAMILTON STREET  
WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 4/24/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature:  Date: 4/24/15

Administrator:  Date: 4/24/15



State of Connecticut

**Lookup Detail View**

Name

<b>Name</b>
YIMIYEISON GUZMAN

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	12552	01/31/2016	12/23/2011	YIMIYEISON GUZMAN	ACTIVE	None

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ENVIRONMENTAL TRAINING AND  
ASSESSMENT

*Certificate of Completion*

*Asbestos Abatement Worker  
Refresher Training Course  
awarded To*

*Yimiyeison Guzman  
81 Hazel Street  
Hartford CT 06106*

Has successfully completed, and passed an examination covering the contents of the one (1) day 8 Hour Refresher Training Course for Asbestos Abatement Worker. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 1/17/2015  
Examination Date: 1/17/2015

Examination Grade: 82%  
Certificate Number: AWR-01686  
Expiration Date: 1/17/2016

  
Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

**Certificate of Completion**  
Awarded to

**Yimiyeison Guzman**

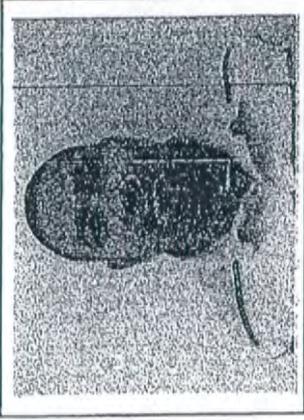
(SSN XXX-XX-5012) (DOB 01/19/1982)

Has completed a 32 Hour 4-day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)

**Worker Initial - Spanish**

**December 6, 2011 through December 9, 2011**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-21



**SUPERIOR INDUSTRIES LLC**

342 Carter Lane  
Southington, CT. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)

Examination Date: December 9, 2011  
Expiration Date: December 9, 2012  
Certificate Number: ASWI-YG-01-19-82-11

Earl R. Clark, Training Coordinator



Concentra Medical Centers (CT)

8 South Commons Road WATERBURY, CT 06704  
Phone: (203) 759-1229 Fax: (203) 759-0219

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/07/2015

Employee Name: Guzman, Yimiyeison

Employee SSN: XXX-XX-5012

Address: 81 hazel st

HARTFORD CT 06106

Employer: AIG (Abatement Industries Group) FKA Pike Falls

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

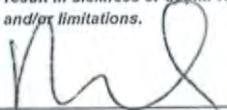
Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check  ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

  
PLHCP Signature

SADOCK, RT  
PLHCP Name (printed)

  
Employee's Signature  
7/7/16  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)

8 South Commons Road WATERBURY, CT 06704
Phone: (203) 759-1229 Fax: (203) 759-0219

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Guzman, Yimiyeison

Employer: AIG (Abatement Industries Group) FKA Pike Falls

Check Type of Respirator(s) To Be Used (Check ALL that apply)

- Air-purifying (non-powered)
Air-purifying (powered)
Atmosphere supplying Respirator
Combination air-line and SCBA
Continous-Flow Respirator
Supplied-Air Respirator
Open Circuit SCBA
Closed Circuit SCBA
Dust Mask
1/2 Face with Canisters
Full Face with Canisters

Make: Model: Cartridge:

Special Work Conditions (Check ALL That Apply When Wearing Respirator)

- High Places
Enclosed Places
Protective Clothing
Temperature Extremes
Mostly Cold
Mostly Hot
Other:

Questionare will be: HAND CARRIED MAILED OTHER

Address: 81 hazel st

HARTFORD CT 06106

Employee SSN: XXX-XX-5012

Extent of Usage (Check ALL that apply)

- On a daily basis Total Hours
Occasionally - but not more than twice a week Total Hours
Rarely - or for Emergency situations only Total Hours

Expected Physical Effort Required (Check ALL that apply)

- Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic Benzene
Coke Oven Cotton Seed / Dust
Cadmium Formaldehyde
Methylene Chloride Lead
Textiles Chromium

Other(s):

EVALUATION AUTHORIZATION BY:

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP1 WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities.

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
Class I - No Restrictions on Respirator Use
Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other:
Class III - Respirator Use is NOT PERMITTED
Further Testing / Evaluation is Required.
Fit Test Required Fit Test Performed Satisfactorily
Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Concentra Medical Centers (C)
Special prescription eyewear needed to accomodate respirator Special prescription eyewear needed to accomodate respirator
Facial hair needs to be shaved to assure tight seal on certain face masks.

1 Physician or other Licensed Healthcare Professional

2 Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only.
The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2.
In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment.

Physician's Signature

Physician's Name (Printed)

Physician's License Number (Optional in Most States)

Date of Exam

Expires On

Physical Exam

Name: Guzman, Yimiyeison

SSN: XXX-XX-5012

Date: 07/07/2015

Examination Results

Able to perform essential functions as listed.

Unable to perform all essential functions as listed. Please list failed essential function(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No medical restrictions are indicated.

The following medical restrictions are indicated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend further evaluation.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*R S ADOCK MD*

Provider Print Name Here

*[Handwritten Signature]*

Provider Signature

## Respiratory Fit Test Record

Employee Name: Yimigeison Gorman

Social Security: 5012

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 7-22-15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal RAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Yimigeison G Date: 07-22-15

Administrator: [Signature] Date: 7-22-15



State of Connecticut

**Lookup Detail View**

Name

**Name**

ANDRZEJ BAGINSKI

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	48	01/31/2016	05/15/2000	Andrzej Baginski	ACTIVE	None

Generated on: 1/14/2015 11:52:34 AM

ENVIRONMENTAL TRAINING AND  
ASSESSMENT

*Certificate of Completion*

*Asbestos Abatement Worker  
Refresher Training Course  
awarded To*

*Andrzej Baginski  
53 Alden Street  
New Britain CT 06053*

Has successfully completed, and passed an examination covering the contents of the one (1) day 8 Hour Refresher Training Course for Asbestos Abatement Worker. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 3/28/2015      Examination Grade: 80%  
Examination Date: 3/28/2015      Certificate Number: AWR-01697  
Expiration Date: 3/28/2016



Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277



File # 002530

AI-HERA/EPA Accredited  
Per 40 CFR Part 783

# Certificate of Completion

This is to certify that Andrzej Biedanski SS# 043-89-2500-0001  
has successfully completed the course entitled 4-Day N.Y. City/N.Y. State/ EPA/  
Asbesta Asbestos Handler Course

on July 25-August 2, 19 92  
Examination passed on August 2, 19 92  
Expiration date: 8/2/93

[Signature]  
President  
8221 Dofis Avenue, Building B, Ocean NJ 07712 (908) 831-5571  
8/2/92  
Date

Concentra Medical Centers (CT)

972A W Main St New Britain, CT 06053
Phone: (860) 827-0745 Fax: (860) 827-0824

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/21/2015

Employee SSN: XXX-XX-2352

Employee Name: Baginski, Andrzej

Address: 53 Alden St
Apt-1
NEW BRITAIN CT 06053

Employer: AIG (Abatement Industries Group) FKA Pike Falls

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
Have the following restrictions concerning respirator usage:
ARE NOT qualified to wear a respirator.
Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
Must wear Special prescription eye-wear needed to accommodate respirator.
Must use an Eye glass conversion kit.
May need to shave Facial hair to assure tight seal on certain face masks.
Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

Konrad P. Kotrady MD
PLHCP Signature

Konrad P. Kotrady MD
PLHCP Name (printed)

1 Physician or other Licensed Healthcare Professional

Andrzej Baginski
Employee's Signature
7/21/2016
Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)

972A W Main St New Britain, CT 06053
Phone: (860) 827-0745 Fax: (860) 827-0824

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Baginski, Andrzej

Employer: AIG (Abatement Industries Group) FKA Pike Falls

Check Type of Respirator(s) To Be Used (Check ALL that apply)
Air-purifying (non-powered) Air-purifying (powered)
Atmosphere supplying Respirator
Combination air-line and SCBA
Continuous-Flow Respirator
Supplied-Air Respirator
Open Circuit SCBA Closed Circuit SCBA
Dust Mask 1/2 Face with Canisters Full Face with Canisters
Make: Model: Cartridge:

Special Work Conditions (Check ALL That Apply When Wearing Respirator)
High Places Enclosed Places Protective Clothing
Temperature Extremes Mostly Cold Mostly Hot
Other:
Questionnaire will be: HAND CARRIED MAILED OTHER

Address: 53 Alden St
Apt-1
NEW BRITAIN CT 06053
Employee SSN: XXX-XX-2352

Extent of Usage (Check ALL that apply)
On a daily basis Total Hours
Occasionally - but not more than twice a week Total Hours
Rarely - or for Emergency situations only Total Hours

Expected Physical Effort Required (Check ALL that apply)
Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)
Arsenic Benzene
Coke Oven Cotton Seed / Dust
Cadmium Formaldehyde
Methylene Chloride Lead
Textiles Chromium

Other(s):

EVALUATION AUTHORIZATION BY: Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP1 WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:
Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
Class I - No Restrictions on Respirator Use
Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other:
Class III - Respirator Use is NOT PERMITTED
Further Testing / Evaluation is Required. 2
Fit Test Required Fit Test Performed Satisfactorily
Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Concentra Medical Centers (CT)
Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator
Facial hair needs to be shaved to assure tight seal on certain face masks.
Physician or other Licensed Healthcare Professional
Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

(Check ALL that apply)
The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature
Physician's License Number (Optional in Most States)

Konrad P. Kotrady MD
Physician's Name (Printed)
Date of Exam Expires On

## Respiratory Fit Test Record

Employee Name: Andy Baginski

Social Security: 2352

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 2/19/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Andy Baginski Date: 2/19/15

Administrator: [Signature] Date: 2/19/15

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME

ENGERBERT LOPEZ

VALIDATION NO.  
03-177286

CERTIFICATE NO.  
004496

CURRENT THROUGH  
11/30/15

PROFESSION

ASBESTOS ABATEMENT WORKER

*ENGERBERT LOPEZ*  
SIGNATURE

*James Muller*  
COMMISSIONER

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

**Certificate of Completion**  
Awarded to

**Engerber O. Lopez**  
(DOB 11/02/1969)

Has completed a 8 Hour 1 day Approved Course of Instruction in  
Asbestos Abatement Removal and Disposal (AARD)

**Asbestos Worker Refresher Training**

**August 29, 2015**

Required by OSHA and the EPA Revised MAP for accreditation under  
the TSCA Title 11 as self-certified by Trainer 8/5/97  
Required by Connecticut Regulations 19a-332-21



SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, CT. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)

Examination Date: August 29, 2015  
Expiration Date: August 29, 2016  
Certificate Number: SWR-EL-11-02-69-15

  
Earl R. Clark, Training Director

# ETCI

Environmental Training and Consulting, Inc.  
One Heritage Place, Suite 102B, Manchester, CT 06040 860 - 649 - 7284

## Certificate of Completion

*Engerbert Lopez*  
041-04-8022

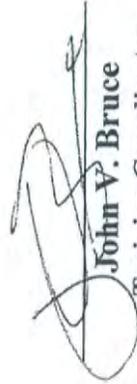
has successfully completed and passed a hands-on evaluation and an examination covering the contents of the five (5) day, forty (40) hour initial course for Asbestos Abatement Supervisor Training as required by Connecticut General Statutes Section 20-440 in accordance with the EPA revised Model Accreditation Plan under TSCA Title II, as certified by the undersigned.

Date of Course: 02/25/02 - 03/01/02

Date of Exam: 03/01/02

Expiration Date: 03/01/03

Certificate Number: ASB-SI-030102-04

  
John V. Bruce  
Training Coordinator

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/31/2015

Employee Name: Lopez, Engerber O.

Employee SSN: XXX-XX-8022

Address: 88 Phelps Street

EAST HARTFORD CT 06108

Employer: Private Pay-Drug Test

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to **Concentra Medical Centers (CT)** so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

PLHCP Signature

Neha Batheja, PA-C

PLHCP Name (printed)

<sup>1</sup>Physician or other Licensed Healthcare Professional

ENGEBER LOPEZ  
Employee's Signature

3/31/16  
Expiration Date

To be maintained in the employee's file with a copy to the employee

**Concentra Medical Centers (CT)**

701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5561 Fax: (860) 291-1895

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Lopez, Engerber O.

Employer: Private Pay-Drug Test

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:     HAND CARRIED     MAILED     OTHER

Address: 88 helps street

EAST HARTFORD      CT      06108

Employee SSN: XXX-XX-8022

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check  ALL that apply)**

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. <sup>2</sup>

Fit Test Required       Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (CT)

Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Neha Batheja, PA-C

Physician's Signature

Physician's Name (Printed)

Physician's License Number (Optional in Most States)

Date of Exam

Expires On

## Respiratory Fit Test Record

Employee Name: Engerber Lopez

Social Security: 8022

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 11/4/15

Type of Test: *Irritant Smoke Qualitative Testing*

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Engerber Lopez Date: 11/4/15

Administrator:  Date: 11-4-15



State of Connecticut

**Lookup Detail View**

**Name**

**Name**

ADRIANA V RIVERA

**License Information**

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	13116	01/31/2016	04/08/2013	ADRIANA V RIVERA	ACTIVE	None

Generated on: 1/7/2015 3:57:16 PM

Certificate Number: 032115AWR214



# Earth Environmental Consultants LLC

## Training Division

11 Norden Place, Unit 14, Norwalk, CT 06855, Tel: (203) 831-8911. Training Location: 474 Broad Street, Meriden, CT 06450

Certifies that

*Doriana Rivera*

81 Hazel Street Hartford, CT 06106

Has successfully met certificate requirements for

## 8 Hour Asbestos Abatement Worker Refresher Training Course (In Spanish Language)

In accordance with

EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22

Course Date: 03-21-2015

Examination Date: 03-21-2015

Examination Grade: 86 %

Expiration Date: 03-21-2016

Eduardo J Meza, Training Manager

Certificate Number: 032413AWI87



# Earth Environmental Consultants LLC

11 Norden Place, #14, Norwalk, CT 06855; Tel: (203)831-8911. Training Location: 25 Van Zant St., Norwalk, CT 06855.

Certifies that

*Rioriana Valeria Rivera*

195 Flatbush Avenue, Hartford, CT 06106

Has successfully met certificate requirements for

32 Hour Asbestos Abatement Worker Initial Training Course  
(In Spanish Language)

In accordance with

EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22

Course Dates: March 16, 17, 23 & 24, 2013

Examination Date: March 24, 2013

Examination Grade: ~~88~~%

Expiration Date: March 24, 2014

A handwritten signature in black ink, appearing to read 'Eduardo J. Meza', written over a horizontal line.

Eduardo J Meza, Training Manager

**Concentra Medical Centers (CT)**

8 South Commons Road WATERBURY, CT 06704  
Phone: (203) 759-1229 Fax: (203) 759-0219

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Rivera, Adriana

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:     HAND CARRIED     MAILED     OTHER

Address:  
81 Hazel Street  
Apt 1  
HARTFORD      CT      06106  
Employee SSN: XXX-XX-4382

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check  ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. <sup>2</sup>
- Fit Test Required       Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup> Physician or other Licensed Healthcare Professional

<sup>2</sup> Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

M. Corrigan  
Physician's Signature

Physician's License Number (Optional in Most States) 037341

M. Corrigan  
Physician's Name (Printed)  
6/5/15  
Date of Exam      6/5/16  
Expires On

**Concentra Medical Centers (CT)**

8 South Commons Road WATERBURY, CT 06704  
Phone: (203) 759-1229 Fax: (203) 759-0219

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

Service Date: 06/05/2015

Employee Name: Rivera, Adriana

Employee SSN: XXX-XX-4382

Address:  
81 Hazel Street  
Apt 1  
HARTFORD CT 06106

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

M. Conner  
PLHCP Signature

Adriana Rivera  
Employee's Signature

M. Conner  
PLHCP Name (printed)

6/5/16  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

## Respiratory Fit Test Record

Employee Name: Adriana Rivera

Social Security: 4382

Location: PIKE FALLS 16 HAMILTON STREET  
WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 8-27-15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Adriana Rivera Date: 8-27-15

Administrator: Bob ZARGO Date: 8-27-15



State of Connecticut

Lookup Detail View

Name

**Name**

ANTHONY VOLTURNO

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5975	01/31/2016	07/01/2015	ANTHONY VOLTURNO	ACTIVE	None

Generated on: 7/1/2015 1:20:33 PM

CERT# A-714S - 844

**CHEMSCOPE TRAINING DIVISION**  
**ASBESTOS CONTRACTOR/SUPERVISOR INITIAL**  
**40HOUR TRAINING CERTIFICATE**

**Anthony Volturno**  
**16 Hamilton Street, West Haven CT**

Has attended a 40 hour Course on the subject discipline on  
6/1/2015-6/5/2015 and has passed a written examination

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a supervisor under TSCA Title II"

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos abatement, protective clothing, air monitoring, government regulations, equipment and supplies, planning work areas, removal practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues, insurance and bonding record keeping, building systems, supervisory techniques, and contract specifications. The course includes lecture, demonstration, and hands on training.

**Examination Date: 6/5/2015**

**Expiration Date: 6/5/2016**

This training course has been accredited by the State of Connecticut.



Ronald D. Arena  
Training Manager

Chem Scope, Inc.  
15 Moulthrop Street  
North Haven CT 06473  
(203) 865-5605

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Volturno, Anthony

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:     HAND CARRIED     MAILED     OTHER

Address: 8 Pearl Hill Street

MILFORD      CT      06460

Employee SSN: XXX-XX-1284

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

**Based upon my findings, I have determined that this individual (Check  ALL that apply)**

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. <sup>2</sup>
- Fit Test Required       Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature: [Signature]

Physician's License Number (Optional in Most States): 002810 / CT

Physician's Name (Printed): Krisen Kinslow PRN

Date of Exam: 6/9/15 Expires On: 6/9/16

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/09/2015

Employee Name: Volturno, Anthony

Employee SSN: XXX-XX-1284

Address: 8 Pearl Hill Street

MILFORD CT 06460

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

[Signature]  
PLHCP Signature

Kristen Kinslaw PAE  
PLHCP Name (printed)

\_\_\_\_\_  
Employee's Signature  
6/9/16  
\_\_\_\_\_  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

**Patient:** Volturno, Anthony  
**SSN:** XXX-XX-1284  
**DOB:** 01/06/1995  
**Gender:** M  
**Marital Status:** S  
**Address:** 8 Pearl Hill Street  
MILFORD, CT 06460  
**Home Phone:** (203) 450-1267  
**Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Employer:** Pike Falls-Abatement Ind  
**Address:** 16 Hamilton St  
West Haven, CT 065162300  
**Job Contact:** Monica Giannetta  
**Role:** Primary Contact  
**Phone:** (203) 932-9639 **Ext.:** \_\_\_\_\_  
**Fax:** (203) 931-8786  
**Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/09/2015 in accordance with: \_\_\_\_\_ 29 CFR 1926.1101.  
\_\_\_\_\_ 40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*[Signature]*  
Provider Signature

\_\_\_\_\_  
6/9/15  
Date

## Respiratory Fit Test Record

Employee Name: Anthony Volturno

Social Security: 1284

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 7/2/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Anthony Volturno Date: 7/2/15

Administrator: [Signature] Date: 7/2/15



State of Connecticut

Lookup Detail View

Name

**Name**

DIANA PILLAJO

License Information  
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	11058	06/30/2016	03/27/2009	Diana Pillajo	ACTIVE	None

Generated on: 6/9/2015 10:20:02 AM



**Environmental Compliance and Occupational Safety Training**  
44-01 21st St, 3rd Fl, Long Island City, NY 11101  
Tel: (718) 349-3235 Fax: (718) 349-3238

HEREBY CERTIFIES THAT

**Diana J. Pillajo**

HAS COMPLETED A NYS DOH US EPA AHERA 8 HOURS COURSE ENTITLED

**ASBESTOS WORKER-REFRESHER**  
(Spanish)

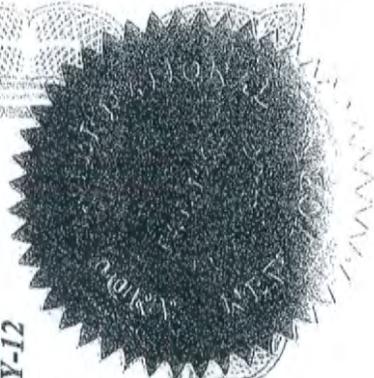
FOR THE PURPOSE OF TITLE 10 NYCRR PART 73 AND EP 40 FR PART 763 ACCREDITATION  
THE OFFICIAL RECORD OF COMPLETION FOR THE COURSE IS THE NYS DOH FORM 2832

On this 2nd Day of May, 2015  
Date(s) of course: 05/02/2015

Director: Nicolas Portela

*Nicolas Portela*

Expiration Date: 05/02/2016  
Certificate #: 050215AHRNY-12  
Exam Date: 05/02/2015  
Exam Grade: 92%





**Environmental Compliance and Occupational Safety Training**

44-01 21st Street, Long Island City, NY 11101

Tel: (718) 349-3235 Fax: (718) 349-3238

**HEREBY CERTIFIES THAT**

**Diana Pillajo**

HAS COMPLETED A NY S DOH/US EPA/A.H.E.R.A. 32 HOUR COURSE ENTITLED:

**ASBESTOS HANDLER**

(In Spanish)

FOR THE PURPOSE OF TITLE 10 NYCRR PART 73/ AND EPA-40 C FR PART 763 ACCREDITATION  
THE OFFICIAL RECORD OF COMPLETION OF THIS COURSE IS THE NYS DOH 2832 FORM  
OF ASBESTOS SAFETY TRAINING

On this 8th Day of February, 2009

Date(s) of course: 1/31-2/01,07,08/2009

Expiration Date: 2/08/2010

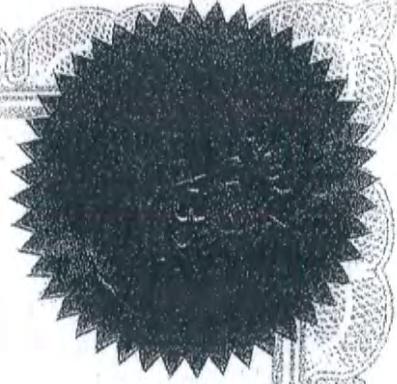
Certificate #: 020809AHNY-08

Exam Date: 2/08/2009

Director: *Nicolas Portela*

*Nicolas Portela*

Exam Grade: 72%



# Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101  
Asbestos Exposure in Construction

**ANDO-MED, INC**  
44-01 21st St. 3rd Fl.  
Long Island City, NY 11101  
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 5/2/15

## Patient Information

Patient SSN: <u>551-69-8239</u>	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
Patient Name: (First/MI/Last) <u>Diana Pilla</u>	Sex: <input type="radio"/> <input type="radio"/>	<u>11</u>
Patient address: <u>80 Woolsey st. New Haven CT. 06513</u>		
telephone number: <u>203 5080884</u>		

## Examination

HEIGHT: <u>5</u>	WEIGHT: <u>180</u>	BP: <u>104/70</u>	PULSE: <u>74</u>	RESP:
---------------------	-----------------------	----------------------	---------------------	-------

### Have you ever had any respiratory problems:

shortness of breath: No  
chest pain: No  
wheezing: No

Tobacco:	Do you use tobacco?..... <input type="radio"/> Currently <input type="radio"/> Previously <input checked="" type="radio"/> Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient **IS** physically qualified to wear a respirator in the performance of his/her job. **IS NOT**

print name of physician

signature of physician



International, Inc.

Safety & Environmental Training • Consulting

# QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

**Diana Pillajo**

Name: \_\_\_\_\_

80 Woolsey St. #2 New Haven CT 06513

Address: \_\_\_\_\_

SSN: 551-69-8239 DOB: 6/16/1979 TEL: (203) 508-0884

## RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke  2. Odorous Vapor \_\_\_\_\_ 3. Taste Test \_\_\_\_\_

### HALF FACE MASK ONLY

7700

BRAND NAME: (1) NORTH (2) \_\_\_\_\_ SIZE (1) W (2) \_\_\_\_\_

5/02/2015

050215-HF-CA-13

TEST DATE: \_\_\_\_\_ FIT TEST NUMBER: \_\_\_\_\_

**Confesor Acosta**

Name of person performing respiratory fit test \_\_\_\_\_

Signature

AND O International  
44-01 21st Street, #301  
Long Island City, NY 11101  
Tel: (718) 349-3235

44-01 21<sup>st</sup> Street 3<sup>rd</sup> Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3238

[www.andointernational.com](http://www.andointernational.com)



State of Connecticut

**Lookup Detail View**

Name

**Name**

JOSE L VALDIVIEZO

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5803	10/31/2015	02/26/2015	JOSE L VALDIVIEZO	ACTIVE	None

Generated on: 2/26/2015 10:42:19 AM



State of Connecticut

Lookup Detail View

Name

<b>Name</b>
JOSE L VALDIVIEZO

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5803	10/31/2016	02/26/2015	JOSE L VALDIVIEZO	ACTIVE	None

Generated on: 10/21/2015 9:50:23 AM

**NORTH STAR**  
Center for Human Development Inc.

**Certifies that**

**Jose Luis Baldibieso M. xxx-xx-7398**

1928 Broad Street, Hartford, CT 06114  
has successfully complete the requirements for

**40 Hour Asbestos Abatement Supervisor Initial Certification**  
in accordance with  
EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22

**Conducted January, 23-27, 2015**

by North Star, 2550 Main Street, Hartford, Connecticut (860) 246-3526

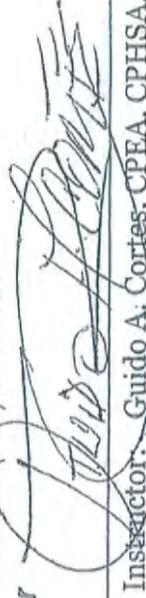
**Certificate Number  
012715ASI339**

January 27, 2015

Course Completion

January 27, 2016

Certification Expires



Inspector: Guido A. Cortes, CPEA, CPHSA, CMC

Certifying Official

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 03/12/2015

**Medical Surveillance - Asbestos**

**Patient:** Valdiviezo -Miranda, Jose  
**SSN:** XXX-XX-2398  
**DOB:** 10/26/1988  
**Gender:** M  
**Marital Status:** S  
**Address:** 1928 Broad St  
HARTFORD, CT 06114  
**Home Phone:** (860) 944-9356  
**Work Phone:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Employer:** Pike Falls Corporation-West Hav  
**Address:** 16 Hamilton St  
West Haven, CT 065162300  
**Job Contact:** Monica Giannetta  
**Role:** Primary Contact  
**Phone:** (203) 932-9639 **Ext.:** \_\_\_\_\_  
**Fax:** (203) 931-8786  
**Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 03/12/2015 in accordance with: \_\_\_\_\_ 29 CFR 1926.1101.  
\_\_\_\_\_ 40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): \_\_\_\_\_  
Never worked in asbestos  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*[Signature]*  
Provider Signature

3/12/15  
Date

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Valdiviezo -Miranda, Jose

Address:  
1928 Broad St

HARTFORD CT 06114

Employer: AIG (Abatement Industries Group) FKA Pike Falls

Employee SSN: XXX-XX-2398

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)  Air-purifying (powered)
  - Atmosphere supplying Respirator
  - Combination air-line and SCBA
  - Continuous-Flow Respirator
  - Supplied-Air Respirator
  - Open Circuit SCBA  Closed Circuit SCBA
  - Dust Mask  1/2 Face with Canisters  Full Face with Canisters
- Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

*unknown to employer*

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light  Moderate  Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic  Benzene
- Coke Oven  Cotton Seed / Dust
- Cadmium  Formaldehyde
- Methylene Chloride  Lead
- Textiles  Chromium

Other(s): \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places  Enclosed Places  Protective Clothing
- Temperature Extremes  Mostly Cold  Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:  HAND CARRIED  MAILED  OTHER

EVALUATION AUTHORIZATION BY: \_\_\_\_\_  
Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check  ALL that apply)**

- Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions  To be used for Emergency Response or Escape Only  Other: \_\_\_\_\_
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. <sup>2</sup>
- Fit Test Required  Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily  Fit Test NOT Performed at: Concentra Medical Centers (CT)
- Special prescription eyewear needed to accommodate respirator  Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional  
<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature [Signature]  
Physician's License Number (Optional in Most States) 027665

Physician's Name (Printed) \_\_\_\_\_  
Date of Exam 3/12/16  
Expires On \_\_\_\_\_

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

Service Date: 03/12/2015

Employee Name: Valdiviezo -Miranda, Jose

Employee SSN: XXX-XX-2398

Address: 1928 Broad St

HARTFORD CT 06114

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

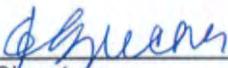
**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

  
PLHCP Signature

\_\_\_\_\_  
Employee's Signature  
3/12/15

\_\_\_\_\_  
PLHCP Name (printed)

\_\_\_\_\_  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

## Respiratory Fit Test Record

Employee Name: Jose Valdiviezo

Social Security: 7398

Location: PIKE FALLS 16 HAMILTON STREET  
WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 3/13/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

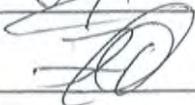
Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature:  Date: 03/13/2015

Administrator:  Date: 3-13-15



State of Connecticut

Lookup Detail View

Name

<b>Name</b>
JOSELITO R FLORES

License Information  
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5952	10/31/2015	06/17/2015	JOSELITO R FLORES	ACTIVE	None

Generated on: 6/24/2015 3:17:28 PM



State of Connecticut

Lookup Detail View

Name

<b>Name</b>
JOSELITO R FLORES

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5952	10/31/2016	06/17/2015	JOSELITO R FLORES	ACTIVE	None

Generated on: 10/21/2015 9:50:47 AM

**NORTH STAR**  
Center for Human Development Inc.

**Certifies that**

**Joselito Ramiro Flores xxx-xx-4169**

**80 Woolsey Street, 2<sup>nd</sup> Floor, New Haven, CT 06513**  
has successfully complete the requirements for

**40 Hour Asbestos Abatement Supervisor Initial Certification**

in accordance with

EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22

**Conducted May 11-15, 2015**

by North Star, 2550 Main Street, Hartford, Connecticut-(860) 246-3526

**Certificate Number**

**051515ASI440**

May 15, 2015

Course Completion

May 15, 2016

Certification Expires



Guido A. Cortes, CPEA, CPHSA, CMC  
Training Director

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Joselito Ramiro Flores  
Home Address: 80 Woolsey st #2 piso  
City, State and Zip Code: New Haven C.T 06513  
Telephone Number: (203) 654-5584  
Date of Birth: 10/19/1967  
Social Security Number: 700-81-4169



ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

is

is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Rozo Alberto  
Print Name of Physician

[Signature]  
Signature of Physician

187 566  
State License Number

June 20 2015  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo  
40-46 74th St.  
Elmhurst, N.Y. 11373  
License #187566  
NPI # 1295796464

Updated 12/2003



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
 THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
 BY THIS DEPARTMENT AS A  
**ASBESTOS ABATEMENT SUPERVISOR**

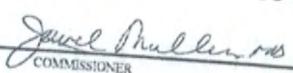
EDIBERTO PEREZ

CERTIFICATE NO.  
**000158**

CURRENT THROUGH  
**07/31/16**

VALIDATION NO.  
**03-236231**

SIGNATURE  \_\_\_\_\_

 \_\_\_\_\_  
 COMMISSIONER

**OSHA** Occupational Safety and Health Administration 36-001283067

This card acknowledges that the recipient has successfully completed a  
 30-hour Occupational Safety and Health Training Course in  
**Construction Safety and Health**

**Ediberto Perez**

*Peter Rice 97357* **4/26/2015**  
 (Trainer name - print or type) (Course end date)

# ENVIRONMENTAL TRAINING AND ASSESSMENT

## *Certificate of Completion* *Asbestos Abatement Site Supervisor*

**Ediberto Perez**  
*75 Applewood Drive*  
*Meriden, CT 06450*

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 1/23/2015      Examination Grade: 86%  
Examination Date: 1/23/2015      Certificate Number: ASR-01904  
Expiration Date: 1/23/2016

  
Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

CERT # A-714-76-S

CHEMSCOPE TRAINING DIVISION  
ASBESTOS CONTRACTOR/SUPERVISOR  
AND PROJECT MONITOR TRAINING  
40 HOUR CERTIFICATION

Ediberto Perez

Has attended an 40 hour Course on the subject discipline on  
5/23/94-5/27/94 and has passed a written examination.

The person receiving this certificate has completed the requisite training required for asbestos accreditation as a  
supervisor under TSCA Title II.

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos  
abatement, protective clothing, air monitoring, government regulations, equipment and supplies, planning work areas,  
removal practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues,  
insurance and bonding, record keeping, building systems, supervisory techniques, and contract specifications. The  
course includes lecture, demonstration, and hands on training.

Examination Date: 5/27/94

Expiration Date: 5/27/95



Ronald D. Arena  
Director

CHEMSCOPE, INC.  
15 Mouthrop Street  
North Haven CT 06473  
(203) 865-5605

**Concentra Medical Centers (CT)**

900 Northrup Road WALLINGFORD, CT 06492  
Phone: (203) 949-1534 Fax: (203) 949-9036

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Perez, Ediberto

Employer: New England Yankee Construction

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionare will be:     HAND CARRIED     MAILED     OTHER

Address: 75 applewood dr

MERIDEN      CT      06450

Employee SSN: XXX-XX-6734

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

**Based upon my findings, I have determined that this individual (Check  ALL that apply) :**

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_

Class II - Some Specific Use Restrictions

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. <sup>2</sup>

Fit Test Required       Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (C)

Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT)

of his/her findings to

**(Check  ALL that apply)**

The above individual **HAS** been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual **HAS NOT** been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature: [Signature]

Physician's License Number (Optional in Most States): 1051517

Physician's Name (Printed): ROBERT BART

Date of Exam: 7/30/15      Expires On: 7/30/16

New England Yankee Construction LLC

P.O. Box 5395  
Milford, Conn. 06460  
(203) 284-9972

QUALITATIVE RESPIRATORY FIT TEST

EMPLOYEE NAME: Edberto Perez  
EMPLOYEE SS#: xxx-xx-6734  
LOCATION: EAST SHORE MIDDLE SCHOOL  
DATE TESTED: 7-30-15

TYPE OF RESPIRATOR: NORTH HALF FACE SIZE: L

TYPE OF TEST: IRRITANT SMOKE

PASS / FAIL: \_\_\_\_\_

TYPE OF RESPIRATOR: 3M POWERFLOW MODEL 6800 PF

TYPE OF TEST: IRRITANT SMOKE (NEGATIVE PRESSURE)

PASS / FAIL: \_\_\_\_\_

[Signature]  
EMPLOYEE SIGNATURE

7-30-15  
DATE

[Signature]  
ADMINISTRATOR

7-30-15  
DATE



State of Connecticut

**Lookup Detail View**

<b>Name</b>
<b>Name</b>
TODD CRAIG

**License Information**  
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	152	01/31/2016	05/30/2000	Todd Craig	ACTIVE	None

Generated on: 3/11/2015 4:40:25 PM

# ENVIRONMENTAL TRAINING AND ASSESSMENT

## *Certificate of Completion* *Asbestos Abatement Site Supervisor*

**Todd Craig**  
*73 Greer Circle*  
*Milford, CT 06461*

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 1/23/2015      Examination Grade: 86%  
Examination Date: 1/23/2015      Certificate Number: ASR-01909  
Expiration Date: 1/23/2016

  
Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

CERT # A-714-121-S

CHEMSCOPE TRAINING DIVISION  
ASBESTOS CONTRACTOR/SUPERVISOR  
AND PROJECT MONITOR TRAINING  
40 HOUR CERTIFICATION

TODD CRAIG

047-70-2063

Has attended an 40 hour Course on the subject discipline on  
4/24/95-4/26/95 and has passed a written examination.

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a  
supervisor under TSCA Title II".

Course topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos  
abatement, protective clothing, air monitoring, government regulations, equipment and supplies, planning work areas,  
removal practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues,  
insurance and bonding, record keeping, building systems, supervisory techniques, and contract specifications. The  
course includes lecture, demonstration, and hands on training.

Examination Date: 4/28/95

Expiration Date: 4/28/96



Ronald D. Arena  
Director

CHEMSCOPE, INC.  
15 Moultthrop Street  
North Haven CT 06473  
(203) 865-5605

**Concentra Medical Centers (CT)**

60 Watson Blvd STRATFORD, CT 06615  
Phone: (203) 380-5945 Fax: (203) 380-5953

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)**

**Service Date:** 03/11/2015

**Employee Name:**  
Craig, Todd

**Employee SSN:** XXX-XX-2063

**Address:**  
73 Greer Circle

MILFORD CT 06461

**Employer:** AIG (Abatement Industries Group) FKA Pike Falls

**You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check  one that applies)**

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

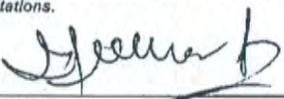
**Based upon the results of this evaluation it is my opinion that you: (Check  ALL that apply)**

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: \_\_\_\_\_
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

**(Check  ALL that apply)**

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

*Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.*

  
\_\_\_\_\_  
PLHCP Signature

Iftikhar Ali, M.D.  
\_\_\_\_\_  
PLHCP Name (printed)

\_\_\_\_\_  
Employee's Signature  
03/11/16  
\_\_\_\_\_  
Expiration Date

<sup>1</sup>Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

**Concentra Medical Centers (CT)**

60 Watson Blvd STRATFORD, CT 06615  
Phone: (203) 380-5945 Fax: (203) 380-5953

**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION**

**EMPLOYER TO COMPLETE THE FOLLOWING :**

Employee Name: Craig, Todd

Employer: AIG (Abatement Industries Group) FKA Pike Falls

**Check Type of Respirator(s) To Be Used (Check  ALL that apply)**

- Air-purifying (non-powered)       Air-purifying (powered)
- Atmosphere supplying Respirator
- Combination air-line and SCBA
- Continuous-Flow Respirator
- Supplied-Air Respirator
- Open Circuit SCBA       Closed Circuit SCBA
- Dust Mask       1/2 Face with Canisters       Full Face with Canisters

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cartridge: \_\_\_\_\_

**Special Work Conditions (Check  ALL That Apply When Wearing Respirator)**

- High Places       Enclosed Places       Protective Clothing
- Temperature Extremes       Mostly Cold       Mostly Hot
- Other: \_\_\_\_\_

Questionnaire will be:     HAND CARRIED     MAILED     OTHER

Address: 73 Greer Circle

MILFORD      CT      06461

Employee SSN: XXX-XX-2063

**Extent of Usage (Check  ALL that apply)**

- On a daily basis \_\_\_\_\_ Total Hours
- Occasionally - but not more than twice a week \_\_\_\_\_ Total Hours
- Rarely - or for Emergency situations only \_\_\_\_\_ Total Hours

**Expected Physical Effort Required (Check  ALL that apply)**

- Light       Moderate       Heavy

**Exposure to Hazardous Materials (Check  ALL that apply)**

- Arsenic       Benzene
- Coke Oven       Cotton Seed / Dust
- Cadmium       Formaldehyde
- Methylene Chloride       Lead
- Textiles       Chromium

Other(s): \_\_\_\_\_

EVALUATION AUTHORIZATION BY: \_\_\_\_\_

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

**PLHCP<sup>1</sup> WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**

**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check  ALL that apply)

Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use       To be used for Emergency Response or Escape Only       Other: \_\_\_\_\_

Class II - Some Specific Use Restrictions

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required. <sup>2</sup>

Fit Test Required       Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily       Fit Test NOT Performed at: Concentra Medical Centers (CT)

Special prescription eyewear needed to accommodate respirator       Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

<sup>1</sup>Physician or other Licensed Healthcare Professional

<sup>2</sup>Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to

**(Check  ALL that apply)**

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature \_\_\_\_\_

Physician's License Number (Optional in Most States) \_\_\_\_\_

Physician's Name (Printed) Itikhar Ali, M.D.

Date of Exam 03/11/15

Expires On 03/11/16

**Concentra Medical Centers (CT)**

60 Watson Blvd STRATFORD, CT 06615  
Phone: (203) 380-5945 Fax: (203) 380-5953

Service Date: 03/11/2015

**Medical Surveillance - Asbestos**

**Patient:** Craig, Todd  
**SSN:** XXX-XX-2063  
**DOB:** 01/18/1970  
**Gender:** M  
**Marital Status:** S  
**Address:** 73 Greer Circle  
MILFORD, CT 06461  
**Home Phone:** (203) 874-3576  
**Work Phone:** (203) 410-8927 Ext.:

**Job Title:** \_\_\_\_\_  
**Employer:** Pike Falls-Abatement Ind  
**Address:** 16 Hamilton St  
West Haven, CT 065162300  
**Job Contact:** Monica Giannetta  
**Role:** Primary Contact  
**Phone:** (203) 932-9639 Ext.:  
**Fax:** (203) 931-8786  
**Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

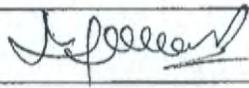
The above individual was seen on 03/11/2015 in accordance with: 29 CFR 1926.1101.  
40 CFR 763.121.

**The following was performed:**

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): \_\_\_\_\_

  
Provider Signature

3/11/15  
Date

Name: Craig, Todd

SSN: XXX-XX-2063

Date: 03/11/2015

**Examination Results**

Able to perform essential functions as listed.

Unable to perform all essential functions as listed. Please list failed essential function(s):

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No medical restrictions are indicated.

The following medical restrictions are indicated:

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Recommend further evaluation.

Remarks:

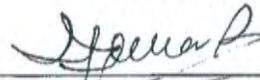
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**Iftikhar Ali, M.D.**

Provider Print Name Here



Provider Signature

## Respiratory Fit Test Record

Employee Name: Todd Craig

Social Security: 2063

Location: PIKE FALLS 16 HAMILTON STREET  
WEST HAVEN CT 06516

Location if Different then Above: \_\_\_\_\_

Date Tested: 3/5/15

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium, large) circle one

Test Results: Pass / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: Pass / Fail

Other Types of Respirator: \_\_\_\_\_

Test Results: Pass / Fail

Employee Signature: Todd Craig Date: 3/5/15

Administrator: [Signature] Date: 3/5/15

## Appendix C

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### Alternative Work Practice





**FUSS & O'NEILL**  
EnviroScience, LLC

August 14, 2015  
Revised August 31, 2015

Mr. Ronald Skomro  
Supervising Environmental Sanitarian  
Indoor Air Program - Division of Environmental Health  
State of Connecticut Department of Public Health-EHS  
410 Capitol Avenue, MS #51AIR  
P. O. Box 340308  
Hartford, CT 06134-0308

Re: Application for Alternative Work Practice  
City of Meriden – Former Veteran's Memorial Hospital  
1 King Place, Meriden, CT  
Fuss & O'Neill EnviroScience Project No. 20120232.C2E

Dear Mr. Skomro:

Fuss & O'Neill EnviroScience, LLC is submitting this application on behalf of the City of Meriden for the approval of an Alternative Work Practice (AWP) to conduct abatement (clean-up) of the former Veteran's Memorial Hospital at 1 King Place in Meriden, Connecticut.

We look forward to your formal approval of this AWP.

Sincerely,

Carlos Texidor  
Project Manager  
(Asbestos Project Designer License #000275)

CT/kr

Attachment

146 Hartford Road  
Manchester, CT  
06040  
t 860.646.2469  
800.286.2469  
f 860.533.5143  
[www.fando.com](http://www.fando.com)

Connecticut  
Massachusetts  
Rhode Island  
South Carolina

1. Specific Alternative Work Request:

A. The intent of this AWP application is to make safe the entire building(s) and “clean-up” any and all asbestos containing materials that are deteriorating or damaged within the rooms and corridors of the property. Additional Phase 2 work (drilling) to further assess possible soil contamination under the existing property needs to take place in order to move this project along, and clean-up: make-safe for occupants must be completed before this work can be completed. We did not do conduct a full NESHAP inspection, we only sampled materials that require immediate “clean-up and remediation to make safe the property to be occupied by others. A full NESHAP inspection will be conducted at a later date before any renovations or demolishing activities take place.

B. Licensed Asbestos Inspector(s) from Fuss & O’Neill EnviroScience, LLC collected samples of the following building materials on September 26-19, 2041. Utilizing the U.S. Environmental Protection Agency (EPA) protocol and criteria, the following materials were determined to be ACM:

- White paper formerly on duct – Northwest Mechanical Room (1968 Building)
- White pipe insulation on ground – Northwest Mechanical Room (1968 Building)
- White mudded fitting insulation on ground – Northwest Mechanical Room (1968 Building)
- Off-white 9” x 9” floor tiles – Stairwell H (1968 Building)
- Black mastic on off-white 9” x 9” floor – Stairwell H (1968 Building)
- Off-white 9” x 9” floor tiles – Second Floor East Hall (1968 Building)
- Black mastic on off-white 9” x 9” floor – Second Floor East Hall (1968 Building)
- Beige 12” x 12” floor tiles – Second Floor Northeast Area (1968 Building)
- Black mastic on Beige 12” x 12” floor tiles – Fourth Floor Nurses Suite (1968 Building)
- Red 9” x 9” floor tile – Fifth Floor South Hall (1952 Section)
- Black mastic on red 9” x 9” floor tiles – Fifth Floor South Hall (1952 Section)
- Green 9” x 9” floor tile – Fifth Floor South Hall (1952 Section)
- Black mastic on green 9” x 9” floor tile – Fifth Floor South Hall (1952 Section)
- White air cell pipe insulation on floor – Fifth Floor Hallway (1952 Section)
- White magnesium insulation on ground – Third Floor Open Area Room (1952 Bradley)
- Air cell pipe insulation on ground – Third Floor Open Area Room (1952 Bradley)
- Off-white 12” x 12” floor tiles – Third Floor Open Area Room (1952 Bradley)
- Brown 9” x 9” checkerboard tile – First Floor Middle Room (1952 Bradley)
- Mastic on brown 9” x 9” checkerboard tile – First Floor Middle Room (1952 Bradley)
- Light brown 12” x 12” floor tiles – First Floor Hall (South Addition)
- White plaster (skim)\* – Second Floor (Nursing school)
- White plaster (rough)\* – Second Floor (Nursing school)
- White plaster (rough)\* – First Floor (Far Southeast Area)

\*Asbestos content determined thru TEM Gravimetric Reduction method.

Table 1  
 Asbestos Sample Results – 09/25/2014

Sample No.	Sample Location	Material Type	Result Total Asbestos %
925-JAC-1	1968 Building First Floor Northwest Mechanical Room	White paper formerly on 12" wide duct	12% Chrysotile
925-JAC-2	1968 Building First Floor Northwest Mechanical Room	White blown-in insulation on ground	ND
925-JAC-3	1968 Building First Floor Northwest Mechanical Room	White Pipe Insulation on Ground	6% Chrysotile
925-JAC-4	1968 Building First Floor Northwest Mechanical Room	White Mudded Fitting Insulation on Ground	8% Chrysotile
925-JAC-5	1968 Building First Floor Northwest Mechanical Room	Black batting insulation on fiberglass pipe on ground	ND
925-JAC-6	1968 Building Stairwell from Mechanical Room to Second Floor	Off-white 9" x 9" Floor tiles(Broken)	4% Chrysotile
925-JAC-7	1968 Building Stairwell from Mechanical Room to Second Floor	Black mastic to the 9" x 9" off-white floor tiles	5% Chrysotile
925-JAC-8	1968 Building Stairwell H, at Fourth floor	White damaged plaster (skim)	ND
925-JAC-9	1968 Building Stairwell H, at Fourth floor	White damaged plaster (rough)	ND
925-JAC-10	South Addition First Floor Operating Room	White 1' x 1' Ceiling tiles on ground	ND
925-JAC-11	South Addition First Floor Operating Room	White damaged ceramic tile grout (4" x 4")	ND
925-JAC-12	South Addition First Floor Operating Room	White damaged ceramic tile backing	ND
925-JAC-13	South Addition First Floor Hall	12" x 12" Light Brown Floor tiles	4% Chrysotile
925-JAC-14	South Addition First Floor Hall	Brown mastic associated with 12" x 12" floor tiles	ND
925-JAC-15	1968 Building First Floor Engineering Office Area	White 2' x 4' ceiling tiles on ground	ND
925-JAC-16	North Addition First Floor Morgue Area	Off-white sheetrock/joint compound	ND
925-JAC-17	North Addition First Floor Morgue Area	White joint compound only	ND
925-JAC-18	1968 Building Second Floor by Main Entrance	1' x 1' White splined ceiling tiles	ND
925-JAC-19	1968 Building Second Floor East Hall	Off-white 9" x 9" floor tiles	4% Chrysotile
925-JAC-20	1968 Building Second Floor East Hall	Black mastic to the off-white 9" x 9" floor tile	8% Chrysotile
925-JAC-21	1968 Building Second Floor Purple Office Area, Near Main Entrance	White 2' x 4' Ceiling tiles	ND

Sample No.	Sample Location	Material Type	Result Total Asbestos %
925-JAC-22	1968 Building Second Floor Purple Office Area, Near Main Entrance	White 1' x 1' tiles	ND
925-JAC-23	North Addition Incinerator Room, Near Morgue	White Magnesium Insulation on Ground	ND
925-JAC-24	North Addition Incinerator Room, Near Morgue	Off-white boiler breaching insulation on ground	ND
925-JAC-25	Incinerator Area E12 Boiler	Off-white Magnesium Insulation on ground	ND
925-JAC-26	1968 Section Second Floor East Area Laboratory	2' x 4' White Ceiling Tiles on Ground	ND
925-JAC-27	1968 Section Second Floor Northeast Area Hall	12" x 12" Beige Floor tile	4% Chrysotile
925-JAC-28	1968 Section Second Floor Northeast Area Hall	Brown mastic to 12" x 12" floor tiles	ND
925-JAC-29	1968 Section Third floor Laboratory 3359	White plaster (skim)	ND
925-JAC-30	1968 Section Third floor Laboratory	Brown plaster (rough)	ND
925-JAC-31	1968 Section Third floor Room 3341	White sheetrock/joint compound on ground	ND
925-JAC-32	1968 Section Third floor Room 3341	White joint compound on ground	ND
925-JAC-33	North addition Third Floor Pharmacy Area	Yellow spray-on fireproofing	ND
925-JAC-34	North addition Third floor Managers Information Corridor	White 1' x 1' ceiling tiles	ND
925-JAC-35	North addition Third floor Managers Information Corridor	Brown glue daubs to 1' x 1' ceiling tiles	ND
925-JAC-36	1952 Section Second Floor Middle Stairwell	12" x 12" beige floor tiles	ND
925-JAC-37	1952 Section Second Floor Middle Stairwell	Yellow mastic to 12" x 12" beige floor tiles	ND
925-JAC-38	1968 Section Fourth Floor Nurses Suite	12" x 12" Beige floor tiles	ND
925-JAC-39	1968 Section Fourth Floor Nurses Suite	Black mastic to 12" x 12" beige floor tile	7% Chrysotile
925-JAC-40	Fourth floor Baby Observation Area	Black Sheet Vinyl Flooring	ND
925-JAC-41	Fourth Floor East Area Bathroom	White Ceramic Tile Grout 1' x 1'	ND
925-JAC-42	Fourth Floor East Area Bathroom	Yellow Ceramic Tile Backing	ND
925-JAC-43	1968 Section Third Floor Hall at 327 and 329	12" x 12" Off White Floor Tile	ND
925-JAC-44	1968 Section Third Floor Hall at 327 and 329	Brown Mastic to 12" x 12" off-white floor tile	ND

Sample No.	Sample Location	Material Type	Result Total Asbestos %
925-JAC-45	1952 Section Fifth Floor South Hall	White plaster(skim)	ND
925-JAC-46	1952 Section Fifth Floor South Hall	Brown plaster(rough)	ND
925-JAC-47	1952 Section Fifth Floor South Hall	Red 9" x 9" Floor tiles	10% Chrysotile
925-JAC-48	1952 Section Fifth Floor South Hall	Black mastic to the Red 9" x 9" Floor tiles	5% Chrysotile
925-JAC-49	1952 Section Fifth Floor South Hall	Green 9" x 9" Floor Tiles	4% Chrysotile
925-JAC-50	1952 Section Fifth Floor South Hall	Black mastic to the Green 9" x 9" Floor Tiles	5% Chrysotile
925-JAC-51	1952 Section Fifth Floor Hallway	Brown Glue Daubs Debris on Floor	ND
925-JAC-52	1952 Section Fifth Floor Hallway	White Air Cell Pipe Insulation on Floor	70% Chrysotile
925-JAC-53	1952 Section Seventh Floor Hallway	Black Tar Paper on Floor	ND
925-JAC-54	1952 Section Seventh Floor Hallway	White Skim Coat Plaster	ND
925-JAC-55	1952 Section Seventh Floor Hallway	Brown Rough Coat Plaster	ND
925-JAC-56	1952 Section Seventh Floor Hallway	Exposed White Wood Fire Door Core Insulation	ND
925-JAC-57	1952 Section Sixth Floor Entry Area	Brown Paint Material Peeling from Wall on Ground	ND
925-JAC-58	1952 Section Seventh Floor Hallway	White Fiber Wall Material	ND
925-JAC-59	1952 Bradley Building Seventh Floor Front Room	1' x 1' White Fissured Ceiling Tile	ND
925-JAC-60	1952 Bradley Building Seventh Floor	1' x 1' White Dotted Ceiling Tile	ND
925-JAC-61	1952 Bradley Building Seventh Floor Hall	Black Glue Daubs to the 1' x 1' Dotted Ceiling Tiles	ND
925-JAC-62	1952 Bradley Building Seventh Floor Hall	White Blown in Insulation	ND
925-JAC-63	1952 Bradley Building Fifth Floor Connector	12" x 12" Off White Floor Tiles	ND
925-JAC-64	1952 Bradley Building Fifth Floor E509	White Plaster(skim)	ND
925-JAC-65	1952 Bradley Building Fifth Floor E509	White sheetrock	ND
925-JAC-66	1952 Bradley Building Fourth Floor Hall	Brown Plaster (Rough)	ND
925-JAC-67	1952 Bradley Building Third Floor Hall	White Plaster(Skim)	ND
925-JAC-68	1952 Bradley Building Third Floor Hall	Brown Plaster (Rough)	ND
925-JAC-69	1952 Bradley Building Third Floor Open Area Room	White Magnesium Insulation on Ground	25% Amosite 10% Chrysotile

Sample No.	Sample Location	Material Type	Result Total Asbestos %
925-JAC-70	1952 Bradley Building Third Floor Open Area Room	Air Cell Pipe Insulation on Ground	20% Chrysotile
925-JAC-71	1952 Bradley Building Third Floor Open Area Room	12" x 12" Off White Floor Tiles	4% Chrysotile
925-JAC-72	1952 Bradley Building Third Floor Open Area Room	White Sheetrock	ND
925-JAC-73	1952 Bradley Building Fourth Floor	White 1' x 1' Dotted Ceiling Tiles on Ground	ND
925-JAC-74	1952 Bradley Building Second Floor Cafeteria	Brown Glue Daubs on Ground	ND
925-JAC-75	1952 Bradley Building Second Floor Cafeteria	Gray Homosote Boards on Ground	ND
925-JAC-76 Floor	1952 Bradley Building First Floor Middle Room	Brown 9" x 9" Checkerboard Tile	8% Chrysotile
925-JAC-76 Mastic	1952 Bradley Building First Floor Middle Room	Mastic on Brown 9" x 9" Checkerboard Tile	5% Chrysotile
925-JAC-77	1952 Bradley Building First Floor Room to Bath	1' x 1' Pinhole Ceiling Tiles	ND
925-JAC-78	1952 Bradley Building First Floor Entry	Brown Strip Glue on Wood Panel on Ground	ND
925-JAC-79	Nurses Area Second Floor	White Textured Ceiling Paint on Floor	ND
925-JAC-80	Nurses Area Fourth Floor	White Textured Ceiling Paint on Floor	ND
925-JAC-81	Nurses Area Second Floor	White Plaster (Skim)	1.8% Chrysotile *
925-JAC-82	Nurses Area Second Floor	White Plaster (Rough)	1.7% Chrysotile *
925-JAC-83	Nurses Area First Floor	Black Paper Under Damaged Wood Floor	ND
925-JAC-84	North Addition Generator Room	Gray Ceramic Tile Floor Grout	ND
925-JAC-85	North Addition Generator Room	Yellow Ceramic Floor Backing	ND
925-JAC-86	Far Southeast Area First Floor Newer Area	White 2' x 4' Ceiling Tiles	ND
925-JAC-87	Far Southeast Area First Floor Newer Area	Yellow Carpet Mastic on Typical Carpet	< 0.42% Chrysotile*
925-JAC-88	Far Southeast Area First Floor Newer Area	12" x 12" Light Brown Floor Tiles	ND
925-JAC-89	Far Southeast Area First Floor Newer Area	Brown Mastic to 12" x 12" light brown floor tiles	ND
925-JAC-90	Far Southeast Area First Floor Newer Area	Black mastic to 12" x 12" light brown floor tiles	ND
925-JAC-91	Far Southeast Area First Floor Newer Area	Gray Spray-on Fireproofing	ND

Sample No.	Sample Location	Material Type	Result Total Asbestos %
925-JAC-92	Far Southeast Area First Floor Newer Area	White Joint Compound	ND
925-JAC-93	Far Southeast Area First Floor Newer Area	12" x 12" White with Tan Streaks Floor Tile	ND
925-JAC-94	Far Southeast Area First Floor Newer Area	White Sheetrock/Joint Compound	ND
925-JAC-95	Far Southeast Area First Floor Newer Area	White Plaster (Skim)	< 0.74% Chrysotile*
925-JAC-96	Far Southeast Area First Floor Newer Area	White Plaster(Rough)	1.5% Chrysotile*

ND = None Detected

\*Concentration determined thru TEM Gravimetric Reduction method.

This AWP application pertains to "clean up" and make safe. Based on this condition, the following modified asbestos removal procedure is proposed.

- A. Adhere to work practice requirements specified below for work involving the disturbance of asbestos containing materials.
1. Exclude all persons not directly involved in the work from the work area. Use physical barriers as necessary to limit access to the work area for the duration of the project.
  2. The Contractor shall have a competent and qualified designated person on the project at all times to ensure establishing a proper enclosure system and proper work practices throughout the project.
  3. The asbestos abatement contractor shall proceed with removal of previously disturbed contaminated material and/or concurrently continue to remove remaining material under negative air pressure.
  4. The contractor shall use wet cleaning techniques HEPA vacuuming to decontaminate any possible asbestos-containing dust from all horizontal, vertical and inclined surfaces, including all nonporous horizontal, vertical and inclined surfaces, and nonporous objects including all furniture, light fixtures etc....
  5. If at any time during asbestos removal, should the licensed Asbestos Project Monitor suspects contamination of areas outside the work area, he/she shall stop all abatement work until the Contractor takes steps to decontaminate these areas and eliminate causes of such contamination.
  6. Sealed disposal containers, dumpster and all equipment used in the work area shall be included in the cleanup and shall be removed from work areas. All asbestos waste shall be placed in six (6) mil polyethylene disposal bags, outside of bags shall be cleaned and they shall be placed in a second disposal bag (double-bagged) before removal for disposal, and stored in a secured closed lined asbestos trailer(s). Clean all surfaces with HEPA filter vacuum equipment before wet cleaning all surfaces within regulated area.
  7. Use water spray or mist to suppress dust generation, especially during operations that may create a lot of dust.

8. Following the completion of the encapsulation phase of the work, the Consultant shall collect final re-occupancy clearance air samples inside the work area per CTDPH Standards for Asbestos Abatement (19a-332-1 to 19a-332-16)
9. The Owner shall be responsible for payment of the sampling and analysis of the initial final air clearance samples only. The Contractor shall be responsible for payment of all costs associated with the collection and analysis of additional final clearance air samples if the first set of samples fail to satisfy the clearance criteria.
10. Post-Abatement Period. If required, the Asbestos Project Monitor shall conduct air sampling following the final cleanup phase of the project, once the "no visible residue" criterion, as established by the Asbestos Project Monitor, has been met and the work area has been encapsulated by the Contractor. Five air samples shall be collected inside the work area utilizing aggressive methods to comply with the CTDPH Standards for Asbestos Abatement, sections 19a 332a 12, and CTDPH Asbestos Containing Materials in Schools (Sections 19-333-7).
11. Final re-occupancy air clearance sampling shall be conducted by the Asbestos Project Monitor in accordance with the requirements of the CTDPH using one of the following methods: Transmission Electron Microscopy (TEM) method with an average limit of less than 70.0 s/mm<sup>2</sup> of filter surface Phase Contrast Microscopy (PCM) with a total airborne fiber concentration limit of less than or equal to 0.010 fibers/c
12. Contractor shall not conduct demolition or other removal activities during final re-occupancy air clearance sampling.

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner

Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

September 1, 2015

Mr. Carlos Texidor  
Fuss & O'Neill EnviroScience, LLC  
146 Hartford Road  
Manchester, CT 06040

Re: Application for Approval of Alternative Work Practice at 1 King Place, Meriden, CT (Former Veteran's Memorial Hospital)

Dear Mr. Texidor:

This letter is provided in response to an application from you received on August 24, 2015, as revised on August 31, 2015, requesting approval of an alternative work practice for the removal of asbestos-containing materials prior to renovation of the subject facility. It is the understanding of the Department of Public Health (DPH) that only **damaged** asbestos-containing materials will be removed during this phase of the project to make the site "safe" for further environmental investigations.

Based upon the information provided in your application describing the proposed alternative work practice to be used on this project and the site visit conducted by the writer on August 28, 2015, approval is granted by the DPH. This approval is based upon the understanding that the application requests a variance from the requirements of Subsection 19a-332a-5(e) of the *Standards for Asbestos Abatement* regulation. In lieu of these requirements, the following work practices will be utilized:

1. The licensed asbestos abatement contractor shall install polyethylene barriers as outlined in Subsection 19a-332a-5(c), fully isolating the work area in an airtight manner. All openings shall be cleaned utilizing high efficiency particulate air (HEPA) filtration system and wet cleaning techniques prior to sealing the openings with airtight barriers. Where there is no fixed wall and containment must be constructed, two layers of six-mil polyethylene sheeting shall compose the wall surface and shall have an additional layer of six-mil polyethylene sheeting attached to it. All work within each work area including the work performed by the equipment operators shall be performed by DPH licensed asbestos supervisors, workers and consultants.
2. A contiguous worker decontamination system shall be established at the entrance to each work area in accordance with the provisions of Section 19a-332a-6. The negative pressure ventilation system shall be installed in accordance with the provisions of Subsection 19a-332a-5(h).
3. Any loose debris on the floor and all porous, non-cleanable items in each work area shall be wetted, appropriately packaged, labeled, removed from the work and disposed of as asbestos-containing waste. Any non-porous, movable items shall be cleaned by HEPA vacuuming and wet wiping techniques and shall be removed from the work area following the visual inspection by the licensed Project Monitor.



Phone: (860) 509-7367 • Fax: (860) 509-7378 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308 [www.ct.gov/dph](http://www.ct.gov/dph)

Affirmative Action/Equal Opportunity Employer and Provider

If you require aid or accommodation to full and fairly enjoy this publication, please phone (860) 509-7293

4. Following the removal of all damaged asbestos-containing materials from each work area, as specified in the application, all horizontal, vertical and inclined surfaces shall be cleaned utilizing HEPA vacuuming and wet cleaning techniques. The sequence of cleaning shall be repeated until no visible residue is observed. All wastewater associated with the cleaning process shall be filtered in accordance with the provisions of Subsection 19a-332a-5(i).
5. In order to facilitate an interior exploratory drilling for future environmental testing inside the facility, all asbestos-containing flooring materials located on the path of the investigation on the ground floor shall be removed.
6. A licensed Project Monitor shall visually inspect each work area prior to encapsulation and an aggressive, post abatement re-occupancy air samples following the requirements of Section 19a-332a-12 of the *Standards for Asbestos Abatement* regulation shall be utilized.

*Full-time project monitoring is required for all asbestos abatement activities performed within the scope of this application.*

Except as noted in this letter, all other work practices specified in the *Standards for Asbestos Abatement* regulation are mandatory. This approval is specific for the removal of damaged asbestos-containing materials and decontamination of the facility identified in this application. This approval does not relieve the contractor or the facility owner from satisfying the requirements of any other federal, state or municipal regulation. The DPH reserves the right to rescind this approval should it determine that equivalent means of asbestos emission control are not maintained.

Please contact me at (860) 509-7367 should you wish to discuss this matter further.

Sincerely,



Joanna Golos  
Environmental Sanitarian II  
Asbestos Program  
Environmental Health Section

## Appendix D

---

### State Notification Form





# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

### STATE USE ONLY

Post Mark	
Date	
Check #	
Amount	\$
Transmittal #	
Record #	

G15D49

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

### 1. TYPE OF NOTIFICATION:

A. NEW  B. BLANKET  C. CANCELLATION / POSTPONED C  P   
 D. REVISED  (ITEMS REVISED)  REVISION #   
 E. EMERGENCY  DESCRIBE NATURE OF EMERGENCY

### 2. ABATEMENT CONTRACTOR:

NAME: ABATEMENT INDUSTRIES GROUP LICENSE # 000026  
 ADDRESS: 16 HAMILTON STREET  
 CITY: WEST HAVEN STATE: CT ZIP: 06516  
 PHONE # (203) 932-9639 CONTACT PERSON: JOE VOLLANO

### 3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME: CITY OF MERIDEN  
 ADDRESS: 142 MERIDEN ST.  
 CITY: MERIDEN STATE: CT ZIP: 06450  
 PHONE #  CONTACT PERSON: JULIET BURDELSKI

### 4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS: 1 KING PL.  
 CITY: MERIDEN STATE: CT ZIP: 06451

5.(A) ABATEMENT START DATE: 10/13/2015 5.(B) COMPLETION DATE: 12/13/2015  
*Month/Day/Year format* *Month/Day/Year format*

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 1,717.72

6. TOTAL ABATEMENT PROJECT COST: 161,772.00 \*REVISED COST (ONLY FOR REVISIONS):

### 7. USE OF FACILITY:

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/>	I. OTHER	<input checked="" type="checkbox"/>		
(I. SPECIFY)		FORMER HOSPITAL							

ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_

**8. BUILDING DATA:**

SQUARE FEET: 350000 NUMBER OF FLOORS: 5 AGE: 90+

**9. ABATEMENT CLASSIFICATION:**

ORDERED DEMO (AGENCY ISSUING ORDER) *MUST ATTACH COPY OF DEMO ORDER*

RENOVATION  DEMOLITION \_\_\_\_\_

**10. ABATEMENT TECHNIQUE:**

A. FULL CONTAINMENT WITH NEGATIVE AIR \_\_\_\_\_ B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED)

(IF AWP, include) Project Designer & LICENSE # CARLOS TEXIDOR - 000275

C. EXTERIOR ABATEMENT \_\_\_\_\_ D. SPOT REPAIR (>25 SQ. FT. TOTAL) \_\_\_\_\_

**11. ABATEMENT METHOD:**

A. REMOVAL \_\_\_\_\_ B. ENCAPSULATION  C. ENCLOSURE \_\_\_\_\_

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. CONTIGUOUS \_\_\_\_\_ B. REMOTE \_\_\_\_\_ C. BOTH

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

FRIABLE MATERIAL		NONFRIABLE MATERIAL	
A. SPRAYED/TROWELED ON:	<u>1000</u>	<b>Category I</b>	
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES:	<u>2800</u>
C. TANK INSULATION:		J. ROOFING, SPECIFY:	
D. BREECHING INSULATION:		K. GASKETS, PACKINGS:	
E. DUCT INSULATION:		<b>Category II</b>	
F. CEILING TILES:		L. TRANSITE BOARD:	
G. OTHER, SPECIFY:		M. OTHER, SPECIFY:	<u>2800 MASTIC</u>

H.* PIPE INSULATION:	Use conversion table	Total Square Feet
(Pipe diameter)"	Multiply LF by CF	= Total Square Feet
2"	1500	780
3"	500	395
4"	500	525

**14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)**

NAME:	MODER LANDFILL / HAKES LANDFILL / MINERVA ENTERPRISES / WMNH, INC
ADDRESS:	4400 MOUNT PISGAH RD. / 4376 MANNING RIDGE RD. / 9000 MINERVA RD. / 97 ROCHESTER NECK RD
CITY, STATE, ZIP:	YORK, PA 17402/ PAINTED POST, NY 14870/ PIKE TOWNSHIP, OH 44688/ GONIC, NH 03839
OWNER, OPERATOR:	JODI/ BONNIE/ STEVE CHANDLER/ JOHN MONACO

**15. HAULER/ WASTE TRANSPORTER**

NAME:	RTL ENTERPRISES / USA HAULING / TRANSWASTE, INC
ADDRESS:	173 PICKERING ST./ 15 MULLEN RD./ 3 BARKER ST.
CITY, STATE, ZIP:	PORTLAND, CT 06480/ ENFIELD, CT 06082/ WALLINGFORD, CT 16492

Signature and Title of Person Completing this Form: \_\_\_\_\_

Mail to:  
**DPH**  
**ASBESTOS PROGRAM**  
**410 CAPITOL AVENUE, MS # 51 AIR**  
**PO BOX 340308**  
**HARTFORD CT 06134-0308**

## Appendix E

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### Daily Monitoring Data





Date: 10/15/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: NW Mechanical Rm Building 1968 C#1

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	NW Mech Room C#1	800 - 900
2.		1030 - 1130
3.		200 - 300
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 10158C 01	<del>Top of Stairwell H</del> Blank	SU	N/A
2. 02	Blank	↓	N/A
3. 10158C 03	Top of Stairwell H		.0039
4. 10158C 04	↓	↓	.0041
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/16/15 Project Number: 20120232.CZE  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: NW Mech Rm Building 1968 C# 1

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	NW Mech Rm C#1	745 - 830
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR = Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1016BC 01	FB	—	LT10
2. 02	SB	—	LT10
3. 1016BC 03	Top Stairwell H	SU	0050
4. 1016BC 04	↓	↓	N/A
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12. 1016BC 03			0043

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/10/15 Project Number: 2012032.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Dumpsters

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1019BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	Dumpsters o/s Loading dock	B	1.0056
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
 IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
 FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/20/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: \_\_\_\_\_

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 10203C 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	outside @ Loading Dock	DR	<.0021
4. 04	↓	↓	<.0022
5. 05	Hall west loading dock @ Decon	↓	.0067
6.			
7.			
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 10-21-15 Project Number: 20120232-47E  
 Technician: ULKENS AugustE AAR Number: 9124  
 Building: V. Memorial Hospital  
 Area: Loading dock

Inspections* PC, PR, PS, TD	Work Area	Time
1. PR	loading dock / dumpsters	10:23
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1021154A-01	FB#1		
2. -02	FB#2		
3. -03	Ext. by dumpsters @ loading dock		
4. -04	inside loading dock area by De cap		
5. -05	Ext. by dumpsters @ loading dock		
6. -06	inside loading dock area - by De cap		
7.			
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/22/15 Project Number: 20120232.CZF  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Dumpster

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. <u>1022B<sup>c</sup> 01</u>	<u>FB</u>	<u>—</u>	<u>&lt;7.0</u>
2. <u>02</u>	<u>SB</u>	<u>—</u>	<u>&lt;7.0</u>
3. <u>03</u>	<u>o/s Dumpster</u>	<u>DR</u>	<u>&lt;.0017</u>
4. <u>04</u>	<u>Hall west o/s Decon</u>	<u>↓</u>	<u>.0026</u>
5. <u>05</u>	<u>o/south double doors Hall wing</u>		<u>.0034</u>
6. <u>06</u>	<u>East end main ent hall</u>		<u>&lt;.0017</u>
7.			
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/22/15 Project Number: 20120232.C2F  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Loading dock clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. LD1022BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	North Airlock	FAC	10027
4. 04	SE Corner	↓	10024
5. 05	Center		10036
6. 06	NE Corner		10024
7. 07	NW Corner		<10022
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/22 Project Number: 2020232.CRF  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Dumpster Clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. D1022BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	Dumpster SW	FAC	<.0022
4. 04	SE	↓	<.0022
5. 05	C		.0028
6. 06	NE		.0024
7. 07	NW		.0036
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
 IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
 FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/26/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Veterans Hospital  
 Area: Level 1 NW Mechanical Rm

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	NW MECH RM C#2	730
2. PR		1030
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1026 BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 1026 BC 03	Hallway @ Stairwell H o/s Decon	DR	0034
4. 04	East side NW Mech RM - OCB	↓	.0053
5. 1026 BC 05	Hallway @ Stairwell H o/s Decon	DR	.0060
6. 06	East side NW Mech RM - OCB	↓	.0053
7.			
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/27/15 Project Number: 20120232.CZE  
 Technician: Bill Champagne AAR Number: 2482  
 Building: Former Meriden Veterans Hosp  
 Area: NW Mech West Clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. <u>NW Mech West BC 01</u>	<u>FB</u>	<u>—</u>	<u>&lt;7.0</u>
2. <u>02</u>	<u>SB</u>	<u>—</u>	<u>&lt;7.0</u>
3. <u>03</u>	<u>West Side South</u>	<u>FAC</u>	<u>.0069</u>
4. <u>04</u>	<u>East Side North</u>	<u>↓</u>	<u>.0033</u>
5. <u>05</u>	<u>Center South</u>		<u>.0045</u>
6. <u>06</u>	<u>West Side South</u>		<u>.0048</u>
7. <u>07</u>	<u>West Side North</u>		<u>.0024</u>
8.			
9.			
10.			
11.			
12. <u>DUP 03</u>			<u>.0048</u>

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/27/15 Project Number: 20120232, C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: East Hall Clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. EH1027BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	Center	FAC	1.0038
4. 04	South East	↓	1.0032
5. 05	North East		1.0049
6. 06	North West		1.0029
7. 07	South West		1.0052
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
 IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
 FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/27/15 Project Number: 20120232.02E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: BLDG 1968

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1027BC 01	FB	—	<del>0046</del>
2. 02	SB	—	<del>0040</del>
3. 03	Hall @ Starway H	DR	0046
4. 04	East Side NW Mechanical	↓	0040
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/23/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 0482  
 Building: Former Meriden Veterans Hospital  
 Area: Tunnel Hall Clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. TH1028BC 01	FB	—	—
2. 02	SB	—	—
3. 03	NE	FAC	<.0022
4. 04	NW	↓	<.0022
5. 05	C		.0024
6. 06	SE		.0027
7. 07	SW		<.0021
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/29/15 Project Number: 20120232.CZE  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meridens Veterans Hospital  
 Area: NW Mech Rm East

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1029BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 1029BC 03	o/s Decon - NW Mech Rm West	DR	10032
4. 04	OCB - NW Mech Rm South	Pump OFF	—
5.			
6.			
7.			
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/29/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: East side NW Mechanical Room Clearance

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1029BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	North west	FAC	.0036
4. 04	South west	↓	<.0022
5. 05	Northeast		.0024
6. 06	Southeast		.0044
7. 07	South side @ stair		.0031
8.			
9.			
10			
11			
12 Dup 06			.0053

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/30/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital - Building 1952  
 Area: BLDG 1952 - middle room and Hall

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	Building 1952 Middle Room and Hall	730
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1030BC 01	FB	—	< 2.0
2. 02	SB	—	< 7.0
3. 1030BC 03	BLDG 1952 Front entrance neg air	SU/DR	< 1.0017
4. 04	Decon Tunnel	DR	1.0029
5.			
6.			
7.			
8.			
9.			
10			
11			
12 Dup 03			5/100

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 10/30/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Mechanical Room Building 1952 Middle Room

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. MR 1030BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	West North	FAC	.0032
4. 04	East North	↓	.0064
5. 05	East Entrance		.0044
6. 06	West South on studs		.0028
7. 07	West Elevators		.0040
8.			
9.			
10			
11			
12 Dup 04			.0053

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 11/2/15 Project Number: 20120232.CZF  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: ~~Nursing Building 1st Floor~~ ~~Halls~~ ~~Throughout~~

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 1102BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	4th Fl Nursing suite	DR	—
4. 04	Top of N Stair East Hall	↓	<.0017
5. 05	↓	↓	<.0024
6.			
7.			
8.			
9.			
10			
11			
12			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 11/3/15 Project Number: 20120232.C2E  
 Technician: Bill Champagne AAR Number: 9482  
 Building: Former Meriden Veterans Hospital  
 Area: Lower East Hall FAC

Inspections* PC, PR, PS, TD	Work Area	Time
1.		
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. LEH103 BC 01	FB	—	<7.0
2. 02	SB	—	<7.0
3. 03	NE	FA	<.0021
4. 04	CE	↓	.0039
5. 05	CW		<.0021
6. 06	SW		<.0022
7. 07	SE		.0031
8.			
9.			
10			
11			
12 Dup 07			.0024

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier, IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal, FC = Final Cleaning, FAC = Final Air Clearance



Date: 11/11/15 Project Number: 20120232-C2E  
 Technician: Likens Auguste AAR Number: 9124  
 Building: V. Memorial Hospital  
 Area: \_\_\_\_\_

Inspections* PC, PR, PS, TD	Work Area	Time
1. TD	Old nursing room/office	TD 1400
2.		
3.		
4.		
5.		

\* Inspection Key: PC = Pre-commencement, PR – Progress, PS = Pre-sealant, TD = Teardown

Sample Number	Location**	Activity ***	Results (F/CC)
1. 111154A-01	FB#1	NA	217
2.   -02	FB#2		22
3.   -03	Old Nurses Office	FAC	<0.0022
4.   -04			0.0024
5.   -05			<0.0022
6.   -06			<0.0022
7.   -07			0.0040
8.			
9.			
10.			
11.			
12.			

\*\* Location Key: NAE = Negative Air Exhaust, DECON: OCB = Outside Critical Barrier,  
IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

\*\*\* Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,  
FC = Final Cleaning, FAC = Final Air Clearance

## Appendix F

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### Area Air Monitoring Worksheets





# FUSS & O'NEILL EnviroScience, LLC

## PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: King Pl Farmer  
Meriden Hospital  
Project Number: 20120232.CZE  
Project Manager: Carlos Texidor  
Project Address: King Pl Meriden

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
Rotometer Cal. Date: 3/16/15  
Microscope Number: 101979  
Phase Ring Aligned?  Y  N  
HSE/NPL checked

Sampler Name: Bill Champagne  
Analyst Name: B. Champagne AAR# 9482  
Analyst Signature: William Champagne  
Sample Date: 10/15/15 Analysis Date: 10/15/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg					
10158C 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.									0/100	0	
02	Field Blank #2										0/100	0	
10158C 03	Top of Stairwell H	2	748	1114	146	6.0	6.0	6.0	876	.0031	7/100	8.92	.0039
10158C 04	Top of Stairwell H	2	1114	240	206	6.0	5.5	5.8	1185	.0023	10/100	12.74	.0041
10158C 04	Duplicate Count										12/100	15.29	.0050

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 5 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field)  
(0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
(0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Dcon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	





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# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232.52E  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 181826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? ON  
 HSE/NPL checked Y/N

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/19/15 Analysis Date: 10/19/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
1019B 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.									9/100	<7.0	
1019B 02	Field Blank #2										0/100	<7.0	
1019B 03	Outdoors - Pumpsters out Coasting Deck	2	1005	147	222	6.0	6.0	6.0	1332	.0020	15/100	19.11	.0055
03	Duplicate Count										12/100	15.28	.0044

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) ÷ (Average BLANK fibers/field)  
 (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) ÷ (Average BLANK fibers/field) x (.385)mm<sup>2</sup>/filter  
 (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



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EnviroScience, LLC

# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Farmer Meriden Veterans Hospital  
 Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked \_\_\_\_\_  
 Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: William Champagne  
 Sample Date: 10/20/15 Analysis Date: 10/20/15

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Post	Avg.					
1020BC 01	Field Blank #1				Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.					0/100	0.0	
02	Field Blank #2									0/100	0.0	
1020BC 03	Outside - west doorway to loading dock	850	1053	123	10.3	10.3	10.3	1266.9	.0021	5/100	0.021	<.0021
1020BC 04	Outside - west doorway to loading dock	1053	157	184	7.1	6.5	6.8	1251.2	.0022	4/100	0.022	<.0022
1020BC 05	05 Decon - Hall west of loading dock	1129	235	186	7.1	7.1	7.1	1320.6	.0020	18/100	0.020	.0067
05	Duplicate Count									17/100	0.017	.0063

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: V. Memorial Hospital  
Malden - CT  
Project Number: 20120232-A7E  
Project Manager: Carlo Tordin  
Project Address: 1 King Pl Malden Ct

Rotometer Number: 101554 Cassette Lot#: \_\_\_\_\_  
Rotometer Cal. Date: 4-6-15  
Microscope Number: \_\_\_\_\_  
Phase Ring Aligned? Y/N  
HSE/NPL checked Y/N

Sampler Name: Ukens Auguste  
Analyst Name: Ukens Auguste AAR# 5124  
Analyst Signature: Ukens Auguste  
Sample Date: 10/21/15 Analysis Date: 10/21/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
1021554-01	Field Blank #1										0/100	0.0	
-02	Field Blank #2										0/100	0.0	
-03	Ext. by dumpsters - @ loading dock.	3	0730	1032	182	7.0	7.0	7.0	1274	.0021	17/100	21.65	.0065
-04	Inside loading dock area by Decon	3	0743	1054	191	7.0	7.0	7.0	1337	.0020	18/100	22.93	.0066
-05	Ext. by dumpsters - @ loading dock.	3	1032	1336	184	7.0	6.5	6.75	1242	.0022	16/100	20.38	.0063
-06	Inside loading dock area by decon	3	1054	1405	184	7.0	7.0	7.0	1323	.0020	15/100	19.11	.0056
-05	Duplicate Count										16/100	22.93	.0071

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (.385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:

Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Veterans Hospital  
 Project Number: 20120232.CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl Meriden

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked Y/N

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/22/15 Analysis Date: 10/22/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (L/PM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
1022BC 01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.								01100	47.0	
1022BC 02	Field Blank #2		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.								01100	47.0	
1022BC 03	Outside at Dumpsters near Loading Dock	3	723	1014	171	10.3	10.3	10.3	1761.3	134000	6/100	7.64	4,0017
04	Hallway west of Deck o/s Decon	3	734	1042	188	7.1	7.1	7.1	1334.8	4800	7/100	8.92	,0026
1022BC 05	South of double doors in Hallway Corridor	2	134	320	166	10.3	10.3	10.3	1709.8	12800	12/100	15.29	,0034
06	Bldg 1968-East end of Main Entrance Hall	2	140	315	155	10.3	10.3	10.3	1596.5	60000	5/100	47.0	4,0017
06	Duplicate Count										6/100	7.64	,0018

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:

Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



**FUSS & O'NEILL**  
EnviroScience, LLC

# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120323.02E  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl Meriden

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 01979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: William Champagne  
 Sample Date: 10/26/15 Analysis Date: 10/26/15

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Post	Avg					
10268C 01	Field Blank #1				Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.					0/100	<7.0	
02	Field Blank #2									0/100	<7.0	
10268C 03	Hallway @ Stairwell H	741	1024	163	7.1	7.1	7.1	1157.3	0.023	8/100	10.19	0.034
04	East side of Mechanical Room - OCB	757	1027	150	7.1	7.6	7.35	1102.5	0.023	12/100	15.29	0.053
10268C 05	Hallway @ Stairwell H	1024	135	191	7.1	6.5	6.8	1298.8	0.021	16/100	20.38	0.060
06	East side of NW mechanical Room - OCB	1027	142	195	7.1	7.1	7.1	1384.5	0.019	15/100	19.11	0.053
03	Duplicate Count									11/100	14.01	0.047

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) ÷ (Average BLANK fibers/field) ÷ (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) ÷ (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter ÷ (0.00785mm<sup>3</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	Type
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232.C2E  
 Project Manager: Census Texidor  
 Project Address: 1 King Pl

Rotometer Number: 161826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 10197<sup>a</sup>  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/22/15 Analysis Date: 10/28/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)		Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post Avg.					
1027BC 01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							0/100	0.70	
02	Field Blank #2		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							0/100	0.70	
1027BC 03	Hallway @ Stewart H	3	715	1045	210	7.1	7.1	7.1	1491	14/100	17.83	.0046
04	DCB - East side of New Mech Room	↓	722	1050	208	7.1	7.1	7.1	1476.8	12/100	15.28	.0040
04	Duplicate Count		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							15/100	19.11	.0050

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Flds

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field)  
 (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
 (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 fibers/100 fields)	0.36	0.34
3 (>50 fibers/100 fields)	0.35	0.39

Project Activity:

Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



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For Asbestos Analysis

Form 7400-05  
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146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Fornes Menden Veterans Hospital  
 Project Number: 20120232.CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/29/15 Analysis Date: 10/29/15

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Post	Avg.					
102962 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
102962 02	Field Blank #2	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
102962 03	<del>Room</del> Buildings 1968 NW Mech Room - West Side	7:38	10:29	171	7.1	7.1	7.1	1214.1	0.022	8/100	10.19	10032
102962 04	BLDG-1968 NW Mech Room OCB - South	7:50	-		7.1	0	0			Pump off		
102962 03	Duplicate Count									10/100	12.74	10040

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field)  
 (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
 (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232-CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned?  Y  N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/30/15 Analysis Date: 10/30/15

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Post	Avg.					
10308C 01	Field Blank #1									0/100	<7.0	
10308C 02	Field Blank #2									0/100	<7.0	
10308C 03	OCB/Per Air Exh - Building 1452	759	1127	218	7.1	7.1	7.1	1547.8	0.0017	4/100	<7.0	<0.0017
10308C 04	o/s Decon Tunnel Hall	732	1041	189	7.1	7.1	7.1	1341.9	0.0020	8/100	10.19	0.0029
10308C 03	Duplicate Count									5/100	<7.0	<0.0017

Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field)  
 (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
 (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 fibers/100 fields)	0.36	0.34
3 (>50 fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Farmers Menden Veterans Hospital  
 Project Number: 20120232.CZE  
 Project Manager: Carles Texidor  
 Project Address: 1 King Place

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned?  Y  N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 11/2/15 Analysis Date: 11/2/15

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)	
			On	Off		Pre	Post	Avg.						
1102BC 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.												
1102BC 02	Field Blank #2													
1102BC 03	Fourth Fl Nurses Suite o/s Decon		2	731	822	—	7.1	0	0	—	work area changed			
04	Top of North Stairwell in East Hall		3	1050	103	132	11.9	11.9	11.9	1570.8	0.017	5/100	27.0	2.0017
05	Top of North Stairwell in East Hall		3	103	238	95	11.9	11.9	11.9	1130.5	0.024	4/100	27.0	2.0024
1102BC 05	Duplicate Count										6/100	7.64	0.026	

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) / (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter / (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr.	Inter Lab Sr.
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 fibers/100 fields)	0.36	0.34
3 (>50 fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



## Appendix G

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### Final PCM Air Clearance Reports





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# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
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Project Name: Former Menden Hospital Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Project Number: 20120232.CZE Rotometer Cal. Date: 3/16/15  
 Project Manager: Carlos Texidor Microscope Number: 101979  
 Project Address: 1 King Pl Menden Phase Ring Aligned? Y/N  
 Sampler Name: Bill Champagne Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature] Sample Date: 10/22/15 Analysis Date: 10/22/15  
Loading Dock Clearance # 1

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)		Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Avg.					
LD1022& 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							0/100	< 7.0	
- 02	Field Blank #2	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							0/100	< 7.0	
LD1022& 03	North of Air lock	1104	1233	89	14.5	13.9	14.2	.0021	71100	8.92	.0027
- 04	SE Corner @ Garage Door	1106	1230	84	14.5	14.5	14.5	.0022	61100	7.64	.0024
- 05	Center @ Column	1107	1231	84	14.5	14.5	14.5	.0022	91100	11.46	.0036
- 06	NE Corner in tank Storage Rm	1109	1233	84	14.5	14.5	14.5	.0022	61100	7.64	.0024
- 07	NW Corner @ Entrance	1110	1235	85	14.5	13.9	14.2	.0022	41100	< 7.0	< .0022
- 05	Duplicate Count	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.							71100	8.92	.0028

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

$$\text{FIBER DENSITY (Fibers/mm}^2\text{)} = \frac{\text{SAMPLE fibers/field}}{(\text{Average BLANK fibers/field}) - (\text{Average BLANK fibers/field})}$$

$$\text{CONCENTRATION (fibers/cc)} = \frac{\text{SAMPLE fibers/field}}{(\text{Average BLANK fibers/field}) \times (385) \text{ mm}^3/\text{liter}}$$

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Intra Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	





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# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
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Project Name: Farmer Meadows Veterans Hospita  
 Project Number: 20120232.CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King St Meriden

Rotometer Number: 161826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked

Sampler Name: Ball Champagne  
 Analyst Name: Ball Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/27/15 Analysis Date: 10/27/15

Clearance - NW Mech Rm West C#3

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)		Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)	
			On	Off		Pre	Avg.						
NMM 1027BC 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.											
02	Field Blank #2												
NMM1027BC 03	C#3 - East Side South		4	1103	1245	102	11.9	11.9	1213.8	.0022	17/100	21.66	.0069
04	- East Side North			1105	1246	101	11.9	11.9	1201.9	.0022	8/100	10.19	.0033
05	- Center South			1105	1246	101	11.9	11.9	1201.9	.0022	11/100	14.01	.0045
06	- West Side South			1106	1251	105	11.9	11.3	1218	.0022	12/100	15.28	.0048
07	- West Side North			1106	1247	101	11.9	11.9	1201.9	.0022	6/100	7.64	.0024
NMM 1027BC 07	Duplicate Count									12/100	15.28	.0048	

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) / (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter / ((0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter)

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



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**PCM Air Monitoring Worksheet**  
For Asbestos Analysis

Form 7400-05  
Edition October 2015  
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Project Name: Former Menden Veterans Hospital  
 Project Number: 20120232.C2E  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl Meriden

Rotometer Number: 105826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 161979  
 Phase Ring Aligned? ON  
 HSE/NPL checked Y/N

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/27/15 Analysis Date: 10/27/15

Building 1968 East Hall Clearance #4

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
EH1027BC 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.									0/100	0.70	
02	Field Blank #2										0/100	0.70	
EH1027BC 03	Center	4	127	257	90	14.5	13.9	14.2	1278	.0021	10/100	12.74	.0038
04	South East		129	254	85	14.5	14.5	14.5	1232.5	.0022	8/100	10.12	.0032
05	North East	↓	130	255	85	14.5	13.9	14.2	1207	.0022	12/100	15.29	.0049
06	North West		132	255	83	14.5	14.5	14.5	1203.5	.0022	7/100	8.92	.0029
07	South West		132	256	84	14.5	14.5	14.5	1218	.0022	13/100	16.56	.0052
07	Duplicate Count										10/100	12.74	.0040

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



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# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
Edition October 2015  
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146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Farmers Meriden Veterans Hospital  
 Project Number: 20120232-CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101970  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked Y/N

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/28/15 Analysis Date: 10/28/15

Tunnel Hull Clearance #5

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
TH10288C 01	Field Blank #1	Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.											
02	Field Blank #2												
TH10288C 03	North East		104	230	86	14.5	13.9	14.2	1221.2	1.0022	5/100	7.0	7.0
04	North West		104	230	86	14.5	14.5	14.5	1247	1.0022	3/100	7.0	7.0
05	Center		105	231	86	14.5	14.5	14.5	1247	1.0022	6/100	7.64	7.64
06	South East		105	232	87	14.5	14.5	14.5	1261.5	1.0021	7/100	8.92	8.92
07	South West		106	233	87	14.5	14.5	14.5	1261.5	1.0021	4/100	7.0	7.0
07	Duplicate Count										6/100	7.64	7.64

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field)  
 (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
 (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Project Activity:	
Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



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# PCM Air Monitoring Worksheet For Asbestos Analysis

Form 7400-05  
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Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232.CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 101526 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked Y/N

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: Bill Champagne  
 Sample Date: 10/29/15 Analysis Date: 10/29/15

C#6 East Side NW Mech Rm

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
NM10298C 01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
02	Field Blank #2		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
NM10298C 03	North west	4	106	230	84	14.5	14.5	14.5	12.18	.0022	9/100	11.46	.0036
04	South west	↓	107	230	83	14.5	14.5	14.5	1203.5	.0022	5/100	7.0	<.0022
05	North East	↓	108	231	83	14.5	14.5	14.5	1203.5	.0022	6/100	7.64	.0024
06	South East	↓	109	232	83	14.5	14.5	14.5	1203.5	.0022	11/100	14.01	.0044
07	South Side @ metal stairs	↓	109	234	85	14.5	14.5	14.5	1232.5	.0022	8/100	10.14	.0031
NM10298C 06	Duplicate Count										13/100	16.56	.0053

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE.Fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE.Fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 fibers/100 fields)	0.36	0.34
3 (>50 fibers/100 fields)	0.35	0.39

Project Activity:

Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	



**FUSS & O'NEILL**  
EnviroScience, LLC

**PCM Air Monitoring Worksheet**  
For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meridian Veterans Hospital  
 Project Number: 20120322-CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King Pl

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 161979  
 Phase Ring Aligned? Y/N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: [Signature]  
 Sample Date: 10/30/15 Analysis Date: 10/30/15  
 Clearance - Building 1952 Middle Room #7

Sample ID Number	Sample Location	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (-2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
		On	Off		Pre	Post	Avg.					
MR10306c 01	Field Blank #1											
02	Field Blank #2											
MR10306c 03	Hallway studs west North	1249	232	103	11.9	11.9	11.9	1225.7	.0022	8/100	10.19	.0032
04	Hallway studs East North	1250	232	102	11.9	11.9	11.9	1213.8	.0022	16/100	20.38	.0064
05	East Entrance	1251	233	102	11.9	11.9	11.9	1218.8	.0022	11/100	14.01	.0044
06	Hallway studs West South	1251	235	104	11.9	11.9	11.9	1237.6	.0022	7/100	8.92	.0028
07	outside Elevators	1252	236	104	11.9	11.9	11.9	1237.6	.0022	10/100	12.73	.0040
MR10306c 04	Duplicate Count									13/100	16.56	.0053

Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.  
 ~230

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields  
 Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor  
 FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)  
 CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232.CZE  
 Project Manager: Carlos Texidor  
 Project Address: 1 King St

Rotometer Number: 18226 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 101979  
 Phase Ring Aligned?  Y/N  
 HSE/NPL checked

Sampler Name: Bill Champagne  
 Analyst Name: Bill Champagne AAR# 9482  
 Analyst Signature: W. Champagne  
 Sample Date: 11/3/15 Analysis Date: 11/3/15

Building 1968 Lower East Hall #8

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
LEH103BC 01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
02	Field Blank #2		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
LEH103BC 03	North east	4	834	1020	106	11.9	11.9	11.9	1261.4	.0021	5/100	<7.0	<.0021
04	center east		835	1020	105	11.9	11.9	11.9	1249.5	.0022	10/100	12.74	.0039
05	center west		836	1021	106	11.9	11.9	11.9	1261.4	.0021	3/100	<7.0	<.0021
06	South west		837	1022	105	11.9	11.9	11.9	1249.5	.0022	4/100	<7.0	<.0022
07	South east		838	1023	105	11.9	11.9	11.9	1249.5	.0022	8/100	10.19	.0031
LEH103BC 07	Duplicate Count										6/100	7.64	.0024

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) / (0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter / (0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
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Project Activity:	
Code	Type
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**PCM Air Monitoring Worksheet**  
For Asbestos Analysis

Form 7400-05  
Edition October 2015  
Supersedes previous editions

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Meriden Veterans Hospital  
 Project Number: 20120232.CAE  
 Project Manager: Conor T. Lido  
 Project Address: Meriden, CT

Rotometer Number: 101826 Cassette Lot#: \_\_\_\_\_  
 Rotometer Cal. Date: 3/16/15  
 Microscope Number: 3  
 Phase Ring Aligned?  Y  N  
 HSE/NPL checked

Sampler Name: Utkew Augusts  
 Analyst Name: Utkew Augusts AAR# 9124  
 Analyst Signature: [Signature]  
 Sample Date: 11/11/15 Analysis Date: 11/11/15

Nursing School Building First Floor Halls #9

Sample ID Number	Sample Location	Activity Code/Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm <sup>2</sup> )	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
11115UA-01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.										
-02	Inside - old nurses office	7	0820	0950	90	13.9	13.9	13.9	125.1	0.0022	5/100	2.7	< 0.0022
-03	back room	4	0824	0951	87	13.9	13.9	13.9	1209.3	0.0022	6/100	7.6433	0.0024
-04	Front room - A wall	4	0826	0953	87	13.9	13.9	13.9	1209.3	0.0022	4/100	2.7	< 0.0022
-05	Front room - B - wall	4	0827	0954	87	13.9	13.9	13.9	1209.3	0.0022	3/100	2.7	< 0.0022
-06	front room -	4	0832	0957	87	13.9	13.9	13.9	1209.3	0.0022	10/100	12.7389	0.0041
-06	Duplicate Count										5/100	2.7	< 0.0022

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fibers

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm<sup>2</sup>/field)

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Project Activity Code	Type
1	Background
2	Setup
3	During
4	Clearance
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6	Personal
7	

## Appendix H

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### Site Logs





**Project Number:** 20120232.C2E  
**Technician:** William Champagne  
**Building:** 1 King Place Meriden, CT 06451  
**Specific Work Area:** Meriden Hospital

Date/Time	Comments	Initials
2015-10-14 12:00:41 +0000	0800. Arrive on site. AIG crew of 3 on site begins to mobilize. 0830. Laborer preps clean room of primary decon to building. Agrees to make it large enough to setup an area for pcm samples to be analyzed. I enter building with crew to scope out location in building 1968 level 1 northwest mechanical room to run power, exhaust, and lighting. 0930. Exit building. Crew starts generator and begins to setup power supply and lighting. Stairwell to mechanical room is located to the immediate left of west north entrance. Exhaust will be run up stairwell to room north of entrance. Begin collecting quantity estimates. 1000. Crew takes break. I review notes, inspection report, and AWP. Need to locate stairwell h in building 1968. 1100. Enter building again. Laborer begins cleaning trash out of area between doors in west north lobby and puts material in asbestos bags. Crew begins transporting negative air machines and setting up exhaust. Stairwell and northwest mechanical rooms are lit. Northwest will be abated in two containments due to quantity estimates. Negative air is established and front lobby is clean. I discuss process for shelf cleaning with Bob AIG. 1230. Crew takes lunch break. (30 mins) 0100 Crew returns to work. Continues to work on exhaust while one laborer continues working on primary decon clean room. 0200. Estimates for damaged ACM in building 1968 are reviewed. 0245. Crew defines location of separation wall in northwest mechanical room. I remind them that wall needs to be 3 separate layers. 0330. Everyone secures building entrance and equipment and then leaves site. I.H Champagne departs for Manchester HQ for equipment and supplies.	WAC
2015-10-15 11:00:34 +0000	0700. Arrive on site. AIG plans to construct 3 layers separation wall in building 1968 northwest mechanical room. I go over procedure for prepping ground surface for taping. Debris needs to be HEPA vacuumed and wetted. 0730. Crew starts generator and begins unloading equipment. One laborer finishes prepping primary decon at west north side entrance. 0745. Everyone enters the building. Crew hangs wire from pipe hangers in middle of northwest mechanical room. 1 negative air unit running. Remaining debris remains undisturbed other than minor foot traffic. Setup one background air sample at Stairwell H. 0800. Crew begins attaching first two layers of poly wall to wire hung from ceiling hangers. 0930 Crew takes break (15 mins) 1015. Enter building to check on progress. Two layers of poly are hanging from wire separating two sections of mechanical room. North section being attached. Asked one laborer to get HEPA vacuum and water. 1100. Swapped air sample at stairwell H (1@6.0) 1230 Crew takes lunch break. (30 mins) I.H. Leaves site for food and restroom. 0100. All enter building. Crew begins cleaning floor surface with HEPA and starts taping hanging poly wall to floor. 0230. Progress check. Two layers of poly are secured creating separation between 2 sections of mechanical room. Crew informs me that it is difficult to install 3 layers of poly at once so they will be adding final layer tomorrow 10/16. One laborer puts up criticals around vents and disturbed ducts. 0240. Collect air sample and begin packing up equipment. Crew continues to work on poly wall. 0315. Crew shuts off generator secures building and equipment. Police arrive on site and discuss building security issues. All leave site shortly after.	WAC
2015-10-16 11:00:13 +0000	0700. Arrive on site. AIG Crew of 3 also on site. Two trucks arrive shortly after. (1-30 yard dumpster, 1-90 yard trailer) 0750. Setup air sample at stairwell H. (1@6.0 LPM) 0945 Crew finishes setting up 3 chamber decon at bottom of Stairwell H and then moves over to setup containment around dumpsters. Both dumpsters are on site. 1000. Call Carlos F&O to discuss exterior containment and live loading procedures. AIG Crew and myself discuss the design for the exterior containment. Crew then begins putting up a 2 x 4 and wire frame. 1100. Fran AIG arrives on site to drop off ladder and worker documents. Go over progress and rough schedule for next week. Bob AIG and myself return to north side to secure Building 1968, shut off air samples, and lock up equipment. Generator is turned off and cords are pulled inside. 1200. Crew does not take lunch and starts hanging 2 layers of poly around wood and wire frame. 0130. Poly walls at perimeter of dumpster have been installed and taped to both the dumpster surface and wood/metal frame. 2 layers of 6 mil and 1 layer of reinforced poly. Ceiling and connection to garage door still need to be constructed. 0200. Crew packs up and everyone leaves site. 0215. Speak with Carlos F&O about loading dock containment design.	WAC
2015-10-19 23:00:52 +0000	0700. Arrive on site. Meet with Laborers and have them sign in. 0715. Supervisor Todd AIG arrives with supplies and Crew begins working on dumpster containment. Adding solid floor between dumpsters and 3 layers of poly on top. 0930 Crew takes break (15 mins) 1000. Delivery Crew drops off negative air machines, rolls of poly, pop up decons and more wood for dumpster containment and ramps. 1030. Crew begins installing first layer of reinforced poly for ceiling surface after correcting work done by other Crew on Friday. 1200. Crew takes lunch break. (30 mins) first layer of poly for ceiling has been installed and sealed to sides of structure. Crew still needs to add two more layers of 6 mil and tape over staples. 1230. Crew returns to work and proceeds to add layers to ceiling and taping it to sides. 0200. I.H. Champagne and Todd AIG go through work that needs to be done in Building 1968 NW mechanical room including; floors, shelves, broken fittings, loose insulation. Then proceeded to south loading dock to identify criticals, waste quality, and access route. 0300. Exited building and checked on Laborers. Containment over dumpster is being connected to garage door openings. 0330. Crew cleans up equipment, secures Building 1968 west north door. Todd AIG says he will have all worker documents tomorrow and will be preparing the inside of loading dock and finishing up structure on dumpster.	WAC
2015-10-20 13:38:41 +0000	0700. Arrived on site. AIG Crew of 5 signs in. Plan on finishing loading dock and dumpster containments. Todd informs me that he has all worker documents for present Laborers. 0730. Crew starts by bringing four negative air units down to south loading dock area. 0800. I.H. Champagne and Todd AIG enter building with lights and equipment. Laborer starts generator and passes power supply through gap at bottom of garage door. Lighting is established. Current conditions of waste pile in loading dock are documented. S chamber separating loading dock and dumpster containment is discussed. Due to size of the pile Crew will be loading waste into western dumpster to first. Crew plans on using Door to west of loading dock to transport equipment in. A pop up will be constructed around this entrance. Laborers start prepping negative air exhaust. 0845. I.H. Champagne exits building. 0850. Pump and pcm air sample are set up outside of door to the west of south loading dock. (1@10.3 lpm) 0900. Mike F&O arrives on site to look at fuel tank filler cap to northeast of loading dock. 0930. Crew exits building for break. (15 mins) measurements of containments at south loading dock will be taken and an air sample will be setup in hallway outside loading dock after break. 1000. Crew enters building and starts bringing more equipment down to loading dock. 1053. Swapped air sample outside near dumpsters. (1@7.1 lpm) Crew attempts to cut lock off of door west of loading dock for but is unable to. 1115. I.H. Champagne enters building to check progress and setup air sample. Pump and sample are setup in hallway outside decon. (1@7.1 lpm) Crew has sealed up all criticals. Decon is up with water supply next to it. Two negative air units are running and exhausting out window to on south side of laundry/storage building. Laborers are currently working on constructing s chamber with hung wire. 1200. Everyone exits building for lunch break (30 mins) Todd AIG hands me paperwork for remaining employees on site and informs me that Fran AIG will be by with documents for extra 5 workers coming tomorrow. 1245. Crew enters building. One laborer transports equipment into building 1968 west north main lobby and gets organized while rest of the Crew returns to loading dock. 0115. I.H. Champagne enters building to check on progress and air sampling equipment. Pump still running and cassette on stand. Crew is working on ceiling of western air lock and adding additional negative air machine to loading dock. Todd AIG informs me that they are trying to finish air lock and then setting up negative air in dumpster containment and ramps from loading dock surface to deck surface between dumpsters. 0145. Exit building. 0200. Collect air sample near dumpsters, shutoff pump and collect equipment.	WAC
2015-10-22 21:28:52 +0000	0700. Arrived on site. AIG Crew of 9 signs in and plans on finishing final cleaning and having final visual performed within the hour. 0723. Setup pump and air sample outside at dumpsters. (1@10.3) 0730. Entered building with Todd AIG. Setup pump and air sample at decon in hall. (1@7.1 lpm) Performed final visual of loading dock area. Small storage room has been thoroughly cleaned. Tanks left in place and pictures were taken. Snowmobile in main area is unmovable but has debris cleared from tracks and underneath skis. It has been thoroughly wiped down on all visible surfaces. Floor is clean, stairs have no visible debris. Workers change air filters at both southern negative air machines. I give Crew permission to lock down. 0800. Walkthrough with Todd AIG. Found conflict with sample locations. Could be due to outsiders or original document. Marked all conflicts on 11 x 7 master map. Discussed scope of work in corridors that have abutting rooms with damaged ACM and no Sheetrock or plaster. 0900. Exit building 1968. Contact Carlos F&O to clarify scope of work. If closed door does not separate hall from damaged ACM in room then it should be removed. 0930. Crew takes short break. 1000. Crew enters building. Continues to prep section on tunnel corridor on first floor and building 1968 east hall. 1030. Fran AIG on site. Discussed scope of work and progress on loading dock. 1045. Entered building 1968 with pumps and ran clearance in laundry storage building loading dock. Aggressive air was used which created problems with power supply. After resetting tripped gfci pumps and samples were set up in both the loading dock and dumpster enclosure. (10@14.5 lpm) Then proceeded to do additional walk through with Todd AIG. 1130. Exit building 1200. Crew takes lunch break (30 mins) 1220. IH champagne enters building. Pulls air clearance samples and packs up equipment. Exits building. 0100. Mount slides. 0130. Setup air samples at hallway south of double doors in tunnel where beige 9x9 floor tile is being prepared for removal. (1@10.3 lpm) another sample is set up in building 1968 nw entrance hall. (1@10.3) 0145. Exit building. Read mounted slides for loading dock and dumpsters air clearance. 0300. Inform Todd AIG both areas have cleared. Negative air and generator is shut off but dumpster enclosure will remain over night. 0330. Crew exits building, packs up equipment, secures building and leaves site. Smaller Crew tomorrow and no major removal will take place so that generator can be hauled off site.	BAC
2015-10-23 11:39:39 +0000	0700. Arrive on site. AIG Crew of 4 signs in. Crew plans on tearing down dumpster enclosure and loading dock criticals. 0715. Crew begins tearing down containments and putting poly waste in asbestos bags. Todd AIG informs me that plastic will stay up in loading dock area to keep it clean. 0930. Crew takes coffee break. Dumpster enclosure has been disassembled. Todd AIG says both are scheduled to be removed sometime today. 1000. Carlos F&O calls about supplies and discusses inventory of recently damaged material. Master map will need adjusting and updating. Crew enters building 1968 to work on locking loading dock garage doors, tunnel hall with damaged floor tile, and building 1968 east hall floor tile. 1200. Crew takes lunch break. (30 mins) 1245. Crew enters building 1968 nw entrance to continue working on east hall floor tile containment. 0100. West dumpster is taken off site. Todd AIG collects loose poly and puts it in asbestos bag at nw entrance. 0115. Enter building. Start performing rough inventory of second floor hallways. Most halls appear to have no damaged suspect material present. Sheetrock has been removed from both sides of the wall in several areas creating open space between hall and rooms. Site map is updated. 0215. Exit building. Go over findings with Todd AIG.	WAC
2015-10-26 13:17:04 +0000	0700. Arrive on site. AIG crew of 9 signs in. 0730. Enter building. Perform precommencement visual of west side of northwest mechanical room. Crew begins misting debris on floor with water. 0740. Setup pumps and air samples. One at top of stairwell H and one on east side of northwest mechanical room. (2@7.1 lpm) 0800. Start walking halls with two flashlights and a large safety pipe. Update master map. Most of recent damage is due to deteriorating plaster. 0850. Exit building. Discuss schedule with Todd. Check security of loading dock and rear doors of laundry / storage building. 0930. Crew takes coffee break. (15mins) Bobby AIG informs me they have removed all debris from floors and shelves and will begin dip lagging and sealina insulation this afternoon. 1000. Crew begins baacina out from NW mechanical room. 1015. IH chamaoane enters buildina 1968. Checks on bao out and prooress. Crew is adding	WAC

	<p>second bag at decon. Containment will still require lots of cleaning. Shelves west of stairwell h in caged area have not been done. Large fittings with insulation mud remain on ground. Insulation and fittings in poor condition have not been addressed yet. Leave NW mechanical room area and continue with hallway walk through. 1100. Exit building and observe bag out procedures. Bags are coming out of primary decon with no visible dust or debris and being labeled before being put in trailer. Crew plans on continuing with bagging out till lunch break. (150 bags) 1200. Crew takes lunch break (30 mins) 1250. Crew unloads equipment and then enters the building. Laborers continue on northwest mechanical room. 3 others start bagging tiles from 1968 building first floor east hallway. 0110. IH champagne enters building. Checks on progress in both areas. Floor is mostly cleared in c#3, Laborers working on fittings and fine cleaning of mechanical equipment. Most of tiles have been popped in c#4 and Crew places debris in double bag inside barrels. Continue with walk through of first and second floor hallways. 0200. Exit building. Update site log and review map. Still need to go over open areas and hallways of south addition east floor 1 and 2 and southeast area floor 1. 0310. Pull down air samples. Exit building. 0330. Crew packs up equipment, fuels generator and leaves site.</p>	
2015-10-27 12:07:57 +0000	<p>0700. Arrive on site. AIG Crew of signs in. Todd AIG got sent to another projects for two weeks. Bobby AIG will be taking over. Discuss the schedule for the day. Crew plans on having both the building 1968 northwest mechanical room and second floor east hallway ready for final visual today. 0710. Enter building perform Final visual on east hall floor tile. Waste still in containment and light debris on floor. Will be ready for lockdown shortly. First floor northwest mechanical room still appears to need a fair amount of week. Floors are mostly cleared. Most of damaged fittings have been dip lagged and white paper insulation on ducts still needs to be trimmed. Workers are shown areas that need to be addressed and bobby AIG is updated. 0815. Exit building and begin daily log. 0845. Enter building. Perform final visual of building 1968 level 2 east hall. Area looks very clean. Undisturbed Baltic below tile remains. Fair condition gray spray on fireproofing above remains. Give bobby AIG permission to lock down. Check on progress in level 1 northwest mechanical room. Area is almost finished and ready for final wash and wipe down. 0930. Crew takes break (15 mins) 1000. Crew begins hauling waste to trailer. Bags are doubled, and labelled appropriately. Bob AIG informs me that they will continue to roll out barrels of waste and the level one northwest mechanical room should be fully washed down by 1100.</p>	WAC
2015-10-28 11:36:46 +0000	<p>0700 Arrive on site. AIG Crew of 7 signs in. Crew plans to begin abatement of east side of building 1968 nw mechanical room. Discuss setup with bobby AIG. 0715. Enter containment to watch Crew setup. Crew installs single pop up decon at existing critical and cuts through. Crew passes negative air units through and begins prepping exhaust. IH champagne documents current conditions of west side after abatement and east side of mechanical room prior to abatement. Setup pcm air sample west of containment 6 at decon. Perform precommencement visual of containment 5. Went over scope of work with Laborers. 0800. Exit building. Consolidate project measurements and quantity estimates. 0830. Enter building. Check progress on east side of mechanical room C#6. Laborers have critical at south east entrance complete. Negative air units are running and in balanced locations. Crew working on criticals over duct vents. 0915. Crew takes coffee break. 1000. Enter building. Perform precommencement visual of east side of northwest mechanical room C#6. Crew begins cleaning floor. 1030. Perform final visual of level 1 tunnel hallway C#5. Tile has been fully removed. Mastic appears clean and undisturbed tile remaining in containment are clean and intact. Material quantity is measured. 1100. Worker encapsulates containment 5. Checked quantities and material type for areas of concern in notes. 1130. Exit building. Took lunch break and prepped equipment for containment 5 clearance. 1220. Entered building. Carried equipment to lower level tunnel hall. Used leaf blower up and down hallway. Setup pumps and tripped gfci. 1240. Exited building. Talked to bobby AIG about power issues. Re entered building. 0105. Setup air samples for clearance. (5@14.5 LPM) 0230. Entered building and Collected air clearance samples. 0245. Exit building, mount samples and read slides.</p>	BAC
2015-10-29 12:32:38 +0000	<p>0700. Arrive on site. AIG Crew of 7 signs in. Discuss schedule for the day with Bobby AIG. Crew will be focusing on containment #6 east side of building 1968 nw mechanical room. 0710. IH champagne enters building with Crew to check on progress and set up air samples. Containment #5 has been damaged by rain. Ceiling has let go from studs and is hanging down but remains sealed to poly walls. Crew rescues ceiling and opens north and south ends of containment. Check on containment 6 progress. Crew is working on dip lagging fittings in fair condition and cutting off loose fiberglass insulation. Shelves have cleared and floor has been cleared of large porous material. Pile of uncleaned metal remains of floor along with small debris in corners. 0740. Set up pumps and air samples at decon and ocb. (2@7.1 lpm) 0815. Exit building. Bobby AIG informs me that Crew plans on being ready for final visual by 1100. 0830. Laborers transfer and load barrels of floor tile into trailer. 0900 Crew takes coffee break. (15 mins) 1000. Enter building with Bobby AIG to check on progress and discuss containment for next area based on sample 925JAC-76. Identify popped tiles and mastic in debris and trash pile. Ceramic floor tile below in good condition. Decide on critical locations and scope of clean up. 1100. Perform final visual on containment 6. Instruct Laborers to vacuum paint chips, corners, and seal duct insulation which had been damaged by while spraying water. 1140. Tell workers to encapsulate. Exit building and inform Bobby AIG that area has passed final visual. 1200. Crew takes lunch break. (30 mins) 1245. Crew re enters building to begin prepping containment # 7 1952 building middle rooms. 0100. Setup pumps and air samples for clearance of containment #6. (5@14.5 lpm) 0145. Bobby AIG and two Laborers transport equipment to containment #7 while rest of Crew works on criticals. 0200. Enter building to check on Crew setting up new containment 0230. Collect samples for air clearance. 0245. Mount slides and analyze samples. 0330. Inform Bobby AIG that area has passed. Generator is shut off, equipment is packed and everyone leaves site.</p>	WAC
2015-10-30 12:13:07 +0000	<p>0700. Arrive on site. AIG Crew of 7 signs in and plans on beginning removal of loose floor tile in building 1952 middle room (C#7). 0710 Enter building 1968 to check progress of C#7. Criticals are up. Workers are clearing floor. They are stopped until negative air is established. Area has too much standing water to setup background sample at decon. 0730. Exit building. Setup pump and background air sample at front entrance to building 1952 outside critical barrier. 0815. Enter building with Bobby AIG to look over future work areas on upper floors. Several changes have occurred since 9/25/14 inspection. Conflicts were noted on drawing. 0900. Exit building. 0915. Crew takes coffee break (15 mins) 0930. Crew enters building and plans to be ready for final visual shortly. 1000. Enter building to access damage which has occurred since 9/25/14 inspection. Check on progress of c#7. Crew has removed all large debris and is working one wetting and wiping floors. Continue with walk through of upper floors. 1110. Return to C#7 to perform final visual. Have the workers wipe down ceramic tile once more. Loose checkerboard tile has been removed and all floors look good. Laborer begins encapsulating shortly after. 1145. Exit building. Setup air monitoring worksheets and collect outdoor air sample at front entrance of building 1952. 1245 Enter building to run final air clearance (5@11.9 lpm) 0100. Exit building and go over schedule with Bobby AIG. 0130. Enter building to continue accessing recent damage. 0230. Collect air samples from clearance and load out pumps. Exit building to mount and read slides. 0330. Inform Bobby AIG that area has passed final air clearance and generator can be turned off. Crew packs up equipment and everyone leaves site shortly after.</p>	WAC
2015-11-02 13:02:32 +0000	<p>0700. Arrive on site. AIG Crew of 5 signs in. Crew plans on loading out bags from room next to containment #7 which cleared on Friday afternoon and prep containment #8. (4th floor nurses station, 12 x 12 off white floor tile) 0715. Enter building to locate work bucket from Friday, check c#8 progress, setup background, take pictures, and check c#7 tear down. 0731. Setup pump and air sample (1@7.1 lpm) 0750. Exit building. Bobby AIG informs me Carlos F&amp;O stopped by and said that focus will be on additional areas of lower floors not identified in 9/25/14 inspection. Start daily log and update air monitoring worksheet 0815. Receive phone call from Carlos. Discuss changes in schedule and how focus will be switched back to first and second floor. On site meeting scheduled for Thursday 11/5. Inform Bobby AIG that work on fourth floor needs to stop and begin locating future work areas. 0915. Crew takes coffee break. (15mins) 1000. Joe AIG arrives on site. Discuss future work areas and go over locations and quantities on map. Call Carlos to confirm plan for Joe AIG. Decide to start with building 1968 level 1 east hall. 1030. Walk through with Bobby AIG. Future work areas are marked with orange paint. Perform precommencement visual inspection and give Crew permission to begin. Tile has remained in place during setup. Water on ground. 1130. Exit building. 1200. Crew takes lunch break. (30 mins) IH champagne leaves site. 1245. Crew enters building and begins hauling bags of floor tile out of containment 8. Laborers continue with final cleaning. 0100. Continue with marking out damaged materials for Crew. Additional damaged red and green 9 x 9 floor tile below pile of debris is located in building 1968. 0200. Perform final visual on containment 8. Give Laborers permission to lock down after floor is wiped. 0230. Collect air sample at top of stairs and exit building.</p>	WAC
2015-11-03 14:51:35 +0000	<p>0700. Arrive on site. AIG Crew of 5 signs in. Discuss scope of work with Bobby AIG and Todd AIG. Todd is updated on completed containments and concerns about remaining work. 0720. Enter building with Todd AIG. Walk through completed containments and potential future work areas. 0750. Exit building. Test pumps, prep cassettes and air monitoring worksheet for containment #8 clearance. 830. Enter building, use aggressive air up and down hallway, setup pumps and air samples. (5@11.9 lpm) 0850. Exit building. 0900. Crew takes coffee break. (15 mins) 1000. Speak to Carlos F&amp;O about plaster quantity and location in nurses building. Confirm general area highlighted on map and discuss quantity estimate. 1020. Enter building and pull down air samples. Mount and read slides. Slides have very low fiber levels. 1200. Crew takes lunch break. (30 mins) 1230. Joe AIG arrives on site. Informs me that project managers will have on site meeting on Thursday to go over schedule and that they had bid roughly 40 more man days for the remainder of the project. 1245. Everyone on site enters building. Todd takes two Laborers to areas on first floor with loose tile. IH champagne takes two Laborers to sections of loose floor tile in south east addition area on second floor. Tile is removed intact with no containment. 0130. Exit building. 0200. Check on Crew and pack up equipment from clearance. Crew has removed loose areas and everything has been bagged. 0230. Crew begins bagging out. Double bagged and labeled waste is put into trailer. About 575 bags total in trailer. Crew cleans up equipment and begins to prep for 11/4</p>	WAC
2015-11-04 13:59:02 +0000	<p>0700. Arrive on site. AIG Crew of 2 signs in. Todd AIG plans to clean up areas that have been cleaned in scope of work. 0710. Enter building. Crew starts gathering excess poly from work areas and bagging waste. Two work lights have been stolen over night. Crew proceeds to gather equipment on first floor and transport it to central location around north elevator at end of tunnel. Appears to be no new damage caused by trespassers. 0830. Exit building to start daily log and go over inspection report. 0900. Crew begins loading out waste. (15 bags) 0915. Coffee break. (15 mins) 0950. Enter building. Check areas where loose floor tile was removed yesterday 11/3. Show Crew additional areas of loose floor tile that need to be removed. Watch Crew remove intact tile and put it in burlap sacs and two asbestos bags. Walk through first and second floors with Todd AIG to identify areas that are the biggest issues that need to be discussed at meeting with project managers. 1200. Lunch break. (30 mins)</p>	WAC
2015-11-06 12:54:20 +0000	<p>0700. Arrive on site. AIG Crew of 3 signs in. Todd AIG informs me that they will have a larger Crew on Monday. Collect paperwork from new worker and enter building shortly after. 0715. Give Crew instructions for additional work areas. Decide which 9x9 tiles can be popped in place and which tiles need to be removed with criticals up and negative air running. Document conditions of hallways that are being worked on. Setup air sample north of work area in building 1923. 0800. Exit building. Go over inspection report and start daily log. 0830. Enter building to check on Crew. Several sections of loose intact tile have been removed. Crew starts carrying bagged material to 1968 main entrance. 0900. Crew takes coffee break. (15 mins) 1000. Todd AIG informs me that Joe AIG discussed remaining work with Carlos F&amp;O. Informed me that second floor of nurse school building can be sealed off and that first floor hallways must be done. Call to confirm. 1015. Entered building with Todd AIG to look over work area. Decided that large room to the south of nurse school building east west hall must be done as well in order to create a clear path for future work. 1100. Take down air sample. Exit building. 1200. Lunch break (30 mins)</p>	WAC
2015-11-09 12:21:07 +0000	<p>0700. Arrive on site. AIG Crew of 5 signs in. Crew will be preparing first floor halls of 1928 nursing school today. 0715. Enter building with all on site. Go over scope of removal, criticals, and negative air supplies. Crew cleans fiberglass insulation, cardboard, and miscellaneous trash out of 1952 hall, and ramp. No identifiable suspect material. Waste is double bagged and labelled anyway. 0800. Exit building. 0820. Enter building to document current conditions. Laborers still working on power supply, equipment, and clean debris in surrounding hallways. 0915. Coffee break. (20 mins) 1015. Enter building to check on progress. Setup air sample in 1952 hall to south of work area. (1@6.0lpm) Crew has started spot cleaning base of door frames and begin installing criticals. Laborer has started hanging poly at base of northeast entrance stairwell in nursing school building. Negative air units have been brought into work area but are not running. 1115. Exit building. 1200. Lunch break. (30 mins) leave site to get lunch. One worker leaves site. 1215. Return to site. 1250. Enter building. Crew has negative air units running and sufficient power supply for work. Most criticals have been installed. Critical at stairwell is up but needs to be sealed better. Swap air sample south of decon at top of ramp. (1@6.0 lpm) look through maintenance records for asbestos related information and drawings.. Found fire door inspection log but no other useful information. 0215. Exit building. 10 waste bags at building 1968 northwest entrance. 0230. Update daily log and go over drawing.</p>	WAC
2015-11-10 14:39:49 +0000	<p>0655. Arrive on site. AIG Crew of 4 signs in. Plan is to begin cleanup of building 1928 nursing school building first floor halls. 0725. Update Ulkens on project progress. Plan on leaving all needed equipment in secure location and talking at the end of shift. 0740. Enter building. Perform precommencement visual inspection. Seal between decon and door frame is fixed and clean up begins. Setup pump at decon. Pump does not work due to voltage drop. Swap pump and setup air sample (1@6.0 lpm). Look over work area and instruct Crew that loose tile and carpet needs to be removed also. 0815. Exit building and test pump at power source. Pump works fine. Start daily log and air monitoring record. 0930. Crew takes coffee break. (15 min) Dave AIG informs me that he thinks Crew will be finished with work area today and that he will bring an extra generator to run pumps for air clearance. 1000. Check on progress. 1100. Fran AIG on site. Go over remaining scope of work and discuss schedule. Enter building to check on progress and swap air sample. (1@6.0) 1130. Exit building and update daily log and air monitoring record. 1200. Lunch break. (30 mins) 0100. Discuss additional cleaning that needs to be done to first floor halls of 1928 nursing school building. Enter building and point out loose material to Crew. 0200. Crew begins to haul out waste bags from work area and clean up surrounding areas. 0300. Enter building and collect air sample. Load equipment into secure area for Ulkens F&amp;O. (Pumps, rotometer, cassettes, scope, and scope kit)</p>	WAC



**Project Number:** 20120232.C2E  
**Technician:** Ulkens Auguste  
**Building:** 1 King Place Meriden, CT 06451  
**Specific Work Area:** Veteran Memorial Hospital- Meriden, CT

Date/Time	Comments	Initials
2015-11-11 20:44:29 +0000	November 11, 2015 Veteran Memorial Hospital (old nursing office)-Meriden, CT 0700- 4 Workers are onsite. 0710- Workers are encapsulating the containment (old nursing office). Bill Champagne has already approved the containment for lock down. 0730-The containment has been lockdown, workers are performing waste load out . 0800-Setting up FAC samples inside of the containment. 0830- Aggressive FAC have started. 0845- Workers are setting up criticals to door ways leading to the second floor of the building as requested by the owner. 0900-0920- Workers are on lunch break. 0958-FAC samples have been removed, post flow rates were unchanged. 1100-The containment passed FAC criticals are being removed. 1200-1230- workers are on lunch break. 1300-1500- Workers continued to put criticals at location requested, and loading out their equipments out of the building. 1515- Everyone is offsite.	UA
2015-11-12 21:51:11 +0000	November 12, 2015 Veteran Memorial Hospital (old nursing office)-Meriden, CT 0700- 4 Workers are onsite. 0730- workers are demobilizing and continue apply to put criticals at the stairwell doors leading to the second floor. 0800-0900- In the building checking areas that the contractor had already criticaled. 0920-0940- Workers are taking break. 1000-1200- Workers continues to demobilizing and set up criticals at the stairwell doors leading to the second floor areas. 1200-1230-Workers are on lunch break. 1300-1330- Inside of the waste trailer checking waste bags making sure they are properly labeled. 1430- Reviewing additional work area with the site supervisor. 1515-Everyone is offsite.	UA
2015-10-21 20:54:40 +0000	October 21, 2015 Veteran Memorial Hospital- Meriden, CT 0700- 10 Workers are onsite. 0720- Abatement/ contaminated debris removal started. 0730- First set of background samples started. 0830-Checking exterior criticals of the dumpers by the loading dock. 0900-0915-Workers are on lunch break. 1016- Inside containment checking on work progress. 1054-First set of background samples have been removed and replaced. 1200-1300- Workers are on lunch break. 1310- Workers are back inside containment to removed last small pile of debris inside of the containment and to start final cleaning. 1404- Last set of background samples have been removed. Final cleaning continues. 1515- Workers shower out of the containment. 1540-Everyone is off the property.	UA

## Appendix I

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### EnviroScience Sign-In Sheets





WORKER SIGN-IN LOG

Project Name/Address: Farmers Meriden Hospital Date: 10/14/15

Project No. 20120232.CZE Work Area: NW Mech Rm - Building 1968 C#1

Worker's Name	Signature	Social Security No.
1. Bob ZARGO	Bob ZARGO	5626
2. Ralph Gagliardi	Ralph Gagliardi III	3778
3. Jimmy Gordon	[Signature]	5012
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Hospital Date: 10/15/15

Project No. 20120232.C2E Work Area: NW Mech Rm - 1968 Building C#1

Worker's Name	Signature	Social Security No.
1. <u>Bob ZARGO</u>	<u>Bob Zargo</u>	<u>5626</u>
2. <u>Ralph Gagliardi</u>	<u>Ralph Gagliardi</u>	<u>3778</u>
3. <u>Jimmy Gorman</u>	<u>Jimmy Gorman</u>	<u>5012</u>
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Hospital Date: 10/16/15

Project No. 20120232.CZE Work Area: NW Mech Rm Building 1968 C#1

Worker's Name	Signature	Social Security No.
1. Bob ZARGO	<i>Bob Zargo</i>	5626
2. Ralph Gagliardi	<i>Ralph Gagliardi</i>	3778
3. Jerry Curran	<i>Jerry Curran</i>	5012
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Pl Meriden Date: 10/19/15

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. JOSALITO R FERRAS	<i>[Signature]</i>	4169
2. Andrey Baginskiy	<i>[Signature]</i>	2352
3. Todd Craig	Todd S	2063
4. Amy Gussner	<i>[Signature]</i>	3012
5. Dan Robson	<i>[Signature]</i>	
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 10/20/15

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Todd Craig	Todd C	2063
2. Anthony Baginski	[Signature]	2352
3. Jimmy Gouran	[Signature]	5012
4. JOSE L TOR FLORES	[Signature]	4169
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 10/21/15

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Todd Craig	Todd Craig	2063
2. RAMON ROSADO	Ramón Rosado	9735
3. David Robs	[Signature]	
4. JOSELITO R FLORES	[Signature]	4169
5. Diana Pillajo	[Signature]	8239
6. ADRIANA RIVERA	[Signature]	4382
7. Anthony Volturro	[Signature]	
8. Jimmy Gorman	[Signature]	5012
9. Andrey Boginskiy	[Signature]	23-52
10. Jose Valdiviezo	[Signature]	
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WORKER SIGN-IN LOG

Project Name/Address: 1 King St Meriden Date: 10/22/15

Project No. 20120232.C2F Work Area: Laundry/Storage Loading Dock

Worker's Name	Signature	Social Security No.
1. Todd Craig		2063
2. ADRIANA RIVERA		7382
3. Jimmy Gorman		5012
4. David Robson		
5. Jose Valdiviezo		
6. Diana Pillojo		8239
7. RAMON ROSA JR		
8. Andrey Magallon		2357
9. JOSE LITO R FLORES		4169
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Pl Meriden Date: 10/23/2015

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Todd Craig	Todd Cj	2063
2. Andrew Bieganski	[Signature]	2152
3. Jimmy Gussow	[Signature]	3012
4. JOSELITO R FLORES	[Signature]	4169
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WORKER SIGN-IN LOG

Project Name/Address: Former Meridens Veterans Hospital Date: 10/26/15

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Bob ZARGO		5626
2. Andrey Baginski		23-52
3. Ralph Gagliardi		3778
4. JOSELITO R FLORES		4169
5. Diana Pillajo		8239
6. Jimmy Gorman		5012
7. Jose Valdiviego		
8. ADRIANA Rivera		4382
9. Alberto Ruiz		6734
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 10/27/15

Project No. 20120232.CZE Work Area: South Addition 1<sup>st</sup> floor Hall

Worker's Name	Signature	Social Security No.
1. Bob ZARGO	Bob Zargo	5626
2. Angina Paupinski	[Signature]	22552
3. Ed Au	[Signature]	6734
4. Jose Valdiviezo	[Signature]	
5. Jimmy Gorman	[Signature]	5012
6. Adriana Rivera	[Signature]	4382
7. Ralph Gagliardi	Ralph Gagliardi III	3778
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 10/28/15

Project No. 20120232.CZE Work Area: NW Mech Rm East / Level 1 Tunnel Hall

Worker's Name	Signature	Social Security No.
1. <u>Andree Baginski</u>	<u>[Signature]</u>	<u>23-57</u>
2. <u>AdriANA Rivera</u>	<u>[Signature]</u>	<u>4382</u>
3. <u>Jim Guman</u>	<u>[Signature]</u>	<u>5012</u>
4. <u>Celberto Perez</u>	<u>[Signature]</u>	<u>6734</u>
5. <u>Doug Robsz</u>	<u>[Signature]</u>	
6. <u>Bob ZARGO</u>	<u>[Signature]</u>	<u>5626</u>
7. <u>Ralph Gagliardi</u>		
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Pl Former Meriden Hospital Date: 10/29/2015

Project No. 20120232.CZE Work Area: pus mech Rm East

Worker's Name	Signature	Social Security No.
1. Jimmy Gorman		5012
2. Adriana Rivera		4382
3. Jose Vaddiviezo		
4. Ed Perez		6734
5. Dave Rizsa		
6. Bob Zarbo		5626
7. Ralph Gagliardi		3778
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WORKER SIGN-IN LOG

Project Name/Address: \_\_\_\_\_ Date: 10/30/15

Project No. \_\_\_\_\_ Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. <u>Adriana Rivera</u>	<u>[Signature]</u>	<u>4382</u>
2. <u>Jose Valdiviezo</u>	<u>[Signature]</u>	
3. <u>Cd Perez</u>	<u>[Signature]</u>	<u>6734</u>
4. <u>Davo Robson</u>	<u>[Signature]</u>	
5. <u>Jimmy Guman</u>	<u>[Signature]</u>	<u>5012</u>
6. <u>Bob ZARGO</u>	<u>Bob Zargo</u>	<u>5636</u>
7. <u>Ralph Gagliardi</u>	<u>Ralph Gagliardi</u>	<u>3178</u>
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 11/2/2015

Project No. 20120232.C2E Work Area: 4th Floor Nurses Suite

Worker's Name	Signature	Social Security No.
1. <u>Bob Zago</u>	<u>Bob Zago</u>	<u>5626</u>
2. <u>Adriana Rivera</u>	<u>AR</u>	<u>4382</u>
3. <u>Jose Valdiviezo</u>	<u>JVR</u>	
4. <u>Jimi Yanson Gozmen</u>	<u>JYG</u>	<u>5012</u>
5. <u>Ralph Gagliardi</u>		<u>3378</u>
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WORKER SIGN-IN LOG

Project Name/Address: \_\_\_\_\_ Date: 11/3/2015

Project No. \_\_\_\_\_ Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Ralph Gagliardi	<i>Ralph Gagliardi III</i>	3778
2. Todd Gray	<i>Todd Gray</i>	0063
3. Jose Valdiviezo	<i>José Valdiviezo</i>	
4. Jay Guzman	<i>Jay Guzman</i>	5012
5. Gabriela Rivera	<i>Gabriela Rivera</i>	4382
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WORKER SIGN-IN LOG

Project Name/Address: \_\_\_\_\_ Date: 11/4/2015

Project No. 20120232.C2E Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. <u>Todd Craig</u>	<u>Todd Craig</u>	<u>2063</u>
2. <u>Ralph Giagliardi</u>	<u>Ralph Giagliardi</u>	<u>3778</u>
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Date: 11/5/15

Project No. 20120232.CZE Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. <u>Todd Craig</u>		<u>2063</u>
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 11/6/2015

Project No. 20120232.CZE Work Area: \_\_\_\_\_

Worker's Name	Signature	Social Security No.
1. Anthony Volturno	<i>Anthony Volturno</i>	
2. David Robson	<i>David Robson</i>	
3. Todd Craig	<i>Todd Craig</i>	
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Place Date: 10/9/2015

Project No. 20120232.CZE Work Area: 1<sup>st</sup> Floor Nursing School

Worker's Name	Signature	Social Security No.
1. Todd Craig	<i>Todd Craig</i>	
2. Dave Baker	<i>Dave Baker</i>	
3. Andre Baginski	<i>Andre Baginski</i>	
4. Diana Pillojo	<i>Diana Pillojo</i>	
5. JOSE LITO R. FLORES	<i>Jose Lito R. Flores</i>	
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Place Date: 11/10/2015

Project No. 20120232.CZE Work Area: 1<sup>st</sup> Floor 1928 Nursing School

Worker's Name	Signature	Social Security No.
1. <u>Andrzej Bapinski</u>	<u>[Signature]</u>	<u>23-52</u>
2. <u>Diberto River</u>	<u>[Signature]</u>	<u>6738</u>
3. <u>Emmanuel Lopez</u>	<u>[Signature]</u>	<u>8022</u>
4. <u>[Signature]</u>	<u>[Signature]</u>	
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WORKER SIGN-IN LOG

Project Name/Address: V. Memorial Hospital  
1 King's Pl. Meriden, CT Date: 11/11/15

Project No. 20120132-C2E Work Area: \_\_\_\_\_

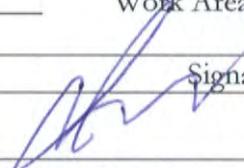
Worker's Name	Signature	Social Security No.
1.		
2. <u>Andrzej Bajinski</u>	<u>[Signature]</u>	<u>23-52</u>
3. <u>Enoch B. Lopez</u>		
4. <u>David Robinson</u>	<u>[Signature]</u>	
5. <u>Chick Lopez</u>	<u>[Signature]</u>	<u>6734</u>
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WORKER SIGN-IN LOG

Project Name/Address: 1 King Place Date: 11/13/2015

Project No. 20120232-C2E Work Area: Throughout

Worker's Name	Signature	Social Security No.
1. <u>Rodriguez</u>		
2. <u>ENCERBER LOPEZ</u>	<u>ELOPEZ</u>	<u>8092</u>
3. <u>Chhaba Fever</u>		<u>6734</u>
4. <u>Andrzej Bogdan</u>		<u>23-52</u>
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## Appendix J

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### Contractor Sign-In Logs



**Abatement Industries Group**

JOB 7 King Place Meriden CT LOCATION loading dock

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Jane Repston S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			
Adrianna Rivera S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			
Diana Pillojo S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			
Rana Rescibo S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			
Jose Valdiviezo S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			
Jiny Guzman S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15			

PERSONAL SAMPLE WORN BY: Jane Repston, Jiny Guzman, Joseph Flores

EXCURSION SAMPLE WORN BY: Jane Repston

FOREMAN: Todd Crady

AMOUNT AND TYPE OF ASBESTOS REMOVED: cleanup of loading dock area

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS  2 40 gaskets OTHER

# Abatement Industries Group

JOB King Place Nevada CT LOCATION Northwest

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
José Flores S.S.#	10-21-15	7:15	9:15	10:05	11:50	1:05	3:15	
Todd Craig S.S.#	10-21-15	8:30	9:00	11:00	11:50	2:00	2:30	
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Dave Rapera, Tony Guzman, Jose Luis Flores

EXCURSION SAMPLE WORN BY: Dave Rapera

FOREMAN: Todd Craig

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS 2, 40 standard OTHER \_\_\_\_\_

# Abatement Industries Group

JOB J King Place Meriden CT LOCATION Scolding Deck, 15<sup>th</sup> Floor Hallway 12x12's, and Floor Hallway 7x9's

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Dave Rapeta S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			
Adriana Rivera S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			
Diana Dillajo S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			
Ramon Rosado S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			
Jose Valdiviezo S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			
Jiny Guzman S.S.#	10-22-15	7:15	9:30	10:05	11:50	1:05	3:15			

PERSONAL SAMPLE WORN BY: Jose Valdiviezo, Ramon Rosado

EXCURSION SAMPLE WORN BY: Jose Valdiviezo

FOREMAN: Todd Craig

AMOUNT AND TYPE OF ASBESTOS REMOVED: Residual cleanup containers

AMOUNT OF ASBESTOS DISPOSED OF: ✓ BAGS \_\_\_\_\_ WRAPPED \_\_\_\_\_

\_\_\_\_\_ DRUMS ✓ 1 open 1 dumpsters \_\_\_\_\_ OTHER \_\_\_\_\_

# Abatement Industries Group

JOB \_\_\_\_\_ LOCATION \_\_\_\_\_

NAME	DATE	TIME IN	TIME OUT	TOTAL						
<i>Jose/ito Flores</i> S.S.#	10-22-15	7:15	9:15	10:05	11:50	1:05	3:15			
<i>Todd Craig</i> S.S.#	10-22-15	8:00	9:00	11:00	12:00					
<i>Andy Byszinski</i> S.S.#	10-22-15	11:00	11:45	1:15	3:15					
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

Abatement Industries Group

JOB King place Nevada LOCATION Mechanical Room North West Highway East Kellogg

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Joselito Flores	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										
Diana Pillajo	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										
Rosa Rosado	10-26-15	7:05	9:30	10:05	11:55	1:05	3:15			
S.S.#										
Jing Guzman	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										
adrian Rivera	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										
José Valdivia	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										

PERSONAL SAMPLE WORN BY: Ed Perez / Adrian Rivera, Diana Pillajo

EXCURSION SAMPLE WORN BY: Ed Perez

FOREMAN: Joel Cruz

AMOUNT AND TYPE OF ASBESTOS REMOVED: Mechanical Room, East Highway Site

AMOUNT OF ASBESTOS DISPOSED OF:  BAGS  WRAPPED

DRUMS  OTHER

# Abatement Industries Group

JOB 1 Kby place Nevada CT LOCATION 15<sup>th</sup> Floor mechanical Room Northwest, and New East hallway  
505

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Andy Bysinski S.S.#	10-26-05	7:10	9:30	10:05	11:55	1:05	3:15			
Ed Perez S.S.#	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
Ralph Gasparini S.S.#	10-26-15	7:15	9:30	10:05	11:55	1:05	3:15			
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: Ed Perez, Anthony R. Long, Diana P. Hojo

EXCURSION SAMPLE WORN BY: Ed Perez

FOREMAN: Todd Craft

AMOUNT AND TYPE OF ASBESTOS REMOVED: AKC cleanup mechanical Room 15<sup>th</sup> Floor, East hallway 2x5

AMOUNT OF ASBESTOS DISPOSED OF: ✓ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

# G15D49 Abatement Industries Group  
 JOB ONE KING-PLAZA LOCATION 1st half of Mechanical 10-27-15  
 FINAL CLEAN / VISUAL ENCAP AIR TEST ROOM

TUE

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
ED PEREZ	10/27	7:19	9:19	10:02	11:45			
S.S.#								
JIM GUZMAN	10/27	7:20	9:17	10:02	11:44			
S.S.#								
Adriana Rivera	10/27	7:30	9:14	9:58	11:40			
S.S.#								
ADDIE BAGINSKI	10/27/15	7:22	9:22	10:04	11:43			
S.S.#								
<del>JOS</del>								
S.S.#								

PERSONAL SAMPLE WORN BY: ED PEREZ  
 EXCURSION SAMPLE WORN BY: SAME  
 FOREMAN: Bobo ZARGO

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_  
 AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
 \_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

WED  
10-28-15

JOB ONE KING PLACE Abatement Industries Group 1st FLOOR 2ND HALF OF MECHANICAL ROOM.  
MERIDON CT LOCATION

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
JIM GUZMAN S.S.#	10/28/15	10:15	11:47	12:45	3:04			
ADRIANA S.S.# RIVERO	10/28	10:10	11:45	12:47	3:00			
ED PEREZ S.S.#	10/28	10:14	11:49	12:46	3:10			
ANDY S.S.# BAGINSKI	10/28	10:17	11:48	12:44	3:07			
Edo S.S.# ARCSO	10/28	10:22	11:00					
S.S.#								

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

#G-15D49

THUR  
10-29-15

Abatement Industries Group

JOB ONE KING PLACE  
2ND HALF OF 1ST FLOOR MECHANICAL ROOM

LOCATION MERIDEN CT.  
MECHANICAL ROOM - FINAL CLEAN

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
JIM GUZMAN S.S.#	10/29	7:30	9:20	10:02	11:40			
Adriana Rivera S.S.#	10/29	7:25	9:21	10:00	11:36			
ED PEREZ S.S.#	10/29	7:28	9:19	9:58	11:39			
JOSE VALDIVIZIO S.S.#	10/29	7:31	9:22	10:02	11:30			
DANE ROBSON S.S.#	10/29	10:10	11:32					
RAIPH GAGGIARDI S.S.#	10/29	10:15	11:35					

PERSONAL SAMPLE WORN BY: Adriana Rivera

EXCURSION SAMPLE WORN BY: SAME

FOREMAN: Bob ZARGO

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

#G15D49

JOB ONE KING PLACE  
ROOM + HALLWAY IN SIDE FRONT DOOR

Abatement Industries Group

LOCATION

MERIDEN CT

FRI  
10.30.15

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
RAIPI GAGHIARDI S.S.#	10/30	8:00	9:25	10:02	11:47			
ADRIANO RIVETA S.S.#	10/30	7:54	9:20	9:58	11:43			
SIM SUZMAN S.S.#	10/30	7:56	9:21	10:02	11:47			
ED PEREZ S.S.#	10/30	8:02	9:22	10:03	11:46			
JOSE VIALDIZIO S.S.#	10/30/15	8:03	9:24	10:00	11:43			

PERSONAL SAMPLE WORN BY: RALPH GAGHIARDI

EXCURSION SAMPLE WORN BY: SAME

FOREMAN: Bob ZARCA

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

Abatement Industries Group

JOB King Place Residen CT LOCATION 1st Floor Mengue Hallway North side Room

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Jim Guzman S.S.#	11-3-15	7:15	9:30	10:05	11:55	1:05	3:15	
Ralph Gagliardi S.S.#	11-3-15	7:15	9:30	10:05	11:55	1:05	3:15	
Adriana Rivera S.S.#	11-3-15	7:15	9:30	10:05	11:55	1:05	3:15	
Jose Valdivieso S.S.#	11-3-15	7:15	9:30	10:05	11:55	1:05	3:15	
Todd Craig S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Jim Guzman

EXCURSION SAMPLE WORN BY: Jim Guzman

FOREMAN: Todd Craig

AMOUNT AND TYPE OF ASBESTOS REMOVED: Fiber like Hallway Contain 25 L

AMOUNT OF ASBESTOS DISPOSED OF:  BAGS  WRAPPED  
 DRUMS  OTHER

# Abatement Industries Group

JOB 1 Bay place Nevada CI LOCATION area # 3, 4, 5 Penella / Camp Lake Floor #16

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
<u>Todd Gray</u>	<u>11-4-75</u>	<u>7:30</u>	<u>9:05</u>	<u>10:05</u>	<u>11:55</u>	<u>1:05</u>	<u>3:15</u>			
<u>Ralph Gagliardi</u>	<u>11-4-75</u>	<u>7:30</u>	<u>9:05</u>	<u>10:05</u>	<u>11:55</u>	<u>1:05</u>	<u>3:15</u>			
S.S.#										
S.S.#										
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: Todd Gray

EXCURSION SAMPLE WORN BY: Todd Gray

FOREMAN: Todd Gray

AMOUNT AND TYPE OF ASBESTOS REMOVED: look floor tile

AMOUNT OF ASBESTOS DISPOSED OF:  BAGS  WRAPPED

DRUMS  OTHER

**Abatement Industries Group**

JOB 1 King place Residen at LOCATION area #6 Hallway Remedial cleanup Abk Sites

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Todd Cray S.S.#	11-6-15	7:15	9:25	10:05	11:55	1:05	3:00			
Dave Repskin S.S.#	11-6-15	7:15	9:25	10:05	11:55	1:05	3:00			
Anthony S.S.#	11-6-15	7:15	9:25	10:05	11:55	1:05	3:00			
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: Dave Repskin

EXCURSION SAMPLE WORN BY: Dave Repskin

FOREMAN: Todd Cray

AMOUNT AND TYPE OF ASBESTOS REMOVED: Remedial cleanup Abk Sites Area one

AMOUNT OF ASBESTOS DISPOSED OF:  BAGS  WRAPPED

DRUMS  OTHER

Abatement Inc. tries Group

JOB King Place Nevada ST LOCATION 1st Floor Nursing Building Hs/May 5th Large Room

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Jose L. Flores S.S.#	11-9-15	7:15	9:05	10:05	11:55	1:05	3:15			
Andy Baginski S.S.#	11-9-15	7:15	9:05	10:05	11:55	1:05	3:15			
Dave Ropatin S.S.#	11-9-15	7:15	9:05	10:05	11:55	1:05	3:15			
Diana P. Gjo S.S.#	11-9-15	7:15	9:05	10:05	11:55	1:05	3:15			
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: Jose L. Flores

EXCURSION SAMPLE WORN BY: Jose L. Flores

FOREMAN: Teddy Gray

AMOUNT AND TYPE OF ASBESTOS REMOVED: Asp. Containment

AMOUNT OF ASBESTOS DISPOSED OF: ✓ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

Abatement Inc tries Group

JOB Marathon Hospital

LOCATION 1281

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Andy B	11/13	7	9:30	10	12	1	3			
Dave R	11/11	7	9:30	10	12	1	3			
E Lopez	11/11	7	9:30	10	12	1	3			
E. Perez	11/11	7	9:30	10	12	1	3			
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: Andy

EXCURSION SAMPLE WORN BY: Andy

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: 2 bags of 50 lb

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

JOB Asbestos 1803 partial Abatement Asbestos Group LOCATION \_\_\_\_\_

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Budy B	11/12/10	7	9:30	10	12	1	3:10	
<del>Abetter</del> Ed Paves	11/10	7	9:30	10	12	1	3:10	
E. Paves	11/10	7	9:30	10	12	1	3:10	
Dave R	11/10	7	9:30	10	12	1	3:10	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Ed Paves  
 EXCURSION SAMPLE WORN BY: Ed Paves  
 FOREMAN: \_\_\_\_\_  
 AMOUNT AND TYPE OF ASBESTOS REMOVED: Plaster Scrap  
 AMOUNT OF ASBESTOS DISPOSED OF: 4 BAGS \_\_\_\_\_ DRUMS \_\_\_\_\_ WRAPPED \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

JOB Asbestos Abatement Asbestos Group LOCATION AR1

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
<u>Dave R</u>	<u>11/12</u>	<u>7</u>	<u>4:30</u>	<u>10</u>	<u>12</u>	<u>1</u>	<u>3</u>			
<u>Andy B</u>	<u>11/12</u>	<u>7</u>	<u>9:30</u>	<u>10</u>	<u>12</u>	<u>1</u>	<u>3</u>			
<u>Encinbahl</u>	<u>11/12</u>	<u>7</u>	<u>9:30</u>	<u>10</u>	<u>12</u>	<u>1</u>	<u>3</u>			
<u>Edre L</u>	<u>11/12</u>	<u>7</u>	<u>9:30</u>	<u>10</u>	<u>12</u>	<u>1</u>	<u>3</u>			
S.S.#										
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: E Lopez  
 EXCURSION SAMPLE WORN BY: C. Lopez  
 FOREMAN: \_\_\_\_\_  
 AMOUNT AND TYPE OF ASBESTOS REMOVED: 0 - Sealed off stairwells  
 AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ DRUMS \_\_\_\_\_ WRAPPED \_\_\_\_\_ OTHER \_\_\_\_\_

Abatement Industries Group

JOB Asbestos LOCATION Al

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Bundy	11/13/1	7	9 <sup>30</sup>	10	12		12	1		
S.S.#										
Davis	11/13	7	9 <sup>30</sup>	10	12		12	1		
S.S.#										
Edwards	11/13	7	9 <sup>31</sup>	10	12		12	1		
S.S.#										
Evester	11/15	7	9 <sup>20</sup>	10	12		12	1		
S.S.#										
S.S.#										
S.S.#										

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: 0 CaSO4

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

JOB 8 Wright st Westport, CT Abatement Industries Group LOCATION 2nd

NAME	DATE	TIME IN	TIME OUT	TOTAL						
Abden Karawanski S.S.#	11-15-15	9:00	11:00	10:32	2:00					
Daniel Alvarez S.S.#	11-15-15	9:00	10:59	11:30	3:00					
Mauro Calle S.S.#	11-15	8:58	11:05	11:32	2:50					
Roman Rosado S.S.#	11-15-15	9:02	11:01	11:31	1:59					
Diana P. Irujo S.S.#	11-15-15	9:01	11:04	11:28	2:00					
Josefita Flores S.S.#	11-15-15	9:05	10:56	11:34	2:52					

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: Abden Karawanski  
FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_ Window cork

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ DRUMS \_\_\_\_\_ WRAPPED \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

## Appendix K

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### Contractor Daily Logs



# G15D49

WED

Abatement Industries Group  
DAILY LOG

PROJECT ONE KING Place DATE 10-14-15

ADDRESS ONE KING Place, Meriden Ct

WORK AREA Basement, mobilize equip, power lights, put decon shower unit in place.

TIME	COMMENTS
7:30	ARRIVE ON SITE meet with HyGenist Bill our on site monitor from Fuss-N-Oniel.
	JIM + RALPH unload box truck MATT delivering NEG AIRS/poly ect.
8:30	JIM begins set up of Decon/shower unit + clean room. At entrance to BLDG.
	RALPH + I, suit up with HyGenist Bill go to basement with two NEG AIRS/poly/Lights ect.
	set up cords to outside Generator for lights + power to NEG AIR's.
	RUN LAY Flat to EXTERIOR 1st Floor window.
10:00	WASH out Break.
10:30	CONTINUE WORK. RALPH + BEGIN prep OF CRITICAL BARRIER/WALL Approx 1/2 WAY across Large Area to be cleaned

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12:30 LUNCH!

1:00 CONTINUE WORK, prep of Decon unit AND CRITICAL BARRIER IN BASEMENT.

3:25 Leave site. ~~1st Floor Mechanical RM~~ #4

# 615D49

Abatement Industries Group  
DAILY LOG

THUR  
10.15.15

PROJECT ONE KING PLACE DATE \_\_\_\_\_

ADDRESS MERIDEN CT.

WORK AREA Basement

TIME	COMMENTS
7 <sup>00</sup>	ARRIVE ON SITE. Meet with Hygienist Bill (Fuss N. Oniel)
7 <sup>30</sup>	Suited up WE ENTER BLDG GO TO Basement to work on the critical Barrier
9 <sup>30</sup>	Break
10 <sup>04</sup>	CONTINUE WORK. HANG CRITICALS ON ANY WALL VENTS/ ANY DUCT OPENING/vents ect.
12 <sup>00</sup>	LUNCH!
1 <sup>00</sup>	CONTINUE WORK BEGIN HANGING A 3RD LAYER OF 6 MILL POLY ON CRITICAL Barrier that splits WORK AREA INTO TWO SMALLER AREAS.
3 <sup>10</sup>	WASH OUT OF BLDG. PACK UP EQUIP. Leave site. take Generator BACK to AIG WAREHOUSE.

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PAGE 1 OF 1

# G15D49

Abatement Industries Group  
DAILY LOG

FRI<sup>0</sup>  
10-16-15

PROJECT ONE KING PLACE

DATE

ADDRESS Meriden Ct

WORK AREA Finish prep of Basement / Prep of  
CONTAINMENT over the TWO 30 YRD  
ROLL OFFS AT LOADING DOCK.

TIME	COMMENTS
7:10	ARRIVE ON SITE. Meet with RED tech- DRIVERS they drop off ONE 100 YRD-ACM-WASTE TRAILOR AND TWO OPEN 30 YRD ACM-WASTE ROLL OFF'S.
8:00	JIM + RALPH GO INTO BLDG TO CONTINUE + FINISH 3RD LAYER OF 6 mill ON CRITICAL BARRIER + set UP OF A DECON 3 Chamber UNIT at Bottom of stairs DOORWAY ENTRANCE to OUR WORK AREA.
9:45	JIM + RALPH NOW FINISHED PREP OF CRITICALS / DECON IN BASEMENT WORK AREA! BREAK!
10:30	take truck LOADED with WOOD / REIN- FORCED 6 mill poly ect

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Abatement Industries Group  
DAILY LOG

PROJECT 1 King Place DATE 10-19-15

ADDRESS Meriden CT

WORK AREA loading dock outside prep containment over 2 dumpsters

TIME	COMMENTS
6:00	Arrived at shop load supplies
7:00	Arrived on site Prep containment over 2 open the yarder outside next to loading dock
9:30	Break
10:00	continued to prep containment outside of loading dock
11:00	lunch
1:00	continued to prep containment outside loading dock Build metal platform between 2 dumpsters and make ramp
3:30	left site

Tosh G  
FOREMAN'S SIGNATURE



**Abatement Industries Group  
DAILY LOG**

PROJECT 1 King place DATE 10-21-15

ADDRESS Meriden CT

WORK AREA loading dock area

TIME	COMMENTS
6:00	Arrived at shop load supplies
7:00	Arrived on site start Generator Begins to load 2 ACM Dumpsters with ACM and Garbage using wet methods 4 2,000 Hashed up
9:30	Break
10:00	Continued to load ACM Dumpsters In loading dock also only 2 layers Grill In 100 yarder 2 guys
12:00	lunch
1:00	continued to Final Clean Seal 2 40 yard Dumpster
3:30	left site

Terry G.  
FOREMAN'S SIGNATURE

PAGE 1 OF 1

**Abatement Industries Group  
DAILY LOG**

PROJECT 1 King Place DATE 10-22-15

ADDRESS Meriden CT

WORK AREA Loading Dock 1st Floor, Prep, 2nd Floor Crickets Hallway 9x9's  
Prep 1st Floor Hallway 12x12's

TIME	COMMENTS
6:00	Arrived at Shop load supplies
7:00	Arrived on site met site In Hygienist Oves Visual loading docks 1st floor Passed locked down Containment start prep 1st floor Hallway 12x12's also start prep 2nd floor Hallway 9x9's
9:30	Break
10:00	Continued to prep areas 1st and 2nd floor Hygienist Running per loading docks
12:00	lunch
1:00	continued to prep containments 1st and 2nd floor Hygienist Recording samples for loading dock per 1st floor 2:30 Passed per Air test loading dock areas
3:15	cleaned up west side
3:30	left site

Todd S  
FOREMAN'S SIGNATURE

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**Abatement Industries Group  
DAILY LOG**

PROJECT 1 Hwy place DATE 10-26-15

ADDRESS Meriden CT

WORK AREA 1<sup>st</sup> Floor mechanical Room Northwest

TIME	COMMENTS
6:00	Arrived at Shop load supplies
7:00	Arrived on site ran Hook up Power to Generator and begin to clean up Debris on floor
	In mechanical room 1 <sup>st</sup> floor Northwest Bag up
	ACR waste
9:30	Break
10:00	Bag out ACR waste Put Into ACR Dumpster
11:00	Begin to Dimple and final cleaning
12:00	lunch
1:00	continued to work on above areas
3:30	left site

Todd G  
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#645049

Abatement Industries Group  
DAILY LOG

TUE  
10-27-15

PROJECT ONE KING PLACE

DATE

ADDRESS 1 KING PLACE

WORK AREA 1st FLOOR containment / 2nd FLOOR  
mechanical room HALLWAY tent

TIME COMMENTS

7:00 ARRIVE ON SITE, CREW SIGNS IN AND SUITS UP.

7:19 ENTER CONTAINMENT / 1st FLOOR WORK AREA TO CONTINUE FINAL CLEANING / DIP TAG ect. BAG OUT

7:45 RALPH + I GO OVER TO 2nd FLOOR tile containment / work area to pull drums + HEPA VAC

8:45 HYGIENIST BILL (FUSS N ONIEL) GOES IN AND PASSES VISUAL. TELL'S ME TO ENCAPSULATE.

9:19 SHOWER OUT OF BOTH AREAS. BREAK

10:02 CREW GOES BACK DOWN TO 1st FLOOR TO FINISH FINAL CLEANING. BAG OUT BILL (FUSS N ONIEL) GOES INTO 1st FLOOR WORK AREA + PASSES VISUAL ON CLEAN UP + DAMAGE REPAIR. ENCAPSULATE

11:00 BILL RUNNING PCM 2nd FLOOR CONTAINMENT #4

11:45 SHOWER OUT. LUNCH

12:45 CREW GOES OVER FINISH PREP 1st FLOOR

FLOOR TILE TENT. BILL TELLS US 2nd FLOOR HALLWAY TILE TENT HAS PASSED - PCM - TEST.

3:15 CREW WASHING UP. BILL READING CASSETT FROM - PCM - MECHANICAL RM. "PASSED!!"

FOREMAN'S SIGNATURE

PAGE OF

# G15D49

Abatement Industries Group

DAILY LOG

WED

PROJECT ONE KING PLACE DATE 10.28.15

ADDRESS ONE KING PLACE, Meriden Ct

WORK AREA 2ND HALF OF 1st FLOOR MECHANICAL RM  
1st FLOOR HALLWAY - FLOOR tile Removal.

TIME	COMMENTS
6:50	ARRIVE ON SITE. UNLOAD TRUCK.
7:20	JIM, ADRIANA, ANDY + EDDIE GO TO 1st FLOOR MECHANICAL ROOM TO MOVE NEG AIR'S AND LIGHTS OVER OTHER HALF OF #3 MECHANICAL ROOM. PUT OFF CRITICAL'S ESTABLISH NEG AIR. DAVE, RALPH AND JOSE GO TO 1st FLOOR CONTAINMENT IN HALLWAY #5
8:00	TO SET UP NEG AIR + BEGIN REMOVAL OF LOOSE/DAMAGED FLOOR TILE.
9:20	CREW CLEAN'S UP. BREAK.
10:04	DAVE RALPH + JOSE GO BACK INTO 1st FLOOR CONTAINMENT TO FINAL CLEAN HALLWAY: ACM - LOOSE TILE, Debris.
10:15	JIM, ADRIANA, EDDIE + ANDY SUITED UP GO INTO 1st FLOOR MECHANICAL RM TENT TO BEGIN CLEAN UP OF ALL Debris.
11:47	BEGIN SHOWERING OUT. 1st FLOOR HALLWAY TENT PASSES VISUAL MEN LOCK DOWN - ENCAPSULATE

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#G15049

Abatement Industries Group  
DAILY LOG

THUR  
10.29.15

PROJECT ONE KING PLACE DATE \_\_\_\_\_

ADDRESS ONE KING PLACE, Meriden

WORK AREA 1st FLOOR Mechanical Room +  
1st FLOOR hallway

TIME	COMMENTS
6:45	ARRIVE ON SITE. Meet with WORKERS Crew signs in. suited up workers Go into 1st Floor Mechanical Room 2nd HALF to CONTINUE Final cleaning + start of Dip lag Repair of ANY DAMAGED ACM. FITTINGS ET. Containment #5, 1st Floor Hallway (WED PASSED) tent has passed PCM. Final clearance RAIPh + Dave Go down + take down Decon + NEG AIRS, move ACM DRUMS to ON SITE 100 YRD ACM waste trailer.
11:30	Hygenist passes visual in Mechanical RM 2nd half of tent. ENCAPSULATE.
12:15	LUNCH!
1:05	crew makes there way to the next WORK AREA to BEGIN HANGING CRITICALS
1:30	BILL starts PCM. AIR test IN

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# 615D49

Abatement Industries Group  
DAILY LOG

FRI

PROJECT ONE KING PLACE

DATE 10.30-15

ADDRESS ONE KING PLACE, Meriden ct

WORK AREA \_\_\_\_\_

TIME	COMMENTS
6:45	ARRIVE ON SITE. CREW SIGNS IN AS WE GO OVER SCOPE OF WORK AND SAFTY ON JOB SITE.
7:30	CREW MAKES THERE WAY FROM TO NEXT AREA TO BE CLEANED. MOVE GENERATOR TO FRONT OF BLDG TO ACCESS POWER/LIGHTS/NEG AIR TO CONTAINED AREA.
7:54	SUITED UP CREW BEGINS CLEAN UP OF ALL Debre & LOOSE FLOOR tile, in contain- -ment.
8:30	BILL + I WALK THRU UPPER FLOORS TO FIND NEXT AREAS ON MAP SHOWING CLEAN UP AREAS OF HALLWAY.
9:25	CREW SHOWERING OUT.
10:02	CREW GOES INTO TENT TO BAG OUT + BEGIN FINIAL CLEANING OF ALL Debre.
	DAVE TAKING DOWN DECON IN PREVIOUS CLEARED WORK AREA MOVE ANY EQUIP TO STORAGE AREA.

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SAFTY / TOOLBOX TALK ON TRIPS / FALLS

# 615049

Abatement Industries Group  
DAILY LOG

page  
2 of 2

FRI

10-30-15

PROJECT ONE KING PLACE DATE

ADDRESS ONE KING PLACE, Meriden Ct

WORK AREA \_\_\_\_\_

TIME	COMMENTS
11:15	Hygenist Bill goes into containment + passes visual inspection. JIM + EDDIE ENCAPSULATES CREW WASHING OUT
11:47	LUNCH!
12:45	Workers head up to 4th Floor Location #39 Nurse office to prep critical's for clean up of loose white/tan 12x12 floor tile clean up.
1:30	Hygenist rolling cassettes on front door hallway and area containment #6
3:10	Hygenist Bill tells me area #6 has passed pcm-
3:15	Shut down generator hook up to truck + take back to warehouse for weekend.
3:30	Leave site

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#G15D49

Abatement Industries Group  
DAILY LOG

MON

PROJECT ONE KING PLACE DATE 11-2-15

ADDRESS ONE KING PLACE, Meriden Ct

WORK AREA 1st FLOOR Hallway (EAST HALL)

TIME	COMMENTS
6:45	ARRIVE ON SITE WITH GENERATOR. + MATERIAL NEEDED. HAVE CREW GOES TO EAST HALLWAY. TO HAVE CRITICAL BARRIERS FOR REMOVE / CLEAN UP OF APPROX 75 LIN FT X 6' OF ACM- 9x9 TILES, THAT HAVE POPPED UP.
9:30	BREAK
10:02	GO TO AREA + SET IN + ESTABLISH NEG AIR PRESSURE DECON IN PLACE
10:30	CREW SUITED UP GOES INTO EAST HALLWAY CONTAINED AREA TO BEGIN PICKING UP / CLEAN UP OF ALL LOOSE ACM- FLOOR TILE

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# G-15D49

Abatement Industries Group  
DAILY LOG

Tue  
11-3-15

PROJECT 1 KING place DATE

ADDRESS Meriden CT

WORK AREA 1st Floor North addition Marquee Hallway

TIME	COMMENTS
6:45	Arrived at shop load Supplies
7:15	Arrived on site Bag out waste from south addition west Hallway sample #905 - Jac - 13 10/12
	Hygenist shows me 1st Floor North addition Marquee Hallway Plan We even start to prep containment Hook up Decan and shower
8:15	Hygenist starts to Run Perm south Addition = west Hallway
9:30	Break
10:00	Do Remedial Cleanup of Floor tile base in Marquee Hallway Bag up Air floor tile Also prep Nurses Building 2nd Floor Ramp area
10:50	lunch
1:00	Continued to work on above areas
3:30	left site

Todd G.  
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PAGE 1 OF 1

**Abatement Industries Group  
DAILY LOG**

PROJECT 1 King Place DATE 11-4-15

ADDRESS Meriden CT

WORK AREA Area #4 Remedial cleanup loose tile area #3, area #5 floor tile

TIME	COMMENTS
6:00	Arrived at shop load supplies
7:00	Arrived on site fill Generator with fuel stock
	Supplies clean up other contents and move Equipment
	also do Remedial cleanup of loose tile area 3,4,5 and Bag up
	Air waste
9:00	Break
10:00	Continue to Remedial cleanup areas 3,4,5 loose tile
	files
10:00	lunch
1:00	continued to pick up loose tiles area 3,4,5 and
	Bring Air waste to dumpster
3:30	left site

Torval G.  
FOREMAN'S SIGNATURE



**Abatement Industries Group  
DAILY LOG**

PROJECT 1 King Place DATE 11-6-15

ADDRESS Meriden CT

WORK AREA 2nd floor area #6 cleanup loose tile and Hepa vac

TIME	COMMENTS
6:00	Arrived at shop and supplied
7:00	Arrived on site Turn Generator on start Remedial cleanup Hepa vac and Pick up loose Tiles Hole using wet methods
9:30	Break
10:00	continued to work on above area also Joe v called scope of work has changed again not doing Nurses station on 2nd floor only conducting air contaminated area going to do 1st floor Nursing station Hall way and lounge Room area #2 going over job with Hygenist
10:00	unch
1:00	continued to work on cleanup 2nd floor also bring Air waste out to Air Dumpster lock up ladders In Air Dumpster
3:00	and Generator hitch up to my truck to bring Back to warehouse
3:30	left site

Todd C.  
FOREMAN'S SIGNATURE

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Abatement Industries Group  
DAILY LOG

PROJECT 1 King Place DATE 11-9-15

ADDRESS Residen

WORK AREA 1<sup>ST</sup> FLOOR Nursing Building

TIME	COMMENTS
6:00	Arrived at shop and supplies and Generator
7:00	Arrived on site set up Power Begin to set up containment 1 <sup>ST</sup> Floor Nursing Building Hallway
9:30	Break
10:00	continued to Prep Containment Hook up Neg Airs vent outside Hook up Decon and shower
12:00	lunch
1:00	continued to work on Containment
3:30	left site

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## Appendix L

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### Contractor Personal Air Sample Results



# ChemScope INDUSTRIAL HYGIENE • ENVIRONMENTAL CHEMISTRY

15 Moulthrop Street, North Haven, CT 06473-3686 • Phone (203) 865-5605 • Fax (203) 498-1610

Abatement Industries Group, Inc.  
16 Hamilton Street  
West Haven CT 06516

PO #: G15D49  
Date: 11/25/2015  
CS#: 189-570

Personal sample(s) from , 1 King Place, Meriden CT, , received by Chem Scope, Inc. on 11/18/2015:

NIOSH Method 7400 (Issue #2: 15 August 1994) is used for Phase Contrast Microscopy (PCM) air samples. A minimum of two field blanks must be submitted for each set of samples. It is Chem Scope's policy that in the unlikely event that there is to be any deviation from the standard test you will be consulted by phone before the work. Those clients who have not had NIOSH 582 or AHERA asbestos training courses (either supervisor or project monitor) should consult with the laboratory director for more information. The test parameters are further explained in the analytical report.

For samples received and not collected by Chem Scope the air sample concentrations reported are based in part upon information provided by the client.

We will retain air samples for at least one month unless you advise us otherwise.

You are welcome to visit the laboratory at any time to discuss the work, monitor the work or verify our testing services. We appreciate your business and encourage any feedback regarding improvement of our services or our quality system.

Suzanne Cristante  
Laboratory Director  
SC

or

Izabela Kremens  
Quality Manager  
IK

or



Ronald D. Arena  
Senior Consultant  
RDA

*See test parameters on reverse side of page.  
We would love to hear from your. Comments? Questions?  
Please call or email us at [chem.scope@snet.net](mailto:chem.scope@snet.net)*

# Certificate of Analysis

Numeration of fibers on 0.8 micron cellulose-ester from 25mm cassette by Phase Contrast Microscopy, NIOSH Method 7400, Issue #2, 1994:

CS Sample #	Client ID	Type	Col'd	Date	Rec.	By	Rec.	Client	Location	Description	F/MM2	F/CC	LOD	Analyst	Date Analyzed	8-Hr TWA
<b>1 King Place, Meriden CT (Job# G15D49)</b>																
<b>CS# 189-570</b>																
189-570-1	Excursion	Cust	10/21/15	ZW	11/18/15	ALG, Inc.	Loading Dock	ALG, Inc.	Loading Dock	D. Robson Half Face-Remedial Cleaning	2.5	< 0.036	0.036	IK	11/25/15	<0.010
189-570-2	Personal	Cust	10/21/15	ZW	11/18/15	ALG, Inc.	Loading Dock	ALG, Inc.	Loading Dock	D. Robson Half Face-Remedial Cleaning	1.3	< 0.010	0.010	IK	11/25/15	<0.010
189-570-3	Personal	Cust	10/21/15	ZW	11/18/15	ALG, Inc.	Loading Dock	ALG, Inc.	Loading Dock	J. Guzman Half Face-Remedial Cleaning	2.5	< 0.010	0.010	IK	11/25/15	<0.010
189-570-4	Personal	Cust	10/21/15	ZW	11/18/15	ALG, Inc.	Loading Dock	ALG, Inc.	Loading Dock	J. Flores Half Face-Remedial Cleaning	5.1	< 0.010	0.010	IK	11/25/15	<0.010
189-570-5	Blank	Cust	10/21/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-6	Blank	Cust	10/21/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-7	Excursion	Cust	10/22/15	ZW	11/18/15	ALG, Inc.	2nd Fir Hall	ALG, Inc.	2nd Fir Hall	J. Valdiviezo Half Face-Prep	0.0	< 0.036	0.036	IK	11/25/15	<0.010
189-570-8	Personal	Cust	10/22/15	ZW	11/18/15	ALG, Inc.	2nd Fir Hall	ALG, Inc.	2nd Fir Hall	J. Valdiviezo Half Face-Prep	1.3	< 0.010	0.010	IK	11/25/15	<0.010
189-570-9	Personal	Cust	10/22/15	ZW	11/18/15	ALG, Inc.	1st Fir Hall	ALG, Inc.	1st Fir Hall	R. Rosado Half Face-Prep	3.8	< 0.010	0.010	IK	11/25/15	<0.010
189-570-10	Blank	Cust	10/22/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-11	Blank	Cust	10/22/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-12	Excursion	Cust	10/26/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	A. Baginski Half Face-Cleaning	12.7	0.074	0.041	IK	11/25/15	<0.010
189-570-13	Personal	Cust	10/26/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	A. Baginski Half Face-Cleaning	10.2	< 0.010	0.010	IK	11/25/15	<0.010
189-570-14	Personal	Cust	10/26/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	J. Guzman Half Face-Cleaning	0.0	< 0.010	0.010	IK	11/25/15	<0.010
189-570-15	Personal	Cust	10/26/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	J. Flores Half Face-Cleaning	2.5	< 0.010	0.010	IK	11/25/15	<0.010
189-570-16	Blank	Cust	10/26/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-17	Blank	Cust	10/26/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-18	Excursion	Cust	10/27/15	ZW	11/18/15	ALG, Inc.	1st Fir	ALG, Inc.	1st Fir	E. Perez PAPR-Final Cleaning	7.6	0.052	0.047	IK	11/25/15	<0.010
189-570-19	Personal	Cust	10/27/15	ZW	11/18/15	ALG, Inc.	1st Fir	ALG, Inc.	1st Fir	E. Perez PAPR-Final Cleaning	7.6	< 0.010	0.010	IK	11/25/15	<0.010
189-570-20	Blank	Cust	10/27/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-21	Blank	Cust	10/27/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-22	Excursion	Cust	10/28/15	ZW	11/18/15	ALG, Inc.	1st Fir Hall	ALG, Inc.	1st Fir Hall	D. Robson Half Face-Floor Tile Removal	3.8	< 0.045	0.045	IK	11/25/15	<0.010
189-570-23	Personal	Cust	10/28/15	ZW	11/18/15	ALG, Inc.	1st Fir Hall	ALG, Inc.	1st Fir Hall	D. Robson Half Face-Floor Tile Removal	2.5	< 0.010	0.010	IK	11/25/15	<0.010
189-570-24	Blank	Cust	10/28/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-25	Blank	Cust	10/28/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-26	Excursion	Cust	10/28/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	J. Guzman PAPR-Cleaning	2.5	< 0.045	0.045	IK	11/25/15	<0.010
189-570-27	Personal	Cust	10/28/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	J. Guzman PAPR-Cleaning	0.0	< 0.010	0.010	IK	11/25/15	<0.010
189-570-28	Blank	Cust	10/28/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-29	Blank	Cust	10/28/15	ZW	11/18/15						0.0			IK	11/25/15	
189-570-30	Excursion	Cust	10/29/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	A. Rivera PAPR-Final Cleaning	3.8	< 0.050	0.050	IK	11/25/15	<0.010
189-570-31	Personal	Cust	10/29/15	ZW	11/18/15	ALG, Inc.	1st Fir-Mech Rm	ALG, Inc.	1st Fir-Mech Rm	A. Rivera PAPR-Final Cleaning	0.0	< 0.010	0.010	IK	11/25/15	<0.010
189-570-32	Blank	Cust	10/29/15	ZW	11/18/15						0.0			IK	11/25/15	

# Certificate of Analysis

Numeration of fibers on 0.8 micron cellulose-ester from 25mm cassette by Phase Contrast Microscopy, NIOSH Method 7400, Issue #2, 1994:

CS Sample #	Client ID	Type	Date		Client	Location	Description	F/MM2	F/CC	LOD	Date	
			Col'd	Rec.							Analyst	Analyzed
189-570-33	Blank	Blank	By Cust	10/29/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-34	Excursion	Excursion	By Cust	10/30/15	ZW	11/18/15	3.8	< 0.047	0.047		IK	11/25/15
189-570-35	Personal	Personal	By Cust	10/30/15	ZW	11/18/15	0.0	< 0.010	0.010		IK	11/25/15
189-570-36	Blank	Blank	By Cust	10/30/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-37	Blank	Blank	By Cust	10/30/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-38	Personal	Personal	By Cust	11/3/15	ZW	11/18/15	0.0	< 0.010	0.010		IK	11/25/15
189-570-39	Excursion	Excursion	By Cust	11/3/15	ZW	11/18/15	1.3	< 0.036	0.036		IK	11/25/15
189-570-40	Blank	Blank	By Cust	11/3/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-41	Blank	Blank	By Cust	11/3/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-42	Excursion	Excursion	By Cust	11/4/15	ZW	11/18/15	2.5	< 0.045	0.045		IK	11/25/15
189-570-43	Personal	Personal	By Cust	11/4/15	ZW	11/18/15	1.3	< 0.010	0.010		IK	11/25/15
189-570-44	Blank	Blank	By Cust	11/4/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-45	Blank	Blank	By Cust	11/4/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-46	Excursion	Excursion	By Cust	11/6/15	ZW	11/18/15	3.8	< 0.037	0.037		IK	11/25/15
189-570-47	Personal	Personal	By Cust	11/6/15	ZW	11/18/15	2.5	< 0.010	0.010		IK	11/25/15
189-570-48	Blank	Blank	By Cust	11/6/15	ZW	11/18/15	0.0				IK	11/25/15
189-570-48	Blank	Blank	By Cust	11/6/15	ZW	11/18/15	0.0				IK	11/25/15

AIHA LAP, LLC Accredited Laboratory #100134  
 Connecticut Approved Environmental Lab PH 0581

The results are mathematically corrected for field blanks.

\*These page numbers represent the number of pages for the Certificate of Analysis section only and additional pages are associated with this report:

1. For all reports, signature page (1 page, 2-sided) and air sample data sheets (11 pages)/chain of custody (See CS# 189-552)
2. For finals /samples collected by Chem Scope, drawing(s). (Not Applicable)
3. Additional documentation required for schools are referenced in the school report contents page. (Not Applicable)

For personal air samples: The calculated 8-HR TWA assumes that the individual being monitored had no other exposures other than the indicated sampling time.

F/CC=Fibers / cubic centimeter  
 F/mm2=Fiber/millimeter squared  
 TWA=Time Weighted Average  
 PC=Possible Contamination  
 UC=Uncountable

Reviewed by:  Date: 11/30

**PARAMETERS OF THE NIOSH 7400 METHOD** (Revised 05/22/2015)  
**(Issue #2: 15 August 1994)**

1. The method counts all fibers greater than 5 microns in length whether or not they are asbestos fibers.
2. The method is used for OSHA compliance for worker personal exposure sampling. The OSHA compliance limits are:

PEL (Permissible Exposure Limit):

0.1 fibers/cubic centimeter (f/cc) for an 8 hour time weighted average.

EL (Excursion Limit):

1.0 fibers/cubic centimeter (f/cc) for a 30 minute sample at the peak exposure during the day.

3. The method is used for State of Connecticut/EPA required final air testing after an asbestos abatement project. The regulations require that at least five samples be collected aggressively in each contained work area using forced air blown on the work area surfaces. The regulations require that each of the final samples have concentrations below 0.01 f/cc which is the Limit of Detection in the EPA protocol.

4. The intralab relative standard of deviation of the method (CV) for this laboratory is expressed below as a function of filter density  $I_n$  fibers/square mm:

<u>Fibers/sq mm</u>	<u>CV</u>
<25.5	0.51
25.6-64.3	0.37
64.4-127	0.24
>127	0.14

5. The upper 95% confidence levels (UCL):

$$UCL = \frac{2X + 2.25 + [(2.25 + 2X)^2 - 4(1 - 2.23 S_r^2) X^2]^{1/2}}{2(1 - 2.23 S_r^2)}$$

The lower 95% confidence levels (LCL):

$$LCL = \frac{2X + 4 - [(4 + 2X)^2 - 4(1 - 4 S_r^2) X^2]^{1/2}}{2(1 - 4 S_r^2)}$$

Where  $S_r = 0.45$  (based on NIOSH 7400 method) is the subjective interlaboratory relative standard deviation, which is close to the total interlaboratory  $S_r$  when approximately 100 fibers are counted.

$X$  = total fibers counted on samples.

Note that the range between these two limits represents 90% of the total range.

6. Fiber counts outside the 100-1300 fibers/mm<sup>2</sup> range are "greater than optimal variability" and "probably biased".

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL. N. \_\_\_\_\_  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged

Sample Source King Place Meriden CT Job # 615-489 615 D49  
 Sampled by Todd Crowley Date Sampled 10-31-15 Customer Name A.I.G 189-570  
 Analyst ILL Date Received 11/18/15 8:40am DW Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
		Start	End					
189570-1 Date: 10-31-15 Mask: 113 Face Name: Dave Ropesen SS#: Code: 5 Task: Remedial cleanup	7:15 2:45	2.5	2.5		2/100			
189570-2 Date: 10-31-15 Mask: 113 Face Name: Dave Ropesen SS#: Code: 1 Task: Remedial cleanup	7:45 9:15 10:05 11:50 1:05 3:15	2.5	2.3		1/100			
189570-3 Date: 10-31-15 Mask: 113 Face Name: Tony Guzman SS#: Code: 1 Task: Remedial cleanup	7:15 9:15 10:05 11:50 1:05 3:15	2.0	1.8		2/100			
189570-4 Date: 10-31-15 Mask: _____ Name: Jose L. Flores SS#: Code: 1 Task: Remedial cleanup	7:15 9:15 10:05 11:50 1:05 3:15	2.2	2.0		4/100			
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____								

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N \_\_\_\_\_

Field Blanks (1) 1 - open blank 189570-5 0/100  
 Laboratory Blank (1) 1 - closed blank 189570-6 0/100  
 Reference Slide #: Prodyte  
ACE 187-333-2  
TDI 170-233-1

Project King Place Meriden CT  
 Location loading dock area Remedial cleanup  
 Foreman Todd Crowley  
 Superintendent Frank Masney  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y.#  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged

Sample Source King Place Meriden CT Job # G152099  
 Sampled by Todd Craig Date Sampled 10-22-15 Customer Name A.I.G. B9-570  
 Analyst ILL Date Received 11/13/15 8:40am 2m Date Tested 11/25/15

Sample #/ Description	Time		Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
	Start	End	Start	End					
<u>189-570-7</u> Date: <u>10-22-15</u> Mask: <u>114 Face</u> Name: <u>Jose Valdivia 21220</u> SS#: _____ Code: <u>5</u> Task: <u>Prep 9x9's 2nd Floor Hallway</u>	<u>7:45</u>	<u>7:45</u>	<u>2.5</u>	<u>2.5</u>		<u>0</u> <u>100</u>			
<u>189-570-8</u> Date: <u>10-22-15</u> Mask: <u>114 Face</u> Name: <u>Jose Valdivia 21220</u> SS#: _____ Code: <u>1</u> Task: <u>Prep 9x9's 2nd Floor Hallway</u>	<u>7:45</u> <u>10:05</u> <u>12:05</u>	<u>9:30</u> <u>11:30</u> <u>3:15</u>	<u>2.5</u>	<u>2.3</u>		<u>1</u> <u>100</u>			
<u>180-5709</u> Date: <u>10-22-15</u> Mask: <u>114 Face</u> Name: <u>Ron Ruvolo</u> SS#: _____ Code: _____ Task: <u>Prep 13x13's 1st Floor Hallway</u>	<u>7:15</u> <u>10:05</u> <u>1:05</u>	<u>9:30</u> <u>11:50</u> <u>3:15</u>	<u>2.2</u>	<u>2.0</u>		<u>3</u> <u>100</u>			
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____									
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____									

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N

Field Blanks ( 1 = open blank 189-570-10 0/100  
 Laboratory Blank ( 1 = closed blank 189-570-11 0/100 )  
 Reference Slide #: Bradley  
ACE 153-231-2  
TEL 170-233-1

Project King Place Meriden CT  
 Location 1st Floor Prep 13x13's Hallway 2nd Floor Prep 9x9's Hallway  
 Foreman Todd Craig  
 Superintendent Fran Macey  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

HILL\_Y\_H\_   
 Faxed   
 Called   
 Logged

Sample Source King Place Job # C15049  
 Sampled by Todd Craig Date Sampled 10-26-15 Customer Name A.I.G 189-570  
 Analyst JLH Date Received 11/18/15 8:40am MW Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
		Start	End					
<u>189-570-12</u> Date: <u>10-26-15</u> Mask: Name: <u>Andy Bynski</u> SS# _____ Code: _____ Task: <u>Cleanup</u>	<u>7:15</u> <u>7:45</u>	<u>2.2</u>	<u>2.2</u>		<u>10</u> <u>100</u>			
<u>189-570-13</u> Date: <u>10-26-15</u> Mask: Name: <u>Andy Bynski</u> SS# _____ Code: _____ Task: <u>Cleanup</u>	<u>7:45</u> <u>9:20</u> <u>10:05</u> <u>11:55</u> <u>1:05</u> <u>3:15</u>	<u>2.2</u>	<u>2.0</u>		<u>8</u> <u>100</u>			
<u>189-570-14</u> Date: <u>10-26-15</u> Mask: Name: <u>Jerry Guzman</u> SS# _____ Code: _____ Task: <u>Cleanup</u>	<u>7:15</u> <u>9:20</u> <u>10:05</u> <u>11:55</u> <u>1:05</u> <u>3:15</u>	<u>2.0</u>	<u>1.5</u>		<u>0</u> <u>100</u>			
<u>189-570-15</u> Date: <u>10-26-15</u> Mask: <u>41 Fine</u> Name: <u>Joselito Flores</u> SS# _____ Code: _____ Task: <u>Cleanup</u>	<u>7:15</u> <u>9:20</u> <u>10:05</u> <u>11:55</u> <u>1:05</u> <u>3:15</u>	<u>2.5</u>	<u>2.3</u>		<u>2</u> <u>100</u>			
 Date: Mask: Name: SS# _____ Code: _____ Task:								

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N

Field Blanks ( 1 - Capri Blank 189-570-16 0/100  
 Laboratory Blank ( 1 - Control Blank 189-570-17 0/100 )  
 Reference Slide #: Bealab-6  
ACE 157-257-12  
TR1 120-233-1

Project King Place Meriden CT  
 Location North west mechanical Room 1st Floor  
 Foreman Todd Craig  
 Superintendent Tom Murray  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

FINAL clean of 1st Floor

NIILY\_H\_  
 Faxed \_\_\_\_\_  
 Called   
 Logged

Sample Source Clean up / spot repair tent Job # 615D49

Sampled by \_\_\_\_\_ Date Sampled 10-27-15 Customer Name A.I.G. 189-570

Analyst TL Date Received 11/18/15 8:40am 2M Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
1 189-570-18 Date: 10-27-15 Mask: PAPER Name: ED Perez SS# 6734 Code: 5 Task: FINAL clean	7:19 7:49	1.9 1.9		6/100			
2 189-570-19 Date: 10-27-15 Mask: PAPER Name: ED Perez SS# 6734 Code: L Task: FINAL clean	7:49 9:19 10:02 11:45	1.9 1.8		6/100			
3 Date: 10-27-15 Mask: Name: SS# Code: Task:	BLANK OPEN						
4 Date: 10-27-15 Mask: Name: SS# Code: Task:	BLANK CLOSED						
Date: Mask: Name: SS# Code: Task:							

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N \_\_\_\_\_

Field Blanks ( 189-570-20 0100  
189-570-21 0100 ) Reference Slide #: Blue 26  
ACE 181-332-2  
TRF 170-233-1

Project ONE KING PLACE  
 Location ONE KING PLACE, Meriden  
 Foreman Bob ZARGO  
 Superintendent \_\_\_\_\_

Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

1st FLOOR HALLWAY CONTAINMENT  
 LOOSE FLOOR tile Removal # cleanup!  
 Sample Source \_\_\_\_\_ Job # G15D49

MILLY\_H\_  
 Faxed \_\_\_\_\_  
 Called   
 Logged

Sampled by \_\_\_\_\_ Date Sampled 10/28/15 Customer Name A.I.G 189-570  
 Analyst tlr Date Received 11/19/15 Exam 2W Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
1 <u>189-570-22</u> Date: <u>10-28-15</u> Mask: <u>1/2 FACE</u> Name: <u>DAVE ROBSON</u> SS#: _____ Code: <u>5</u> Task: <u>Remove loose tile</u>	<u>8:00</u> <u>8:30</u>	<u>2.0</u> <u>2.0</u>		<u>3</u> <u>100</u>			
2 <u>189-570-23</u> Date: <u>10-28-15</u> Mask: <u>1/2 FACE</u> Name: <u>DAVE ROBSON</u> SS#: _____ Code: <u>1</u> Task: <u>Tile Removal</u>	<u>8:30</u> <u>9:20</u> <u>10:04</u> <u>11:45</u>	<u>2.0</u> <u>1.9</u>		<u>2</u> <u>100</u>			
3 Date: <u>10-28-15</u> Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____	<u>BLANK</u> <u>OPEN</u>						
4 Date: <u>10-28-15</u> Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____	<u>BLANK</u> <u>CLOSED</u>						
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____							

Report Reviewed by MLR Date \_\_\_\_\_ Blank(s) Received? Y  N

Field Blanks ( 189-570-24 0/100 )  
 Laboratory Blank ( 189-570-25 0/100 )  
 Reference Slide #: ACE 154-570-2  
TRI 170-235-1

Project ONE KING Place.  
 Location ONE KING Place, Meriden.  
 Foreman Bob ZARCO  
 Superintendent \_\_\_\_\_  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

2nd HALF OF ROOM PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Clean up of ACM / ALL Debris  
IN 1st FLOOR MECHANICAL RM

Mill. Y. H. \_\_\_\_\_  
Faxed \_\_\_\_\_  
Called   
Logged

Sample Source \_\_\_\_\_ Job # G15D49

Sampled by \_\_\_\_\_ Date Sampled 10-28-15 Customer Name A.I.G 189-570

Analyst ILL Date Received 11/18/15 8:00am 2nd Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
		Start	End					
1 <u>189-570-26</u> Date: <u>10-28-15</u> Mask: <u>PAPR</u> Name: <u>JIM GUZMAN</u> SS# <u>5012</u> Code: <u>5</u> Task: <u>CLEAN UP</u>	<u>10:15</u> <u>10:45</u>	<u>2.0</u>	<u>2.0</u>		<u>2</u> <u>100</u>			
2 <u>189-570-27</u> Date: <u>10-28-15</u> Mask: <u>PAPR</u> Name: <u>JIM GUZMAN</u> SS# <u>5012</u> Code: <u>1</u> Task: <u>CLEAN UP</u>	<u>10:45</u> <u>11:47</u> <u>12:45</u> <u>3:04</u>	<u>2.0</u>	<u>1.9</u>		<u>0</u> <u>100</u>			
3 Date: <u>10-28-15</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>BLANK</u> <u>OPEN</u>							
4 Date: <u>10-28-15</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>BLANK</u> <u>CLOSED</u>							
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____								

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N \_\_\_\_\_

Field Blanks ( 189-570-28 0/100 )  
Laboratory Blank ( 189-570-29 0/100 )  
Reference Slide #: Porelog 6  
ACE 151-570-2  
TR1 170-233-1

Project ONE KING PLAZA  
Location ONE KING PLAZA MERIDEN  
Foreman BOB ZARGO  
Superintendent \_\_\_\_\_  
Sample Codes:  
1-Personal  
2-Work Area  
3-Outside Area  
4-Final Clearance  
5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

# Dip LAG Repair AND- PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Final clean up of 2nd half  
of 1st floor Mechanical RM Job # G15D49

Mill. Y\_M  
 Faxed   
 Called   
 Logged

Sample Source \_\_\_\_\_ Date Sampled 10-29-15 Customer Name A.I.G  
 Sampled by \_\_\_\_\_ Analyst tlh Date Received 11/18/15 8:40am 2nd Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
		Start	End					
1 <u>189-570-30</u> Date: <u>10-29-15</u> Mask: <u>PAPR</u> Name: <u>Adriana Rivera</u> SS#: <u>4382</u> Code: <u>5</u> Task: <u>FINAL clean</u>	<u>7:30</u> <u>8:00</u>	<u>1.8</u>	<u>1.8</u>		<u>3</u> <u>100</u>			
2 <u>189-570-31</u> Date: <u>10-29-15</u> Mask: <u>PAPR</u> Name: <u>Adriana Rivera</u> SS#: <u>4382</u> Code: <u>1</u> Task: <u>FINAL clean</u>	<u>8:00</u> <u>9:20</u> <u>10:02</u> <u>11:40</u>	<u>1.8</u>	<u>1.8</u>		<u>0</u> <u>100</u>			
3 Date: <u>10-29-15</u> Mask: Name: SS# Code: _____ Task:	<u>BLANK</u> <u>OPEN</u>							
4 Date: <u>10-29-15</u> Mask: Name: SS# Code: _____ Task:	<u>BLANK</u> <u>CLOSED</u>							
Date: Mask: Name: SS# Code: _____ Task:								

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N

Field Blanks ( 189-570-32 0/100 )  
 Laboratory Blank ( 189-570-33 0/100 )  
 Reference Slide #: B Lab 26  
ALS 152-320-2  
TEL 170-233-7

Project ONE KING PLACE  
 Location ONE KING PLACE, Menden  
 Foreman BOB ZARGO  
 Superintendent \_\_\_\_\_  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Clean up Front Door Hallway/Area  
of ALL Debris.

NIOSH #  
Faxed   
Called   
Logged   
Job # G-15D49

Sample Source \_\_\_\_\_ Job # \_\_\_\_\_  
Sampled by \_\_\_\_\_ Date Sampled 10-30-15 Customer Name A.I.G 189-570  
Analyst lu Date Received 11/18/15 8:00am Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
1 <u>189-570-34</u> Date: <u>10-30-15</u> Mask: <u>PAPR</u> Name: <u>RAIPH Gagliardi</u> SS# <u>3778</u> Code: <u>2</u> Task: <u>CLEAN UP ACM</u>	<u>8:00</u> <u>8:30</u>	<u>1.9</u> <u>1.9</u>		<u>3</u> <u>100</u>			
2 <u>189-570-35</u> Date: <u>10-30-15</u> Mask: <u>PAPR</u> Name: <u>RAIPH Gagliardi</u> SS# <u>3778</u> Code: <u>1</u> Task: <u>CLEAN UP</u>	<u>8:30</u> <u>9:25</u> <u>10:02</u> <u>11:47</u>	<u>1.9</u> <u>1.8</u>		<u>0</u> <u>100</u>			
3 Date: <u>10-30-15</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>BLANK</u> <u>OPEN</u>						
4 Date: <u>10-30-15</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>BLANK</u> <u>CLOSED</u>						
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N

Field Blanks \_\_\_\_\_  
Laboratory Blank \_\_\_\_\_  
Reference Slide #: Blue 2/6  
ACE 101-333-2  
TRC 159-170-233-1

Project ONE KING PLACE  
Location ONE KING PLACE  
Foreman BOB ZARGO  
Superintendent \_\_\_\_\_  
Sample Codes:  
1-Personal  
2-Work Area  
3-Outside Area  
4-Final Clearance  
5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL. Y. N.  
 Faxed \_\_\_\_\_  
 Called   
 Logged

Sample Source 1 King Place murder ct Job # G15049  
 Sampled by Todd Craig Date Sampled 11-3-15 Customer Name A.I.G 189-570  
 Analyst ILH Date Received 11/8/15 Steam 2W Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/ cc	LOD f/cc
		Start	End					
<u>189-570-38</u> Date: <u>11-3-15</u> Mask: <u>11/2 Face</u> Name: <u>Jimmy Gorman</u> SS#: _____ Code: <u>4</u> Task: <u>Fluor tile</u>	<u>7:15</u> <u>9:30</u> <u>10:35</u> <u>11:55</u> <u>1:05</u> <u>3:15</u>	<u>2.5</u>	<u>23</u>		<u>0</u>			
<u>189-570-39</u> Date: <u>11-3-15</u> Mask: <u>11/2 Face</u> Name: _____ SS#: _____ Code: <u>5</u> Task: <u>Fluor tile</u>	<u>10:05</u> <u>10:35</u> _____ _____	<u>2.5</u>	<u>2.5</u>		<u>1</u>			
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____								
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____								
Date: _____ Mask: _____ Name: _____ SS#: _____ Code: _____ Task: _____								

Report Reviewed by MIA Date \_\_\_\_\_ Blank(s) Received? Y  N \_\_\_\_\_

Field Blanks (1) 1- Super Aht 189-570-40 0/100  
 Laboratory Blank (1) 1- Island Aht 189-570-41 0/100  
 Reference slide #: 01000  
ACE 157-272-2  
TR1 140-235-1

Project 1 King Place murder ct Sample Codes:  
 Location 1st Floor Marquee North addition Hallway Fluor tile  
 Foreman Todd Craig  
 Superintendent Frank Miley  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill.Y\_N\_   
 Faxed \_\_\_\_\_   
 called \_\_\_\_\_   
 Logged

Sample Source 1 King place Meriden CT Job # 615049   
 Sampled by Todd Craig Date Sampled 11-4-15 Customer Name A.I.G 189-570   
 Analyst JLU Date Received 11/18/15 8:40am 2W Date Tested 11/25/15

Sample #/ Description	Time Start End	Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
		Start	End					
<u>189-570-42</u> Date: <u>11-4-15</u> Mask: <u>1/1 Face</u> Name: <u>Todd Craig</u> SS# _____ Code: <u>5</u> Task: _____	<u>7:30</u> <u>8:00</u>	<u>2.0</u>	<u>2.0</u>		<u>2</u> <u>100</u>			
<u>189-570-43</u> Date: <u>11-4-15</u> Mask: <u>1/1 Face</u> Name: _____ SS# _____ Code: <u>1</u> Task: _____	<u>8:00</u> <u>9:05</u> <u>10:05</u> <u>11:55</u> <u>11:05</u> <u>3-15</u>	<u>2.0</u>	<u>1.8</u>		<u>1</u> <u>100</u>			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____								
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____								
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____								

Report Reviewed by MA Date \_\_\_\_\_ Blank(s) Received? Y  N \_\_\_\_\_

Field Blanks 1 = open Blk 189-570-44 0100  
Laboratory Blank 1 = closed Blk 189-570-45 0100 Reference Slide #: Bredg 26  
ACE 187-370-2  
PT 170-235-1

Project 1 King place meriden CT Sample Codes:  
Location area 3,4,5 clamp Huk tiles 1st floor  
Foreman Todd Craig  
Superintendent Fran Mearns  
1-Personal  
2-Work Area  
3-Outside Area  
4-Final Clearance  
5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

M.I.L.Y. # \_\_\_\_\_  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged

Sample Source 1 King Place Meriden CT Job # C057149  
 Sampled by Todd Craig Date Sampled 11-6-15 Customer Name A.I.G 189-570  
 Analyst TL Date Received 11/18/15 Date Tested 11/25/15

Sample #/ Description	Time		Flow l/m		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
	Start	End	Start	End					
<u>189-570-46</u> Date: <u>11-6-15</u> Mask: <u>10 face</u> Name: <u>Dave Ripstein</u> SS# _____ Code: <u>5</u> Task: _____	<u>7:15</u>	<u>7:15</u>	<u>2.7</u>	<u>2.7</u>		<u>3</u>			
<u>189-570-47</u> Date: <u>11-6-15</u> Mask: <u>40 face</u> Name: <u>Dave Ripstein</u> SS# _____ Code: <u>1</u> Task: _____	<u>7:45</u>	<u>9:05</u>	<u>2.7</u>	<u>2.7</u>		<u>2</u>			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____									
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____									
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____									

Report Reviewed by M/A Date \_\_\_\_\_ Blank(s) Received?  Y  N

Field Blanks 1 1=Open Blank 189-570-48 0/100  
 Laboratory Blank 1 1=Closed Blank 189-570-49 0/100 Reference Slide #: Blue 1  
ACE 189-342-2  
TPI 170-233-1

Project 1 King Place Meriden CT  
 Location area #6 Periodal clamp hole #1  
 Foreman Todd Craig  
 Superintendent Frank Owen  
 Sample Codes:  
 1-Personal  
 2-Work Area  
 3-Outside Area  
 4-Final Clearance  
 5-Excursion

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

## Appendix M

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### Final Visual Inspection Forms





# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/22/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Menden Veterans Hospital PROJECT NO.: 20120232.CZE

SITE LOCATION: 1 King Place BUILDING: Laundry/Storage  PASS

WORK AREA: Loading Dock  FAIL

CONTRACTOR: AIG

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Floor Tile, Mudded	QTY: 25yds <sup>3</sup>	2.	QTY:
3. Fitting Insulation, and	QTY: ↓	4.	QTY:
5. contaminated debris	QTY: 20'x20'x6'	6.	QTY:
7. pile.	QTY:	8.	QTY:
9.	QTY:	10.	QTY:

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1.	QTY:	2.	QTY:
3.	QTY:	4.	QTY:

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment
- Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment
- Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing material remains beyond the limits of the work area.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Bob Ross PRINTED [Signature] SIGNATURE



# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/22/15     Removal     Encapsulation     Enclosure     Repair     Cleanup

PROJECT NAME: Former Meriden Veterans Hospital    PROJECT NO.: 20120232.CZE

SITE LOCATION: 1 King Place    BUILDING: Laundry/Storage     PASS

WORK AREA: Dumpster Load out enclosure     FAIL

CONTRACTOR: AIG

Neg Pressure Contain.     Mini-Enclosure     Glovebag     Other (Describe Below)     None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Floor Tile, Mudded	QTY:	25 yd <sup>3</sup>	2.	QTY:	
3. Fitting Insulation, and	QTY:	↓	4.	QTY:	
5. Contaminated debris	QTY:	20'x20'x6'	6.	QTY:	
7. pile.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1.	QTY:		2.	QTY:	
3.	QTY:		4.	QTY:	

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

Floor     Horizontal Surfaces     Pipes     Mechanical Equipment

Duct Work     Vertical Surfaces     Decon Unit     Contractor's Equipment

Fixtures     Enclosed Items     Waste Load Out     Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the limits of the work area

WORK AREA CLEARANCE:     PCM     TEM     Visual Only     None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne    William Champagne  
PRINTED    SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: [Signature]    [Signature]  
PRINTED    SIGNATURE

Todd



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EnviroScience, LLC

# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/27/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.CZE

SITE LOCATION: 1 King Place BUILDING: 1968

WORK AREA: First Floor - NW Mechanical Room - West Side

CONTRACTOR: AIG

PASS  
 FAIL

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. White paper,	QTY:	13505F	2.	QTY:	
3. White pipe Insulation	QTY:		4.	QTY:	
5. White Mudded Fitting	QTY:		6.	QTY:	
7. Insulation, debris	QTY:		8.	QTY:	
9. pile	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. white paper Insul	QTY:		2. White Fitting Insul	QTY:	
3. White Pipe Insul	QTY:		4.	QTY:	

### SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment
- Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment
- Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain both in and outside the limits of the work area

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

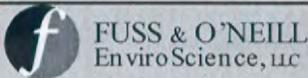
### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne William Champagne  
PRINTED SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Dino Roberts [Signature]  
PRINTED SIGNATURE



# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/27/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.C2E

SITE LOCATION: 1 King Place BUILDING: 1968

WORK AREA: Second Floor - East Hall

CONTRACTOR: AIG

PASS  
 FAIL

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. 9x9 off white F.T.	QTY:	750SF	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. Gray Sprayed Fireproofing	QTY:		2.	QTY:	
3.	QTY:		4.	QTY:	

### SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment
- Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment
- Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the scope of work

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Dave Rubin PRINTED [Signature] SIGNATURE



# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/28/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.CZE

SITE LOCATION: 1 King Place BUILDING: South Addition W

WORK AREA: Central Hall - Tunnel to Laundry / Storage

CONTRACTOR: AIG

PASS  
 FAIL

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. 12x12 L. Brown F.T.	QTY:	650SF	2.	QTY:	
3.	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. 12x12 L. Brown F.T.	QTY:		2.	QTY:	
3.	QTY:		4.	QTY:	

### SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

Floor  Horizontal Surfaces  Pipes  Mechanical Equipment  
 Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment  
 Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

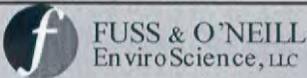
### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Dave Robson PRINTED [Signature] SIGNATURE



# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/29/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.C2E

SITE LOCATION: 1 King Place BUILDING: 1968

WORK AREA: First Floor NW Mechanical Room - East side

CONTRACTOR: AIG

PASS  
 FAIL

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Debris on ground-	QTY:	1000 SF	2.	QTY:	
3. white paper Insul	QTY:		4.	QTY:	
5. white pipe insulation	QTY:		6.	QTY:	
7. white mudded fittings	QTY:		8.	QTY:	
9. insulation	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. White paper on 12" duct	QTY:		2. White Pipe Insulation	QTY:	
3. White Mudded Fittings	QTY:		4.	QTY:	

### SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

- Floor
- Horizontal Surfaces
- Pipes
- Mechanical Equipment
- Duct Work
- Vertical Surfaces
- Decon Unit
- Contractor's Equipment
- Fixtures
- Enclosed Items
- Waste Load Out
- Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: [Signature] PRINTED [Signature] SIGNATURE

C#7



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EnviroScience, LLC

# Final Visual Inspection Form

## Asbestos Abatement

Date: 10/30/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.C2E

SITE LOCATION: 1 King Place BUILDING: 1952

WORK AREA: Middle Room and connecting hallways

CONTRACTOR: AIG

PASS  
 FAIL

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Brown 9"x9"	QTY:	1005F	2.	QTY:	
3. Checker board	QTY:		4.	QTY:	
5. floor tile	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. Brown 9"x9" Check FT	QTY:		2.	QTY:	
3.	QTY:		4.	QTY:	

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

Floor  Horizontal Surfaces  Pipes  Mechanical Equipment  
 Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment  
 Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.  
 EnviroScience Inspector: William Champagne William Champagne  
PRINTED SIGNATURE

I have read and understand the inspection results.  
 Contractor's Supervisor: Dave Robson [Signature]  
PRINTED SIGNATURE

Bobby



# Final Visual Inspection Form

## Asbestos Abatement

Date: 11/2/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232

SITE LOCATION: 1 King Place BUILDING: 1968  PASS

WORK AREA: Lower East Hallway  FAIL

CONTRACTOR: AIG

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. 9x9 White Speck F.T.	QTY: ~450 SF	2.	QTY:
3.	QTY:	4.	QTY:
5.	QTY:	6.	QTY:
7.	QTY:	8.	QTY:
9.	QTY:	10.	QTY:

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. 9x9 White Speck FT	QTY:	2.	QTY:
3.	QTY:	4.	QTY:

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment
- Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment
- Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Drew Robson PRINTED [Signature] SIGNATURE



# Final Visual Inspection Form

## Asbestos Abatement

Date: 7/11/15  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: 1 King Place PROJECT NO.: 20120232.02F

SITE LOCATION: 1 King Place Meriden BUILDING: 1928 Nursing School  PASS

WORK AREA: First Floor Hallway  FAIL

CONTRACTOR: AIG

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Plaster debris	QTY:	1200SF	2.	QTY:	
3. (Skim + Rough)	QTY:		4.	QTY:	
5.	QTY:		6.	QTY:	
7.	QTY:		8.	QTY:	
9.	QTY:		10.	QTY:	

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. Plaster (Skim + Rough)	QTY:		2.	QTY:	
3.	QTY:		4.	QTY:	

### SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment
- Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment
- Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain outside of the current scope of work.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: Dave PRINTED [Signature] SIGNATURE



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EnviroScience, LLC

# Final Visual Inspection Form

## Asbestos Abatement

Date:  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.CZE

SITE LOCATION: 1 King Place BUILDING: Throughout  PASS

WORK AREA:  FAIL

CONTRACTOR: AIG

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Loose 9x9 and	QTY: ~950SF	2.	QTY:
3. 12x12 Floor tile	QTY:	4.	QTY:
5. of various colors	QTY:	6.	QTY:
7.	QTY:	8.	QTY:
9.	QTY:	10.	QTY:

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1.	QTY:	2.	QTY:
3.	QTY:	4.	QTY:

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

Floor  Horizontal Surfaces  Pipes  Mechanical Equipment  
 Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment  
 Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.  
 EnviroScience Inspector: William Champagne PRINTED William Champagne SIGNATURE

I have read and understand the inspection results.  
 Contractor's Supervisor: David Robson PRINTED [Signature] SIGNATURE



FUSS & O'NEILL  
EnviroScience, LLC

# Final Visual Inspection Form

## Asbestos Abatement

Date:  Removal  Encapsulation  Enclosure  Repair  Cleanup

PROJECT NAME: Former Meriden Veterans Hospital PROJECT NO.: 20120232.C2E

SITE LOCATION: 1 King Place BUILDING: 1968  PASS

WORK AREA: Stairwells  FAIL

CONTRACTOR: AIG

Neg Pressure Contain.  Mini-Enclosure  Glovebag  Other (Describe Below)  None

### MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. <u>9"x9" off-white</u>	QTY: <u>~250SF</u>	2.	QTY:
3. <u>floor tile</u>	QTY:	4.	QTY:
5.	QTY:	6.	QTY:
7.	QTY:	8.	QTY:
9.	QTY:	10.	QTY:

### SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1. <u>9"x9" dw floor tile</u>	QTY:	2.	QTY:
3.	QTY:	4.	QTY:

### SURFACES INSPECTED

**Instructions:** Check surfaces that pass. **Circle surfaces that fail.** Strike through N/A.

- Floor  Horizontal Surfaces  Pipes  Mechanical Equipment  
 Duct Work  Vertical Surfaces  Decon Unit  Contractor's Equipment  
 Fixtures  Enclosed Items  Waste Load Out  Other:

### FIELD OBSERVATIONS

Asbestos containing materials remain beyond the current scope of work.

WORK AREA CLEARANCE:  PCM  TEM  Visual Only  None Performed

### ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

EnviroScience Inspector: William Champagne William Champagne  
PRINTED SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: [Signature] [Signature]  
PRINTED SIGNATURE

## Appendix N

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### Waste Shipment Record





**RED TECHNOLOGIES, LLC**  
 REMEDIATION ENGINEERING & DEVELOPMENT

**E.P.A. AGENCY**

# **76008**

**EMERGENCY CONTACT (860) 218-2428**

CT, MA RI, VT, NH, ME  
 GENERATORS

NY GENERATORS

173 Pickering Street  
 Portland, CT 06480  
 (860) 342-1022  
 Fax: (860) 342-1042

EPA New England  
 1 Congress Street  
 Boston, MA 02114-2023  
 (617) 918-1111

EPA Region 2  
 290 Broadway, 26th Floor  
 New York, NY 10007-1866  
 (212) 264-6770

TK# **76008**

**WASTE SHIPMENT RECORD**

**322263**

Job Number G15D49 P.O. # \_\_\_\_\_  
 Contractor Abatement Industries Group  
 Address 16 Hamilton ST  
 City West Haven State CT Zip 06516  
 Telephone Number 203-932-9639  
 Date Container Del. 10-15-15 Date of Pickup 10-23-15  
 Type of Container Open 30 Yd  
**VOLUME** 30 **CY** Non-Friable   
MUST BE IN CUBIC YARDS  
 Friable  - RQ, NA2212, Asbestos, 9, PG, 111  
 Bag  Drum  T-Pack  Wrapped  Other

**GENERATOR/BUILDING OWNER**  
 Address 142 Main ST  
 City Meriden State CT Zip 06450  
 Phone Number \_\_\_\_\_

**GENERATING LOCATION**  
 Address 1 King Place  
 City Meriden State CT Zip 06451  
 Phone Number \_\_\_\_\_

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**Transporter 1:**  
 Driver: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Acknowledgement of receipt of materials

**Transporter 2:** RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 860-218-2428  
 Driver: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration #: 37032A CT Date: 10/23/15  
 Acknowledgement of receipt of materials

**Transfer Facility:** RED Technologies LLC, 203 Pickering Street, Portland, CT 06480 860-342-1022  
 By: Andrzej Key Telephone # \_\_\_\_\_  
 Transfer Date: 10/27/15 Permit # 11301113-PO

Discrepancy: \_\_\_\_\_ Certification of transfer of materials covered by this manifest

**Transporter 3:** West Motor Freight (char truck) Boyertown, PA  
 Driver: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration #: 229 8943 TN Date: 10/27/15  
 Acknowledgement of receipt of materials

Landfill Name: Minerva Enterprises O T H E R Landfill Name: \_\_\_\_\_  
 Location: 9000 Minerva Rd. Waynesburg, OH 44688 Location: \_\_\_\_\_  
 Ph: 330-866-3435 Permit # \_\_\_\_\_ Ph: \_\_\_\_\_ Permit # \_\_\_\_\_

Approximate Volume of Asbestos Received: \_\_\_\_\_  
 Discrepancy If Any: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date: 11/2/15  
 Certification of transfer of materials covered by this manifest

**GENERATOR**



**RED TECHNOLOGIES, LLC**  
REMEDATION ENGINEERING & DEVELOPMENT

**E.P.A. AGENCY**

# 76008

**EMERGENCY CONTACT (860) 218-2428**

CT, MA RI, VT, NH, ME  
GENERATORS

NY GENERATORS

173 Pickering Street  
Portland, CT 06480  
(860) 342-1022  
Fax: (860) 342-1042

EPA New England  
1 Congress Street  
Boston, MA 02114-2023  
(617) 918-1111

EPA Region 2  
290 Broadway, 26th Floor  
New York, NY 10007-1866  
(212) 264-6770

322263

TK# 76008

**WASTE SHIPMENT RECORD**

Job Number G15D49 P.O. # \_\_\_\_\_  
 Contractor Abatement Industries Group  
 Address 160 Hamilton ST  
 City West Haven State CT Zip 06516  
 Telephone Number 203-932-9639  
 Date Container Del. 10-15-15 Date of Pickup 10-23-15  
 Type of Container Open 30 Yrd  
**VOLUME** 30 **CY** Non-Friable   
MUST BE IN CUBIC YARDS  
 Friable  - RQ, NA2212, Asbestos, 9, PG, 111  
 Bag  Drum  T-Pack  Wrapped  Other

**GENERATOR/BUILDING OWNER**  
 Address 142 Main ST  
 City Meriden State CT Zip 06450  
 Phone Number \_\_\_\_\_

**GENERATING LOCATION**  
 Address 1 King Place  
 City Meriden State CT Zip 06451  
 Phone Number \_\_\_\_\_

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE**

**Transporter 1:** \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

**Transporter 2:** RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 860-218-2428  
 Name \_\_\_\_\_ Address 51052 A ST Telephone # \_\_\_\_\_  
 Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

**Transfer Facility:** RED Technologies LLC, 203 Pickering Street, Portland, CT 06480 860-342-1022  
 Telephone # \_\_\_\_\_  
 By: Andrew Key Transfer Date: 10/27/15 Permit # 11301113-PO  
 Discrepancy: \_\_\_\_\_  
 Certification of transfer of materials covered by this manifest

**Transporter 3:** West Motor Freight (has TRK) Boyertown, PA  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Driver: Robert M. [Signature] Registration #: 229 8943 IN Date: 10/27/15  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

Landfill Name: Minerva Enterprises O Landfill Name: \_\_\_\_\_  
 Location: 9000 Minerva Rd. Waynesburg, OH 44688 H Location: \_\_\_\_\_  
 Ph: 330-866-3435 Permit # \_\_\_\_\_ E Ph: \_\_\_\_\_ Permit # \_\_\_\_\_  
 R

Approximate Volume of Asbestos Received: \_\_\_\_\_  
 Discrepancy If Any: \_\_\_\_\_  
 Received by: [Signature] Date: 11/2/15  
 Certification of transfer of materials covered by this manifest

**CONTRACTOR**



**RED TECHNOLOGIES, LLC**  
 REMEDIATION ENGINEERING & DEVELOPMENT

**E.P.A. AGENCY**

# **76009**

**EMERGENCY CONTACT (860) 218-2428**

CT, MA RI, VT, NH, ME  
 GENERATORS

NY GENERATORS

173 Pickering Street  
 Portland, CT 06480  
 (860) 342-1022  
 Fax: (860) 342-1042

EPA New England  
 1 Congress Street  
 Boston, MA 02114-2023  
 (617) 918-1111

EPA Region 2  
 290 Broadway, 26th Floor  
 New York, NY 10007-1866  
 (212) 264-6770

322263

TK# 76009

**WASTE SHIPMENT RECORD**

Job Number G15P49 P.O. # \_\_\_\_\_  
 Contractor Abatement Industries Group  
 Address 16 Hamilton ST  
 City West Haven State CT Zip 06516  
 Telephone Number 203-932-9659  
 Date Container Del. 10-15-15 Date of Pickup 10-23-15  
 Type of Container Open 30 Yrd  
 VOLUME 30 CY Non-Friable   
MUST BE IN CUBIC YARDS  
 Friable  - RQ, NA2212, Asbestos, 9, PG, 111  
 Bag  Drum  T-Pack  Wrapped  Other

**GENERATOR/BUILDING OWNER**  
 Address 142. main ST  
 City Meridan State CT Zip 06450  
 Phone Number \_\_\_\_\_

**GENERATING LOCATION**  
 Address 1 King Place  
 City Meridan State CT Zip 06451  
 Phone Number \_\_\_\_\_

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE**

**Transporter 1:** \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Driver: N/A Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

**Transporter 2:** RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 Telephone # 860-218-2428  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Driver: Jocelyn Kelsey Registration #: 55921A CT Date: 10/23/15  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

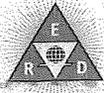
**Transfer Facility:** RED Technologies LLC, 203 Pickering Street, Portland, CT 06480 Telephone # 860-342-1022  
 By: J. Indguley Transfer Date: 10/27/15 Permit # 11301113-PO  
 Discrepancy: \_\_\_\_\_  
 Certification of transfer of materials covered by this manifest

**Transporter 3:** West Motor Freight (char truck) Boyer town, PA  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Driver: Alley Registration #: 2298943 IN Date: 10/27/15  
 Signature \_\_\_\_\_ State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials

Landfill Name: <u>Minerva Enterprises</u>	OT Landfill Name: _____
Location: <u>9000 Minerva Rd. Waynesburg, OH 44688</u>	TH Location: _____
Ph: <u>330-866-3435</u> Permit # _____	ER Ph: _____ Permit # _____

Approximate Volume of Asbestos Received: \_\_\_\_\_  
 Discrepancy If Any: \_\_\_\_\_  
 Received by: [Signature] Date: 11/2/15  
 Certification of transfer of materials covered by this manifest

**GENERATOR**



**RED TECHNOLOGIES, LLC**  
 REMEDIATION ENGINEERING & DEVELOPMENT

**E.P.A. AGENCY**

# 76009

**EMERGENCY CONTACT (860) 218-2428**

CT, MA RI, VT, NH, ME  
 GENERATORS

NY GENERATORS

173 Pickering Street  
 Portland, CT 06480  
 (860) 342-1022  
 Fax: (860) 342-1042

EPA New England  
 1 Congress Street  
 Boston, MA 02114-2023  
 (617) 918-1111

EPA Region 2  
 290 Broadway, 26th Floor  
 New York, NY 10007-1866  
 (212) 264-6770

322263

TK# 76009

**WASTE SHIPMENT RECORD**

Job Number G15D49 P.O. # \_\_\_\_\_  
 Contractor Abatement Industries Group  
 Address 16 Hamilton ST  
 City West Haven State CT Zip 06516  
 Telephone Number 203-932-9659  
 Date Container Del. 10-15-15 Date of Pickup 10-23-15  
 Type of Container Open 30 Yd  
**VOLUME** 30 **CY** Non-Friable   
MUST BE IN CUBIC YARDS  
 Friable  - RQ, NA2212, Asbestos, 9, PG, 111  
 Bag  Drum  T-Pack  Wrapped  Other

**GENERATOR/BUILDING OWNER**  
 Address \_\_\_\_\_  
 City Meridan State CT Zip 06450  
 Phone Number \_\_\_\_\_

**GENERATING LOCATION**  
 Address \_\_\_\_\_  
 City Meridan State CT Zip 06457  
 Phone Number \_\_\_\_\_

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

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**AUTHORIZED SIGNATURE**

**Transporter 1:** \_\_\_\_\_  
 Driver: N/A Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration # \_\_\_\_\_ State / # \_\_\_\_\_ Date: \_\_\_\_\_  
 Acknowledgement of receipt of materials

**Transporter 2:** RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 860-218-2428  
 Driver: Jordan Kelsey Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration #: 55921A State / # CT Date: 10/23/15  
 Acknowledgement of receipt of materials

**Transfer Facility:** RED Technologies LLC, 203 Pickering Street, Portland, CT 06480 860-342-1022  
 By: [Signature] Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Discrepancy: \_\_\_\_\_ Transfer Date: 10/27/15 Permit # 11301113-PO  
 Certification of transfer of materials covered by this manifest

**Transporter 3:** West Motor Freight (char truck) Boyer town, PA  
 Driver: [Signature] Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Signature \_\_\_\_\_ Registration #: 2298943 IN State / # \_\_\_\_\_ Date: 10/27/15  
 Acknowledgement of receipt of materials

Landfill Name: Minerva Enterprises O T Landfill Name: \_\_\_\_\_  
 Location: 9000 Minerva Rd. Waynesburg, OH 44688 H E R Location: \_\_\_\_\_  
 Ph: 330-866-3435 Permit # \_\_\_\_\_ Ph: \_\_\_\_\_ Permit # \_\_\_\_\_

Approximate Volume of Asbestos Received: \_\_\_\_\_  
 Discrepancy If Any: \_\_\_\_\_  
 Received by: [Signature] Date: 11/2/15  
 Certification of transfer of materials covered by this manifest  
**CONTRACTOR**

*We have not received the Waste Shipment  
Records for: 1 King Place, Meriden.*

# 76012

*We will send it to you as soon as we receive it.*

*Thanks.*



**RED TECHNOLOGIES, LLC**  
 REMEDIATION ENGINEERING & DEVELOPMENT

**E.P.A. AGENCY**

# 76012

**EMERGENCY CONTACT (860) 218-2428**

CT, MA RI, VT, NH, ME  
 GENERATORS

NY GENERATORS

EPA New England  
 1 Congress Street  
 Boston, MA 02114-2023  
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EPA Region 2  
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 New York, NY 10007-1866  
 (212) 264-6770

173 Pickering Street  
 Portland, CT 06480  
 (860) 342-1022  
 Fax: (860) 342-1042

**TK#**

**WASTE SHIPMENT RECORD**

Job Number <u>015049</u> P.O. # _____	<b>GENERATOR/BUILDING OWNER</b>
Contractor <u>Abatement Industries Group</u>	Address _____
Address <u>16 Hamilton ST</u>	City <u>Meriden</u> State <u>CT</u> Zip <u>06450</u>
City <u>West Haven</u> State <u>CT</u> Zip <u>06516</u>	Phone Number _____
Telephone Number <u>203-932-9639</u>	<b>GENERATING LOCATION</b>
Date Container Del. <u>10-21-15</u> Date of Pickup _____	Address _____
Type of Container <u>100 Yrd</u>	City <u>Meriden</u> State <u>CT</u> Zip <u>06451</u>
<b>VOLUME</b> <u>40</u> <b>CY</b> Non-Friable <input checked="" type="checkbox"/>	Phone Number _____
<small>MUST BE IN CUBIC YARDS</small>	
Friable <input checked="" type="checkbox"/> - RQ, NA2212, Asbestos, 9, PG, 111	
Bag <input checked="" type="checkbox"/> Drum <input type="checkbox"/> T-Pack <input type="checkbox"/> Wrapped <input type="checkbox"/> Other <input type="checkbox"/>	

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE**

*John Wang*

**Transporter 1:** \_\_\_\_\_

Name	Address	Telephone #
Driver: _____	Registration #: _____	Date: _____
Signature	State / #	

Acknowledgement of receipt of materials

**Transporter 2:** RED Technologies LLC, 10 Northwood Drive Bloomfield, CT 06002 860-218-2428

Name	Address	Telephone #
Driver: _____	Registration #: _____	Date: _____
Signature	State / #	

Acknowledgement of receipt of materials

**Transfer Facility:** RED Technologies LLC, 203 Pickering Street, Portland, CT 06480 860-342-1022

	Telephone #
<b>By:</b> _____	<b>Transfer Date:</b> _____
	<b>Permit #</b> <u>11301113-PO</u>

**Discrepancy:** \_\_\_\_\_  
 Certification of transfer of materials covered by this manifest

**Transporter 3:** \_\_\_\_\_

Name	Address	Telephone #
Driver: _____	Registration #: _____	Date: _____
Signature	State / #	

Acknowledgement of receipt of materials

Landfill Name: Minerva Enterprises  
 Location: 9000 Minerva Rd. Waynesburg, OH 44688  
 Ph: 330-866-3435 Permit # \_\_\_\_\_

**OTHER**  
 Landfill Name: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Ph: \_\_\_\_\_ Permit # \_\_\_\_\_

Approximate Volume of Asbestos Received: \_\_\_\_\_