Asbestos Abatement Project Monitoring Report

1 King Place Meriden, CT

City of Meriden

Meriden, CT

December 9, 2015



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



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

Connecticut
Massachusetts
Rhode Island
South Carolina



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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 precommencement 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 precommencement 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 precommencement 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).

Robert L. May, It

Report prepared by Environmental Technician William Champagne.

Reviewed by:

Carlos Texidor

Project Manager President



Appendix A

Fuss & O'Neill EnviroScience Certifications

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Dear WILLIAM A CHAMPAGNE.

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC REALTH

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

WILLIAM A CHAMPAGNE

CERTIFICATE NO. 000768

CURRENT THROUGH

05/31/16

VALIDATION NO. 03-258026

William Charpagne

EMPLOYER'S COPY

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME

WILLIAM A CHAMPAGNE

VALIDATION NO. 03-258026

CERTIFICATE NO. 000768

CURRENT THROUGH

05/31/16

PROFESSION

ASBESTOS CONSULTANT-PROJECT MONITOR

INSTRUCTIONS:

-). Detach and sign each of the cards on this form
- 2. Display the large card in a promisent place in your office or place of business
- In the wallet exed is for you to every on your person. If you do not wish to every the wallet ayed, place it in a seenes place.
- 4. The employer's copy is for persons who must demonstrate current licenture/certification in suches to rotate employment or privileges. The susplayer's said is to be presented in the employer and kept by them as a part of your personnel file. Only one copy of this card can he negativit to yo

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME

WILLIAM A CHAMPAGNE

VALIDATION NO. 03-258026

CERTIFICATE NO. 000768

CURRENT THROUGH 05/31/16

PROFESSION

ASBESTOS CONSULTANT-PROJECT MONITOR



Certificate of Training

Fuss & O'Neill Enviro Science in. This program was presented at

Manchester, CT with the prior approval of the CTDPH.

WILLIAM CHAMPAGNE

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

September 9-10, 2015

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

Presented by

1204 North Road, Groton, CT 06340 (800) 247-7746 Mystic Air Quality Consultants, Inc.

Certificate Number: APM/R24333

Exam Grade: 100

Exam Date: 09/10/2015

George Williamson, Training Director Nichard Netter

Expiration Date: 09/10/2016

Richard Haffey, Training Director

Christopher J. Eident, CIH, CSP, RS



Superior Industries LLC

NDUSTRIES L.L.C. SUPERIOR



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

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

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

Earl R. Clark, Training Directo

CT OCCUPATIONAL MEDICINE PARTNERS

Te · FA □ Me Tel;	Francis / Hartford d: 860-714-4270 AX: 860-714-8068 dWorks/Newington 860-667-4418 X: 860-667-1503	St. Francis / Windsor Tel: 860-714-9444 FAX: 860-714-8900	USt Francis / Porrington Tel: 860-482-3467 FAX: 860-482-3867 Corporate Health Care / Danbu Tel: 203-749-5720 FAX: 203-739-1881	☐ MedWorks/Bristol Tel: 860-589-0114 FAX: 860-589-1036
NAMI COMP	E:_WWW	am Champag	xamination Recommendate: 1-8 Calculation Recommendate: 1-8 Calculation Recommendate: 1-8	-15
ТҮРЕ	No work restrictions safe	on: The Return to Work and employee/applicant has beed. Based upon this health rictions. The employee is nely under the indicated work alified to perform all necessed environment, provided the dations listed below can be	Periodic Fitnes seen physically examined and pert assessment and knowledge of the medically qualified to perform all r king conditions and environment. Bary job functions safely under the crestrictions listed below can be a satisfied.	inent medical history job requirements necessary job indicated working ccommodated, and/or
	☐ Placement del	ayed pending further medica	ve job for which he/she has been e al evaluation. ace of communicable diseases was	
DATE:	1-8-1-	RECOMMENDATIONS, O	COMMENTS:	



2800 Tamarack Ave., Suite 001 South Windsor, CT 06074 Phone: (860) 647-4796 Fax: (860) 644-0287

RESPIRATOR CLEARANCE FORM

Employee Name: William Chammane
Date of Evaluation: 1-8-15
Employer: FUSS , ONEU 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 <u>and</u> 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
In the opinion of the CorpCare physician or licensed health care professional: The employee is so / so 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:
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

RESPIRATOR FIT TEST RECORD

Employee Name:	William Cha	mpagre	
Department:	Environcien	<u> </u>	
Date of Test:	William Cha Environcien 1/6/2015		
		or Information	
Make: Nort	<u> </u>		
Model: <u>770</u>	0		
Style: Half	Mask		
Size:			
	FIT T	est Results	
FIT Test Performed	☐ Qualitative		
Method: Irritant F	ume Protocol		
	PASS	FAIL	
Sensitivity Test			
FIT Test			
	Yes	No	
Respirator Assigned	. 🗆		
11771	/	1.6.15	
Test Administrator Sig		Date	
	gement: indicates that during r use (putting on an	this Respirator FIT test pr d taking off), care and clea signed to me.	
Ulllim Cha Employee Signature	upogl	1/6/2015 Date	

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

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

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME

ULKENS AUGUSTE

CERTIFICATE NO. 000644

CURRENT THROUGH 09/30/16

PROFESSION

CONSULTANT-PROJECT MONITOR

INSTRUCTIONS:

VALIDATION NO 03-286887

1. Detach and sign each of the cards on this form

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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

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME

ULKENS AUGUSTE

VALIDATION NO. CERTIFICATE NO.

03-286887

000644

CURRENT THROUGH 09/30/16

PROFESSION

SBESTOS CONSULTANT-PROJECT MONITOR

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

Hastandie John Rowinski, Principal Instructor

January 7 & 8, 2015

January / & &, 20 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

This is to certify that Ulkens Auguste

旧田田

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 2-6, 2009

Course Dates

Course Location

Institute for Environmental Education 16 Upton Drive Wilmington, MA 01867

February 06, 2010

Expiration Dat

Training Director

09-3811-173-239802

February 06, 2009

Examination Date

Certificate Number



CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC St. Francis/Torrington ☐St. Francis/Windsor Med/Vorks/Bristol Med/Vorks/Nevirgton CorpCare/S/Windsor St. Francis/Hartford 2800 Tamarack Ave, Suite 001 1598 E. Main Street 375 East Cedar Street 114 Woodland Street 100 Deerfield Road 539 Farmington Ave. Windsor, CT 06095 South Windsor, CT 06074 Torrington, CT 06790 Bristo, CT 06010 Newington, CT 06111 Hartford, CT06105 860-482-3467 860-667-4418 860-647-4796 860-714-4270 860-714-9444 860-589-0114 FAX 860-646-3945 FAX 860-482-3867 FAX 860-667-1503 FAX 860-714-8068 FAX 860-714-8900 FAX 860-589-1936 Job Placement Examination Recommendations DATE: 10/30/2015 NAME: Auguste, Ulkens PROSPECTIVE JOB: Environmental Technician Fuss & O'Neill Enviroscience COMPANY: TYPE OF EXAMINATION: Fitness for Duty Return to Work Pre Placement 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 ara 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. SIGNATURE:



2800 Tamarack Ave., Suite 001 South Windsor, CT 06074 Phone: (860) 647-4796 Fax: (860) 644-0287

RESPIRATOR CLEARANCE FORM

Employee Name: Wkens Auguste
Date of Evaluation: 10/30/15
Employer: FUSS & ONLIN 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 <u>and</u> 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 $\underline{\underline{is}} / \underline{\underline{ls}}$ 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:
Additional recommendations are on the reverse of this document.
1 Mohren Iran
Signature
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 INFO	RMATION		0
Name: ///	gust	Date of Birth: _	Seft 16, 1979
Date of Last Pulmonar	ry Function Test: $\frac{10}{2}$	g/14 Pas	ssed 🗌 Failed
RESPIRATOR(S) F			
Manufacturer:	North		
Туре:	Va face		
Model:	770030L		
Size:	<u>Lg</u>		
Approval Number:			
TEST AGENT AND	RESULTS OF TEST		
Irritant Smoke	Isoamyl Aceta	ate Sacc	harin Aerosol
Passed	Failed Commen	ts:	
TEST ADMINISTR	<u>ATOR</u>		
Name: Marjori	2 A. Waite	Date: _	5/17/15
Signature: Maryo	e A. Waite	Next Test Due	Date: 5/17/16
\mathcal{O}			

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



Appendix B

Contractor's License and Workers' Certifications

CHECK LIST FOR WORKER CREDENTIALS

		CTLi	CT License*	Train	Training**	Medical**	Fit Test***
Name	*# **	License Number	Expire Date	Date Initial Training	Last Current Refresher	Exp. Date	Expiration Date
Joselito R Flores	691h	5452	10/31/16	5/15/15	4 N	91/02/9	21/1/16
Jose Valdiviezo	7398	5803	10/31/16	51/22/1	51/12/1	3/12/16	3113/16
Remon Rosado	9735	6824	4/30/16	4130/16 3123/03 3/28/18	3/18/18	4/13/16	4134/16
Ediberto Perez	6734 488	158	7/31/16	7/31/16 5/27/94 1/23/16	1/23/16	7/30/16	7/30/16
Engerber Lopez	8022	96 hh	11/30/16	3/01/02	11/30/16 3/01/02 8/29/16	3/31/16	91/4/11
Adriana Rivera	4382	13116	1/31/16	1/31/16 3/24/13 3/21/15	3/12/5	91/5/19	8 127/16
Anthony Voltura	1284	5475	91/18/1	51/5/19 91/18/13	Aja	911619	91/2/1
Diana Pillaso	8239	11058	6/30/16	2/8/09	512119	511215	512/16
David Burgana	1960	2757	11/30/15		7/18/15	7/1/16	3/1/16
Andrzej Baginski	2327	48	1/31/16		3/28/15	21/1216	91/61/2

* 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.

11/19/15 Date

Q:\EnviroScience\Admin\FORMS\Asbestos\Project Monitoring\Checklist for CT Worker Creds.docxx

20120232,C2E Project Name/Number

CHECK LIST FOR WORKER CREDENTIALS

		CT License*	cense*	Train	Training**	Medical**	Fit Test**
Name	* # *S	License Number	Expire Date	Date Initial Training	Last Current Refresher	Exp. Date	Expiration Date
Todd Craig	2063	152	1/31/16	4/28/45 1/23/16	1/23/16	3711/16	3 (5/16
Yimiyesson Guzman	2109	12552 1/31/16	1/31/16		61/11)	7/1/16	91/12/8
Robert Zargo	5623	191	9/30/16		51/14/12	12/3/16	9102/9/1
Ralph Gagliardi	3778	5885	4/30/16	4/30/16 1/16/15 1/16/15	1/16/15	211110	91/21/19

**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.

Project Name/Number 20120232,CZE

10/10/15 Date



Lookup Detail View

Name	
Name	
DAVID C ROBSON	

License Information

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 Tel: (718) 349-3235 Fax: (718) 349-3238 44-01 21st Street, Long Island City, NY 11101

HEREDY CERTIFIES THAT

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

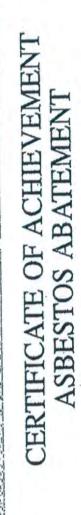
ASBESTOS SUPERVISOR REFRESITER

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

Expiration Date: 07/18/2016 Certificate #: 07182015ASCRNY-01 Exam Date: 07/18/2015

Exam Grade: 80%



Accredited by the Illinois Department of Public Health

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 has completed the Contractor/Supervisor Initial Asbestos Training course and passed the with a minimum score of 70% or better. examination on JANUARY 13, 1995 This is to certify that AHERA & ASHARA.

JANUARY 9-13 1995 Course Dates

JANUARY 12 1996

Expires

9501-CS-Certificate Number

PUBLIC HEALTH & SAFETY

A MAN GOOD OF TAIL OF THE

Nicholas Penelf Doctor of Public Health

oncentra Medical Centers (CT)

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

PLHCP 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 s to wear a respirator. (Check <u>vone</u> that applies)	tatus related to your physical capability
☐ There were no abnormal findings that would hamped. ☐ The abnormal findings listed below were not related personal physician for further evaluation.	er your ability to perform your job duties while wearing a respirator. d to wearing a respirator but should be reported to your
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 respirate	or usage:
ARE NOT qualified to wear a respirator.	
Require further testing by your private physician wi	no 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.	on partain face macks
☐ May need to shave Facial hair to assure tight seal ☐ Need to stop smoking.	on certain lace masks.
Indeed to stop smoking.	
(Check V ALL that apply)	
This evaluation included the Respiratory Questionnaire outlined in 29 CI The above individual HAS NOT been examined by me for respirator rith Questionnaire in Appendix C Part A Section 2. In accordance with 29 CF to report any difficulties in using respirators or change of any physical st	ng respirators or change of any physical status to their supervisor or physician.
exposures that may require further explanation or treatment. Where app attributable to the combined effect of smoking and sabestos, lead and/o	
	intration levels to which the worker will be exposed. Failure to follow the use and fitting instruction allows to wear the respirator during all times of exposure can reduce the respirator's effectiveness and respirator. Refer to product literature and peckeging for specific instruction regarding it.
and a second	
PLHCP Signature Richard St. Dennis PA-C	Employee's Signature
PLHCP Name (printed)	Expiration Date
그래, 어린 사람들은 이번에 가지 아이에 가장 아니라 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.	
¹ Physician or other Licensed Healthcare Professional To be maintained in t	he employee's file with a copy to the employee

r_plhcp_stmt_resp_employee

.Page 1 of 1

Print Date: Revision Date: 07/01/2015

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

Rarely - or for Emergence ected Physical Effort Re Light	✓ALL that apply) otal Hours ore than twice a week Total Hours y situations only Total Hours quired \[Check ✓ALL that apply)
ont of Useage {Check > On a daily basis T Occasionally - but not mo Rarely - or for Emergence ected Physical Effort Re Light	61 'ALL that apply) otal Hours ore than twice a week Total Hour y situations only Total Hours quired 【Check ✓ ALL that apply)
ont of Useage {Check > On a daily basis To Occasionally - but not mo Rarely - or for Emergence cted Physical Effort ReLight	✓ALL that apply) otal Hours ore than twice a week Total Hours y situations only Total Hours quired \[Check ✓ALL that apply)
osure to Hazardous Mate	
Arsenic	Benzene
Coke Oven Cadmium Methylene Chloride	☐ Cotton Seed / Dust☐ Formaldehyde☐ Lead
Textiles er(s):	Chromium
LUATION AUTHORIZATION	ON BY:
THIS LINE	Signature of Employer Representative DO NOT WRITE BELOW THIS LIN
lical Centers (CI eyewear needed to accommo	a. All Information wing exceptions: modations. proval and usage. proval and usage.
physical status to their supervi valuation consisted of a review tion is specific to respirator us cian. This evaluation included t ults of this evaluation and of ar dual has been informed of the	or or physician. or of OSHA's Medical Evaluation e only. Employees would be instructed the Respiratory Questionnaire ny medical conditions resulting from increased risk of lung cancer or St. Dennis PA-C
d'a die	dical Centers (CI n eyewear needed to accommon ancentra Medical Ce This limited evaluation is specific physical status to their supervious tion in specific to respirator us ician. This evaluation included fulls of this evaluation and of an idual has been informed of the Richar

r_plhcp_stmt_resp_employer

Page 1 of 1

Print Date:

07/01/2015

yee Re

Revision Date: 06/29/1999

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

Medical Surveillance - Asbestos

Patient:	Robson, David	Job Title:				
SSN:	SSN: XXX-XX-0961 Employer: Pike Falls Corporation-West Hav					
DOB:	11/16/1959		16 Hamilton St			
Gender:	M	Aller Mark				
Marital Status:	S		West Haven, CT 06	35162300		
Address:	76 Grove St.			Monica Giannetta		
			Primary Contact			
	WALLINGFORD, CT 06492			Ext.:		
Home Phone:	(203) 996-3149	- rax:	(203) 931-8786			
Work Phone:	Ext.:	Race:	ASIAN BLACK HI	SPANIC INDIA	N WHITE OTHER	
The above individe	dual was seen on 07/01/2015 in a	accordance with:	29 CFR 1926. 40 CFR 763.1			
Completic pulmonar	on and review of the standardized me y, cardiovascular, and gastrointestina	edical questionnaire al systems per Appe	and work history with s ndix D in 1926.1101.	special emphasis	directed to the	
Review of represent	the employer's description of: this e ative or anticipated exposure level, a	employee's duties as and personal protect	they relate to the emp on equipment to be ut	oloyee's exposure ilized by the emp	, the employee's loyee.	
Review of	finformation from previous medical e	examinations if availa	able.			
A physica	l examination with emphasis upon th	e pulmonary, cardio	vascular, and gastroint	testinal systems.		
A pulmons with NIOS	ary function test of forced vital capac SH and ATS standards.	sity (FVC) and forced	expiratory volume at	one second (FEV	1) in accordance	
	pentgenogram, posterior-anterior, 143 3.1101. (M)(2)(ii)(C).	x17 inches (or curre	nt film on file) with inter	rpretation in acco	rdance with 29	
NOTE: A is require	ccording to 29 CFR 1926.1101 (M)(2 d.	(ii)(C), it is up to the	e discretion of the phys	sician whether or	not a chest X-ray	
from asbe	oyee was informed by the physician estos exposure including the increase exposure.	of the results of the ed risk of lung cance	exam and of any medi er attributable to the co	cal conditions tha mbined effect of s	it may result smoking and	
employee at an in-	noted below, this evaluation indicates creased risk of material health impair employee concerning the use of pers	rment from exposure	to asbestos, and there	ions that would p e are no recomm	lace the ended	
Comments or limit	ations (if any):					
					101111	
					,	
	1	n		7/1/	15	
	Provider	r Signature		Da	te	

Richard St. Dennis PA-C

Page 1 of 1

Revision Date: 07/21/1999

Service Date: 07/01/2015

Respiratory Fit Test Record

Employee Name: Dowe RobSon
Social Security:
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 ½ Face (7700-30 small, medium, large) circle one
Test Results: Pass / Fail
Type of Respirator: <u>Racal PAPR</u> (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



161

09/30/2016

Lookup Detail View

Name

Name						
ROBERT A ZARGO						
License Information						
License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges

Robert Zargo

ACTIVE

None

05/30/2000

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

Asbestos Abatement Supervisor

ENVIRONMENTAL TRAINING AND ASSESSMENT

Asbestos Abatement Site Supervisor Certificate of Completion

19 Terrace Avenue Robert Zargo

West Haven, CT 06516

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

Examination Date: 4/4/2015 4/4/2015 Course Date:

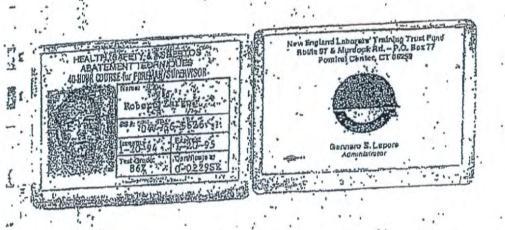
Certificate Number: ASR-01960 Examination Grade: 88%

Expiration Date: 4/4/2016

Stephen J. Craig, Training Manager

Boston Lead Company, LLC

Environmental Training and Assessment Middletown, CT 06457 860-347-7277 62 Washington Street



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

Medical Surveillance - Asbestos

Patient:	Zargo, Robert	Job Title:		
	XXX-XX-5626	Employer:	Pike Falls-Abatement Ind	
DOB:	09/27/1963		16 Hamilton St	
Gender:	M			
Marital Status:	M		West Haven, CT 065162300	
	The Court of the C		Shakira Rosado	
Address:	: 19 Terrace Ave. WEST HAVEN, CT 06516		Primary Contact	
			(203) 932-9639 Ext.:	
Home Phone:	(203) 410-3253	Fax:	(203) 931-8786	
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC INDIAN	NDIAN WHITE OTHER
The above individ	dual was seen on 12/03/2014 in as performed:	accordance with:	29 CFR 1926.1101. 40 CFR 763.121.	
Completion	n and review of the standardized m v, cardiovascular, and gastrointestin	edical questionnaire al systems per Appe	and work history with special emphasis ondix D in 1926.1101.	directed to the
Review of represents	the employer's description of: this ative or anticipated exposure level,	employee's duties as and personal protecti	they relate to the employee's exposure, on equipment to be utilized by the emplo	the employee's byee.
Review of	information from previous medical	examinations if availa	able.	
A physica	examination with emphasis upon the	ne pulmonary, cardio	vascular, and gastrointestinal systems.	
A pulmona			d expiratory volume at one second (FEV	1) in accordance
	entgenogram, posterior-anterior, 14 3.1101. (M)(2)(ii)(C).	x17 inches (or curre	nt film on file) with interpretation in accord	dance with 29
	ccording to 29 CFR 1926.1101 (M)(3	2)(ii)(C), it is up to the	e discretion of the physician whether or n	ot a chest X-ray
The employers from asbestos	stos exposure including the increas	of the results of the ed risk of lung cance	exam and of any medical conditions that or attributable to the combined effect of s	may result moking and
employee at an inc limitations on the e	creased risk of material health impai employee concerning the use of per	rment from exposure sonal protective equi		ace the inded
Comments or limit	etions (if any): Northel	t alberto	assectes standard	
	t Mars no.	ha	12/3/14	
	Provide	r Signature	Date	

Service Date: 12/03/2014

Concentra Medical Centers (CT)

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

	23.00		03) 503-0482 Fax; (203) 503-0492	5.0.5.62
***************************************	PLHO	P WRITTEN STA	TEMENT for RESPIRATORS	(EMPLOYEE)
Service Date: <u>12/03/</u> Employee Name: Zargo. Robert Address: 19 Terrace Ave.	2014	31.0	Employee SSN:	XXX-XX-5628
WEST HAVEN	СТ	06516		
Employer: AIG (Al	atement Ir	dustries Group) FK	A Pike Falls	
Based upon the res ARE qualified to w Have the following	for further ults of this ear a respi restrictions	evaluation. evaluation it is materiator. s concerning respirator.	y opinion that you: (Check stor usage:	✓ <u>ALL</u> that apply)
Concentra Medic ☐ Must wear Special ☐ Must use an Eye g	prescription lass converse Facial hai	(CT) n eye-wear needed rsion kit.	so that a final decision of to accommodate respirator.	n your ability to wear a respirator can be made
(Check V ALL that	-		n. Massing on the same	
use only. Employees shou This evaluation included ti The above individual HAS Questionnaire in Appendix to report any difficulties in outlined in 29 CFR 1910.1 In accordance with specific exposures that may require	d be instructed to Respiratory (NOT been exe C Part A Section of the Control of	to report any difficulties in un Questionnaire outlined in 29 umined by me for respirator f on 2. In accordance with 29 of a or change of any physical uments, I have informed the a etion or treatment. Where as	itness. The employee's medical evaluation CFR 1910.134, this limited evaluation is sp status to their supervisor or physician. This sbove named individual of the results of thi	ed evaluation is specific to respirator status to their supervisor or physician. It consisted of a review of OSHA's Medical Evaluation specific to respirator use only. Employees should be instructed a evaluation included the Respiratory Questionnaire is evaluation and of any medical conditions resulting from been informed of the increased risk of lung cancer
end wernings for proper use	contained on th	is respirator packaging and/or	fallure to wear the respirator during all times	exposed. Failure to follow the use and fitting instruction to a your can reduce the respirator's effectiveness and packaging for specific information regarding fit, Litt.) Employee's Signature
-LITOP Signature	MAURIC	E H. MILLER, MD	Signed 04/01/1:	Dec - 2, 2012
PLHCP Name (printe	d) 049867	CT	1551562081	Expiration Date

¹Physician or other Licensed Healthcare Professional

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:	Address: 19 Terrace Ave.	
Employee Name: Zargo, Robert	19 Tetrace Ave.	
	WEST HAVEN C	OE516
Employer: Pike Falls Corporation-See Locations	Employee SSN: XXX-XX-5626	
Check Type of Respirator(s) To Be Used (Check VALL 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 V Full Face with Canisters Make: Model: Cartridge: Special Work Conditions (Check VALL That Apply When Wearing Respirator) High Places	Coke Oven Cadmium Methylene Chloride	twice a week Total Hours ons only Total Hours (Check ✓ ALL that apply) Heavy
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY: _	
DO NOT WRITE BELOW THIS LINE DO NOT WRITE		gnature of Employer Representative OT WRITE BELOW THIS LINE
This report may contain confidential medical information and is intended for the designated employe (ADA) imposes very strict limitations on the use of information obtained during physical examination must be collected and maintained on seperate forms, in seperate files, and must be treated as a consumption of supervisors and managers may be informed about necessary restrictions on the work or duties. First aid and safety personnel may be informed, when appropriate, if the disability might require Based upon my findings, I have determined that this individual (Check ALL that apply) Employee must schedule a medical examination with Concentra Medical Centers (Class I - No Restrictions on Respirator Use) Class II - Some Specific Use Restrictions To be used for Emergency Response Class III - Respirator Use is NOT PERMITTED Further Testing / Evaluation is Required. Fit Test Required Pit Test Performed Satisfactorily Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Concentral Concentral Physician or other Licensed Healthcare Professional Employee must seek further medical evaluation by a private physician who must submit a report of his/her findings to	n of qualified individuals with disabilities. All informing indidential medical record, with the following except of an employee and necessary accommodations emergency treatment. CT	nation ptions: d usage.
Check ✓ ALL that apply) The above individual HAS been examined for respirator fitness in accordance with 29 CFR 191 use only. Employees should be instructed to report any difficulties in using respirators or chang 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 in Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limite to report any difficulties in using respirators or change of any physical status to their supervisor outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or treatment. Where applicable, the above name attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposures in the combined effect of smoking and asbestos, lead and/or other chemical exposures. Physician's License Number (Optional in Most States)	e of any physical status to their supervisor or phy nedical evaluation consisted of a review of OSHA and evaluation is specific to respirator use only. Em or physician. This evaluation included the Respirant of the results of this evaluation and of any medical ted individual has been informed of the increased	sician. 's Medical Evaluation aployees would be instructed ratory Questionnaire I conditions resulting from risk of lung cancer
Physician's License Number (Optional in Most States)	Date of Exam	12/3/15 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:
Date Tested:
Type of Test: Irritant Smoke Qualitative Testing
Type of Respirator: North ½ 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: Refer to Survey Date: 1-6-15 Administrator: Date: 1-6-15



Lookup Detail View

Name

Name

RALPH B GAGLIARDI

License Information

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

Generated on: 4/8/2015 2:11:27 PM

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"

keeping, building systems, supervisory techniques, and contract specifications. The course includes lecture, demonstration, and 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 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

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:	Address:	
Employee Name: Gagliardi, Ralph	33 Soundview Ave	
	MILFORD	CT 06460
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Employee SSN: XXX-XX-3778	
Check Type of Respirator(s) To Be Used	Extent of Useage (Check ✓ ALL to On a daily basis Total Hold Occasionally - but not more that Rarely - or for Emergency situate Expected Physical Effort Required Light Moderate Exposure to Hazardous Materials	nurs n twice a week Total Hou tions only Total Hours
Make: Model: Cartridge: Special Work Conditions (Check YALL That Apply When Wearing Respirator)	☐ Coke Oven ☐ Cadmium ☐	Cotton Seed / Dust Formaldehyde
High Places Enclosed Places Protective Clothing Temperature Extremes Mostly Cold Mostly Hot Other:	☐ Methylene Chloride ☐ Textiles Other(s):	Lead Chromium
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY:	
DO NOT WRITE BELOW THIS LINE DO NOT WRITE		Signature of Employer Representative OT WRITE BELOW THIS LIN
must be collected and maintained on seperate forms, in seperate files, and must be treated as a subservisors and managers may be informed about necessary restrictions on the work or duties. First aid and safety personnel may be informed, when appropriate, if the disability might requise assed upon my findings, I have determined that this individual [Check ALL that apply	es of an employee and necessary accommodation re emergency treatment. Transfer (CT) prior to respirator approval are or Escape Only Other: Transfer (CT) Other: Transfer (CT) rescription eyewear needed to accommodate respirator approval are commodate respirator.	nd usage.
of his/her findings to	Somethia Medical Schillia	,,,,
 Check ✓ ALL that apply) The above individual HAS been examined for respirator fitness in accordance with 29 CFR 16 use only. Employees should be instructed to report any difficulties in using respirators or chan 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 Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limit to report any difficulties in using respirators or change of any physical status to their supervisc outlined in 29 CFR 1910.134. ✓ In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or treatment. Where applicable, the above nare attributable to the combined effect of eracking and asbestos, lead applicable, the recombined effect of eracking and asbestos, lead applicable, the chemical exposures. 	ge of any physical status to their supervisor or phymedical evaluation consisted of a review of OSHA ted evaluation is specific to respirator use only. Energy or physician. This evaluation included the Respirator the results of this evaluation and of any medical med individual has been informed of the increased sure(s). MAURICE H. MILLER, MD	visician. N's Medical Evaluation inployees would be instructed ratory Questionnaire il conditions resulting from I risk of lung cancer
Physician's Signature	0498 Ayşiğin n's Name (Printe	ed) 9/01/1551562081
Physician's License Number (Optional in Most States)	Date of Exam	Expires On
place etmt rece employer	Print F	Oate: 04/01/2015

r_plhcp_stmt_resp_employer

Page 1 of 1

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

Revision Date: 06/29/1999

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 04/01/2015	
Employee Name:	Employee SSN: XXX-XX-3778
Gagliardi, Ralph	
Address:	
33 Soundview Ave	
MILFORD CT 06460	
Employer: AlG (Abatement Industries Group) I	FKA Pike Falls
	my opinion that you: (Check ✓ ALL that apply)
Have the following restrictions concerning resp	irator usage:
☐ ARE NOT qualified to wear a respirator.	
	n 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 needs	ed to accommodate respirator.
Must use an Eye glass conversion kit.	I outain fano maraka
May need to shave Facial hair to assure tight so Need to stop smoking.	ear on certain race masks.
CANADA CA	
(Check V ALL that apply)	
The above individual <u>HAS</u> been examined for respirator fitness in a	ccordance with 29 CFR 1910.134. This limited evaluation is specific to respirator a using respirators or change of any physical status to their supervisor or physician.
This evaluation included the Respiratory Questionnaire outlined in 2	29 CFR 1910.134.
Questionnaire in Appendix C Part A Section 2, In accordance with 2	or fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation of CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed al status to their supervisor or physician. This evaluation included the Respiratory Questionnaire
In accordance with specific OSHA requirements, I have informed th	e above named individual of the results of this evaluation and of any medical conditions resulting from applicable, the above named individual has been informed of the increased risk of lung cancer and/or other chemical exposure(s).
and warnings for proper use contained on the respirator packaging and	oncentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction For failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness are of any respirator.Refer to product literature and packaging for specific information regarding fit,
Wannedmille	& John Grande Siener von
PLHCP Signature	Employee's Signature
MAURICE H. MILLER, MD	Hpn 01, 2016
PLHCP Name (printed)	Expiration Date
1 Physician or other Licensed Healthcare Professional	1551562081

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

Print Date: Revision Date:

04/01/2015

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

Medical Surveillance - Asbestos

Patient:	Gagliardi, Ralph	Job Title:			
SSN:	XXX-XX-3778	Employer:	Pike Falls-Abate	ement Ind	
DOB:	04/02/1991	Address:	16 Hamilton St		2
Gender:	М				
Marital Status:	S	<u> </u>	West Haven, CT		2
Address:	33 Soundview Ave		Monica Giannett		-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Primary Contact		-
	MILFORD, CT 06460		(203) 932-9639	Ext.:	-
Home Phone:	(203) 850-9492	Fax:	(203) 931-8786		-
Work Phone:	Ext.:	Race:	ASIAN BLACK	HISPANIC INC	DIAN WHITE OTHER
The above individ	ual was seen on 04/01/2015 ir	accordance with:	29 CFR 19 40 CFR 76		
The following wa	as performed:				
Income?	n and review of the standardized r cardiovascular, and gastrointesti				sis directed to the
	the employer's description of: this tive or anticipated exposure level,				
Review of	nformation from previous medical	l examinations if availa	ble.		
A physical	examination with emphasis upon	the pulmonary, cardiov	vascular, and gastro	ointestinal system	15.
	ry function test of forced vital capa H and ATS standards.	acity (FVC) and forced	expiratory volume	at one second (F	EV 1) in accordance
A chestro	Atgenogram, posterior-anterior, 1- 1101. (M)(2)(ii)(C).	4x17 inches (or curren	t film on file) with in	nterpretation in ac	cordance with 29
NOTE: Accis required.	cording to 29 CFR 1926.4101 (M)	(2)(ii)(C), it is up to the	discretion of the ph	nysician whether	or not a chest X-ray
STATE OF THE PARTY	yee was informed by the physician tos exposure including the increase exposure.				
employee at an incr	oted below, this evaluation indicate eased risk of material health impa nployee concerning the use of per	irment from exposure	to asbestos, and th		
Comments or limitat	ions (if any): <u>Examin</u>	èc appea	is Reals	thy	
	MAURICE H. MILL	ER, MD			
	LOSS LOT	1	551562081		
	Warne Provide	Amll or Signature	5	APA O	2015 Date

Revision Date: 07/21/1999

Service Date: 04/01/2015

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
	Smoke Qualitative Testing
Type of Respirator: <u>N</u>	orth ½ Face (7700-30 small, medium, large) circle one
Test Results: Pass F	ail
Type of Respirator: R	acal PAPR (under Negative Pressure)
Test Results Pass / F	ail
Other Types of Respir	rator:
Test Results: Pass / Fa	ail
Employee Signature:	M/ 1/1/ Date: 4/13/15
Administrator:	Date: 4/13/15



Lookup Detail View

Name	
Name	
RAMON ROSADO	

License Information

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

Generated on: 4/28/2015 10:17:41 AM

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

EXPIRATION DATE: 3/23/04

LANGUAGE: SPANISH

TEST SCORE: 70%

ON THIS 23RD DAY OF MARCH 2003

COURSE DATES: 3/15-23/03

DIRECTOR: Julia HERRERA

INSTRUCTOR: Levendo Couo B

GERARDO CANO

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

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 04/13/2015	
Employee Name:	Employee SSN: XXX-XX-9735
Rosado, Ramon A.	
Address:	
232 Filmore Street	
NEW HAVEN CT 06513	
Employer: AIG (Abatement Industries Group) FK/	A Pike Falls
You were evaluated in this office of your medical to wear a respirator. (Check $$ one that applies)	status related to your physical capability
☐ There were no abnormal findings that would hamp. ☐ The abnormal findings listed below were not relate personal physician for further evaluation.	per your ability to perform your job duties while wearing a respirator. ed to wearing a respirator but should be reported to your
Based upon the results of this evaluation it is my	opinion that you: (Check V ALL that apply)
ARE qualified to wear a respirator.	
Have the following restrictions concerning respirate	or usage:
ARE NOT qualified to wear a respirator.	
Require further testing by your private physician wh	no 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 of Need to stop smoking.	on certain face masks.
— Need to stop smoking.	
(Check VALL that apply)	
The above individual HAS been examined for respirator fitness in accorde	
us: only. Employees should be instructed to report any difficulties in using This evaluation included the Respiratory Questionnaire outlined in 29 CFI	respirators or change of any physical status to their supervisor or physician.
The above individual HAS NOT been examined by me for respirator fitne Questionnaire in Appendix C Parl A Section 2. In accordance with 29 CFF	s. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation 3 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed us to their supervisor or physician. This evaluation included the Respiratory Questionnaire
In accordance with specific OSHA requirements, I have informed the above	re named individual of the results of this evaluation and of any medical conditions resulting from table, the above named individual has been informed of the increased risk of fung cancer other chemical exposure(s).
ant warnings for proper use contained on the respirator packaging and/or faile	ration levels to which the worker will be exposed. Fallure to follow the use and fitting instruction are to wear the respirator during all times of exposure can reduce the respirator's effectiveness by respirator.Refer to product literature and packaging for specific information regarding fit,
aprice an	
PLHCP Signature	Employee's Signature
Evangeline Specht, MD	4/13/16
PLHCP Name (printed)	Expiration Date
Physian or other Licensed Healthcare Professional	

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

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:	Address:	
Employee Name: Rosado, Ramon A.	232 Filmore Street	
Employer: AIG (Abatement Industries Group) FKA Pike Falls	NEW HAVEN Employee SSN: XXX-XX-9735	CT 06513
Check Type of Respirator(s) To Be Used (Check ✓ALL that apply)	Extent of Useage (Check ✓ ALL ti	hat annha
Air-purifying (non-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 Make: Model: Cartridge:	On a daily basis Total Hot Occasionally - but not more than Rarely - or for Emergency situati Expected Physical Effort Required Light	urs n twice a week Total Hours ions only Total Hours [Check ✓ ALL that apply) Heavy [Check ✓ ALL that apply) Benzene
Special Work Conditions	☐ Coke Oven ☐ Cadmium ☐	Cotton Seed / Dust Formaldehyde
(Check ✓ ALL That Apply When Wearing Respirator) ☐ High Places ☐ Enclosed Places ☐ Protective Clothing ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot ☐ Other: ☐ Other:	Methylene Chloride	Declaration and the
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY:	gnature of Employer Representative
DO NOT WRITE BELOW THIS LINE DO NOT WRITE B		OT WRITE BELOW THIS LINE
Supervisors and managers may be informed about necessary restrictions on the work or duties of First aid and safety personnel may be informed, when appropriate, if the disability might require et Based upon my findings, I have determined that this Individual (Check ALL that apply) Employee must schedule a medical examination with Concentra Medical Centers (Class I - No Restrictions on Respirator Use) Class II - Some Specific Use Restrictions To be used for Emergency Response or 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 Special prescription eyewear needed to accommodate respirator Special prescription or other Licensed Healthcare Professional	(CT) prior to respirator approval and Escape Only	usage.
Employee must seek further medical evaluation by a private physician who must submit a report to of his/her findings to	Concentra Medical Centers (C	T)
Check ✓ ALL that apply) The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.13 use only. Employees should be instructed to report any difficulties in using respirators or change of 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 med Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited etto-report any difficulties in using respirators or change of any physical status to their supervisor or joutlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual of the exposures that may require further explanation or treatment. Where applicable, the above named attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure (Jan Communication of the combined effect of smoking and asbestos, lead and/or other chemical exposure)	of any physical status to their supervisor or physical evaluation consisted of a review of OSHA's evaluation is specific to respirator use only. Employ physician. This evaluation included the Respirator eresults of this evaluation and of any medical coincidudal has been incomed of the increased risk	cian. Medical Evaluation oyees would be instructed ory Questionnaire onditions resulting from
Physician's Signature 0.27665/G	Physician's Name (Printed)	4/13/17
Physician's License Number (Optional in Most States)	Date of Exam	Expires On

Concentra Wedical Centers (CT) 370 James 8t Sulte 304 NEW HAVEN, CT 06513 Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 04/13/2015

Medical Surveillance - Asbestos

Patient:	Rosado, Ramon A.	Job Title:		
SSN:	XXX-XX-9735	Employer:	Pike Falls-Abatement Ind	
DOB:	04/10/1966	Address:	16 Hamilton St	
Gender:	M			
Marital Status:	S		West Haven, CT 065162300	
Address:	232 Filmore Street		Monica Giannetta	
riadioso.	202 i minoro otroct	- Role:	Primary Contact	
	NEW HAVEN, CT 06513	Phone:	(203) 932-9639 Ext.:	
Home Phone:	(203) 850-8652	Fax:	(203) 931-8786	
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC INDIAN WHITE	OTHER
The above individe	ual was seen on 04/13/2015 in	accordance with:	29 CFR 1926.1101. 40 CFR 763.121.	Managary Action (Principles Constitution)
1		edical questionnaire a	nd work history with special emphasis directed to	the
	cardiovascular, and gastrointestina			ino
			hey relate to the employee's exposure, the emplo	yee's
Review of in	nformation from previous medical e	examinations if availab	le.	
A physical e	examination with emphasis upon th	e pulmonary, cardiova	scular, and gastrointestinal systems.	
A pulmonar			xpiratory volume at one second (FEV 1) in accord	dance
	ntgenogram, posterior-anterior, 14x 101. (M)(2)(ii)(C).	c17 inches (or current	film on file) with interpretation in accordance with	29
NOTE: Acci	ording to 29 CFR 1926.1101 (M)(2))(ii)(C), it is up to the d	iscretion of the physician whether or not a chest)	K-ray
	os exposure including the increase		am and of any medical conditions that may result ttributable to the combined effect of smoking and	
employee at an increa		ment from exposure to	cted medical conditions that would place the asbestos, and there are no recommended ent or respirator.	4
Comments or limitation	ons (if any): World	e allethe x	3-kars	i)
	Amo o o	11.	4/13/15	
	Provider S	Signature	Date	

Respiratory Fit Test Record

Employee Name:	3amon	Rosao	10	
Social Security:	9	735		
Location:	PIKE FALLS 1	16 HAMILTO	N STREET	
·	WEST	HAVEN CT O	6516	
Location if Different the	n Above: _			
Date Tested: 4	124/15			
Type of Test: <u>Irritant Sn</u>	noke Qualite	ative Testing	Y	
Type of Respirator: <u>Nort</u>	th ½ Face (7	700-30 small	, medium, lar	<u>rge)</u> circle one
Test Results: Pass Fail				
Type of Respirator: Racc	al PAPR (und	ler Negative	Pressure)	
Test Results Pass Fail				
Other Types of Respirato	or:			
Test Results: Pass / Fail				
				e 27
*				
Employee Signature:	RATING	ROS	Mdd Date:	4/24/15
Administrator:	E		Date:	4/24/15



Lookup Detail View

Name
Name
VIMIYEISON 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

Generated on: 1/7/2015 3:57:38 PM

ENVIRONMENTAL TRAINING AND ASSESSMENT

Certificate of Completion

Asbestos Abatement Worker Refresher Training Course

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

Boston Lead Company, LLC

Environmental Training and Assessment 62 Washington Street Middletown, CT 06457 860-347-7277

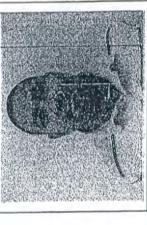
Stephen J. Craig, Training Manager

Superior Industries LLC

INDUSTRIES L.L.C. SUPERIOR



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

7%

SUPERIOR INDUSTRIES LLC 342 Carter Lane

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

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

Earl R. Clark, Training Coordinator

	Ph	South Commons Road WATERBU none: (203) 759-1229 Fax: (dical Surveillance -	203) 759-0219	
Patient:	Guzman, Yimiyeison	Job Title:		_
SSN:	XXX-XX-5012	Employer:	Pike Falls-Abatement Ind	2
DOB:	01/19/1982	Address:	16 Hamilton St	
Gender:	M		W OT 065460200	_
Marital Status:	M		West Haven, CT 065162300	10
Address:	81 hazel st		Monica Giannetta	-
			Primary Contact	_
	HARTFORD, CT 06106		(203) 932-9639 Ext.:	_
Home Phone:	(860) 719-5784		(203) 931-8786	-
Work Phone:	Ext.:	- Race:	ASIAN BLACK HISPANIC II	NDIAN WHITE OTHER
Review of	y, cardiovascular, and gastrointes the employer's description of: th	is employee's duties as	they relate to the employee's exp	oosure, the employee's
			ion equipment to be utilized by the	e employee.
	f information from previous medic			
			vascular, and gastrointestinal syst	
with NIOS	SH and ATS standards.		d expiratory volume at one second	
	pentgenogram, posterior-anterior, 5.1101. (M)(2)(ii)(C).	14x17 inches (or curre	nt film on file) with interpretation in	accordance with 29
NOTE: A is require		1)(2)(ii)(C), it is up to the	e discretion of the physician wheth	ner or not a chest X-ray
from asbe	oyee was informed by the physici estos exposure including the incre exposure.	an of the results of the eased risk of lung cance	exam and of any medical conditioner attributable to the combined effe	ns that may result ect of smoking and
employee at an inc	noted below, this evaluation indica creased risk of material health im employee concerning the use of p	pairment from exposure	etected medical conditions that we to asbestos, and there are no rec pment or respirator.	ould place the commended
		1 6	u O	

Comments or limitations (if any):

Provider Signature

Date

Revision Date: 07/21/1999

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: _07/07/2015	200000000000	
Employee Name:	Employee SSN:	XXX-XX-5012
Guzman, Yimiyeison		
Address:		
81 hazel st		
OT 00100		
HARTFORD CT 06106		
Employer: AIG (Abatement Industries Group) FK	A Pike Falls	
You were evaluated in this office of your medical to wear a respirator. (Check $$ one that applies)	status related to your phys	sical capability
☐ There were no abnormal findings that would ham ☐ The abnormal findings listed below were not rela personal physician for further evaluation.	per your ability to perform yo ted to wearing a respirator bu	our job duties while wearing a respirator. It should be reported to your
Based upon the results of this evaluation it is m	y opinion that you: (Check	ALL that apply)
☐ ARE qualified to wear a respirator.		
Have the following restrictions concerning respira	ator usage:	
☐ ARE NOT qualified to wear a respirator.		
Require further testing by your private physician	who must submit a written re	port of his/her findings to
Concentra Medical Centers (CT)		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 sea	al on certain face masks.	
Need to stop smoking.	II OII OOITAIN TAGO TITAGISTO	
(Check V ALL that apply)		
The above individual <u>HAS</u> been examined for respirator fitness in accuse only. Employees should be instructed to report any difficulties in u	sing respirators or change of any physica	ted evaluation is specific to respirator I status to their supervisor or physician.
This evaluation included the Respiratory Questionnaire outlined in 29 The above individual HAS NOT been examined by me for respirator	CFR 1910.134.	
Questionnaire in Appendix C Part A Section 2. In accordance with 29 to report any difficulties in using respirators or change of any physical	CFR 1910.134, this limited evaluation is s	specific to respirator use only. Employees should be instructed
outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the exposures that may require further explanation or treatment. Where a attributable to the combined effect of smoking and asbestos, lead and	pplicable, the above named individual has	his evaluation and of any medical conditions resulting from s been informed of the increased risk of lung cancer
Respirators must be properly selected based on the containment and con and warnings for proper use contained on the respirator packaging and/o and result in sickness or death. Wearer must be trained in the proper care use and/or limitations.	r failure to wear the respirator during all time	es of exposure can reduce the respirator's effectiveness
PLHCP Signature		Employee's Signature
SADOCK RT.		7/7/16
PLHCP Name (printed)		Expiration Date
¹ Physician or other Licensed Healthcare Professional		

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

Page 1 of 1

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:		Address: 81 hazel st		
Employee Name: Guzman, Yimiyeison	01	nazei st		
	HA	RTFORD	CT 06106	
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Em	ployee SSN: XXX-XX-5012		
Check Type of Respirator(s) To Be Used (Check ALL that apply)		ent of Useage (Check ✓ Al	LL that apply)	
☐ Air-purifying (non-powered) ☐ Air-purifying (powered) ☐ Atmosphere supplying Respirator ☐ Combination air-line and SCBA ☐ Continous-Flow Respirator ☐ Supplied-Air Respirator	Ex	☐ On a daily basis Total Hours ☐ Occasionally - but not more than twice a week ☐ Rarely - or for Emergency situations only Total Expected Physical Effort Required (Check ✓ ALL the property of the property		
Open Circuit SCBA Closed Circuit SCBA	_	posure to Hazardous Materia		
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with	Carnoters	-	Benzene	
Make: Model: Cartridge:	F	Arsenic Coke Oven	Cotton Seed / Dust	
Special Work Conditions (Check ALL That Apply When Wearing Respirator)		Cadmium Methylene Chloride	Formaldehyde	
☐ High Places ☐ Enclosed Places ☐ Protective ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly He	of	Textiles ner(s):	Chromium	
Questionare will be: HAND CARRIED MAILED OTH	ER EV	ALUATION AUTHORIZATION	BY:	
	O NOT WRITE BELO	W THIS LINE	Signature of Employer Representative OO NOT WRITE BELOW THIS LINE	
PLHCP ¹ WRITTEN STATEMEN				
(ADA) imposes very strict limitations on the use of information obtained during phrust be collected and maintained on seperate forms, in seperate files, and must Supervisors and managers may be informed about necessary restrictions on First aid and safety personnel may be informed, when appropriate, if the disa Based upon my findings, I have determined that this individual [Check Employee must schedule a medical examination with Concentra Medical Class I - No Restrictions on Respirator Use [Class II - Some Specific Use Restrictions To be used for Emeion To be used for Emeion To be used for Emeion Fit Test Required Fit Test Performed Satisfication Fit Test Performed Unsatisfactorily Fit Test NOT Performed Satisfication 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 more than the content of the provided in the content of	be treated as a confidenti the work or duties of an e bility might require emerge [ALL that apply] lical Centers (CT rgency Response or Esca actorily Special prescription	al medical record, with the following mployee and necessary accommodency treatment. prior to respirator appround to the control of the contr	g exceptions: dations. oval and usage. te respirator	
(Check ✓ ALL that apply)				
The above individual HAS been examined for respirator fitness in accordance use only. Employees should be instructed to report any difficulties in using real This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1. The above individual HAS NOT been examined by me for respirator fitness. Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1 to report any difficulties in using respirators or change of any physical status outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above exposures that may require further explanation or treatment. Where applicat attributable to the combined effect of smoking and asbestos, lead and/or other physician's Signature.	espirators or change of any 910.134. The employee's medical 910.134, this limited evaluate to their supervisor or physonamed individual of the report, the above named individual of the report of the above named individual of the report of the above named individual of the report of the above named individual of the above named indi	y physical status to their supervisor evaluation consisted of a review of ration is specific to respirator use o sician. This evaluation included the sults of this evaluation and of any r	OSHA's Medical Evaluation only, Employees would be instructed Respiratory Questionnaire medical conditions resulting from creased risk of lung cancer	
Physician's License Number (Optional in Most States)		Date of Exam	Expires On	
			Driet Date: 07/07/2015	

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

Physical Exam

Name: Guzman, Yimiyeison

SSN: XXX-XX-5012

Date: 07/07/2015

Service Date: 07/07/2015

/	Examination Results	
Able to perform esse	ential functions as listed.	
Unable to perform a	l essential functions as listed. Please list failed essential function(s):	
/		
No medical restriction	ns are indicated.	
The following medic	al restrictions are indicated:	
Recommend further	evaluation.	
Remarks:		

Provider Print Name Here

Provider Signature

Revision Date: 01/24/2010

Respiratory Fit Test Record

Employee Name:	Giniyeison Coman
Social Security: _	
Location:	PIKE FALLS 16 HAMILTON STREET
	WEST HAVEN CT 06516
Location if Differe	ent then Above:
Date Tested:	7-22-15
Type of Test: <u>Irrit</u>	ant Smoke Qualitative Testing
Type of Respirato	r: North ½ Face (7700-30 small, medium, large) circle one
Test Results: Pass)/ Fail
Type of Respirato	r: <u>Racal RAPR</u> (under Negative Pressure)
Test Results Pass	/ Fail
Other Types of Re	spirator:
Test Results: Pass	/ Fail

Employee Signature: Vini Gil Son 6- Date: 07-22-15

Administrator: Date: 7-22-75



Lookup Detail View

Name Name ANDRZEJ BAGINSKI

License Information

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

Andrzey 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:
Examination Date: 3/28/2015 Certificate Number:

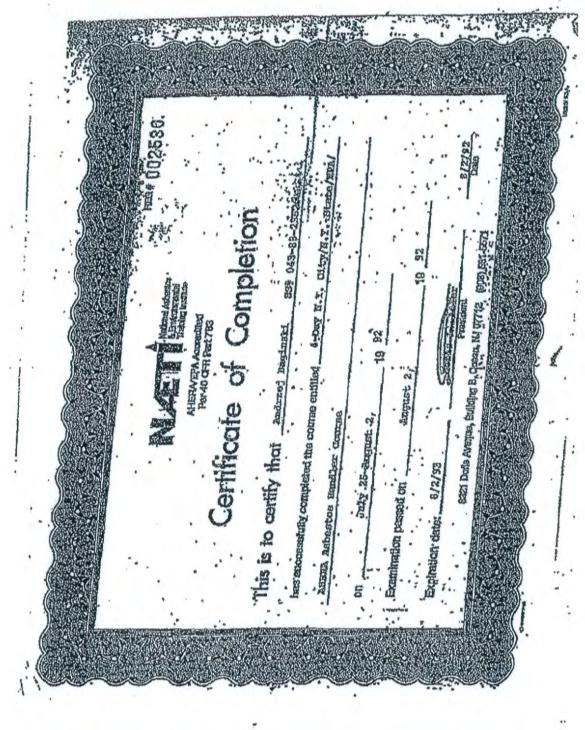
AWR-01697

Expiration Date: 3/28/2016

Boston Lead Company, LLC

Environmental Training and Assessment 62 Washington Street Middletown, CT 06457 860-347-7277

Stephen J. Craig, Training Manager



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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 07/21/2015	Employee SSN:	XXX-XX-2352
Employee Name:	Employee 33N.	AAA-AA-2352
Baginski, Andrzej		
Address:		
53 Alden St		
Apt-1		
NEW BRITAIN CT 06053		
Employer: AIG (Abatement Industries Gro	up) FKA Pike Falls	
You were evaluated in this office of your movement of wear a respirator. (Check / one that approper one of the contract of the	plies) old hamper vour ability to perform you	ur job duties while wearing a respirator.
☐ The abnormal findings listed below were n personal physician for further evaluation.	ot related to wearing a respirator bu	t should be reported to your
Based upon the results of this evaluation	it is my opinion that you: (Check	✓ <u>ALL</u> that apply)
ARE qualified to wear a respirator.		
Have the following restrictions concerning	respirator usage:	
ARE NOT qualified to wear a respirator.		- t - f bi-/b ou findings to
Require further testing by your private phy	sician who must submit a written rep	n your ability to wear a respirator can be made
Concentra Medical Centers (CT)		n your ability to wear a respirator can be mea-
Must wear Special prescription eye-wear r	leeded to accommodate respirator.	
☐ Must use an Eye glass conversion kit. ☐ May need to shave Facial hair to assure ti	ght seal on certain face masks.	
Need to stop smoking.	giit doui di doitain, tare	
(Check <u>ALL</u> that apply)		
The above individual <u>HAS</u> been examined for respirator fitne only. Employees should be instructed to report any diffication. This evaluation included the Respiratory Questionnaire outli	culties in using respirators or change of any physical	status to their separation of physicians
The above individual <u>HAS NOT</u> been examined by me for a Questionnaire in Appendix C Part A Section 2. In accordance to report any difficulties in using respirators or change of any	respirator fitness. The employee's medical evaluation the with 29 CFR 1910.134, this limited evaluation is s by physical status to their supervisor or physician. Thi	is evaluation included the Respiratory Questionnaire
oullined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have info exposures that may require further explanation or treatment attributable to the combined effect of smoking and asbestos	. Where applicable, the above named individual has	nis evaluation and of any medical conditions resulting from s been informed of the increased risk of lung cancer
Respirators must be properly selected based on the containme and warnings for proper use contained on the respirator packa and result in sickness or death. Wearer must be trained in the p	nt and concentration levels to which the worker will be	exposed. Failure to follow the use and fitting instruction as of exposure can reduce the respirator's effectiveness and packaging for specific information regarding fit,
Journal Joliode	ZMD	Andrej Baginshi
PLHCP Signature	3777	Employees Signature
Konrad P. Kotrady MD		7/21/0016
PLHCP Name (printed)		Expiration Date
¹ Physician or other Licensed Healthcare Professional		
To be maint	tained in the employee's file with a copy to	the employee

Print Date: 07/21/2015 Revision Date: 04/06/2000

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:	Address:		
Employee Name: Baginski, Andrzej	53 Alden St Apt-1		
Employee Name.	NEW BRITAIN	CT 06053	
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Employee SSN: XXX-XX-2352		
Check Type of Respirator(s) To Be Used 【Check ✓ ALL that apply】	Extent of Useage (Check VALL	that apply)	
Air-purifying (non-powered) Atmosphere supplying Respirator Combination air-line and SCBA	☐ On a daily basis Total I- ☐ Occasionally - but not more th ☐ Rarely - or for Emergency situ Expected Physical Effort Require	an twice a week Total Hours ations only Total Hours	
☐ Continous-Flow Respirator ☐ Supplied-Air Respirator	☐ Light ☐ Moderate	Heavy	
Open Circuit SCBA Closed Circuit SCBA Dust Mask 1/2 Face with Canisters Full Face with Canisters Make: Model: Cartridge: Special Work Conditions	Exposure to Hazardous Materials Arsenic Coke Oven Cadmium	Check ✓ ALL that apply) Benzene Cotton Seed / Dust Formaldehyde	
Check ✓ ALL That Apply When Wearing Respirator) ☐ High Places ☐ Enclosed Places ☐ Protective Clothing ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot	☐ Methylene Chloride ☐ Textiles Other(s):	Lead Chromium	
Other:		2	
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION B	Y:	
DO NOT WRITE BELOW THIS LINE DO NOT WRITE	BELOW THIS LINE DO	NOT WRITE BELOW THIS LIN	
PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated employ (ADA) imposes very strict limitations on the use of information obtained during physical examination must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidential medical examination of the work or dutients of the disability might require the first aid and safety personnel may be informed, when appropriate, if the disability might require the disabili	confidential medical record, with the following east of an employee and necessary accommodate exercise emergency treatment. Transfer (CT) prior to respirator approvate or Escape Only Other:	exceptions: tions. If and usage. respirator	
Check ✓ ALL that apply) The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1 use only. Employees should be instructed to report any difficulties in using respirators or characteristic continuous 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 Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this lime to report any difficulties in using respirators or change of any physical status to their supervise continuous outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or featment. Where applicable, the above nattribulance to the combined effect of smoking and asbestor, lead and/or other chemical expensional specific of smoking and asbestor, lead and/or other chemical expensional specific of the combined effect of smoking and asbestor, lead and/or other chemical expensional specific of the combined effect of smoking and asbestor, lead and/or other chemical expensional specific of the combined effect of smoking and asbestor.	s medical evaluation consisted of a review of O litted evaluation is specific to respirator use only or or physician. This evaluation included the R and of the results of this evaluation and of any meaned individual has been informed of the increosure(s). Kontact P. Konta	osha's Medical Evaluation y, Employees would be instructed espiratory Questionnaire edical conditions resulting from ased risk of lung cancer otrady MD rinted) Z 2 1/6 Expires On	
D1-11	Pr	int Date: 07/21/2015	

Respiratory Fit Test Record

Employee Name:	Andy Baninski
Social Security:	
Location:	PIKE FALLS 16 HAMILTON STREET
	WEST HAVEN CT 06516
Location if Different th	en Above:
Date Tested:	2/19/15
Type of Test: Irritant S	Smoke Qualitative Testing
Type of Respirator: No.	orth ½ Face (7700-30 small, medium, large) circle one
Test Results: Pass / Fa	
Type of Respirator: Ro	acal PAPR (under Negative Pressure)
Test Results Pass / Fa	nil
Other Types of Respir	ator:
Test Results: Pass / Fa	ail
Employee Signature:	Andrey Bagins/4 Date: 2/19/15 Date: 2/19/15
Embioles alluques	Pate: 2/19/15
Administrator:	Ir very

WALLET CARD

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

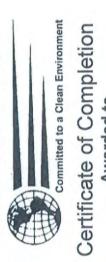
NAME
ENGERBERT LOREZ
VALIDATION NO. CURRENT THROUGH
03-177286 004496 11/30/15

PROFESSION
ASBESTOS ABATEMENT WORKER

ENGERISCHER COMPAGSSIONER

Superior Industries LLC

NDUSTRIES L.L.C. SUPERIOR



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, 215

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

860-620-1134 (fax)

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

Éarl 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

03/01/03

Expiration Date:

Certificate Number: ASB-SI-030102-04

John V. Bruce Training Coordinator

Date of Exam: 03/01/02

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/31/2015	NATIVA INTERNALIZACIONE ANTONIO DI CONTROLO DI CONTROL
Employee Name:	Employee SSN: XXX-XX-8022
Lopez, Engerber O.	
Address:	
88 phelps street	
EAST HARTFORD CT 06108	
Employer: Private Pay-Drug Test	
You were evaluated in this office of your medicato wear a respirator. (Check one that applies) There were no abnormal findings that would har be abnormal findings listed below were not relapersonal physician for further evaluation.	mper your ability to perform your job duties while wearing a respirator. ated to wearing a respirator but should be reported to your
	and a principal that your (Chack, / All that apply)
	ny opinion that you: (Check ALL that apply)
ARE qualified to wear a respirator.	
Have the following restrictions concerning respin	rator usage:
ARE NOT qualified to wear a respirator.	who must submit a written report of his/her findings to
	who must submit a written report of his/her findings to so that a final decision on your ability to wear a respirator can be mad
Concentra Medical Centers (CT) Must wear Special prescription eye-wear neede	
☐ Must use an Eye glass conversion kit.	d to docommodate respirator
May need to shave Facial hair to assure tight se	eal on certain face masks.
Need to stop smoking.	
(Check ALL that apply)	
use only. Employees should be instructed to report any difficulties in This evaluation included the Respiratory Questionnaire outlined in 2: The above individual HAS NOT been examined by me for respiratory Questionnaire in Appendix C Part A Section 2. In accordance with 25 to report any difficulties in using respirators or change of any physical outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the exposures that may require further explanation or treatment. Where attributable to the combined effect of smoking and asbestos, lead and	r fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation 9 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed al status to their supervisor or physician. This evaluation included the Respiratory Questionnaire above named individual of the results of this evaluation and of any medical conditions resulting from applicable, the above named individual has been informed of the increased risk of lung cancer ad/or other chemical exposure(s).
and warmings for proper use contained on the respirator packaging and/	incentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction for failure to wear the respirator's effectiveness for failure to wear the respirator's effectiveness for any respirator.Refer to product literature and packaging for specific information regarding fit,
	Employee's Signature 3/31/16 Expiration Date
PLHCP Signature Neha Batheja, PA-C	Employee's Signature
Neha Batheja, PA-0	3/31/16
PLHCP Name (printed)	Expiration Date
¹ Physician or other Licensed Healthcare Professional	
To be maintained in	n the employee's file with a copy to the employee

Print Date: Revision Date: 03/31/2015

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:	Addre				
Employee Name: Lopez, Engerber O.		88 phelps street			
	EAST	HARTFORD	CT 06108		
Employer: Private Pay-Drug Test	Emplo	Employee SSN: XXX-XX-8022			
Check Type of Respirator(s) To Be Used (Check VALL that ap	Exten	Extent of Useage (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 Make: Model: Special Work Conditions (Check ALL That Apply When Wearing Respirator)	Canisters Expo	On a daily basis Total Ho Occasionally - but not more that Rarely - or for Emergency situal Sted Physical Effort Required Light	twice a week Total Hours ons only Total Hours [Check ✓ ALL that apply] [Check ✓ ALL that apply] Benzene Cotton Seed / Dust Formaldehyde Lead		
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Ho	other Other	fextiles L	Chromium		
Questionare will be: HAND CARRIED MAILED OTH	ER EVAL	UATION AUTHORIZATION BY:	Signature of Employer Representative		
DO NOT WRITE BELOW THIS LINE DO	NOT WRITE BELOW		NOT WRITE BELOW THIS LINE		
Employee must schedule a medical examination with Concentra Med	he work or duties of an emp ility might require emergence ALL that apply) ical Centers (CT) gency Response or Escape ctorily Concentra Medic	oyee and necessary accommodation by treatment. prior to respirator approval a Only	nd usage.		
of his/her findings to (Check ✓ ALL that apply)					
The above individual HAS been examined for respirator fitness in accordance use only. Employees should be instructed to report any difficulties in using retribited to report any difficulties in using retribited to report any difficulties in using retribited to report any difficulties in using respirator fitness. Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 19 to report any difficulties in using respirators or change of any physical status outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above rexposures that may require further explanation or treatment. Where applicable attributable to the combined effect of smoking and asbestos, lead and/or other	pirators or change of any ph 110.134. The employee's medical eva 10.134, this limited evaluation their supervisor or physicial amed individual of the result e, the above named individu	ysical status to their supervisor or phanting of the supervisor of the supervisor of OSH in is specific to respirator use only. En. This evaluation included the Responsition of this evaluation and of any medical has been informed of the increase	nysician. IA's Medical Evaluation Imployees would be instructed Diratory Questionnaire It conditions resulting from		
Physician's Signature	v	Physician's Name (Print	3/3/16		
Physician's License Number (Optional in Most States)		Date of Exam	Expires On		
- Land Control of the		Print	Date: 03/31/2015		

r_plhcp_stmt_resp_employer

Page 1 of 1

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

Revision Date: 06/29/1999

Respiratory Fit Test Record

Employee Name: Engerber Copez
Social Security: 8022
Location: PIKE FALLS 16 HAMILTON STREET
WEST HAVEN CT 06516
Location if Different then Above:
Date Tested:
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: <u>Racal PAPR</u> (under Negative Pressure)
Test Results: Pass / Fail
Other Types of Respirator:
Test Results: Pass / Fail
Employee Signature: FNEEKBEK LOVEG Date: 11/4/15
Administrator: Date: 1/-4-/5



Lookup Detail View

Name Name ADRIANA V RIVERA

License Information

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

Adriana Rivera

81 Hazel Street Hartford, CT 06106

Has successfully met certificate requirements for

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

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

Edustas.

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

Adriana 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)

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: 66% Expiration Date: March 24, 2014

Eduardo J Meza, Training Manager

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:	Address:	
Employee Name: Rivera, Adriana	81 Hazel Street	
7.58.00(9.05).4(Apt 1 HARTFORD	CT 06106
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Employee SSN: XXX-XX-4382	
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	Rarely - or for Emergency sit Expected Physical Effort Requir Light Moderate Exposure to Hazardous Material Arsenic Coke Oven	Hours han twice a week Total Hours uations only Total Hours ed (Check ALL that apply)</th
(Check YALL That Apply When Wearing Respirator)	☐ Cadmium ☐ Methylene Chloride	☐ Formaldehyde ☐ Lead
☐ High Places ☐ Enclosed Places ☐ Protective Clothing ☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot ☐ Other:	Textiles Other(s):	Chromium
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION B	
DO NOT WRITE BELOW THIS LINE DO NOT WRITE	BELOW THIS LINE DO	Signature of Employer Representative NOT WRITE BELOW THIS LIN
This report may contain confidential medical information and is intended for the designated emplo (ADA) imposes very strict limitations on the use of information obtained during physical examination must be collected and maintained on seperate forms, in seperate files, and must be treated as a consumer supervisors and managers may be informed about necessary restrictions on the work or dutiens. First aid and safety personnel may be informed, when appropriate, if the disability might require the sased upon my findings, I have determined that this individual in the disability might require the sased upon my findings, I have determined that this individual in the same sequired to the same sequired to the same sequired to be used for Emergency Responses to the same sequired to th	on of qualified individuals with disabilities. All inconfidential medical record, with the following eas of an employee and necessary accommodate emergency treatment. The second prior to respirator approvation or Escape Only Other:	nformation exceptions: lions. I and usage.
(Check ✓ ALL that apply)		
The above individual HAS been examined for respirator fitness in accordance with 29 CFR 19 use only. Employees should be instructed to report any difficulties in using respirators or change 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 requestionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limits to report any difficulties in using respirators or change of any physical status to their supervisor outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual of exposures that may require further explanation or treatment. Where applicable, the above name attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposures. Physician's Signature	ge of any physical status to their supervisor or medical evaluation consisted of a review of OS ed evaluation is specific to respirator use only, r or physician. This evaluation included the Re of the results of this evaluation and of any medical includual has been informed of the increal	physician. SHA's Medical Evaluation Employees would be instructed spiratory Questionnaire dical conditions resulting from sed risk of lung cancer
Physician's License Number (Optional in Most States)	Date of Exam	Expires On

8 South Commons Road WATERBURY, CT 08704 Phone: (203) 759-1229 Fax: (203) 759-0219

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/05/2015		
Employee Name:	Employee SSN:	XXX-XX-4382
Rivera, Adriana		4-7-1-1
Address:		
81 Hazel Street		
Apt 1		
HARTFORD CT 06106		
Employer: AIG (Abatement Industries Group) FK	A Pike Falls	
You were evaluated in this office of your medical to wear a respirator. (Check \checkmark one that applies)	status related to your phys	cical capability
There were no abnormal findings that would ham The abnormal findings listed below were not relate personal physician for further evaluation.	per your ability to perform you ed to wearing a respirator but	ur job duties while wearing a respirator. t should be reported to your
Based upon the results of this evaluation it is my	v oninion that you: (Check	ALL that apply)
	y opinion that you. (Oncok	A Marie abbild
ARE qualified to wear a respirator.	111.121111	
Have the following restrictions concerning respira	tor usage:	
ARE NOT qualified to wear a respirator.	uha muat aubmit a writtan ran	ort of his/hor findings to
Require further testing by your private physician v	on that a final decision or	n your ability to wear a respirator can be made
Concentra Medical Centers (CT) Must wear Special prescription eye-wear needed		Tyour ability to wear a respirator can be made
Must use an Eye glass conversion kit.	to accommodate respirator.	
May need to shave Facial hair to assure tight sea	on certain face masks.	
Need to stop smoking.		
(Check VALL that apply)		
The above individual HAS been examined for respirator fitness in acco	rdance with 29 CFR 1910.134. This limited	d evaluation is specific to respirator
use only. Employees should be instructed to report any difficulties in us	ing respirators or change of any physical s	status to their supervisor or physician.
This evaluation included the Respiratory Questionnaire outlined in 29 C The above individual <u>HAS NOT</u> been examined by me for respirator fit Questionnaire in Appendix C Part A Section 2. In accordance with 29 C to report any difficulties in using respirators or change of any physical s outlined in 29 CFR 1910.134.	ness. The employee's medical evaluation FR 1910.134, this limited evaluation is spi	ecific to respirator use only. Employees should be instructed
In accordance with specific OSHA requirements, I have informed the at exposures that may require further explanation or treatment. Where ap attributable to the combined effect of smoking and asbestos, lead and/o	plicable, the above named individual has b	s evaluation and of any medical conditions resulting from seen informed of the increased risk of lung cancer
Respirators must be properly selected based on the containment and conce and warnings for proper use contained on the respirator packaging and/or t and result in sickness or death. Wearer must be trained in the proper care o use and/or limitations.	failure to wear the respirator during all times	of exposure can reduce the respirator's effectiveness
)		Alwan M A Some
PLHCP Signature		Employee's Signature
PLHCP Name (printed)		6/5/16
PLHCP Name (printed)		Expiration Date
¹ Physician or other Licensed Healthcare Professional		

Print Date:

06/05/2015

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
	PIKE FALLS 16 HAMILTON STREET
	WEST HAVEN CT 06516
Location if Differen	nt then Above:
Date Tested:	8.27.15
Type of Test: <u>Irrita</u>	nt Smoke Qualitative Testing
Type of Respirator	: North ½ Fage (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 Res	pirator:
Test Results: Pass	/ Fail
Employee Signatur	e: AdiANA River Date: 8.27 15
Administrator:	BO ZARGO Date: 8-27-15



Lookup Detail View

Name	
Name	
ANTHONY VOLTURNO	

License Information

icense Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
bestos Abatement	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

16 Hamilton Street, West Haven CT

Anthony Volturno

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"

keeping, building systems, supervisory techniques, and contract specifications. The course includes lecture, demonstration, and 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 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

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:	Address:
Employee Name: Volturno, Anthony	8 Pearl Hill Street
	MILFORD CT 06460
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Employee SSN: XXX-XX-1284
Check Type of Respirator(s) To Be Used	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
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY:
	Signature of Employer Representative BELOW THIS LINE DO NOT WRITE BELOW THIS LINE
This report may contain confidential medical information and is intended for the designated employ (ADA) imposes very strict limitations on the use of information obtained during physical examination must be collected and maintained on seperate forms, in seperate files, and must be treated as a confidence of Supervisors and managers may be informed about necessary restrictions on the work or duties. Supervisors and managers may be informed about necessary restrictions on the work or duties. First aid and safety personnel may be informed, when appropriate, if the disability might require the sased upon my findings, I have determined that this individual (Check ALL that apply). The propose must schedule a medical examination with Concentra Medical Centers. Class I - No Restrictions on Respirator Use. Class II - Some Specific Use Restrictions. Class III - Respirator Use is NOT PERMITTED. Further Testing / Evaluation is Required. Fit Test Performed Satisfactorily. Fit Test Performed Unsatisfactorily. Fit Test NOT Performed at: Concentral Special prescription eyewear needed to accommodate respirator. Special prescription eyewear needed 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 of his/her findings to	n of qualified individuals with disabilities. All information onlidential medical record, with the following exceptions: of an employee and necessary accommodations. emergency treatment. CT
(Check ✓ ALL that apply)	
The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910 use only. Employees should be instructed to report any difficulties in using respirators or chang 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 in Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limite to report any difficulties in using respirators or change of any physical status to their supervisor outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual of exposures that may require further explanation or treatment. Where applicable, the above name attributable to the combined effect of smoking and asbestos, lead and/or other chemical expositions.	e of any physical status to their supervisor or physician. nedical evaluation consisted of a review of OSHA's Medical Evaluation and evaluation is specific to respirator use only. Employees would be instructed or physician. This evaluation included the Respiratory Questionnaire of the results of this evaluation and of any medical conditions resulting from ed individual has been informed of the increased risk of lung cancer
Physician's Signature	Physician's Name (Printed)
Physician's License Number (Optional in Most States)	Date of Exam Expires On

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 06/09/2015		
Employee Name:	Employee SSN:	XXX-XX-1284
Volturno, Anthony		
Address:		
8 Pearl Hill Street		
MILFORD CT 06460		
Employer: AIG (Abatement Industries Gro	oup) FKA Pike Falls	
You were evaluated in this office of your notes to wear a respirator. (Check <u>one</u> that ap	plies)	
There were no abnormal findings that wor The abnormal findings listed below were personal physician for further evaluation.	ald hamper your ability to perform yo not related to wearing a respirator bu	ur job duties while wearing a respirator. It should be reported to your
		7
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.	the state of the s	part of his/hor findings to
Require further testing by your private phy	sician who must submit a written re	on your ability to wear a respirator can be mad
Concentra Medical Centers (CT) Must wear Special prescription eye-wear		in your ability to wour a roopirate. Jan 25 mass
Must use an Eye glass conversion kit.	needed to accommodate respirator	
May need to shave Facial hair to assure t	ight seal on certain face masks.	
□ Need to stop smoking.		
(Cheek / ALL that apply)		
The above individual <u>HAS</u> been examined for respirator fitr use only. Employees should be instructed to report any difficult This evaluation included the Respiratory Questionnaire out	culties in using respirators or change of any physica lined in 29 CFR 1910 134	il status to their supervisor or physician.
The above individual HAS NOT been examined by me for Questionnaire in Appendix C Part A Section 2. In accordan to eport any difficulties in using respirators or change of an	respirator fitness. The employee's medical evaluation ce with 29 CFR 1910.134, this limited evaluation is some my physical status to their supervisor or physician. The	is evaluation included the Respiratory Questionnaire
In accordance with specific OSHA requirements, I have inference that may require further explanation or treatmen attributable to the combined effect of smoking and asbesto	t. Where applicable, the above named individual ha	his evaluation and of any medical conditions resulting from s been informed of the increased risk of lung cancer
Respirators must be properly selected based on the containm and warnings for proper use contained on the respirator packs and result in sickness or death. Wearer must be trained in the use and/or limitations.	eding and/or failure to wear the respirator during all time	es of exposure can reduce the respirator s electricities
Yst V. L. Pre		
PLHCP Signature KMSO KINSOW PAR		Employee's Signature
Kirthe Varia 1 OAD		6/9/16
		Expiration Date
PLHCP Name (printed)		
¹ Physician or other Licensed Healthcare Professional	tained in the employee's file with a copy t	o the employee

r_plhcp_stmt_resp_employee

Page 1 of 1

Print Date:

06/09/2015

Revision Date: 04/06/2000

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

Medical Surveillance - Asbestos

Patient:	Volturno, Anthony	Job Title:		
SSN:	XXX-XX-1284	Employer:	Pike Falls-Abatement Ir	nd
DOB:	01/06/1995	Address:	16 Hamilton St	
Gender:	M			
Marital Status:	S		West Haven, CT 06516	2300
Address:	8 Pearl Hill Street		Monica Giannetta	
			Primary Contact	
	MILFORD, CT 06460		(203) 932-9639 Ext.:	
	(203) 450-1267	rax.	(203) 931-8786	
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPA	NIC INDIAN WHITE OTHER
The above individ	lual was seen on 06/09/2015 in a	accordance with:	29 CFR 1926.110 40 CFR 763.121.	1.
The following wa	as performed:			
	n and review of the standardized me , cardiovascular, and gastrointestina			al emphasis directed to the
	the employer's description of: this e tive or anticipated exposure level, ar			
Review of	information from previous medical ex	xaminations if availa	ble.	
A physical	examination with emphasis upon the	e pulmonary, cardiov	ascular, and gastrointestin	al systems.
	ry function test of forced vital capaci H and ATS standards.	ty (FVC) and forced	expiratory volume at one s	econd (FEV 1) in accordance
	entgenogram, posterior-anterior, 14x 1101. (M)(2)(ii)(C).	17 inches (or curren	t film on file) with interpreta	ution in accordance with 29
NOTE: Ac	cording 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
	yee was informed by the physician o stos exposure including the increase xposure.			
employee at an incr	oted below, this evaluation indicates eased risk of material health impairn nployee concerning the use of perso	ment from exposure	to asbestos, and there are	hat would place the no recommended
Comments or limital	tions (if any):			
	P. A. Pole	Pre		6/9/15
	Provider S	Signature		Date

Service Date: 06/09/2015

Respiratory Fit Test Record

Employee Name: _	Anthone	1 Voltomo
Social Security:	1981	4
Location:	PIKE FALLS 16 HAMII	LTON STREET
	WEST HAVEN C	CT 06516
Location if Different	t then Above:	
Date Tested:	8/2/15	
Type of Test: <u>Irritan</u>	t Smoke Qualitative Test	ting
Type of Respirator:	North ½ Face (7700-30 sr	mall, medium, large) circle one
Test Results: Pass	Fail	
Type of Respirator:	<u>Racal PAPR</u> (under Negat	ive Pressure)
Test Results. Pass /	Fail	
Other Types of Resp	irator:	
Test Results: Pass / I	Fail	
Employee Signature	: Sattray Vo	tune Date: 7/2/15
Administrator:	FD	Date: 7/2/15



Lookup Detail View

Name	
Name	
DIANA PILLAJO	
License Information	

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 (120 65 105 10

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



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

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

Date(s) of course: 1/31-2/01,07,08/2009 On this 8th Day of February, 2009

Director: Nicolas Portela Nata 125 1 cx 14 17

Certificate #: 020809AHNY-08

Exam Date: 2/08/2009

Expiration Date: 2/08/2010

Exam Grade: 12%

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

Dationt T.	nformation				
Patient II	normation				
	1: 551-69- ne: (First/MI/Last) o Pillajo	8239	Sex: O	OBi	ate of rth: (mm/dd/yyyy) /
Patient add	ress: 80 We	polsey st	New H	aven	CT. 06813
telephone	number: 203 8	5080884	/		
Examinati	on				
HEIGHT:	WEIGHT:	BP: /	PULSE	:	RESP:
P°		9			
hortness of b hest pain:		104/-	70	74	
lave you eventhortness of best pain: heethog:	er had any respira	tory problems		Previous	ly Never
Have you eventhers of better the pain: wheezing:	er had any respira preath: No No	acco? O Cu	urrently O F		Never
Have you every thortness of bethest pain: wheezing: The above na attribute	Do you use toba	acco? O Conen did been informed of ed effects of smo	many per day of the increase king and asb	ed risk eestos ex	of lung cancer posure. nonary atient
have you even thortness of behave pain: wheezing: The above na attribution telephone inction telephone income inco	Do you use toba If previously, whyou quit? med individual has lable to the combine medical exament it is my opinitualified to wear	acco? O Conen did been informed of ed effects of smo	many per day of the increase king and asb ch include above nar	ed risk eestos ex d pulm ned pe	of lung cancer posure. nonary atient
Have you every chortness of behave pain: wheezing: Tobacco: The above na attribution telegraphs	Do you use toba If previously, whyou quit? med individual has lable to the combine medical exament it is my opinitualified to wear	acco? O Conen did been informed of ed effects of smo	many per day of the increase king and asb ch include above nar	ed risk eestos ex d pulm ned pe	of lung cancer posure. nonary atient
Have you even chortness of behave pain: wheezing: Tobacco: The above na attribution telephone in the control of telephone in the control of t	Do you use toba If previously, wh you quit? med individual has table to the combine medical exam st it is my opini	acco? O Conen did been informed of ed effects of smo	many per day of the increase king and asb ch include above nar	ed risk estos ex d pulmed por is NC	of lung cancer posure. nonary atient or mance of



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.

Name:		Pillajo	
Address:	80 Woolsey	y St. #2	New Haven CT 06513
SSN: 551-69	9-8239 DOI	B: <u>6/16/197</u>	9 TEL: (203) 508-0884
			SUCCESSFUL TEST s Vapor 3. Taste Test
	7700	F FACE M	
BRAND NAM	E: (1) NORTH	(2)	SIZE (1) W (2)
	5/02/2015		050215-HF-CA-13
EST DATE: _	5,02,201	_ FIT TEST N	UMBER:
		Con	
	forming respiratory fit	Con	UMBER:

ANDO International 44-01 21st Street, #301 Long Island City, NY 11101 Tel: (718) 349-327

Tel: (718) 349-3235 44-01 21st Street 3rd Floor Long Island City, NY 11101 • Tel: 718)349-3235 • Fax: (718)349-3238 www.andointernational.com



Lookup Detail View

Name	
Name	
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	10/31/2015	02/26/2015	JOSE L VALDIVIEZO	ACTIVE	None

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



Lookup Detail View

Name	
Name	
JOSE L VALDIVIEZO	

License Information

	0		

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

Center for Human Development Inc.

Certifies that

Fose Luis Valdiniezo M. xxx-xx-7398

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

40 Hour Asbestos Abatement Supervisor Initial Certification

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

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

Certifying Official

Guido A. Cortes, CPEA, CPHSA, CIMC

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

Medical Surveillance - Asbestos

Patient:	Valdiviezo -Miranda, Jose	Job Title:		
	XXX-XX-2398	_	Pike Falls Corporation-West	Hav
DOB:	10/26/1988	-	16 Hamilton St	
Gender:	M	-		
Marital Status:	S		West Haven, CT 065162300	
Address:	: 1928 Broad St		Monica Giannetta	
			Primary Contact	_
	HARTFORD, CT 06114		(203) 932-9639 Ext.:	_
Home Phone:	(860) 944-9356	- rax.	(203) 931-8786	_
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC I	NDIAN WHITE OTHER
The following w	Acceptance of the control of the con		29 CFR 1926.1101. 40 CFR 763.121.	phasis directed to the
	on and review of the standardized may, cardiovascular, and gastrointestina			masis directed to the
Review of represent	the employer's description of: this attive or anticipated exposure level, a	employee's duties as and personal protect	they relate to the employee's exponential to be utilized by the	posure, the employee's e employee.
Review of	information from previous medical	examinations if availa	able.	
A physica	I examination with emphasis upon the	ne pulmonary, cardio	vascular, and gastrointestinal sys	tems.
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.				
	pentgenogram, posterior-anterior, 14 3.1101. (M)(2)(ii)(C).	x17 inches (or curre	nt film on file) with interpretation in	n accordance with 29
NOTE: A	ccording to 29 CFR 1926.1101 (M)(2	2)(ii)(C), it is up to the	e discretion of the physician wheth	her or not a chest X-ray
from asbe	oyee was informed by the physician estos exposure including the increas exposure.	of the results of the ed risk of lung cance	exam and of any medical condition or attributable to the combined effor	ons that may result ect of smoking and
employee at an inc	noted below, this evaluation indicate creased risk of material health impai employee concerning the use of pers	rment from exposure	to asbestos, and there are no re	ould place the commended
Comments or limit	ations (if any):			
	Never worked E.	arberles		
	alm	esan	3	12/15
	Provide	r Signature		Date

Service Date: 03/12/2015

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:	Address: 1928 Broad St	
Employee Name: Valdiviezo -Miranda, Jose		
Employer: AIG (Abatement Industries Group) FKA Pike Falls	HARTFORD CT Employee SSN: XXX-XX-2398	06114
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	HARTFORD CT Employee SSN: XXX-XX-2398 Extent of Useage (Check ✓ ALL that On a daily basis Total Hours Occasionally - but not more than tw Rarely - or for Emergency situation: Expected Physical Effort Required	apply) vice a week Total Hours s only Total Hours Check <- ALL that apply)
Open Circuit SCBA Closed Circuit SCBA Dust Mask 1/2 Face with Canisters Full Face with Canisters Make: Model: Cartridge:	Exposure to Hazardous Materials [☐ Heavy Check ✓ALL that apply) Benzene
Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator) High Places Enclosed Places Protective Clothing Temperature Extremes Mostly Cold Mostly Hot	☐ Cadmium ☐ F ☐ Methylene Chloride ☐ L	Cotton Seed / Dust Formaldehyde Lead Chromium
Other: Other: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY:	
		nature of Employer Representative TWRITE BELOW THIS LIN
PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated employ (ADA) imposes very strict limitations on the use of Information obtained during physical examination must be collected and maintained on seperate forms, in seperate files, and must be treated as a consumption of Supervisors and managers may be informed about necessary restrictions on the work or duties. First aid and safety personnel may be informed, when appropriate, if the disability might require the same of the	an of qualified individuals with disabilities. All information on fidential medical record, with the following except is of an employee and necessary accommodations. The emergency treatment. S. (CT) prior to respirator approval and the or Escape Only Other: The analysis of the prior to respirator approval and the or Escape Only Other: The analysis of the prior to respirator approval and the or Escape Only Other: The analysis of the prior to respirator approval and the or Escape Only Other:	usage.
Check ✓ ALL that apply) The above individual HAS been examined for respirator fitness in accordance with 29 CFR 19 use only. Employees should be instructed to report any difficulties in using respirators or change 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 Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limit to report any difficulties in using respirators or change of any physical status to their supervisor outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or treatment. Where applicable, the above name attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposures that significant is a supervisor of the combined effect of smoking and asbestos, lead and/or other chemical exposures that significant is a supervisor of the combined effect of smoking and asbestos, lead and/or other chemical exposures that significant is significant.	ge of any physical status to their supervisor or physi medical evaluation consisted of a review of OSHA's led evaluation is specific to respirator use only. Emp or or physician. This evaluation included the Respiral of the results of this evaluation and of any medical of med individual has been informed of the increased ri	cian. Medical Evaluation loyees would be instructed tory Questionnaire conditions resulting from lisk of lung cancer
Physician's License Number (Optional in Most States)	Date of Exam	Expires On
	Print Da	ote: 03/12/2015

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/12/2015	
Employee Name:	Employee SSN: XXX-XX-2398
/aldiviezo -Miranda, Jose	
Address:	
1928 Broad St	
1020 Bload Ot	
HARTFORD CT 06114	
Employer: AIG (Abatement Industries Group) FI	KA Pike Falls
You were evaluated in this office of your medica	I status related to your physical capability
to wear a respirator. (Check 🗸 one that applies)	
There were no abnormal findings that would have	nner your ability to perform your job duties while wearing a respirator
	nper your ability to perform your job duties while wearing a respirator. ated to wearing a respirator but should be reported to your
personal physician for further evaluation.	ned to wearing a respirator but should be reported to your
Based upon the results of this evaluation it is n	ny opinion that you: (Check <u>ALL</u> that apply)
ARE qualified to wear a respirator.	
Have the following restrictions concerning respir	ator usage:
☐ ARE NOT qualified to wear a respirator.	
	who must submit a written report of his/her findings to
Concentra Medical Centers (CT)	
Must wear Special prescription eye-wear needer	to accommodate respirator.
☐ Must use an Eye glass conversion kit.	
May need to shave Facial hair to assure tight se	al on certain face masks.
☐ Need to stop smoking.	
(Check V ALL that apply)	
	and an artificial and a CED 4040 404. This limited evaluation is expedite to recognize
The above individual <u>HAS</u> been examined for respirator fitness in ac	cordance with 29 CFR 1910.134. This limited evaluation is specific to respirator using respirators or change of any physical status to their supervisor or physician.
This evaluation included the Respiratory Questionnaire outlined in 29	9 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 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 physica	Il 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 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 an	
Respirators must be properly selected based on the containment and co	ncentration 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 car use and/or limitations.	e of any respirator.Refer to product literature and packaging for specific information regarding fit,
1 0	
almeans	
PLHCP Signature	Employee's Signature
. 2.10.	3/12/11
DI HOD Name (miletal)	Expiration Date
PLHCP Name (printed)	Expiration Date
¹ Physician or other Licensed Healthcare Professional	
To be maintained in	the employee's file with a copy to the employee

D--- 4 - 64

Print Date: 03/1: Revision Date: 04/0

03/12/2015 04/06/2000

Respiratory Fit Test Record

Employee Name: Se 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: <u>Racal PAPR</u> (under Negative Pressure)
Test Results: Pass Fail
Other Types of Respirator:
Test Results: Pass / Fail
Employee Signature: Date: 03/13/2015
Administrator: Date: $3-/3-/5$



Lookup Detail View

Name	
Name	
JOSELITO R FLORES	

License Information

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



Lookup Detail View

N	la	ın	ıe	
,				

Name

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

Center for Human Developmenting

Certifies that

Foselito Ramiro Flores xxx-xx-4169

80 Woolsey Street, 2nd 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

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, 8th Floor Flushing, New York 11373

Application for Asbestos

Apper	ndix A	
Medical Examination for As	bestos	
Applicant Name: Joselito Ramiro 7		
Home Address: 80 Woolsey st 7		
City, State and Zip Code: New Haven C		
Telephone Number: (203) 654 - 5584		ORIGINAL
Date of Birth: 10/19/1967		
Social Security Number: 700 -81 -416	.9	
Based upon the medical examination which include (FVC) and forced expiratory volume at one second roentgenogram, it is my opinion that the above name is physically qualified to wear a respirator in the perform	(FEV₁), and an evaluation dipatient (please check app	of a recent chest
Limitations:		
Dr Rozo Alberto Print Name of Physician Signature of Physician 187566	710	20 2015 5 74 5+ 58 1515
State License Number	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

Respiratory Fit Test Record

Employee Name:	Joselito Flores
Social Security:	11.1.00
Location:	PIKE FALLS 16 HAMILTON STREET
	WEST HAVEN CT 06516
Location if Differen	
Date Tested:	7/2/15
Type of Test: <u>Irritar</u>	t Smoke Qualitative Testing
Type of Respirator:	North ½ Face (7700-30 small, (medium), large) circle one
Test Results: Pass	Fail
Type of Respirator:	Racal PAPR (under Negative Pressure)
Test Results: Pass 1	Fail
Other Types of Res	irator:
Test Results: Pass /	Fail
Employee Signature	
Administrator:	Date: 7/7/15

STATE OF CONNECTICUT

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

OSHA Occupational Safety and Health Administration

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 (Trainer name - print or type)

4/26/2015

(Course end date)

ENVIRONMENTAL TRAINING AND ASSESSMENT

Asbestos Abatement Site Supervisor Certificate of Completion

Ediberto Perez

75 Applewood Drive Meriden, CT 06450

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

Examination Date: 1/23/2015 Course Date: 1/23/2015

Certificate Number: ASR-01904 Examination Grade; 86%

Expiration Date: 1/23/2016

Stephen J. Craig, Training Manage

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

CERT # A-714-76-S

ASBESTOS CONTRACTOR/SUPERVISOR AND PROJECT MONITOR TRAINING CHEMSCOPE TRAINING DIVISION 40 HOUR CERTIFICATION Ediberto Perez Has attended an 40 hour Course on the subject discipline on

5/23/84-5/27/94 and has passed a written examination.

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

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

Examination Date: 5/27/94

Expiration Date: 5/27/95

Ronald D. Arena Director

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

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

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

Employee Name: Perez, Ediberto	Address: 75 applewood dr
Employee Name. Perez, Colocio	MERIDEN CT 06450
Employer: New England Yankee Construction	Employee SSN: XXX-XX-6734
Check Type of Respirator(s) To Be Used	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
Questionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY: Signature of Employer Representative
DO NOT WRITE BELOW THIS LINE DO N	NOT WRITE BELOW THIS LINE DO NOT WRITE BELOW THIS LINE
Class III - Respirator Use is NOT PERMITTED	treated as a confidential medical record, with the following exceptions: work or duties of an employee and necessary accommodations. y might require emergency treatment. LL that apply)
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	Concentra Medical Centers (CT Special prescription eyewear needed to accommodate respirator
Fit Test Required Fit Test Performed Satisfactor Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Special prescription eyewear needed to accommodate respirator Facial hair needs to be shaved to assure tight seal on certain face masks.	Concentra Medical Centers (CT Special prescription eyewear needed to accommodate respirator

New England Yankee Construction LLC P.O. Box 5395 Milford, Conn. 06460 (203) 284-9972

QUALITATIVE RESPIRATORY FIT TEST

ADMINISTRATOR	7-30-15 DATE
EMPLOYEE SIGNATURE	DATE
Olto S. F.	7-30-15 DATE
- 11	
PASS / FAIL:	
TYPE OF TEST: IRRITANT SMOKE (NEGA	TIVE PRESSURE)
TYPE OF RESPIRATOR: 3M POWERFLOW N	MODEL 6800 PF
PASSI FAIL.	
DACC/FAIT.	
TYPE OF TEST: IRRITANT SMOKE	
TYPE OF RESPIRATOR: NORTH HALF FACE	SIZE: \angle
DATE TESTED: 7-30-15	
LOCATION: EDST SHARE Middle	School
EMPLOYEE SS#:	6734
EMPLOYEE NAME: 2000	ere



Lookup Detail View

Name						
Name						
TODD CRAIG						
License Information						
lookup	License	Expiration	Granted	License	License	Licensure Actions or Pending

License Type
License Number

License Number

License Name

License Status

License Status

License Status

License Status

Charges

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

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

Course Date: 1/23/2015 Examination Date: 1/23/2015

Examination Grade: 86% 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-714-121-5

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

TODD CRAIG

047-70-2063

Has attended an 40 hour Course on the subject discipline on

4/24/95-4/28/95 and has passed a written examination.

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a

batement, protective clothing, air monitoring, government regulations, equipment and supplies, planning work areas, insurance and bonding, record keeping, building systems, supervisory techniques, and contract specifications. The urse topics include asbestos physical properties, health hazards, respiratory protection, procedures for asbestos emoval practices and procedures, use of the glove bag, and safety hazards other than asbestos, legal issues,

Examination Date: 4/28/95

Expiration Date:

ionald D. Arena

Director

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

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

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/11/2015		
Employee Name:	Employee SSN:	XXX-XX-2063
Craig, Todd		
Address:		
73 Greer Circle		
MILFORD CT 06461	i e	
Employer: AIG (Abatement Industries Group) FK	A Pike Falls	
You were evaluated in this office of your medical to wear a respirator. (Check $$ one that applies)	status related to your phys	sical capability
There were no abnormal findings that would ham The abnormal findings listed below were not relat personal physician for further evaluation.	per your ability to perform yo ed to wearing a respirator bu	ur job duties while wearing a respirator. t should be reported to your
Based upon the results of this evaluation it is my	y opinion that you: (Check	✓ ALL that apply)
ARE qualified to wear a respirator.		
Have the following restrictions concerning respira	for usage:	
ARE NOT qualified to wear a respirator.		The state of the s
Require further testing by your private physician w	ho must submit a written rer	port of his/her findings to
Concentra Medical Centers (CT)		
Must wear Special prescription eye-wear needed		Tyour ability to wear a respirator can be made
☐ 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 V ALL that apply)		
		100 Page 100
The above individual <u>HAS</u> been examined for respirator fitness in accouse only. Employees should be instructed to report any difficulties in us This evaluation included the Respiratory Questionnaire outlined in 29 C	ing respirators or change of any physical	
The above individual HAS NOT been examined by me for respirator fit Questionnaire in Appendix C Part A Section 2. In accordance with 29 C to report any difficulties in using respirators or change of any physical solution of the control of the con	FR 1910.134, this limited evaluation is sp	ecific to respirator use only. Employees should be instructed
In accordance with specific OSHA requirements, I have informed the at exposures that may require further explanation or treatment. Where appartition and the combined effect of smoking and asbestos, lead and/o	plicable, the above named individual has	
Respirators must be properly selected based on the containment and conce and warnings for proper use contained on the respirator packaging and/or t and result in sickness or death. Wearer must be trained in the proper care of use and/or ilmitations.	allure to wear the respirator during all times	of exposure can reduce the respirator's effectiveness
Dema		
PLHCP Signature Iftikhar Ali, M.D. PLHCP Name (printed) 1 Physician or other Licensed Healthcare Professional		Employee's Signature
railchar Ali, M.D.		03/11/15
PLHCP Name (printed)		Expiration Date
1 Physician or other Licensed Healthcare Professional		
	an ampleyee's file with a security	the employee
to be maintained in tr	ne employee's file with a copy to	and employee

r_plhcp_stmt_resp_employee

Page 1 of 1

Print Date: Revision Date: 03/11/2015

04/06/2000

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:	Address:	
Employee Name: Craig, Todd	73 Greer Circle	
	MILFORD	CT 06461
Employer: AIG (Abatement Industries Group) FKA Pike Falls	Employee SSN: XXX-XX-2063	
Check Type of Respirator(s) To Be Used (Check ✓ ALL that apply) ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)	Extent of Useage {Check ✓ALI	Hours
☐ Atmosphere supplying Respirator ☐ Combination air-line and SCBA ☐ Continous-Flow Respirator	Rarely - or for Emergency situ	
Supplied-Air Respirator Open Circuit SCBA Closed Circuit SCBA	☐ Light ☐ Moderate	☐ Heavy
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters	Exposure to Hazardous Materials Arsenic	(Check ✓ALL that apply) Benzene
Make: Model: Cartridge:	Coke Oven	Cotton Seed / Dust
Special Work Conditions (Check ✓ ALL That Apply When Wearing Respirator)	Cadmium	Formaldehyde
	Methylene Chloride	Lead
High Places	Other(s):	☐ Chromium
Uother:Questionare will be: □ HAND CARRIED □ MAILED □ OTHER	EVALUATION AUTHORIZATION B	Y:
		Signature of Employer Representative
DO NOT WRITE BELOW THIS LINE DO NOT WRITE	BELOW THIS LINE DO	NOT WRITE BELOW THIS LIN
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	on of qualified individuals with disabilities. All ir confidential medical record, with the following essof an employee and necessary accommodate emergency treatment. S (CT) prior to respirator approvation or Escape Only Other:	oformation xceptions: ions. I and usage,
(Check ✓ ALL that apply)		
The above individual HAS been examined for respirator fitness in accordance with 29 CFR 19 use only. Employees should be instructed to report any difficulties in using respirators or change. 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 requestionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limits to report any difficulties in using respirators or change of any physical status to their supervisor outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or treatment. Where applicable, the above name attributable to the combinate effect of smoking as bestos, lead and/or other chemical exposi-	ge of any physical status to their supervisor or medical evaluation consisted of a review of OS ed evaluation is specific to respirator use only, or physician. This evaluation included the Re of the results of this evaluation and of any medical individual has been informed of the increa	physician. SHA's Medical Evaluation Employees would be instructed spiratory Questionnaire lical conditions resulting from
Physician's Signature	Physician's Name (Pri	nted) 3/11/11
Physician's License Number (Optional in Most States)	Date of Exam	Expires On
r_plhcp_stmt_resp_employer Page 1 of 1	Prin	t Date: 03/11/2015

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

Revision Date:

06/29/1999

Concentra Medical Centers (CT)

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

Medical Surveillance - Asbestos

Patient: Craig, Todd Job Title: **SSN:** XXX-XX-2063 Employer: Pike Falls-Abatement Ind DOB: 01/18/1970 Address: 16 Hamilton St Gender: M West Haven, CT 065162300 Marital Status: S Job Contact: Monica Giannetta Address: 73 Greer Circle Role: Primary Contact Phone: (203) 932-9639 Ext.: MILFORD, CT 06461 Fax: (203) 931-8786 Home Phone: (203) 874-3576 Work Phone: (203) 410-8927 Ext.: 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):

Revision Date: 07/21/1999

Service Date: 03/11/2015

Provider Signature

Concentra Medical Centers (CT)
60 Watson Blvd STRATFORD, CT 06615
Phone: (203) 380-5945 Fax: (203) 380-5953
Physical Exam

Name: Craig, Todd

SSN: XXX-XX-2063

Date: 03/11/2015

Service 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):
1	No medical restrictions are indicated.
_	The following medical restrictions are indicated:
_	Recommend further evaluation.
	Remarks:

Iftikhar Ali, M.D.

Provider Print Name Here

Provider Signature

Respiratory Fit Test Record

Employee Name:	load Craig
Social Security:	2063
Location:	PIKE FALLS 16 HAMILTON STREET
	WEST HAVEN CT 06516
Location if Different th	en Above:
Date Tested:	3 5 15
Type of Test: <u>Irritant S</u>	moke Qualitative Testing
Type of Respirator: <u>No</u>	rth ½ Face (7700-30 small, medium, large) circle one
Test Results: (Pass) / Fai	
Type of Respirator: Rac	cal PAPR (under Negative Pressure)
Test Results: Pass / Fai	
Other Types of Respira	or;
Test Results: Pass / Fail	
· +	
Employee Signature: _	Torbel Cruiz Date: 3/5/15
Administrator:	Date: 3/5/5



Appendix C

Alternative Work Practice



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

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 breeching 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	Bradley Building Third Floor White Magnesium Insulation on	



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

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.

^{*}Concentration determined thru TEM Gravimetric Reduction method.



- 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/mm2 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 reoccupancy air clearance sampling.

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.



Carlos Texidor - Fuss & O'Neill EnviroScience, LLC 1 King Place, Meriden, CT (Former Veteran's Memorial Hospital) September 1, 2015 – Page 2

- 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

STAT	E USE ONLY
Post Mark Date	777
Check#	
Amount	8
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 NOT	IFICATION:									
A. NEW	110	B. BLANKE		CANCELLA	TION / I	POSTPO			P _		
D. REVISE		(ITEMS REVIS	The state of the state of	normou.				REVISIO	N#		
E. EMERO			ATURE OF EME	RGENCY							
The second second	A CONTRACTOR OF THE PROPERTY O	NTRACTOR:	amp ma an	OY ID				1.10	ENSE#	000026	
NAME:		MENT INDU	17.2	JUP				LIC	ENSE#	000020	
ADDRESS:	16 HAN	IILTON STRI	SET		571.765			0.7	7.22.5		
CITY:	WEST I	HAVEN			TATE:	CT		ZIP:	06516		
PHONE #	(203) 93	2-9639	CONTA	CT PERSON:	JOE	VOL	LANO				
3. FACIL	ITY (OWN	er's Name) Ov	VNER/OPERA	TOR:							
NAME:	CITY	OF MERIDEN									
ADDRESS:	142 MI	ERIDEN ST.									
CITY:	MERII	DEN			STATE:	CT		ZIP:	0	6450	
PHONE #			CONTA	CT PERSON	: JUI	LIET E	BURDE	LSKI			
4. NAME	OF FACIL	ITY:(FILL IN AD	DRESS WHERI	E ABATEME	NT PRO	JECT IS	SLOCAT	ED)			
ADDRESS:	1 KINO	3 PL.									
CITY:	MERII	DEN			STATE:	CT		ZIP:	06451		
S(A) ABA	TEMENT S	START DATE:	10/13/	2015	5.(B) C	OMPLE	ETION D	ATE:	1	12/13/2015	
.(A) ABA	TISMISIVI C	TAKE DALL.	Month/Day/Y		.(-,				Month/L	Day/Year forma	it
	n Fee Due L A BATEM	ENT PROJECT (\$100.00	F PROJEC + 1% total 1,772.00	asbesto	s abate	ment co	st 1,7	17.72		
	F FACILIT	B. PUBLIC I	DIM DING	C. MANU	IEACTI	DING		D. OFFIC	TE ST	E. COLLEGE	I
A. SCHOOL F. COMMER	100 Land 100 Land	2000	SYNAGOGUE				# OF DW			I. OTHER	X
a SPEC	T.	ORMER HOSE		1						1 1111	



			ADDRESS:			
O Drawning Die			TOWN:			
8. BUILDING DATA: SQUARE FEET: 3500	000 NUMBER OF FLOORS:	5	AGE:	90+		
9. ABATEMENT CLASSI				301		
	ORDERED ORDER) M MOLITION DEMO OF	IUST AT	AGENCY ISSUING T <i>ACH COPY</i> OF -			
	WITH NEGATIVE AIR	R	AT TERNATIVE WORK P	RACTICE (PRE-APPROVAL REQUIRED		
	roject Designer & LICENSE # CA					
C. EXTERIOR ABATEME			SPOT REPAIR (>25 SQ. F			
11. ABATEMENT METHO						
A. REMOVAL	B. ENCAPSULATION X	ζ.	C. ENCLOSURE			
12. Type of Decontan			C. Brodosore			
A. CONTIGUOUS	B. REMOTE		C. BOTH	3		
	OF ASBESTOS TO BE ABATED: ((REPOR				
	IABLE MATERIAL	`	-	NONFRIABLE MATERIAL		
A. SPRAYED/TROWELE	D ON: 1000			Category I		
B. BOILER INSULATION		I.	FLOOR COVERINGS	/TILES: 2800		
C. TANK INSULATION:		J.	ROOFING, SPECIFY:			
D. BREECHING INSULAT	TION:	K	· GASKETS, PACKING	SS:		
E. DUCT INSULATION:				Category II		
F. CEILING TILES:		L.	TRANSITE BOARD:			
G. OTHER, SPECIFY:		M	OTHER, SPECIFY:	2800 MASTIC		
H.* PIPE INSULATION:	Use conversion table	T	otal Square Feet			
(Pipe diameter)"	Multiply LF by CF		Total Square Feet	,		
2''	1500	- i	80	,		
3*,	500		95			
4''	500	52	25			
14. WASTE DISPOSAL	SITE (IF MULTIPLE SITES	, LIST S	SEPARATELY)			
NAME:	MODER LANDFILL / HAKES LANDFILI	L/MINER	VA ENTERPRISES / WMNH,	INC		
ADDRESS:	4400 MOUNT PISGAH RD. / 4376 I	MANNING	G RIDGE RD./ 9000 MINER'	VA RD./ 97 ROCHESTER NECK RD		
CITY, STATE, ZIP:	YORK, PA 17402/ PAINTED POST, N	NY 14870,	/ PIKE TOWNSHIP, OH 446	88/ GONIC, NH 03839		
OWNER, OPERATOR:	JODI/ BONNIE/ STEVE CHANDLER/ J	ЮНИ МО	NACO			
15. HAULER/WASTE	TRANSPORTER	***************************************				
NAME:	RTL ENTERPRISES / USA HAULING / TRANSWASTE, INC					
	173 PICKERING ST./ 15 MULLEN RD./ 3 BARKER ST.					
ADDRESS:		PORTLAND, CT 06480/ ENFIELD,CT 06082/ WALLINGFORD, CT 16492				

Mail ta:

DPH
ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 51 AIR
PO BOX 340308
HARTFORD CT 06134-0308



Appendix E

Daily Monitoring Data

Date:	10/15/15	Project Number: 20120232. CZE
Technician:	Bill Champagne	AAR Number: 9482
Building:	Former Meriden Veterans	Hospital
Area:	NW Mechanical Rm Bui	iding 1968 C#1

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	NW Mech Room C#1	800-900
2.		1630 - 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. 101586	61	Top of Stainell H Blank	50	MIN
2.	50	Blank	1	NA
3. 101586	63	Top of Stairwell H		.0039
4. 1615BL	04	1	1	.0041
5.				
6.				
7.				
8.				
9.				
10				
11				
12				

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date:	10/16/15	Project Number: 20120232.CZE
Technician:	Bill Champagne	AAR Number: 9482
Building:	Former Meriden Veterans	Hospital
Area:	NW Mech Rm Building 1	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		6710
2.	0.5	58	_	cre
3. 1016BC	03	Top Stairwell H	SU	20050
4. 1016 BC	04	1	•	NIA
5.				
6.				
7.				
8.				
9.				
10				
11				
12 161686	03			,0643

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date:	10/10/15	Project Number: 20120232, CZE
Technician:	bu Changuage.	AAR Number: 9487
Building:	Former merious ve	toons Hospital
Area:	Dungsters	

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 Nu	mber	Location**	Activity ***	Results (F/CC)
1.	101986	01	FB	_	6710
2.		62	SB		27,0
3.		03	Dungstos als Landing dock	13	27.0 27.0
4.			333		
5.				+0	
6.					
7.					
8.					
9.					
10					
11					
12					

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,

Date:	10/20/15	Project Number: 20170732,02	E
Technician:	Byll Champage	AAR Number: 9487	
Building:		eterns 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. 1020136	01	FB	-	27.0	
2.	02	58		C710	
3.	03	outside@ Loading	DR	4.0021	
4.	oy	V	1	<,6022	
5.	05	Hall west loading	1	.0067	
6.					
7.					
8.					
9.					
10					
11					
12					

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,

Date:	10-21-15	Project Number:_	20120232-A7E
Technician:	ULKENS AUGUSTE	AAR Number:	9124
Building:	Vi mensorial Idas pi	fore	
Area:	Loading dock		

Inspections* PC, PR, PS, TD	Work Area	Time
1. PR	Loading dock / sumpsters.	18 23
2.	, , , , , , , , , , , , , , , , , , , ,	
3.		
4.		
5.		

^{*} Inspection Key: PC = Pre-commencement, PR - Progress, PS = Pre-sealant, TD = Teardown

Sa	ample Number	Location**	Activity ***	Results (F/CC)	
1.10211	1154A-01 FB#1				
2.	_0L	FB#2			
3.	-03	browning dock			
4.	-04	Lording dock Inside Loddingduck Oneo by De cop			
5.	105	Long dumpsterse			
6.	-06	Loading days Enside Loading dass			
7.					
8.					
9.					
10					
11					
12					

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date:	10/22/15	Project Number:_	20120232, (26
Technician:	Bill Changage	AAR Number: _	9482
Building:	Former Meriden Vete	vans Hospita	(
Area:	Dungster		

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 Nu	ımber	Location**	Activity ***	Results (F/CC)
1. 102281	67	FB		C710
2.	02	58	_	<700
3.	03	0/5 Dungster	DR	4.0017
4.	04	1/5 Dungster Hall west of Decon C/Southdouble doors Hall way East and main ent	1	10026
5.	05	6/Southdouble doors		10034
6.	06	East and main ent	1	<,0017
7.				
8.				
9.				
10				
11				
12				

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date:	10/22/15	Project Number:_	20120232. CZE
Technician:	Byll Champage	_ AAR Number: _	
Building:	Former Meriden Vete	sms Hospita	. 1
Area:	Loading dock C		

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. LDIUZZBC	01	FB	_	c7.0
2.	02	53		2710
3.	03	North Airlock SE Corner	FAC	10027
4.	04	SE Corner	1	,0024
5.	05	Center		10036
6.	06	NE Corner		.0074
7.	07	NW Corner	V	<10022
8.				
9.				
10				
11				
12				

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,

Asbestos Daily Monitoring Data

Date:	16/22	Project Number:_	20120232 CRE
Technician:	Bill Champage	AAR Number:	9482
Building:	Forner Meriden 1	retorns Ho	spita 1
Area:	Dumpster Clearence		

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 N	umber	Location	1**	Activi	ity ***	Results (F/CC)
1. DIOZZBC	01	FB	,	-		~7.0
2.	02	53	,	_		47,0
3.	03	Demoster	Sw	F	AC	4,0027
4.	04		SE			210022
5.	05		C		/	,0628
6.	06		NE			20024
7.	07		Nus		7	,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,

Asbestos Daily Monitoring Data

Date:	10/26/15	Project Number:_	20120232.CZE
Technician:	Bill Champagne	_ AAR Number: _	9482
Building:	Former Vetrons Hospi	tal	
Area:	Level I NW Mech	onical Rm	

Inspections* PC, PR, PS, TD	Work Area	Time
1. PC	NW MECH RM C#Z	730
2. PR		1030
3.		
4.		
5.		

^{*} Inspection Key: PC = Pre-commencement, PR - Progress, PS = Pre-sealant, TD = Teardown

Sample Number		le Number Location**		Results (F/CC)
1. 1026 BC	01	FB	_	47.0
2.	02	SB	_	Z710
3. 1026BC	03	Hallmany @ Stairmen H	DR	-0034
4.	04	Enst side Nu Mech	1	,0053
5. 1026 BC	05	Hallway @ Stringwell H	DR	.0060
6.	06	Enst Side was Mech	1	,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,

Date:	10/27/15	Project Number:_	20120232,CZE
Technician:	Bill Chempagne	AAR Number:	
Building:	Former morden Ve	tous Hosp	
Area:	NW mech West	Clourence	

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 ***	vity *** Results (F/CC)	
1.NWM(027BC	01	FB	_	27.0	
2.	02	53	_	27.0	
3.	03	west side south	FAC	.0069	
4.	04	East Side North		.0033	
5.	05	Cento South		.0045	
6.	06	west side South		,0048	
7.	07	westside North	1	20024	
8.					
9.					
10					
11					
12 009	03			.0048	

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date:	10/27/15	Project Number:_	20120232,025
Technician:	Bill Changege		
Building:	Former Meriden Vete		
Area:	East Hall Clear		

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		27.0
2. 62	SB	_	27.0
3. 03	Center	FAC	,0038
4. 04	South East		,0032
5. 05	North East		10049
6. 06	North West		,0029
7. 07	South West	1	10052
8.			
9.			
10			
11			
12			

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,



Date: 16/27/15 Project Number: 20120232, 62 E

Technician: Bill Champage AAR Number: 9482

Building: Form Menden Veterns 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. 102786	01	FB		,0016
2.	02	5 B		10000
3.	03	East Side Nov Mechanical	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,



Date:	10/3/6/15	Project Number:_	20120232,628
Technician:	Bru Champage	AAR Number: _	9482
Building:	Former Meriden V	eterass Hos	pital
Area:	Tunel Itall Cles	rance	

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. THIOZSBC	01	FB		_
2.	02	SB	_	
3.	۰3	NE	FAC	6.0022
4.	64	NW	1	4.0022
5.	05	C		,0024
6.	06	SE		10027
7.	07	5w	1	410021
8.				
9.				
10				
11				
12				

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,

Asbestos Daily Monitoring Data

Date:	10/29/15	Project Number:_	20120232 CZE
Technician:	Bill Champagne	AAR Number:	9482
Building:	Former Meridens Vete	rons 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. 102986	01	FB	_	67.0
2.	50	58	_	67.0
3. 1029BC	63	015 Decen - NW mech RM West	DR	10032
4.	04	OCB-NW Mech Rm South	Pump OFF	
5.		3,000		
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,



Date: 10/29/15 Project Number: 20120232.CZE
Technician: Bull Change AAR Number: 9487
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. 1079BC	01	FB		47.0
2.	02	SB	_	<7.0
3.	03	North west	FAC	,0036
4.	04	South west	ſ	2.0022
5.	05	Northeast		-0024
6.	06	Southeast		,0044
7.	67	South Side a	1	10031
8.		Start		
9.				
10				
11				
12 000	ob			.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,

Asbestos Daily Monitoring Data

Date:	10/30/15	Project Number: 20120232, CZE
Technician:	Bill Changage	AAR Number: 9482
Building:		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	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	_	670
2.	02	SB	_	4.7.0
3. 1030BC	03	BLDG 1952 Front entrance@ negair	SUIDR	4,6017
4.	ba	Decon Tunel	DR	16029
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,



Date:	16/36/15	Project Number:_	20120232.CZE
Technician:	Bu Changage	AAR Number: _	9482
Building:	Former Meriden Nete	rous Hospit	ial
Area:	Marianar Room	Building ins	2 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	-	67,0	
2.	02	5B	_	< 7.0	
3.	03	west North	FAC	10032	
4.	04	East North	1	.0064	
5.	05	East Entrace		16044	
6.	66	west fouth on study		00028	
7.	07	west Elevators	7	16040	
8.					
9.					
10					
11					
12 Dug	ou			10053	

IC = Inside Containment, FB = Field Blank, SB = Sealed Blank

*** Activity Key: PA = Pre-abatement, SU = Pre-setup, DR = During Removal,

Date:	11/2/15	Project Number:	20120232,CZE
Technician:	Bill Champagre	AAR Number:	9482
Building:		crans Hospita	
Area:	Mursing Building	1st Floor Ha	HS 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 N	Number	Location**	Activity ***	Results (F/CC)
1. 1102BC	01	FB	_	<7.0
2.	62	58	_	< 7.0
3.	63	4th Fl Norsins	OR	
4.	04 7	of of N Start East Hall	1	4,0017
5.	05	1	✓	6,0017
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, CZE
Technician:	Bill Champage	AAR Number: _	
Building:	Former Menden Vet	vons Hospi-	tal
Area:	Lower East Hul	(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 Nu	ımber	Location**	Activity ***	Results (F/CC)
1. LEHIO3BC	61	FB		2710
2.	02	58	_	(7.0
3.	03	NE	FA	<.0021
4.	04	CE		.0039
5.	05	cw		4.0021
6.	OL	500		4.0022
7.	67	SE	1	,0031
8.				
9.				
10				
11				
12 OUP	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: 20120232.02E
Technician:	LIKENS Anguste	AAR Number: 9/24
Building:	V. memerial Jospi	Horl
Area:		

	Inspections* PC, PR, PS, TD	Work Area	Time
1.	TD	Oldnewsing boom office	TB 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	+B#1	NA	47
2. 1 -02	FBAL		42
303	Stol Alless office	FIAC	<0.00 ZZ
404			0.0024
505			20.00 22
606			20.0022
7. 1 -07	<i>Y</i>		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

Area Air Monitoring Worksheets



Form 7400-05 Edition October 2015 Supersedes previous editions

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

STAMES		CZE	dor	Project Address: King 81 Meridan
PIF	ita!	.32.	Texi	1 W
ina	Meriden Hospital	0120	erles	King 8
me: 1 K	Ben ?	mber: 2	mager: C	dress:
Project Name: 1 King PI Former	Meri	Project Number: 20120232.C2E	Project Manager Carlos Texidor	Project Ad

Rotometer Number: 10826. Cassette Lot#:

Rotometer Cal. Date: 3/16/15

Microscope Number: 10/979

Phase Ring Aligned? XM

HSE/NPL checked

Sampler Name: Bill Champergree

Analyst Name: B. Champergree

Analyst Signature: Ulithea — Champergree

Sample Date: 10[15[15]

Analysis Date: 10[15[15]

	Samuel	V	Sam	Sample Time	Sample	Flo	Flow Rate (LPM)	(PM)	Total	Limit of Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	ЭHO	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Fids	Density (Fib/mm²)	Conc. (Fibers/cc)
101580 61	Field Blank #1	Submit	at least	2 field blan	Submit at least 2 field blanks or 10% of the number of	he num	ber of				0/100	67.0	
20	Field Blank #2	sample	s collec	samples collected in 1 work shift.	k shift.						001/0	67.6	
101562 03	1015BC 03 Top of Stairwell H	2	748	1111	9/11	0.9	0.9	0.9	876	,0031	7/100	8,42	,0039
615BC 04	1615BC OH Top of Stairwell H	2	FIId	240	502	6.0	5.5	5.8	1185	,0073 16/106	10/106	hL.21	1700.
1015BC 64	Duplicate Count										12/100	15,29	0500

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

(0.00785mm²/field)

er	ity	
Outside Critical Barrier	Decontamination Facility	
OCB	Decon	

Sange	Intra Lab Sr	Inter Lab Sr
(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

1700	Background	Setup	During	Clearance	Environmental	Personal	
Conc	1	2	3	4	5	9	7

Project Activity:



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

Project Name: Former Meridan Vaterans Meriden CZE Project Manager: Corles Texidor HOSPI tol Project Number: 20120232 0 Project Address: 1 King

Rotometer Number 101826 Cassette Lot#: ZZ 161979 Rotometer Cal. Date: 3/16/15 Microscope Number: Phase Ring Aligned? HSE/NPL checked

AAR# 9482 Analysis Date: 10/16/15 Sampler Name: Bill Change-god Analyst Name: Bill Champean Analyst Signature: Ulllhors Sample Date: 10/16/15

	Sample	Activity	Sam	Sample Time	Sample	Flov	Flow Rate (LPM)	(PM)	Total	Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	Off	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
10 789101	Field Blank #1	Submit	at least	2 field blan	Submit at least 2 field blanks or 10% of the number of	he numb	per of				091/0	67.0	
20	Field Blank #2	sample	s collect	samples collected in 1 work shift.	k shift.						001/0	47.0	
101686 03	03 Top of Stairwell H	2	752	752 1120	812	6.0	6.5	6.25	1362,5	02000	14/166	6.0 6.5 6.25 1362,5,0000 14/160 17.83	10050
10168C of	Too of Stairmell H	>	1176	82	1	6.5	0						
BO LEC 03	Duplicate Count										12/100	5400, PS,29, 201/51	60043
oforence Mothod	B C M. A. MIOSITZA00 I 2 0/15/04 Med al Time of December 2 5 Elike (100 Elike)		111111			MILLIA	MILLER	MININI	The state of the s	Millian			

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)

(0.00785mm²/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

ner	cility		Inter Lab Sr	0.51	0.34	0.39
Outside Critical Barrier	Decontamination Facility		Intra Lab Sr	0.46	0.36	0.35
OCB				0 fibers/100 fields)	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)
0	Õ		Range	1 (5-2	2 (>20	3 (>50

Type	Background	Setup	During	Clearance	Environmental	Personal	
Code	1	2	3	4	2	9	7

Project Activity.



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

Project Name: Tormer Mendan Veterons	Rotometer Number: 181826 Casset
Hospital	Rotometer Cal. Date: 3/16/1
Project Number: 20126222 . C2 E	Microscope Number. 101970
Project Manager: Carlos Texidor	Phase Ring Aligned?
Project Address: King P	HSE/NPL checked

	AAR# 9482		10/19/15
Sampler Name: Bill Changing	Analyst Name: Bill Champtony	Analyst Signature: [1] Charpers	Sample Date: 16/19/15 Analysis Date
:tte Lot#:	5	6	N

	Fiber	Density (Fib/mm²) (Fi	0,100 67,0	0/100 <7,0	,0020 15/100 19,11, 1005S						htoo' 82'51 001/21
		Volume (=:) (Liters) T (Y)									
	Flow Rate (LPM)	Post Avg.	uber of		6,0 6,0 6,0 1332						
	Sample	Duration (Minutes) Pre	or 10% of the num	shift.	222 6,0						
	Sample Time	On Off	Submit at least 2 field blanks or 10% of the number of	samples collected in 1 work shift.	147						
	Activity	Code/ Comment	Submit at	samples	2 10						
0	Sample	Location	Field Blank #1	Field Blank #2	Outdoors-Dungsters at	1					Duplicate Count
		Sample ID Number	101966 01	20	1019BC 03						200

5.5 Fibers/100 Fields	
hod Lamit of Defection: 5.5 Fill M Air Monitor	から の事 一番 こうしゅう 日日
PC	-
sue 2, 8/15/94 In ixed cellulose ester	
OSH /400 Ist piece 0.8µ m	
Keterence Method: NIOSH /400 Sample Type: 25 mm 3 piece 0.8µ	
Keter Sampl	

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (Average BLANK fibers/field) (0.00785mm²/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/fiter

ier	ility	Inter Lab Sr	0.51	0.34	0.39
Outside Critical Barrier	Decontamination Facility	Intra Lab Sr	0.46	0.36	0.35
0	De		(5-20 fibers/100 fields)	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)
OCB	Decon	Range	1 (5-20 fiber	2 (>20-50 Fi	3 (>50 Fiber

Sr			
Inter Lab	0.51	0.34	0.39
Intra Lab Sr	0.46	0.36	0.35

Dacaground	Setup	During	Clearance	Environmental	Personal	
	2	3	4	5	9	7
						_

Project Activity:



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

Project Name: Former Meriden Veterans Project Number: 26,126232,C2E Texidor Hospital Project Manager: Corlos Project Address: 1 King

Rotometer Number: 16 | 826 Cassette Lot#: X N 101979 Rotometer Cal. Date: 3/16/15 Microscope Number: Phase Ring Aligned? HSE/NPL checked

AAR# 9482 Analysis Date: (0/20/15 hormone Sampler Name: Bill Chempagne Champiage Analyst Signature: William Sample Date: 10/20/15 Analyst Name: B.M.

Sample ID Location Code/ Number Oif (Minutes) Pre Post Avg 1020 & Comment Oif (Minutes) Pre Post Avg 1020 & Comment Field Blank #2 Submit at least 2 field blanks or 10% of the number of 1020 & Code Field Blank #2 Submit at least 2 field blanks or 10% of the number of 1020 & Code Cod	Duration (Minutes) 1 blanks or 10% of the 1 work shift. 7 184 7 7 8 6 7 8 5 186 7 8 6 7 7 8 9 7 7 8 9 9 7 7 8 9 9 7 7 8 9 9 7 7 8 9 9 9 9			Fib/cc Count (=2.7/ Fib/Fids Vol.)	Density (Fib/mm ²)	Conc.
Submit Su	1 blanks or 10% of the 1 work shift. 7 (84 7 186 7 186 7 186 7	o.3 lo.3 (0010		(Fibers/cc)
samples collected in 1 works 2 850 1053 2 157 2 1053 157 100ding 2 1129 2.3.5	M 7 9		CHH)		67.6	
2 860 1053 2 2 1053 157 100ding 2 1129 235	9.81 h81 £21			XIIIIIIII OI 100	47.0	
Looding 2 1053 157 1000ding 2 1129 235	9.81 h81			1266.9 ,0021 5/100	0.12	120017
1000mg 2 1129 235	981	. 1.7 1.1	Н	1251.2 .0022 4/100	67.0	4,0022
				1320.6,0020 18/100	22.93	10001
OS Duplicate Count				301/11		£900° 79.12
Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	71		7.1.7			

Sample Type: 25 mm 3 piece 0.8 µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

Outside Critical Barrier	Decontamination Facility	
OCB	Decon	

Range	Intra Lab Sr	Inter Lab S
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

Type	Background	Setup	During	Clearance	Environme	Personal	
Code	-	2	3	4	5	9	7

Project Activity:



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69
24
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***************************************	CAN	5	2/2	ne	T.
200	W.	Can	7	å	AK
	Name:	Meadon - CT	Numbe	Manage	Addres
-	Project Name: 1. M. M. M. July	M	Project Number: 2012 0 2 3 2. H 7 E	Project Manager: Conlo Teked on	Project Address: 1 King Pl Mouldly,

Rotometer Number: 1013 State Lot#: XXX Rotometer Cal. Date: 4-6-15 Microscope Number: HSE/NPL checked

AAR# 9124 Analysis Date: 10/21/ My Jugus West Bugusta Analyst Name: [| Kens Anguste Analyst Signature: Sample Date: 10 Sampler Name:

			Sam	Sample Time		Flov	Flow Rate (LPM)	PM)		Limit of Det.	E	E	
Sample ID Number	Sample Location	Activity Code/ Comment	On	ЭĦО	Sample Duration (Minutes)	Pre	Post	Avg.	Total Volume (Liters)	Fib/cc (=2.7/ Total Vol)	Fiber Count Fib/Flds	Piber Density (Fib/mm²)	Conc. (Fibers/cc)
10-4478140/	Field Blank #1	Submit	at least	2 field blank	Submit at least 2 field blanks or 10% of the number of	he numb	er of				0/100	27.2	
10-1	Field Blank #2	sample	s collect	samples collected in 1 work shift.	shift.						0/100	0127	
Ŷ	24. by authorses - 6 backing	4	6730 163c	1032	182	D.t	2.0	J.0	1234	1200.	(7/100)	59:12	63000
101	ST	٤	P201 8440	1054	19.1	7.0	3.0	から	133.4	001/8/ 0200'	18/100	22.93	,0066
150-	艾	de m	103 × 1336	1336	184	3.0	5.5	3.4.5	242 3+2 3-3	06/1/ 2200.	16/100	20.38	5900.
200	19	7	HS 01	(40)	139	7.0	7.0	2.0	1323	60751 0200	15/103	19.11	9500.
20-	J Duplicate Count										14 1184	22.43	12001
ference Methox	Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	ection: 5.5 Fib	ers/1001	Splide									

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

ner	ility	Inter Lab Sr	0.51
Outside Chlical Darner	Decontamination Facility	Intra Lab Sr	0.46
OCB	Decon	Ranoe	1 (5-20 fibers/100 fields)

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.46	0.51
(>20-50 Fibers/100 fields)	0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

INE	Background	Setup	Dunng	Clearance	Environmental	Personal	
Code	1	2	3	4	5	9	7

Project Activity:



Form 7400-05 Edition October 2015 Supersedes previous editions

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

Project Name: Former Veterans Hospital
Project Number 20120232, CZE
Project Manager: Carlos Texidor

Menden

Project Address: 1 King

Rotometer Number: 10|816 Cassette Lot#;
Rotometer Cal. Date: 3/16/15
Microscope Number: (0,67)
Phase Ring Aligned?
WANT Checked

Sampler Name: Bill Champergree
Analyst Signature: A Champergree
Sample Date: 10/22/15 Analysis Date: 10/22/15

#1 Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. 10		Same	The state of the s	Samp	Sample Time	Sample	Ho	Flow Rate (LPM)	(Md)	Total	Det.	Fiber	Fiber	Fiber
Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Field Blank #	Sample ID Number	Location	Code/ Comment	On	ЭJO	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Fids	Density (Fib/mm²)	Conc. (Fibers/cc)
Field Blank #2 Field Blank #2 Samples collected in 1 work shift. Outside at Dungster 3 723 1014 171 10.3 16.3 10.3 1761, 3 61000 6/1600 7.64 × Hallows west to book 3 734 1042 188 7.1 7.1 7.1 1334, 8 4100 15.29 Hallows west of Dook 3 734 320 166 10.3 10.3 170, 8 13460 12/100 15.29 Hallows Gercial Court 2 134 320 166 10.3 10.3 170, 8 13460 12/100 15.29 Main Entrance Hall 2 140 315 155 10.3 10.3 10.3 159.5 620 620 5100 47.0 × Main Entrance Hall 6 10.3 10.3 10.3 10.3 159.5 620 620 620 620 620 620 620 620 620 620			Submit	at least	2 field blan	ks or 10% of	the num	oer of				oilde	67.0	
Outside at Denister 3 723 1014 171 10.3 16.3 10.3 1761,3 64 600 7.64 4 Mailans west of book 3 7 34 1042 188 7.1 7.1 1334,8 42 60 5/600 7.64 4 South of double deris in 2 134 320 166 10.3 10.3 1709,8 124 60 15,29 Such of double deris in 2 134 320 166 10.3 10.3 1709,8 124 60 15,29 Such of double deris in 2 134 320 165 10.3 10.3 10.3 1709,8 124 60 15,29 Main Entrace Hall Duplicate Count Duplicate Count	0		sample	s collect	ed in 1 wor	k shift.						091/0	_	
Hallware west of Deak 3 734 1042 188 7.1 7.1 1334,8 9then 1/100 15.29 South of Decens in 2 134 320 166 10.3 0.3 170 ft.8 124fter 1/100 15.29 Hallware Couried 2 140 315 155 10.3 10.3 10.3 154.5 62/100 47.0 4 Main Entrance Hall 2 140 315 155 10.3 10.3 10.4 154.5 62/100 47.0 4 Main Entrance Hall 2 140 315 155 10.3 10.3 10.3 156.5 62/100 47.0 4 Main Entrance Count		outside at Dungster	3	723	hioi	171	10.3	16.3		1761.3	(S) (B)Co	6/690		4,0017
South of double doors in 2 134 320 166 10.3 10.3 1709,8 12990 14/100 15,29 Hallusay Cercider BLDC 1968-East end of Allo 315 165 10.3 10.3 10.3 159.5 (2016 5/100 47.0 Kmain Entrance Hall	70	Hallway west of Dock	3	734	1642	188	7.1	7.1	7.1	1334.8		201/2	28.85	9200'
Blibe 1968-East and of 2 140 315 165 10,3 10,3 10,3 159,5 Gallere 5/100 Main Eatonice Hall Main Eatonice Hall Duplicate Count Duplicate Count Duplicate Count	2286 09	South of double doors in	2	h£1	320	991	10.3	6.3	10.3	1709.8	139/80		15,29	1,00034
Duplicate Count	90		2	041	315	155	10.3	(0,3	10,3	154.5	GA Cue	001/5		4.0017
Duplicate Count														
Duplicate Count														
Duplicate Count														
Duplicate Count														
Duplicate Count (111111111111111111111111111111111111														
	0											61100	7.64	\$100.

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Field Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

Sample 1 ype: 23 mm 3 prece 0.0µ mixed centuose ester P.C.M. Alt. Montool. FIBER DENSITY (Fibers/mm2) = <u>{SAMPLE fibers/field}</u> = <u>(Average BLANK fibers/field)</u> (0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

Inside Containment	Outside Critical Barrier	Decontamination Facility	
C	OCB	Decon	_

Range	Intra Lab Sr	Inter Lab Sr
(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:



Supersedes previous editions Form 7400-05 Edition October 2015

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

Project Name: Former Meriden Veterns Meriden Project Number: 20120232. CZE Texidor Hospital 2 King Solas Project Address: Project Manager:

Rotometer Number: 101826 Cassette Lot#: S Z 101979 Rotometer Cal. Date: 3/16/15 Microscope Number; Phase Ring Aligned? HSE/NPL checked

Analysis Date: 16 26 / 15 AAR# 9482 Chemp = SA Analyst Name: Bill Champage Analyst Signature: Ullun Sample Date: 10/26 /15 Bill Sampler Name:

Sample ID Number 10268C 01 Field Blank #1 Field Blank #2 Field Blank #1 Field Blank #2 Field Blank #2 Field Blank #2 Field Blank #1 Field Blank #1 Field Blank #2 Field Blank #3 Field Blank #3	Code/ Comment Submit at	On		Sample				Total		Fiber	Fiber	Fiber
90 90 50 10	Submit at samples of		ЭĦО	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	(=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
90 90 50 20	samples	least 2	field blank	Submit at least 2 field blanks or 10% of the number of	ne numb	er of				0/100	47,0	
50 50 50		collecte	collected in 1 work shift.	shift.						ofteo	67,0	
30 50	3 7	161	741 1024	163	1.7	7.1	7.1	1157.3	,0023	7.1 1157.3 10023 8/100 10,19	6110	,0034
90	1	125	757 1027	150	1.7	7.6	7.35	1102.5	,0023	15/100	7.35 1102.5 ,0023 12/100 15,29	,0053
	3 10	120	SE1 130	161	7.1	5.9	8.9	8'8621		85.02 od/01 1500,	20.38	,00060
	7	221 17201	24	195	7.1	12	1.7	13845	1,0019	1.1 7.1 13845.0019 15/100 19.11	16.11	10053
				×								
o3 Duplicate Count										1 100 14.01	10,01	1001

Q:\EnviroScience\Admin\FORMS\Asbestos\Project Monitoring\HQ\PCM Air Mon Field Analysis Oct 2015 R3 HQ.doc

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

(0.00785mm²/field)

Environmenta

Inter Lab Sr 0.51 0.34 0.39

Intra Lab Sr 0.46 0.36 0.35

Range 1 (5-20 fibers/100 fields) 2 (>20-50 Fibers/100 fields) 3 (>50 Fibers/100 fields)

Clearance Personal

During

Setup

Background Type

Project Activity:

Code

Decontamination Facility Outside Critical Barrier Inside Containment

> Decon OCB



Supersedes previous editions Edition October 2015 Form 7400-05

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

Project Name: Former Meriden Joherns 20120232.CZE Hospita Project Manager: Project Number. Project Address:

Rotometer Number: 161826 Cassette Lot#: X X 101979 Rotometer Cal. Date: 3 16 11 5 Microscope Number: Phase Ring Aligned? HSE/NPL checked

Claudies AAR# 9482 Analysis Date: 10/28/15 Sampler Name: Byll Charages Sample Date: 16/27/15 Analyst Name: 13, 11 Analyst Signature: 741.

Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blank #2 Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blank #2 Submit at least 2 field blank #2 Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. Submit at least 2 field blanks or 10%		Smale	Activity	Sam	Sample Time	Sample	Flor	Flow Rate (LPM)	(PM)	Total	Limit of Det.	Fiber	Fiber	Fiber
Submit at least 2 field blanks or 10% of the samples collected in 1 work shift. H 3 715 1045 2.10 A 722 1050 208	Sample ID Number	Location	Code/ Comment	On	ЭЭO	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
H 3 715 1045 2.10 Aug. 1 722 1050 208	1627BC 01		Submi	t at least	2 field blank	ks or 10% of t	he numb	ber of				001/0	0120	
H 3 715 1045 2.10	20	Field Blank #2	samply	es collec	ted in 1 wor.	k shift.						0/100	C7.0	
W. J. 722 1050 208	102786 63		3	715	1046	210	1.7	1.7	1'2	1441	81901	001/11 8100	17.83	9,000.
	ho	DCB - East side of Now	7	727	1050	208	7.1	12	7.8	1476.8	,00018	12/100	15.28	phoo.
	ha											11, 19, 00/81	14 '11	05003
Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	Reference Method:	NIOSH 7400 Issue 2, 8/15/94 Method Limit of	Detection: 5.5 Fr	bers/100	Fields			MILLER		The same of the sa				

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (0.00785mm²/field) $(0.00785mm^{2}/field)$

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

-			
	Decon De	Decontamination Facility	cility
11			
_	Range	Intra Lab Sr	Inter Lab
_	1 (5-20 fibers/100 fields)	0.46	0.51
_	2 (>20-50 Fibers/100 fields)	0.36	0.34
-	2 / SO Ethore (100 Golde)	0.35	0.30

Type	Background	Setup	During	Clearance	Environmental	Personal	
Code	1	2	3	4	5	9	7

Project Activity:

Outside Critical Barrier



Form 7400-05 Edition October 2015 Supersedes previous editions

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

Project Name:	Project Name: Fornes Menden Veteras	Rot
	Hospital	Rot
Project Number:	Project Number: 20120232, CZE	Mic
Project Manager.	Project Manager. Carlos Texador	Pha
Project Address:	Project Address: 1 King 81	HS
	1	

Rotometer Number. 161824 Cassette Lot#:

Rotometer Cal. Date: 3 116 115

Microscope Number. 1619 19

Phase Ring Aligned?

MSE/NPL checked

Sampler Name: Bill Champagae
Analyst Name: Bill Champagae
Analyst Signature: 74. Champagae
Sample Date: 16/24/15 Analysis Date: 16/24/15

Sample ID Sample ID Number Number Field Blank #1 Field Blank #2 Submit at least 2 field in 1 Submit at least 2 fiel	Code/ Comment On Off (Minutes) Submit at least 2 field blanks or 10% of the number of	Pre Post		TOTAL TARGET	Fiber	Fiber
of Field Blank #1 oz Field Blank #2	east 2 field blanks or 10% of th		Avg. (Liters)	Fib/cc Count (=2.7/ Fib/Fids Total Vol.)	Density (Fib/mm²)	Conc. (Fibers/cc)
62 Field Blank #2 03 Realy Building 1868 NW Mach 04 Bird 1968 NW Mach Room 04 Bird 1968 NW Mach Room 1 CCB - South		ne number of		001/0	67.0	
og 138 pw. Mach og BibG 1968 pw. Mach og BibG 1968 pw. Mach Room og BibG 1968 pw. Mach Room og BibG 1968 pw. Mach Room og BibG 2504h	collected in 1 work shift.			alues	67,0	
BLRG-1968 NW Mech Room J 750	121 8701 88	7.1 7.1	7.1 1214.1	,0022 8/106	10.10	10032
		7.1 0	0	Pump	1 250	
629(8, 63 Duplicate Count				0 9 101 6 0	Pr.51 00101	0,000

Sample Type: 25 mm 3 piece 0.8μ mixed cellulose ester PCM Air Monitor FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

Decontamination Facility Intra Lab Sr 0.46 ds) 0.36	Outside Critical Barrier
Intre Lab Sr Intre Lab Sr O 46 O 36 O 36	ion Facility
Intra Lab Sr Intra Lab Sr 0.46 0.36	
intra Lab Sr (100 fields) 0.46 0.36 0.36	
fibers/100 fields) 0.46 50 Fibers/100 fields) 0.36	5 Sr Inter Lab Sr
0.36	0.51
	0.34
3 (>50 Fibers/100 fields) 0.35 0.	0.39



Form 7400-05 Edition October 2015 Supersedes previous editions

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

Project Name: FURMER MESIDEN VEHERONS	Hospital	20120232.CZE	Carlos Texidor	ling Pl
Project Name: FULL		Project Number. 2 C	Project Manager.	Project Address: 1 K

82b Cassette Lot#:	3/16/15	01979	V/N Y/N
Rotometer Number 101826 Cassette Lot#:	Rotometer Cal. Date: 3	Microscope Number.	Phase Ring Aligned? HSE/NPL checked

American Tal Chamber	Analyst Name: Bill Champagn	AAR# 9482
Analyst olghature:	Analyst Signature: 70, Champerne	

Number Number 10308C of Field Blank #1 Field Blank #2 10308C o3 GCB Des Rir Exh - Boildhs 1452 04 o/5 Deen Teme Hall	<u> </u>	Code/ Journment On Duration (Minutes) Prc Post Av Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift. 3 759 1/27 2/8 7.1 7,1 7,1 3 732 1041 1/89 7,1 7,1 1,1	Minutes) (Minutes) (S or 10% of the cshift. 2 \ 8 \ 9	Prc Post 7.1 7.1 7.1	Avg.	Volume (=2.7/ (Liters) Total	Count Fib/Flds		
		seast 2 field blank ollected in 1 work 59 1127 32 104 (2 / 8 9	7.1 7.1		Vol.)			Density (Fib/mm²)
		59 1127 32 104 1	80 0	7.1.7			001/0	7	67.0
	2 2			7.1 7.1			001/0	V	67,0
	8			7.1 7.	1.7.1	7.1 7.1 1547.8 ,0617 4/100 27.0 6,0017	7 4/100	17	0
					111	7.1 7.1 7.1 134/9 ,0020 8/100 10.19	001/8 00	10.	5
103081 63 Duplicate Count							5/100	67,0	0

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Lamit of Detection: 5.5 Fibers/100 Fields
Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)(0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

200			Decon Decontamination Facility	OCB Outside Critical Barrier	Inter Lab Sr 0.51 0.34	Intra Lab Sr 0.46 0.36	ange (5-20 fibers/100 fields) (>20-50 Fibers/100 fields)
		intra Lab Sr 0.46 ds) 0.36	Initra Lab Sr Ders/100 fields) 0.46 O.36	Decontamination Facility	0.39	0.35	3 (>5) Fibers/100 fields)
0.36		Intra Lab Sr	Infra Lab Sr	n Decontamination Facility	0.51	0.46	(5-20 fibers/100 fields)
Dens/100 fields) 0.46 0.36 0.36	bers/100 fields) 0.46			n I	Inter Lab Sr	Intra Lab Sr	ange
Outside Critical Barrier Decontamination Facility Descritor facility Intra Lab Sr Fibers/100 fields) 0.46 Fibers/100 fields) 0.36	Outside Critical Barrier Decontamination Facility Deriving Derivation Facility Infra Lab Sr Deriving Lab Sr O466				rrier	utside Critical Ba	

C D Se B	Pers	
1 2 6 4	0 0	

Project Activity:



Supersedes previous editions Form 7400-05 Edition October 2015

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

Project Name: Forms Menden Veterans Project Number: 20120232, C 2 E Project Manager: Covies Texidor Place Hospital Project Address: | King

Rotometer Number: 1018 26 Cassette Lot#: N N Rotometer Cal. Date: 3/16/15 Microscope Number 101919 Phase Ring Aligned? HSE/NPL checked

AAR# 9482 Analysis Date: 11 /2 /15 Analyst Signature: 11. Changer Analyst Name: Bill Changes Sampler Name: Bill Cherpers Sample Date: 11/2/15

Fired Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blank sor 10% of the number of Field Blank #2 Submit at least 2 field blank #1 Submit at least 2 field blank #2 Submit at least 2 field blank #2 Submit at least 2 field blank or 10% of the number of Field Blank #2 Submit at least 2 field blank #2 Submit at least 2 field blank or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blank or 10% of the number of Field Blank #2 Submit at least 2 field blank or 10% of the number of Field Blank #2 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Submit at least 2 field blank #2 Submit at least		Sample	Activity	Saml	Sample Time	Sample	Flor	Flow Rate (LPM)	(Md	Total	Limit of Det.	Fiber	Fiber	Fiber
Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #1 Submit at least 2 field blanks or 10% of the number of Field Blank #2 Samples collected in 1 work shift.	Sample ID Number	Location	Code/ Comment	On	ЭЭО	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
Field Blank #2 Field Blank #2 Samples collected in 1 work shift.			Submit	at least	2 field blan	ks or 10% of t	he numb	er of				0/100	47,0	
04 Top of North stantarell in 3 1050 103 132 11.9 11.9 11.9 150.8 , 6017 5/100 27.0 of Top of North stantarell in 3 1050 103 132 11.9 11.9 11.9 11.9 11.9 11.0 5/100 27.0 of Top of North stantarell in 3 1050 103 238 95 11.9 11.9 11.9 11.9 11.9 11.0 5/100 27.0 of Top of North stantarell in 3 1050 103 238 95 11.9 11.9 11.9 11.9 11.9 11.9 11.9 1	20			s collect	ed in 1 wor	k shift.						001/0	67.0	
Toe of North stantach in 3 1050 103 132 11.9 11.9 11.9 150.8 . 0017 5/100 27.0 Toe of Lorth stantach in 3 103 238 95 11.9 11.9 11.9 11.9 150.5 . 0024 9/100 27.0 Toe of Lorth stantach in 3 103 238 95 11.9 11.9 11.9 11.9 11.9 11.9 11.9 1			2	731	822	1	7.1	0	0		Werk	over	changed	
Tot of 120,5 , 0074 4/100 27.0 Tot of 120,5 , 0074 4/100 27.0 Duplicate Count Duplicate Count Duplicate Count NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields Tot of 120,5 , 0074 4/100 27.6 4	50	Top of North statuted in	M	1050	103	132	11.9	11.9	11.9	1570,8	L100,	5/100		C1001.7
Duplicate Count Duplicate Count	60	top of worth stairmell in	3	103	238	98		11.9	11.9	1130.5	,0024	001/6		4.0024
Duplicate Count Duplicate Count Mild M														
Duplicate Count Duplicate Count														
Duplicate Count Duplicate Count NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields 1.6 Line 7, 6.4														
Duplicate Count Duplicate Count NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields 1.6 Au 1.6 Au														
Duplicate Count Duplicate Count NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields 1.64														
Duplicate Count Duplicate Count NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields 1.64														
Method Limit of Detection: 5.5 Fibers/100 Fields	0286 06											6/100	7.64	92000
	eference Method	: NIOSH 7400 Issue 2, 8/15/94 Method Limit of	Detection: 5.5 Fib	oers/100	rields	10	-		Inside Cor	tainment				

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Avenge BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

Outside Critical Barrier	Decontamination Facility		
OCB	Decon		

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:



Area Air Monitoring Worksheet For Asbestos Field Analysis

Form 7400-05 Edition September 2012 Supercedes previous editions

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

Sampler Name: Analyst Name: Mar 16, 2015 101826 Rotometer Cal Date: Rotometer Number: 20120232.c2e 1 King Place Project Number: Project Name:

Project Manager:

Sample Date: Yes Phase Ring aligned? 1 King Place Project Location:

Analyst Signature: Sample Durantion Minutes 166 1252 ЭŧО Sample Time 101979 8 1006 ö Microscope Number: HSE/NPL checked? 1 - Background Activity Code/ Comment Meriden, CT 06451 Carlos Texidor Outside Containment Sample Location

Analysis Date: Fiber Count Fib/Flds Limit of Detect. Fib/cc 0.003 0.003 996.000 Total Volume Liters 822.000 Nov 9, 2015

0.00345

<0.701 <0.701

000.9 000'9

0.9 6.0

137

0309

1252

1 - Background

Outside Containment

Sample ID Number

0911BC03 0911BC04

Avg.

Post 6.0 0.9

Pre

Flow Rate (LPM)

Project Activity

0.00298

Fiber Conc. (Fib/cc)

Fiber Density (Fibers/mm)²

Nov 8, 2015

9482

AAR#

William Champagne William Champagne

> Inside Containment OCB ೦ CONCENTRATION (Fibers/mm2) = (SAMPLE fibers/field) - (BLANK fibers/field) Reference Method: NIOSH 7400 Issue 2, 8/15/94 Limit of Detection: 0.055 fibers/field Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

2 (>20-50 fibers/100 fields) | 0.36 1 (5-20 fibers/100 fields) Range CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (BLANK fibers/field) x (385) mm2/filter (0.00785mm/field) x liters x 1000 cc/liter

(0.00785mm2/field)

Outside Containment Barrier Decon Decontamination Facility

Code Type
-
2
3
4
2
9

Intra Lab Sr Intra Lab Sr

0.51 0.34 0.39

0.46

0.35

3 (>50 fibers/100 fields)



Appendix G

Final PCM Air Clearance Reports



Supersedes previous editions Edition October 2015 Form 7400-05

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

Dock Sample Date: 10 [22] 15 Analyst Signature: 70 Sampler Name: 8:11 Loading Rotometer Number. 101826 Cassette Lot#: KN 101979 Rotometer Cal. Date: 3/16/15 Microscope Number: Phase Ring Aligned? HSE/NPL checked Project Name: Former Menden Hospita Meriden C2E Texidor 20120232 á Project Manager: Corlos Project Address: 1 King Project Number.

AAR# 9482 Analysis Date: 10/22/15 Clearance Analyst Name: Bill Cievu page hompagne

	,								2	Limit of			
	Sample	Activity	Sam	Sample Time	Sample	Flo	Flow Rate (LPM)	LPM)	Total	Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	ЭЭO	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
10102284 01	Field Blank #1	Submit	at least	2 field blan	Submit at least 2 field blanks or 10% of the number of	the numb	oer of				0/100	67.0	
- 02	Field Blank #2	samples	s collect	collected in 1 work shift.	k shift.						0/100	67,0	
02284 63	LD10228K 03 North of Airlack	7	HOIL	1104 1233	68	14.5	13.9	14.2	1200. 8.8921 2, PI P.EI 2, PI	1200.	71100	8.92	1200.
ho.	· ou SE corner @ Goodse Door	-	1166	1236	84	14.5	14.5	14.5	8121 5.41 5.41 6.41	2200.	61100	7,64	P500.
50.	- 05 Center @ Column		1107	1 23 1	18	14.5	14.5	6.41 8.41 S.41	8121	2200	91160	11.46	.0036
- 66	- 66 NE Corner in tent Storage Ru		1109	1233	48	5'11	14.5	6,418,14.5	8121	2200'	61100	7.64	4200.
10.	. 07 NW Corner @ Entronce	->	1110	1235	85	14.5	13.9	14.5 13.9 14.2	12071	2200.	4/100	67.0	720017
								2					
50.	Duplicate Count										7 100	26.8	8200.

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/mm2) = (SAMPLE fibers/field) = (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = (\underline{SAMPLE} fibers/field) = ($\underline{Average}$ BLANK fibers/field) x ($\underline{385}$) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

ier	ility	Inter Lab Sr	
Outside Critical Barrier	Decontamination Facility	Intra Lab Sr	
OCB	Decon	Range	

Range	Intra Lab Sr	Inter Lab Sr
(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

Type	Background	Setup	During	Clearance	Environmen	Personal	
Code	1	2	3	4	2	9	7

Project Activity:



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

ject Name:	Project Name: Former METHEN VeterNS	
	Hospital	
ject Number:	Project Number: 20126232.C2E	
ject Manager:	Project Manager: Carlos Texidor	
ject Address:	Project Address: 1 King P1 Menden	

6 Cassette Lot#:	16/15	101979	N N
Rotometer Number: 101826 Cassette Lot#:_	Rotometer Cal. Date: 311611	Microscope Number.	Phase Ring Aligned? HSE/NPL checked

	Analyst Signature: W. Grange-grees. Sample Date: 10/22/15 Analysis Date: 16/22/15
--	---

	L		
	Method Limit of Detection: 5.5 Fibers/100 Fields	er PCM Air Monitor	/field) = (Average BLANK fibers/field) (0.00785mm²/field)
Dupuran	Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 F	Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor	FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (Average BLANK fibers/field) (0.00785mm²/field)

	Range	1 (5-20 fibers/100 fields)	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)
CONTENTED ATTENDED AT 100 - 10	MAILLE HOUSY HOLD	(0.00 /85mm/ held) x liters x 1000 cc/ liter		

Inside Containment	Outside Critical Barrier	Decontamination Facility	
ر	OCB	Decon	

Intra Lab Sr 0.46 0.36 0.35



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

Project Number: 20120232.CZE Project Manager: Corlos Texidor	rioject ivallie:	Project Name: Pormer Met Tage Notes No.	
Project Manager: Carlos Texidor	Project Number.	20120232.CZE	
	Project Manager:	Carlos Texidor	

826 Cassette Lot#:	3/16/115	101979	XXN
Rotometer Number: 161826 Cassette Lot#:_	Rotometer Cal. Date: 3 1 16 1	Microscope Number:	Phase Ring Aligned? HSE/NPL checked

	AAR# ays2	2	Date: 10/27/15
Champagae	Changes	Chougens	S Analysis D
Sampler Name: 1511	Analyst Name: 8,11	Analyst Signature: 1	Sample Date: 10 (27 /1

C#3	
4533	
Mech R.M	Limit of
32	
CLEUSING	n n n
Y/N	
PL checked	

	alameS	Activity	Sam	Sample Time	Sample	Flov	Flow Rate (LPM)	LPM)	Total	Limit of Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	ЭÜ	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
10 281201	Field Blank #1	Submit	at least	2 field blank	Submit at least 2 field blanks or 10% of the number of	he numb	oer of				0/100	67.0	
29	Field Blank #2	sample	s collect	samples collected in 1 work shift.	shift.						0)100	67.0	
NWM162784 03 C#3	C#3 - East Side South	2	1103	3 12 45 EOII	102	11.9 11.9	11.9	11.9	1213.8	2200.	17/100	21,66	,००६९
40	1 - East Side North	-	5911	9171 5911	101	11.9	11.9	11.9	1201.9	22000.	8/100	10.19	10033
90	- Center South		1105	1105 1246	101	6.11	11.9	11.9	1201.9	,0022	11/100	14.01	.004S
90	- Westside South		9011	1251	105	11.9	11.3	11.6	1218	2200'	12/100	15.28	Shop .
0.7	1 - Westside North	\rightarrow	1106	1247	101	11.9	11.9	11.9	1201.9	2290.	6/100	49.7	H200'
NWW 1027863	Duplicate Count										12/100 15.28	15.28	Shoo.
Reference Method:	Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	Detection: 5.5 Fil	oers/100	Fields	IC	-		Inside Cor	Inside Containment				

lds			
5.5 Fibers/100 Fie		pers/field)	
Method Limit of Detection:	r PCM Air Monitor	verage BLANK fil	(0.00785mm²/field)
OSH 7400 Issue 2, 8/15/94 Mc	s piece 0.8μ mixed cellulose ester	ibers/mm2) = (SAMPLE fibers/field) - (A	
Reference Method: NIOSH 74	Sample Type: 25 mm 3	FIBER DENSITY (Fib	

	Range	4 15 00 54	GII 02-C) I	
CONICENTED ATTION (Show Last - CANIDLE Show (Sold) (Arrange RI ANY Show (Sold) v (285) mm2/6/for	HOLD = (AVOINGE DIAMAN HOUS/ HOLD A (DOD) HILL / HILL	(0.00785mm/feld) x liters x 1000 cc/liter		

ier	ility	Inter Lab Sr	0.51
Outside Critical Barrier	Decontamination Facility	Intra Lab Sr	0.46
OCB	Decon D	Range	1 /5,20 fibers/100 fields)

Project Activity:	Code Type	1 Background	2 Setup	3 During	4 Clearance	5 Environmental	6 Personal	7
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146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Former Menden Veterans	Rotometer Number
Hospital	Rotometer Cal. Dat
Project Number: 20126232, CLE	Microscope Numbe
Project Manager. Carles Texider	Phase Ring Aligne
Project Address: 1 King Pl Meribern	HSE/NPL checked
,	

Cassette Lot#:	19	X N
3/16/	r 161979	~!_
Rotometer Number: 161826 Cassette Lot#;	Microscope Number:	Phase Ring Aligned HSE/NPL checked

AAR# 9482	10/27/15	Clearence
Sampler Name: B.11 Chempage AAR# 9482	Analyst Signature: ZV. G. poega.	Boilding 1968 East Hall (
Sampler Name: Analyst Name:	Analyst Signat	Boilding 1

									7	Timit of			
	Sample	Activity	Samp	Sample Time	Sample	Flov	Flow Rate (LPM)	(PM)	Total	Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	ЭĦО	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	(=2.7/ Total	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
EH10278C 01	Field Blank #1	Submit	at least	2 field blank	Submit at least 2 field blanks or 10% of the number of	ne numb	oer of				0/100	67,0	
20	Field Blank #2	samples	collect	samples collected in 1 work shift.	shift.						0)100	47,0	
EHIBZTEC 03 Center	Centes	4	127	151	90	14.5	45 BB 14.2	214	1278	10021 18/100	10/100	12,74	1,0038
ho	of South East	-	129	254	85	14.5	14.5	145 14.5 14.5	1232.5	10022	8 100	21101	,0632
59	65 North East		130	587	88	14.5	13,9	2,41 9,51 8,41	1207	2290'	12/100	15,29	. oote
90	North West		132	552	83	5.61	5'h) 5'h 5'h	5'h1	1203.5	1203,5 ,0221	71100	26.8	1,0029
10	South west	→	132	952	p8	14.5	14.5	14.5 14.5 14.5	812!	1200	13/100	16,56	25007
10	Duplicate Count										10/100	pr. 21	0,000,
Reference Method:	Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of I	Method Limit of Detection: 5.5 Fibers/100 Fields	rs/1001	felds									

ce Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor	Y (Fibers/mm2) = $(SAMPLE \ fibers/field) - (Average \ BLANK \ fibers/field)$ (0.00785mm²/field)
nce Method: NIOSH 7400 I	Sample Type: 25 mm 3 piece 0.8µ1	(DENSITY (Fibers/mm2) =
Reference	Sample	FIBER

	Range	1 (5-20 fibers/100 fields)	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)
CONCENTRATION (CL. 1/2) - KANDIT CL. 1/21A (A DI ANIV CL. 1/21A (295)	ENTRALION (IDCTS/CC)	(0.00 /85mm/ held) x hters x 1000 cc/ hter		

2	HISTOC CONTABILITIES	II.
OCB	Outside Critical Barrier	nier
	Decontamination Facility	cility
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

Type	Background	Setup	During	Clearance	Environmental	Personal	
Code	1	2	3	4	5	9	1

Project Activity:



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

Project Name: Former Meriden Veterous	Hospital	roject Number. 20120232, C2E	Project Manager. Carlos Texidor	King Pl
Project Name: Fo		Project Number:	Project Manager:	Project Address:

Rotometer Number 101876 Cassette Lot#: X X Rotometer Cal. Date: 3/16/11S Microscope Number: 161 970 Phase Ring Aligned? HSE/NPI. checked

AAR# 9482 10/25/15 #50 Sample Date: 10/28/15 Analysis Date: Bill Champeare bosonce Analyst Signature: Tune Hull Sampler Name: Analyst Name:

22007> 12000 4.002 5700 (Fibers/cc) 2,0022 ,000, Conc. Fiber 7.64 (Fib/mm²) 47,0 Density 8,92 67.0 5.12 67,0 Fiber 012 49.7 6/100 2/18 Fib/Flds 001/00 3/100 9/100 00/100 80/5 5/100 Count Fiber 1200, 72001 ,0622 4200 128 Junit of Fib/cc (=2.7/ Total Det. Vol 21/221 5,1921 1261,5 Volume (Liters) 1247 7421 Total 14.2 14.5 5'118'11'8 5'11 5'11 5'11 Avg. 14.5 14.5 14.5 Flow Rate (LPM) 2,41 2,41 Post 14,5 13,9 The state of the s Submit at least 2 field blanks or 10% of the number of Pre Duration Minutes) Sample 86 98 38 87 18 samples collected in 1 work shift. Sample Time Off 164 230 232 133 131 130 Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Field 501 50 On 60 901 Comment Activity Code/ 7 7 Duplicate Count Field Blank #2 Field Blank #1 Sample Location Southwest ナスマートナウス North East ob South East Center 90 63 20 50 5 TH 1028BC OI Sample ID Number TH16288C

10	T. J. C	
).	Inside Containment	
OCB	Outside Critical Barrier	
Decon	Decontamination Facility	ty.
Range	Intra Lab Sr	Inter Lat
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	ds) 0.36	0.34
3 (>50 Fibers/100 fields)	0.35	0.39

Inside Containment

ject Activity:	de Type	Background	Setup	During	Clearance	Environmenta	Personal	
Pro	S	1	2	3	4	5	9	1

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm²/filter

(0.00785mm/field) x liters x 1000 cc/liter

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)

Sample Type: 25 mm 3 piece 0.8 µ mixed cellulose ester PCM Air Monitor

(0.00785mm²/field)



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

Project ivame: Lother Merices Voleston	Rotometer N
Hospital	Rotometer C
Project Number: 2012.0232, CZE	Microscope 1
Project Manager: Octos 182, 201	Phase Ring
Project Address: 1 King Pt	HSE/NPL c

\$ 26 Cassette Lot#:	3/16/15	61979	N. N.
Rotometer Number. 1018 24 Cassette Lot#;	Rotometer Cal. Date: 3/16/	Microscope Number. 161979	Phase Ring Aligned? HSE/NPL checked

y	AAR# 9482		ate: 10 29 15	Leh Ru
Sampler Name: Bill Champing	Analyst Name: Bill Champles	Analyst Signature: [U. Charty	Sample Date: 10/29/15 Analysis Date: 10/29/115	CHG East Side NW MEL Ru
Sa	A	A	Sa	Ú

			L							Timit of			
	Sample	Activity	Sam	Sample Time	Sample	Flov	Flow Rate (LPM)	PM)	Total	Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Comment	On	ЭНО	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total Vol.)	Count Fib/Flds	(E)	Conc. (Fibers/cc)
10 288201WMN	Field Blank #1	Submit a	at least	t 2 field blan	Submit at least 2 field blanks or 10% of the number of	the numb	er of				001/2	47.0	
20	Field Blank #2	samples	ss collec	collected in 1 work shift.	k shift.						0/100	47.0	
NWW0298603	NUMMOS9BLOS NETTIN WEST	7	991	230	h8	14.5	14.5	8121 GH18 H18 1218	8121	22001	9/100	11.46	,0036
3	of South west	-	107	230	83	14,5	14.5	14.5	14.5 14.5 1203.5	22000	.0022 5/100	67,0	220017
99	05 North East		168	231	83	14.5	14.5 14.5 14.5		5.5021	2700'	001/9	7,64	4200°
90	South East		109	232	83	14.5	5'hl 5'hl 5'hl		5.8021	72001	11/100	14.01	hhoo'
10	South Side @ Metal Stairs	→	109	234	85	14.5	14.5	4.5	4.5 14.5 14.5 1232.5	10022 8/100	2/100	10119	1500'
MANYOZABL OC	Duplicate Count										13/100	13/100 16,56	,0053
Reference Method:	Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields	ection: 5.5 Fil	bers/100	Fields									

	L		
The state of the s	Method Limit of Detection: 5.5 Fibers/100 Fields	ester PCM Air Monitor	field) = (Average BLANK fibers/field) (0.00785mm²/field)
	Reference Method: NIOSH 7400 Issue 2, 8/15/94	Sample Type: 25 mm 3 piece 0.8µ mixed cellulose este	FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = (0.00

	Range	1 (5-20 fibers/100 fields)	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)
CONCENTED ATTION (Ch /) - / CAMPITE Ch / Calls / American Di ANIV Ch / Calls / 2051 2 / Class	INCERNINATION (HOURS) CC) - CANALLES HECKS, HECKS (HOURS HOURS) HELKS (HOURS HOURS) HELKS (HOURS HOURS) HOURS (HOURS HOURS) HELKS (HOURS HOURS HOURS) HELKS (HOURS HOURS HOURS) HELKS (HOURS HOURS HOURS) HELKS (HOURS HOURS H	(0.00 /85mm/ held) x liters x 10.00 cc/ liter		

Inside Containment	Outside Critical Barrier	Decontamination Facility	
C	OCB	Decon	

Intra	Intra Lab Sr	Inter Lab Sr
0.46		0.51
0.36		0.34
0.35		0.39

Activity:	Type	Background	Setup	During	Clearance	Environmental	Personal	
Project	Code	1	2	3	4	5	9	7



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

Project Name: Former Meridon Veterans Project Number: 26/20232-CZE Project Manager: Carlos Texidor Hospital Project Address: 1 King

Rotometer Number: 101826 Cassette Lot#: Z Z Rotometer Cal. Date: 3/16/15 Microscope Number: 161979 Phase Ring Aligned? HSE/NPL checked

AAR# 9482 Analysis Date: 10/36/15 Sampler Name: Bill Champage Analyst Signature: 2d Chargeste Analyst Name: Bill Champage Sample Date: 10/30 /15

Clearance - Building 1952 Middle Room #

										Limit of			
	Sample	Activity	Sam	Sample Time	Sample	Flo	Flow Rate (LPM)	LPM)	Total	Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Code/ Comment	On	Off	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	Fib/cc (=2.7/ Total	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
MR1030BC 01	Field Blank #1	Submit	at least	2 field blan	Submit at least 2 field blanks or 10% of the number of	the num	ber of				001/0	27.10	
20	Field Blank #2	sample	s collec	samples collected in 1 work shift.	k shift.						091/0	67.0	
MRIO30BC 03	MRBBOBC 03 HALLHUNGSTADS WEST NOTTH	J	bhZI	232	103	11.9	11.9	6'11	1225.7	22000	8/100	10,19	2509'
ho	Hallway Stude East North	-	1250	1250 232	201	н.9	11.9	11.9	1213.8	,0022	16/160	20.38	h900'
50	05 East Entrance		1251	1251 233	701	11.9	11.9	11.9	1218.8	2200'	11/100	19161	hh001
90	The Hall strag Strange do		1521	251 135	hol	11,9	11.9 11.9	11.9	11.9 1237.6 ,0022	2200	2/100	26.8	82001
10	outside Fleuntors	->	1252	1252 236	101	11.9	11.9 11.9	11,9	1237.6	.0022	10/100	12.73	00000
													_
MRUZOBL OY	Duplicate Count										13/100	16,56	,0053

Method Limit of Detection: 5.5 Fibers/100 Fields Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor Reference Method: NIOSH 7400 Issue 2, 8/15/94

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) = ($\Lambda verage$ BLANK fibers/field) (0.00785mm²/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) - (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

ier	slity	Inter Lab Sr	0.51	0.34	0.39
Outside Critical Barrier	Decontamination Facility	Intra Lab Sr	0.46	0.36	0.35
0	De		100 fields)	ers/100 fields)	100 fields)
OCB	Decon	Range	1 (5-20 fibers/100 fields	2 (>20-50 Fibers/100 fields)	3 (>50 Fibers/100 fields)

Type	Background	Setup	During	Clearance	Environmental	Personal	
Code	1	2	3	4	2	9	1

Project Activity.



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

Fast Hall#8 L200. 1200.> 1200.2 2,0022 AAR# 9482 (Fibers/cc) ,0039 Conc. , 003 Analysis Date: 11 /3 /15 (Fib/mm²) 67.0 Density ×7.0 7.64 12.74 < 7.0 41.0 10.19 47,0 Chan page Champagn Lower Analyst Name: Bill Choungoogs Fib/Flds 8/100 3/106 10/100 001/h 5/100 Count 6/160 Fiber 0/100 00/100 Building 1968 Sample Date: 11/3/15 1790 2200, Sampler Name: B 111 Fib/cc 7700. imit of (=2.7/ Total Det. 1790 1200. Analyst Signature: U Vol 1261,4 5'6421 1249.5 1261.4 5.6h21 Volume (Liters) Total 11.9 11.9 Avg. 11.9 11.9 6'11 Flow Rate (LPM) 6:11 Post 11.9 11.9 11.9 11.9 11.9 Submit at least 2 field blanks or 10% of the number of 11.9 Pre 6.11 11,9 1.9 Rotometer Number: 16/826 Cassette Lot#: (Minutes) S X Duration Sample Microscope Number: 161979 105 105 90) 501 Rotometer Cal. Date: 3/16/15 901 samples collected in 1 work shift. 1020 1023 1201 Off 1020 Sample Time 120 Phase Ring Aligned? HSE/NPL checked 836 835 838 On 837 834 Comment Activity Code/ > 7 Project Name: Former Meriden Veterans Duplicate Count Field Blank #2 CZE Field Blank #1 Sample Location Texidor o7 South east center cast Center west 20120232 4503 North Cast Hospita de Project Manager: Carlos Project Address: 1 King SOUTH Project Number: 63 00 90 LEHI163BL 01 50 LEHILOSBE OT Sample ID Number FH 1103 BC

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: Sample Type: 25 mm 3 piece 0.8 u mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field) (0.00785mm²/field) CONCENTRATION (fibers/cc) = $\frac{\text{(SAMPLE fibers/field)} - (\text{Average BLANK fibers/field)} \text{ x (385) mm²/filter}}{(0.00785 \text{mm}/field) \text{ x liters x } 1000 \text{ cc/liter}}$

JI	Incide Containmen	
IC	HISTOR CONTRIBUTION	1
OCB	Outside Critical Barrier	ier
	Decontamination Facility	ility
Range	Intra Lab Sr	Inter Lab S
1 (5-20 fibers/100 fields)	0.46	0.51
2 (>20-50 Fibers/100 fields)	0.36	0.34
S ALES Change HOS Enides	300	000

Background	Setup	During	Clearance	Environment	Personal	
-	2	3	4	2	9	7

Project Activity:

Code



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	Chester	Š	۱
	TOPC	Š	۱
	TOPC	Š	۱
	TOPC	Š	۱
1 1 1 1	TOPC	CONTRACTOR .	
1 3 5	TOPC	CONTRACTOR .	۱
1 11	TOPC	CONTRACTOR .	
1 11 1	TOPC	A PARTICIPATION OF	
1 11 1	TOPC	A PARTICIPATION OF	
1 1 1 1 1	TOPC	A PARTICIPATION OF	
1 1 1 1 1	TOPC	A PARTICIPATION OF	
1 1 1 1 1 1	TOPC	A PARTICIPATION OF	
1 111	TOPC	A PARTICIPATION OF	
1 11 11 1	TOPC	A PARTICIPATION OF	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOPC	A PARTICIPATION OF	
The state of the s	TOPC	Talunda icoad, manicilicon	

Project Name:	Project Name: Former mexicen Weleson	Rotometer		728/01	Number: 10/876 Cassette Lot#:	#		Sa	Sampler Name:	7	Lew Augusta	74.	
Herrison	6	Rotometer	Cal. Dat	Cal. Date: 3/11/15	115			A	Analyst Name:		Migul 5	St. M	AAR# 9124
Project Number.	Project Number 2012023 1. CAE	Microscope Number: 3	e Numbe	20				Y	Analyst Signature:	rure: [[][]	John 11	S.	
Project Manager	Project Manager. Coulds Textolos	Phase Ring Aligned?	Aligned	o.l	ØN.			Sa	mple Date:	Sample Date: /////		Analysis Date: ///	1/1/5
Project Address: Ŋ	Project Address: M. M. A. Ole M. C.	HSE/NPL checked	, checked		X/N			Norsi	ng Sch	001 Bu	1 Jing Fig	St Floor	Nursing School Building First Floor Halls #9
	Sample	Activity	Sample Time	Time	Sample	Flow	Flow Rate (LPM)	(Mc	Total	Limit of Det.	Fiber	Fiber	Fiber
Sample ID Number	Location	Comment	On	Off	Duration (Minutes)	Pre	Post	Avg.	Volume (Liters)	(=2.7/ Total	Count Fib/Flds	Density (Fib/mm²)	Conc. (Fibers/cc)
10-August	Field Blank #1	Submit al	t least 2 f	ield blank	Submit at least 2 field blanks or 10% of the number of	he numb	er of				0/100	47	
	Field Blank #2	samples collected in 1 work shift.	collected	in 1 work	shift.						Ona	+7	
	JASAGE - OLD MUNIOS OFFICE	7	0520050	950	20	13.4	3.9 1	2.5	13.4 13.9 13.9 1251	3.00.0	stre	47	< 040022
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105	than from A wast	7	0806 0453	453	4	13.9	13.9 13.9 13.9	3.9	1209.3	avare	4/100	22	< 0.002Z
70-	front hoom - B-Max	7	P2240454	454	7.5	13.4	13.4 13.9 139		1204.3 0,0021	270000	3/100	22	40.00T
7	though those -	5	0830093	158	+ 20	13.9	13.9 13.9 13.9		1209.3 0.0020	1200.0	10/10	12.73%, 0.0041	1700.0
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Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Field Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

Duplicate Count

FIBER DENSITY (Fibers/mm2) = (SAMPLE fibers/field) - (Average BLANK fibers/field)

(0.00785mm²/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) = (Average BLANK fibers/field) x (385) mm²/filter (0.00785mm/field) x liters x 1000 cc/liter

Inside Containment	Outside Critical Barrier	Decontamination Facility	
JC	OCB	Decon	

Range	Intra Lab Sr	Inter Lab Sr
(5-20 fibers/100 fields)	0.46	0.51
(>20-50 Fibers/100 fields)	0.36	0.34
(>50 Fibers/100 fields)	0.35	0.39

Environmental Background Setup

40.00

1 L

5/100

Project Activity:



Appendix H

Site Logs





Project Number: 20120232.C2E

Technician: William Champagne

Building: 1 King Place Meriden, CT 06451

Specific Work Area: Meriden Hospital

Date/Time	Comments	Initial
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. O930. Exit building. Crew starts generator and begins to setup power supply and lighting. Stainwell to mechanical room is located to the immediate left of west north entrance. Exhaust will be run up stainwell to room north of entrance. Begin collecting quantity estimates. 1000. Crew takes break. I review notes, inspection report, and AWP. Need to locate stainwell 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 stainwell H. (1@6.0 LPM) 0945 Crew finishes setting up 3 chamber decon at bottom of Stainwell 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 exiters 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 attempts to cut lock off of door west of loading dock to use the sample of loading dock and 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.	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 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 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	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. 200. 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 stainwell 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 sealing insulation this afternoon. 1000. Crew begins bagging out from NW mechanical room. 1015. IH champagne enters building 1968. Checks on bag out and progress. Crew is adding	

	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.	
2015-10- 27 12:07:57 +0000	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.	WAC
2015-10- 28 11:36:46 +0000	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 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.	BAC
2015-10- 29 12:32:38 +0000	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 1988 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 resecures 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 uncleared 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 hile rest of Crew works on criticals. 0200. Enter building to check on Crew setting up new containment #6. (5@14.5 lpm) 0145. Bobby AIG and two Laborers transport equipment to containment #7 hile rest of Crew works on criticals. 0200. Enter building to check on Crew setting up new containment #7 while rest of Crew works on criticals. 0200. Enter building to check on C	WAC
2015-10- 30 12:13:07 +0000	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.	WAC
2015-11- 02 13:02:32 +0000	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&0 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) H 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.	WAC
2015-11- 03 14:51:35 +0000	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 though 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. (6@11.9 lpm) 0850. Exit building. 0900. Crew takes coffee break. (15 mins) 1000. Speak to Carlos F&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. 0300. Crew cleans up equipment and begins to prep for 11/4	WAC
2015-11- 04 13:59:02 +0000	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)	WAC
2015-11- 06 12:54:20 +0000	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 9 x9 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&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)	WAC
2015-11- 09 12:21:07 +0000	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 anyways. 0800. Exit 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@6.0pm) Crew has started spot cleaning base of door frames and 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 framp. (1@6.0 pm) 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.	WAC
2015-11- 10 14:39:49 +0000	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&O. (Pumps, rotometer, cassettes, scope, and scope kit)	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 luck 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 critals 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

EnviroScience Sign-In Sheets

Project Name/Address:	Former Meniden	Hospital	Date:_	10/14/15	
Project No. 2012023	2. CZE	Work Area:	NW Mech Rm	- Building 1968	CH

Worker's Name	Signature	Social Security No.
1. Pos ZARGO	Bob ZARGO	5626
2. Ralph Gaglardi	plataliti	3778
3. ling Gordan	She s	5012
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Project Name/Address:	Former Merides	Hospital	Date: 10/15/15	
Project No. 2012 023 2	2, CZE	Work Area: سری	mech Rm - 1968 Building	C#1

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Worker's Name	Signature	Social Security No.
1.506 TARGO F	ab Znese	5626
	Why Sel. ##	3778
2. Ralph Gagliard: 7 3. Siny German 3	ke	5017
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Project Name/Address:	Former	Meriden	Hospital	_ Date:	10/16/15	
Project No. 24124232	. CZE		Work Area: Nac	Mach Pon	Build in 1968	C#

Worker's Name	Signature	Social Security No.
RI 7	Rh Zavero	5626
1. DUD ZARGO	1300	3020
2. Kalph Tagliardi	July for HH	5/18
3. Sing German	pere	5012
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Project Name/Address:	1 King Pl	Meriden	Date: 10/19/15
Project No. Zo 1202	32, CZE	Work Area:	

Worker's Name	Signature	Social Security No.
1. DISECITO DE FROMES 2. ANDROI BARINSIA	Jan Park	23.52
3. Told Craig 4. My Gunar	Tool 5	3063
5. Par Robs	And	3012
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Project Name/Address: _	Former	Meriden Veterars Hospital	Date:	10/20/15	_
Project No. 20120237	2.CZE	Work Area:			

Worker's Name	Signature	Social Security No.
1. Told crais	Tall G'	2063
2. Andmer Baginsk	-	23-5-
3. July Custar	Ale	5012
4 Jose LITOR Flores	Sall & Rules	4169
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Project Name/Address: Former Meriden	Veteras Hospital Date: 19/21/15
Project No. 20120232.CZE	Work Area:

Worker's Name	Signature	Social Security No.
1. Todal Craig	Todal Craig	2063
2. RAMONROSADO	Ranto is	9235
3. DAVOROLS.	Be	
AJOSELITO R FIORES	Jen Portel	4169
5. Diana Pillaja	Juntur	8239
6. Adriana Riera	PA	4382
7. Anthony Volturno.	Anothing Vottisses	
8. Jany Cornan	Jea .	S012
o. Indney Baginsly		23-52
10. Jose Vald?viego	Joseph	
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(860) 646-2469

WORKER SIGN-IN LOG

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Project No. 20120232. CZE Work Area: Laundry Storage Loading Dock

Worker's Name	Signature	Social Security No.
1. Todd Craix	Tool 9	2063
2. Adjulant ficera	A S	7382
3. Liny Guyar	All The second	5017
4. DA VO Rober	MAN	
5. Jose Valdiviezo	(Art)	
6. Diana Pillajo	Julie	8239
TRAMOR ROSA de	BANDO	
8. Andry Bagink	A Comment	2357
9. Joseliro R Flores	Josephan Men	4169
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Project Name/Address: 1 King Pl	Merden	Date: 10/23/2015
Project No. 20120232, CZE	Work Area:	

Worker's Name	Signature	Social Security No.
1. Toll Cray	Todal C's	2063
2. An and Buginsh	D)	27 52
3. liny Courter	Sen .	5012
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Project Name/Address: Former	Meridens Vestrans Hospital	Date: 10/26/15
Project No. 20120232.62E	Work Area:	

, Worker's Name	Signature	Social Security No.
Bob ZARGO	Bab Zaraco	5626
2 Ananei Baginda	Ro	23-52
3. Kalph Gagliardi	Mother	3778
4 JoseliTo P Flores	Solite Push	4169
5. Diana Pillajo	Jordan)	8239
6. fing Guman		5012
7. Jose Valoriures		- 22
8. AfriANA Bivera	D1//	4382
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WORKER SIGN-IN LOG

Project Name/Address:	Former Meriden Veterans	Date:	10/27/	15	
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Project No. 20120232, CZE Work Area: South Addition 1st Floor hall

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Worker's Name	Signature	Social Security No.
1.56 ARGO	Bob Zeveres	5626
MAndre Bayinsly"	5	2352
30 d Au	ELB	634
4. Vose Valdivie 30	Josef	
5. Liny Gunan	Sea	5012
Tidriava Rivera	ale	4387
7. Ralph Gaglardi	July Oper III	3778
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WORKER SIGN-IN LOG

Project Name/Address:	Former Morden	Veterons	Hospital	Date: 10/28	115
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Project No. 20120232.CZE Work Area: Nw Mech Ron Fost/Level | Turnel Hall

Worker's Name	Signature	Social Security No.
1. Andrei Baghs/4° 2. Adri ANA Rivera	De	23-57
2. Adri ANA Rivera	PR.	4382
3. Liny Counar	Mar and a second	5012
4. Cdiberto Perer	Edd.	6734
5 Daug Robsz	in ,	
6Kob ZARGO	Bes Zerses	5626
7. Ralph Gagliardi		
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(860) 646-2469

Project Name/Address: 1 King P	Former Meriden Hospital Date: 10/29/2015	_
Project No. 20120232. CZE	Work Area: Now medy Ron East	

Worker's Name	Signature	Social Security No.
1. liny Guman	Ma	5012
2 Moriava RiVera		4382
3. OSE Valdiviezo		
4. Cd Perez	CAS	6734
5 Aure Rolps	Mark	/
Rob ZARGE.	Possenso	5626
7. Kalph Cagliardi	The Chart	3778
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(860) 646-2469

Project Name/Address:		Date: 10/30/15
Project No	Work Area:	
Worker's Name	Signature	Social Security No.
1. AdriANA RIVERO	fr.	43 82
2 Jose ValdPulezo	SALL SALL	
3. CH PEREZ	AL	6734
4. Davo Robsa	200	
5. ligny Counar &		5017
Bel JARGO I	300 zaras	5626
7. Kalph Gaglard	hal sogstil	1 3178
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WORKER SIGN-IN LOG

Project Name/Address: Former Meriden Veterans Hospital Date: 11/2/2015

Project No. Zojzo232. CZE Wor

Work Area: 4/th Floor Nurses Suite

Worker's Name	Signature	Social Security No.
1806 ZARGO	Bob Bryo	5626
2. AdriANA ROLLAND	AR	4382
3. bse Valdriego	Just	
4. Jimi Yaison Gozman	J-6	5612
5. Ralph Gagliard		3378
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Project Name/Address:		Date: 11/3/2015		
Project No.	Work Area:			
Worker's Name	Signature	Social Security No.		
1. Raph Gagliadi	The gold	III 3778		
2. Todd Cray	Tool S'	2063		
3. Jose vald? viezo	800			
4. July Everyan	- Chi	5012		
4. Spry GUANGEN 5. Obrigna Rivera	A	43 82		
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(860) 646-2469

146 Hartford Road, Manchester, CT 06040

Project Name/Address:		Date: 11	14	12015	
Project No. 20120232, CZE	Work Area:				

Worker's Name	Signature	Social Security No.
1. Todd craig	Tool Cruiz	2063
2. Kalph Gagliande	John Gallit	3778
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Project Name/Address: Former N	veriden Veterans	Date: 11/5/15
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Worker's Name	Signature	Social Security No.
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Project Name/Address:	Former Merid	en Veterans	Hospital Date:	11/6	12015	
Project No. 201262	32.CZE	Work Area:				

Worker's Name	Signature	Social Security No.
1. Anthony Volturno -	Arthoux Velles	
2. DAVE ROBSON	A. C.	
1. Anthony Volturno - 2. Dave Rosson 3. Todd Cray	Fell C	
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Project Name/Address: 1 King 81	ce	Date: 10/9	12015
Project No. 20120232, CZE	Work Area: 15+ Flo	or Nursin	School

Worker's Name	Signature	Social Security No.
1. Todd Caly	Tople C'	
2. Dru-Rober	An	
Andre Baginst	B	
1. Diana Pillajo	Juntus)	
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Project No.	2012023	2. CZE	Work Area:	1St Floor	1928	Nursing	Schoo

Worker's Name	Signature	Social Security No.
1. Andre Baginsh		23-52
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Project No. 20120112 . C2=	Work Area:			

Worker's Name	Signature	Social Security No.
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Project No. 20120232.CZE	Work Area: Throw	ghost
Worker's Name	Signature	Social Security No.
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2. EncorBer Lope	ELOPEZ	8092
3 Cabarter C	6/13	6234
4. Andrej Baginslu	<u>B</u>	23-52
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Appendix J

Contractor Sign-In Logs

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diena Dilluso 5.5.#	7. W. W. 45	2.15	5.00	10:05	11.50	1.01	3/5	
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	NAME	Josein Fans	8.5.#	Diena pillajo	8.5.#	Run Resuls	8.S.#	Jing Guran	#.S.D	adria. Rivers		Jose valdiviero	S.c. #	PERSONAL SAMPL	EXCURSION SAMPLE WORN BY:_	FOREMAN:	AMOUNT AND TYPE OF	AMOUNT OF ASBESTOS DISPOSED OF:	

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NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Andy Bushish	12 JC 05	2:0	9:30	70:01	11:55	1.62	3.15	
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Ralph Gagliardi	S1-9 (2.01	2,7	9.90	10:05	11:55	1.07	E.E.	
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Abatement Industries Group

LOCATION 1St half of Mechanicht 10:27:15

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FOREMAN: PERSONAL SAMPLE WORN BY: DATE Adriano s.s.# KIVera 10 Perez NAME 8.5.# 915049 \$.5.# 3.S.# 8.S.#

Abatement Industries Group + HOOR HAIF OF MECHANICA TOTAL TIME IN TIME OUT WRAPPED OTHER No4 TIME OUT 3:07 00:5 Kh 21 St.11 01:01 82/01 10/28 10:14 11:49 12 46 3,10 JEM SUZMAN 10/28/15 10:15 11:47 12:45 10/28 | 10/28 | 10:17 | 11:48 | 12:44 TIME IN DRUMS BAGS TIME OUT 00/ JOB CHE KINIG PLACE AMOUNT AND TYPE OF ASBESTOS REMOVED: 10/28/10:22 TIME IN AMOUNT OF ASBESTOS DISPOSED OF: EXCURSION SAMPLE WORN BY: PERSONAL SAMPLE WORN BY: FOREMAN: NAME S.S.# 8.S.#

THUR 10.29.15 TIME IN TIME OUT WRAPPED OTHER FIOOR MECHAN MANIETICLEN TIME OUT 06:11 11:39 98:11 Abatement Industries Group TIME IN 2001 1005 85.6 PERSONAL SAMPLE WORN BY: Adr ONICA RIVER DRUMS BAGS 9-22 TIME OUT 61:6 126 07.6 10/29 10:15 11:35 SAME AMOUNT AND TYPE OF ASBESTOS REMOVED: TIME IN 01:01 62/01 10/29 7:25 AMOUNT OF ASBESTOS DISPOSED OF: JIM GUZMAAN 10/89 7.30 10/29 7:28 10/29 7:31 JOB ONE KING PLACE EXCURSION SAMPLE WORN BY:
FOREMAN: SOO ZAR (F) DATE FOREMAN: DOD JOSE VAIDINIZIO Adraind S.S.# S.S. BERY RAIPH, GAGII andi NAME S-ISD49 8.S.#

STEP A	Ş	Ć	Abatement	Industries (Group	K ongge		J. J.	a
JOB ONC KINGE	D NI	E MACK		SATION	JOSATION WENCED	7		10:30-1	S
ROOM + H	HINN	NI AT	Side F	TONT	JOOK			2.444	
NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL	
MRDI	10/30	890 890	9:25	70:01	11:47				
Adrigina s.s.#Riveta	10 30	7.54	02:60	9 58	24:3]				
NYS	10/30	7:56	926	2001	11 47				
ED POINCE	10/30	20\$	27 6	500]	9,642				
3.5.#	10/20/15 8-03	8.03	426	000	5h.11)				
#:0.S			\ \ \ \ \	/ 0					
PERSONAL SAMPLE WORN BY:	LE WORN B'	x: Kall	N (196	11 cirds			-		
EXCURSION SAMPLE MORN FOREMAN JOCK	- /	BY: STAV	76						
AMOUNT AND TYPE	OF	ASBESTOS REMOVED:	VED:						

DIVE SHEET

DRUMS

__BAGS

AMOUNT OF ASBESTOS DISPOSED OF:

_WRAPPED

OTHER

			Abatement	Abatement Industries Group	Group		*	Fline All
JOB	Pluce	Merida	C7 LOC	LOCATION	151 Fleer	Muzue /	14/10mg 14	North add Ha
NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
5.5.#	//-3-15	7:15	7:30	70:05	1/:55	70,1	3.15	
Ralph Gag/ 2md? 5.5.#	11-3-15	7:17	ê. E.	(0.0)	1/-55	7:05	3.15	
Adrian Rivers S.S.#	11-3-15	7:15	9:30	(0:05	1138	1:05	3:15	
Jox Valdivizes	1/-3-15	SIR	6:39	(0:05	35:11	Soil	318	
Foold cress								
S.S.# PERSONAL SAMPI	SAMPLE WORN BY:		(SC 2023					
	PLE WORN BY:	BY: 3/6		45			: 1	
AMOUNT AND TYPE OF ASBESTOS	PE OF ASB		REMOVED: F/ub	Flur +1/2 1/21	Helling centurases	1221		
AMOUNT OF ASBE	ASBESTOS DIS	DISPOSED OF:	7	BAGS		WRA	WRAPPED	
		'		DRUMS		OTHER	ER	

LOCATION CR

JOB / King place newder ct

						•		
NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Tod cn; S.S.#	11-4-15	7:30	56.5	6.55	1.55	1.05	ķ	
Palph Gagiins; S.S.#	51-4-11	7:30	3.05	70:07	11:35	2.7		
. v								
5.5.#								
5.8.#								
S. S. **								
PERSONAL SAMPLE WORN BY:	E WORN B	Y: Todd Cuy						
EXCURSION SAMPLE WORN BY:_	LE WORN		(m)		The state of the s			
FOREMAN: Todd Cray	10 Cray							
AMOUNT AND TYPE OF ASBESTOS REMOVED:	F OF ASB	ESTOS REMOV	JED: look FLUM	Flor dile)			
AMOUNT OF ASBESTOS DISPOSED OF:	STOS DIS	POSED OF: _)	_BAGS		WRA	WRAPPED	
				DRUMS		OTHER	ER	
			DIV	DIVE SHEET				

Sees											
mys Hok	TOTAL										
perelial comes the Wes	TIME OUT	3	3:50	350					14 000	WRAPPED	OTHER
1/2//way	TIME IN	1:05	1.05	19					H 3.98. 4.41		TO
area #6 14	TIME OUT	11:55	55://	11:55					J.41 0 0)		
LOCATION	TIME IN	1025	75:02	/85US						BAGS	DRUMS
LOC	TIME OUT	Se:5	505	Se's			Rupeson	Je Rupera			
erida cí	TIME IN	51/6	2815	2:1			1. Obve	BY: DNe		SESTOS REMU SPOSED OF:	'
place nevida	DATE	51-9-11	11-9-12))~\/~//	2		LE WORN E	PLE WORN	Tall Court	PE OF ASE ESTOS DIS	
JOB / King	NAME	Todd cay	Jove Ropelm 5.5.#	m.s.s.		# ** v	S.S.# PERSONAL SAMPLE WORN BY:	EXCURSION SAMPLE WORN BY:	FOREMAN:	AMOUNT AND TYPE OF ASBESTOS REMOVED: AMOUNT OF ASBESTOS DISPOSED OF:	

Abatement Inc Iries Group

___LOCATION ____

Markon (bsp, bot

JOB

TOTAL TIME IN TIME OUT <u>^</u> W Μ W TIME OUT Ñ N ٧ ٩ \mathcal{N} TIME IN 9 0, 0 TIME OUT 020 nà ng/ No. TIME IN 1 ~ 5 EXCURSION SAMPLE WORN BY:_ **** PERSONAL SAMPLE WORN BY:_ 175/2 DATE 7/2 -12 soft o Judy 73 X rac C. Pers NAME S.S.# S.S.* S.S.# S.S.# 8.S. S.S.#

BAGS	DRUMS	DIVE SHEET

AMOUNT AND TYPE OF ASBESTOS REMOVED:

FOREMAN:

AMOUNT OF ASBESTOS DISPOSED OF:

WRAPPED

OTHER

TOTAL TIME IN TIME OUT 0 M 0 M 5 C TIME OUT N ~ 7 7 AMOUNT AND TYPE OF ASBESTOS REMOVED: MALA L'ENNY TIME IN LOCATION _ BAGS 0 ر د 0 TIME OUT Glor N MU No Mar. AMOUNT OF ASBESTOS DISPOSED OF: TIME IN Herdin 1935 pulled 7 1 1 r EXCURSION SAMPLE WORN BY: PERSONAL SAMPLE WORN BY:_ DATE J. B. 75 (5) Purz Pathon Sold Priva FOREMAN: VAS R Bidy 3 NAME S.S.* S.S.# S.S. 8.S. #.O.S S.S.*

es Group

Abatement

JOB

DIVE SHEFT

DRUMS

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Hose for Abatement es Group LOCATION 12/		DATE TIME IN TIME OUT TIME IN TIME OUT TIME	21 e) 25 x		, , , , , , , , , , , , , , , , , , , ,		1/2 7 550 12 1			DNAL SAMPLE WORN BY: E Lopez	FOREMAN:	AMOUNT OF ASBESTOS DISPOSED OF: BAGS	
JOB BOL	NAME	2		8.5.#	Increased L	\$.S.# #.S.S.#		\$±. S	#.W.W	PERSONAL SAMPLE	FOREMAN:	AMOUNT AND TYPE AMOUNT OF ASBEST	

DIVE SHEFT

Abatement Industries Group

LOCATION

					·								
	TOTAL												
	TIME OUT			·					1			WRAPPED	OTHER
	TIME IN		_	·								M	0
	TIME OUT	۲,	7.1	Ŋ	2)						Jose /		
LOCATION 3	TIME IN	٥/	/ 3	0/	5/						(MST70MR)	BAGS	DRUMS
rocz	TIME OUT	030	930	, wo	22						0		
	TIME IN	2	~	~	7				3Y:	BY:		ASBESTOS REMOVED:	
tol	DATE	15/2	11/15	2	\$ N				SAMPLE WORN BY:	MPLE WORN		OF SOS	
JOB HOS	NAME	Budy	Marie	Fader	Encotrus				PERSONAL	EXCURSION SAMPLE WORN BY:	FOREMAN:	AMOUNT AND TYPE	
		0	# # v		*	#. .v.	s.s.	# U	2				

Abatt....ent Industries Group JOB S Wright st vestort CT

NAME LOCATION Joel	DATE TIME IN TIME OUT TIME	TIME OUT TIME IN TIME OUT	0000 6201 00:11 00:5 21-5-11		11-15.15 9:00 105.5 11:30 3:00		11.15		1-17-15 9:02 [1:01		1-15-K 9:01 11:28 2:00		11-15-16 9:08 10:56		PERSONAL SAMPLE WORN BY:	EXCURSION SAMPLE WORN DW.
NAME		Apley Kowasski	8.5.#	Dariel Alvario	8.8.#	Maura	8.5.#	Roman Rosella	%.S.	Diona P. Noja	S.S.#	Jorelia Flore	<u>.</u>	N. N. #	PERSONAL S	EXCURSION

DIVE SHEET __DRUMS

Windows Carill

AMOUNT AND TYPE OF ASBESTOS REMOVED:

FOREMAN:

AMOUNT OF ASBESTOS DISPOSED OF: _

Ada kariocushi

-BAGS

-WRAPPED

OTHER



Appendix K

Contractor Daily Logs

Abatement Industries Group DAILY LOG ADDRESS COMMENTS TIME Hy Genist WAY across Large Aren to PAGE__/_OF__/ FOREMAN'S SIGNATURE 12 30 100 CONTINUE WOCK, Prop of Decon unit AND critical Barner

# 615D49 PROJECT_ON	Abatement Industries Group DAILY LOG	THUR 10.15.15
ADDRESS WORK AREA	sement	
TIME 700 ARRIV	comments ve on site. Meet u	17th Hybenist
730 Suite Base	TUSSINIONIEL) OF WE ENTER B	IDG GO to The critical
930 Break	PER K INUE, WORK.	
HANG	DUCT OPPOSING LIVER	WALL VENTS

FOREMAN'S SIGNATURE

G15D49	Abatement Industries Group DAILY LOG	FRI
PROJECT ONE G	NG Place	DATE 10-16-15
Address Men	IEN CT	
WORK AREA FINISH	prep of Basen	nent/Prop of
CONTOIN RON OFFE	MENT OVER THE AT LOADING DOCK COMMENTS	
710 ARRIVE OF	N site. Meet	with
RED TEC	100 YRD-AM	ney crop
trailor	AND TWO O	pen 30 yRD
800 Jim +	RAIPH GOINTO	-S. RIDG-to
CONTINUE	2 + Finish 3r	o LAYER OF
SMIII OF A	Decon 3 Chai	mber unit
cit Botto	in of stairs	DOORWAY
7:45 Jim + F	RAIPH NOW FINI	Shed Prep of
1000 AMOLES	/ Decon in Ba	sement work
10 30 take tru	CK LOADED, WITH	WOOD/REIN-
Fored 6 mi		

FOREMAN'S SIGNATURE

PAGE ____OF___

PROJECT	thy Place		DATE 10 -/9-15-
ADDRESS	nevaden ct		
WORK AREA	landly Ductor oid side	prip Centralaner	t over 2 gayander Durpskers

TIME	COMMENTS
6iw	Arrived at strup land supplies
7:00	Arrived on sile Prep containent over 2 open the yearders
	autside next to hardy salt
9:30	Breyk
10:00	construct to prep containent outside of landing
10100	huch
1:00	captioned to prop containent outside landly such
	Build mod flotform Between 2 Ourpsters and
3:30	lett sile

FOREMAN'S SIGNATURE

PAGE____OF___

PROJECT	1 King Place	DATE 10-30-75
ADDRESS	Meriden CT	
WORK AF	REA londing Duck outside prep angesters and	CNORdel
TIME	COMMENTS	
6:w	Array at Sheep land 5-pplies	
2:00	Arrived on sik continued to gree control	put
	over An Dypoters to the real	
9:30	Brech	
10.00	Howk up 4 2,000 peg Alas vert autside	Building
	Set up Decen and Shower continued to	
	Central	
10:00	herely	
1100	continued to prep control ment	
3:30	left site	

FOREMAN'S SIGNATURE

PAGE OF

PROJECT	1 king place DATE/0-21-12
ADDRES	s_ Neveder cT
WORK A	REA localing Outh Grea
TIME	COMMENTS
6:40	Arrived at shop land supplies
	Armet in sik start Generatur Begin to loud 2
	Acr surpsters with Acr and Garbage why
	wet nethods 4 2,000 Hasked up
9.30	Breyts
10:00	Continual to load Acr Dupsters In landing sout
Man .	also Dy 2 kyers Grill In 100 yearder 2 graps
/):ω	land
100	continued to Final Clem Seal 2 40 years
	Disposter
<i>3:3</i> 6	left sile

FOREMAN'S SIGNATURE

PAGE OF

PROJECT / Kin	y Phice		DATE 40-22-15
ADDRESS	iden cT		· ·
WORK AREA <u>/υωσ</u> <i>P</i> rep	15T Flow Hallway	r, frep, Ind Flan Cri	Viles Heilling 9x6's
TIME	, COM	MENTS	
6:00 Amoul a	+ Shap land sup	plies	
	V	on In Hygen 1st D	ves
		Floor Passod lock	
	•	Floor Hallway 12561	
5 turt 6	One and Plan Itali	hery 9×9's	
9130 Break	Mary tradeonte sono constitui della sono	,	
10hw Contined	to prep grew	15+ and Ind Plan.	Hygerist
Running	Pen lunding Dock		
13:00 linely			
1:00 continued	to gree contail	wents 15t and and	Fleren
Hygenist	Reading surples	For loadly Sect Per	2
157 Floor	. Diz Assed Oc	or Air test leading a	ch way
315 dented up	work sik		
330 lest sile		······································	
		New York	

FOREMAN'S SIGNATURE

PAGE___OF__

PROJECT	Ulder / thy place DATE 10-13-15.
ADDRESS	S Meriden it
WORK AF	REA /widy sick
TIME	COMMENTS
6.00	Arrived at Shop load supplies
7:00	Arrived a sike Break Down containent In leading
	Noch area Poly wood etc
93	Take Gerander att sike Mutt Franco For neekend
945	Brech
10715	Continued to pref and Floor Hallway 929 ares
1800	ind
1:00	Set up 1,000 May Alr and Dean and Shower
3136	isot sik
	•

FOREMAN'S SIGNATURE

PAGE ____OF___

PROJECT	1 thy place DATE 10-26-15
ADDRESS	Merida ct
WORK AF	REA 1ST Flow rechard Ray Northwest
TIME	COMMENTS
6:00	Annual at Shop land supplies
	Arrived on sike man Howk up Power to
	Generalin and Begin to clear up Debrit in Floor
	In Mechanical Room 15T Flour with west Bay up
	Aca waste
	Brenk
10:00	Buy out Air waste Put Into Non Appiter
11:00	Begin to Dipley and Final cleanly
1):00	huch
/:cu	Carthreed to work of above creas
3730	left site

FOREMAN'S SYGNATURE

PAGE OF

Abatement Industries Group DAILY LOG ING ADDRESS annew CONTINIA DI WEMA and containment Crew ODES OVER FINISH PROP BIST rent. BILL tell's us 2nd HALLWAY Tile tent has passed-point - test, 315 crew WAShing up. Bill Reading passell From-pen mechanical RM. "PASSED!

PROJECT ONE ADDRESS ONE WORK AREA 2001		DATE 10:28:15 MED 10:28:15 MICHERMICAL RM
TIME ST FROM 6:50 ARRIVE 7:10 Jian A Mechan	COMMENTS COMENTS COMMENTS COMMENT	tile Removel. uck. Go to 1st Floor NRG-AIRS F of #3 mechanica
ROOM.	PUT OF CRITICALS E AVE, RAIPH AND JOSE CONTAINMENT IN HAL UP NEGAIR + BEG SE/DAMAGED FLOOR	stablish NGG Go to 1st LWAY #5 M Removel file.
DONE P FLOOR CO HOLLWA 10:15 I'M, AC	Might + Jose Go bac Ntainment to FiniAu youtCM~LEOSE TIL Stigna EDDIE + AN into 1st Proof Méch	cinto est Clean e Debre Dy suited avical RM
FOREMAN'S SIGN		FLOOR Hallway OCK COWN

X	
Abatement Industries Group DAILY LOG	
PROJECT ONE KING Place DATE 10.29.15	
ADDRESS ONE KING Place, Meriden	
WORKAREA IST FLOOR MECHANICAL ROOM +	
TIME COMMENTS	
645 ARRIVE ON SITE. Meet with WORKERS	
Suited TO Workers Co Who Ist Floor	
Mechanical Room and HAIF to continue	16
Finial cleaning + start of Dip lag	
REPORTE OF ANY DAMAGED. ACM. FITINGS	5
CONTAINMENT # 5 1St FLOOR HALLWAY (POSSE	100
tent has passed sparn. Finial clearen	0.00
RAIPH + DONE GO down + take	
down Decon & Neg AIRS More	
ACM WASTE Frail OR	
1130 Hybenist DASSES Visual in Mechanical RM	į,
200 Halt of tent, ENCAPSULate.	
12:15 Lanch 1. 105 Crew Makes there way to the Next	
WORK AREA to BEGIN TRINICIALS CRITICALS	
130 BILL Storts GCM. AIR TEST IN	

Abatement Industries Group DAILY LOG PROJECT ONE KING PLOVE DATE 10,30-15 ADDRESS ONE KING PLACE, Meviden C-
WORK AREA
COMMENTS G45 ARRIVE ON SITE. CYPU SIGNES IN AS WE GOOVER SCOPE OF WORK AND SAFTY ON JUD SITE. 7.30 CYPU MISKES THATE WAY FRAM TO MEXT AREA TO BE ELATIMED. MOVE GENERATOR TO FROM TO TRUCK TO CUCCESS POWER LIGHTS / NECHAIR! TO CONTAINED AREA. 7.54 SUITED UP CREW BEGINS CLEAN UP OF AID DEDNE & LOOSE FLOOR FILE. IN CONTAINS - MENT. 8.30 BILL & I WALK TIME UPPER FLOORS TO FIND MEXT AREAS ON MAP SHOWING CLEAN UP ATER'S OF HAILWAY. 9.25 CTEW SHUMPHING CHT.
DAVE taking down Decon in previous cleared work Arek more any equip to storge area.
FOREMAN'S SIGNATURE SAFTY TOOL BOX TALK ON TRIPS FALLS

PROJECT ONE KIND ADDRESS ONE KIND WORK AREA	Abatement Industries Group Page DAILY LOG DAIL	FRÎ 10-30-15
WORK AREA		

TIME	COMMENTS	Ì
11:15	Hyberist Bill Goes, into Containment +	
	passes visual inspection,	
	JIM + EDDIE ENCAPSULATES,	
	Crew washing out	-
11:47	LUNCHI	
12:45	Workers Head up to 4th Floor Location #3	7
	NUTSE OFFICE to Prep critical's FOR clean	901
	OF LOOSE White TAN 12 X12 FLOOR file clean	i di
1,30	Hybenist Philing CASSETTS ON Front DOOR	4
	HALLWAY and ARR CONTAINMENT 6	
3:10	Hyberist BILL tell's Me Area # 6 HAS possed	pcm
3:15	Shyldown Generator Hook up to truck + to	ke .
_	back to a warehouse for weekend.	
330	Leave site	

515DT	Abatement Industries Group DAILY LOG	MON
PROJECT _	ONIO KONIC DIOCO	DATE 11:2:15
ADDRESS _	ONE KING PLACE. MERIDEN	Ct.
WORK ARE	1 St FLOOR Hallway	EASTHALL)
645 A	ALDINO ON SITENIANTA CONTORNA	-12 A
	Naterial Needed Have crea	U Goes
	e EAST Hallway to pa	Ma critical
7	FLADOX JOK KEMONEL	OF-ACM
	9x9 thes that have pa	pped up:
10,02	Sreak, AND Joshin is	1 1 7 %
10	MC AR DRESTIME DECONT	1 Alaco
1030	PCPW Suited up 100es in	UTO EAST
	fallway contained Area	to begin
	N a A' a la l	01100056
		· ·

FOREMAN'S SIGNATURE

PAGE ____OF___

K (51	5049
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Abatement Industries Group

	Α .	. (DAILY	LUG	
PROJECT	1	Kinda	FP	lace		
					-	-

DATE 1-3.15

ADDRESS Meriden CT

WORKAREA 15T Floor North edition Morgue Halling

TIME	COMMENTS
6:00	Arrived at ship land supplies
2:00	Arrived on sik Bay out wask From south addition
	west Hallowy suple # 905 - Jac - 13 18 x12
	Hygerist shows Me 15th How North addition Marque Hallway
	Phun N/e even start to Prep containment Howk yp
	Decen and shower
815	Hygerist starts to Run Per south Addition = west Hallway
9.30	Brent.
/V: W	Do Resedial Jeans of Floor life Noise De Marque Valling
	Buy up Au Flan tile Also prep Nurses Building and Flour
	Rang area
10:00	long
1:0	Continued to mark on above overs
3:30	left sik

Tald G' FOREMAN'S SIGNATURE

PAGE OF

PROJECT / Klay Place	DATE 11-4-15
ADDRESS Meriden CT	,
WORKAREA Are Fry Resedial Clery	12×12 Flue 1th aren # 3, area #5 Fluer dik

TIME	COMMENTS
6:w	Arnver at shop land supplies
7!w	Arrived on sile Fill Generator with fuel stock
	Supplies clem up other continuents and nove Equipment
	also so Aprelial clamp of look the even 3, 4, 5 and Beg 40
	Acn waste
9:10	Bruk
10:00	Continues to to Resedial clemp ovens 3, 4,5 luse Hole
	Files
19:00	lych
jiw	continued to pick up Huke losse tiles over 3, 4,5 and
	Bring An nake to anjoke
3 130	heft site

FOREMAN'S SIGNATURE

PAGE____OF___

1 king Place DATE 11-5-15
sMeriden CT
REA Itale Building
COMMENTS
Arrived at Shop land Supplies
Aland m sik with Bill Hygerist
waiting For carlos and Ive v
Sue V From My OFFice arrived on sike
Fund out contos will not Be Here today For
walk threw so toe, Bill and I go over
New Scape of work
Joe left site Still going over scape with
Hygenist
left sik Nu went goly on
, ,
·

FOREMAN'S SIGNATURE

PAGE OF

PROJECT	1 thy A	Place						DATE //-	6-15
ADDRESS	Meriden	cT							
WORK AREA .	and Flour	area	#6	denu,	loose Li	kad	1te Pa	Jac	

TIME	COMMENTS
6:00	Arrive at shop land supplied
7861	Arrived on sik Tyrn Generation on start
	Resedial clemp Hepa vac and Pick up louse
	Tiles Hole cosing wet neithouts
9/30	Brenk
10:00	
	called scape of nort Has changed again not duty
	Nuises Station on and Plan only cridiciling aff
	Containinated over going to 0 15T Flow Mishy station
	Hall may and longe run wen # I going over 505
	with thy gener
1000	unch
1 lw	Continue to work on clery and floor also Bring
	An mark out to An Dunpsker lock up holders
	In Acr supster
3:00	and Generatur Hotels up to my much to Bry
	Buch to nevelouse
380	loff 5th

FOREMAN'S SIGNATURE

PAGE OF ___

PROJECT	1 thy Place DATE /1-9-15
ADDRES	s Peridon
WORK A	REA 15T Flow Nurs.hy Building
TIME	COMMENTS
	Airived at Shop land supplies and Generator
26.	Acrist of prop pour supplies and contention
7.45	Arrived on sike Set up Power Begin
	to set up containing t 1st Flow Norsing Bilding
	Hall way
	Break
10:00	continued to Prep Containment Hook up
	Neg Airs Vert outside Hook up Dean
	and shower
19:00	knih
1:00	
2:30	lest sike
	160-1 37 K

FOREMAN'S SIGNATURE

PAGE ____ OF ____

	DAILI LOG
PROJECT	- Forme Moda Asspatal DATE 11-10-1
	s of King St. Merdon
	7
WORK A	REA Basevert
TIME	COMMENTS
	Arrand on sto
	Cheeked the integrity of the your.
	Region by good up platow.
	Region bingged up platou. Wester conditions - cold and overcast
	Double hongged set waster who break
1	Double hongged at waster who break the genist noticed us to take were proton
	down. Not that much
	Cot rid of thing works
	01 11
	Started brentzing down decon And young
	equipment up.

FOREMAN'S SIGNATURE

PAGE OF

PROJECT _	FS	no Men	In HospAnd	DATE 11-15
ADDRESS =	1	Muy St.	Mendon	
WORK ARE				

TIME	COMMENTS
THVIL	Transchited was that was worked on
	Lests Aug
	Moved brigs to doupter Some equipment also moved. Hygeniet van Finor hir test and it
	Some equipment also moved.
	Hygeniet van Finozlinir test and it
	LIFE SE C.
	wheled down equipment and tried to
	cententize
	Abstervet on our port completed
	All 1 passed trus (Av
	Abstract on our port completes

FOREMAN'S SIGNATURE

PAGE ____ OF ___

PROJECT Fornce Mendan Hospital DATE 11-12-18

ADDRESS 1 King St.

WORK AREA All

	COMMENTS
TIME	COMMENTS
	Regar the day estheoting our supplies Sented off the cafo.
	Senled off the cafo.
	Lacked for starrells to sen off
	Decree and economists silved at
	Abutement for trumpraray close of done
	Decres and equipments pelled at. Abortance For temporarry close pora There was no wantement

FOREMAN'S SIGNATURE

PAGE ____ OF ____

Abatement Industries Group

	DAILY LOG	11 17. 18
PROJECT _	Former Mender Mosporer	DATE 1-13-18
ADDRESS =	1 thing St. Mendin	
WORK ARE	Α	
TIME	COMMENTS	0 /
	Segun day Bonchury Sherre	for equipment

FOREMAN'S SIGNATURE

PAGE ____ OF ____



Appendix L

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

11/25/2015 *Page 1 of 2

Certificate of Analysis

Chem Scope, Inc. 15 Moulthrop Street, North Haven CT 06473 Numeration of fibers on 0.8 micron cellulose-ester from 25mm cassette by Phase Contrast Microscopy, NIOSH Method 7400, Issue #2, 1994:

					n casselle t Date	y Phase Co	nitast Microscopy, N	ester non zonnin casserie by Mase Contrast wichscopy, NiOSH Method 7400, Issue #2, 1884; Date Rec Date				å		
CS Sample # Client ID Type	Type	à		6	Rec.	Client	Location	Description	E/MM2) E	2	Analyst An		4/4 F 17 0
	CT (Job# G	1504	_	l									Oligiyzeu S	VA - EL
CS# 189-570														
189-570-1	Excursion	Cust	1 10/21/15	Š	11/18/15	AIG, Inc.	Loading Dock	D. Robson Half Face-Remedial Cleaning	2.5	< 0.036	0.036	⊼ 11	11/25/15	<0.010
189-570-2	Personal	Cust	t 10/21/15	Š	11/18/15	AIG, Inc.	Loading Dock	D. Robson Half Face-Remedial Cleaning	1.3	< 0.010	0.010			
189-570-3	Personal	Cust	t 10/21/15	Š	11/18/15	AlG, Inc.	Loading Dock	J. Guzman Half Face-Remedial Cleaning	2.5	< 0.010	0.010			<0.010
189-570-4	Personal	Cust	1 10/21/15	Š	11/18/15	AIG, Inc.	Loading Dock	J. Flores Half Face-Remedial Cleaning	5.1	< 0.010	0.010			<0.010
189-570-5	Blank	Cust	t 10/21/15	Š	11/18/15				0.0			•		
189-570-6	Blank	Cust	t 10/21/15	Š	11/18/15				0.0				11/25/15	
189-570-7	Excursion	Cust	•	Š	11/18/15	AIG, Inc.	2nd Fir Hall	J. Valdiviziezo Half Face-Prep	0.0	< 0.036	0.036	天	11/25/15	<0.010
189-570-8	Personal	Cust	1 10/22/15	Š	11/18/15	AIG, Inc.	2nd Flr Hall	J. Valdiviziezo Half Face-Prep	1.3	< 0.010	0.010	⊼ 11	11/25/15	
189-570-9	Personal	Cust	t 10/22/15	Š	11/18/15	AIG, Inc.	1st Fir Hall	R. Rosado Half Face-Prep	3.8	< 0.010	0.010	₹ 1	11/25/15	<0.010
189-570-10	Blank	Cust	t 10/22/15	Š	11/18/15				0.0			₹	11/25/15	
189-570-11	Blank	Cust	-	Š	11/18/15				0.0				11/25/15	
189-570-12	Excursion	Cust	10/26/15	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	A. Baginski Half Face-Cleaning	12.7	0.074	0.041	₹	11/25/15	<0.010
189-570-13	Personal	Cust	t 10/26/15	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	A. Baginski Half Face-Cleaning	10.2	< 0.010	0.010	₹ 1	11/25/15	
189-570-14	Personal	Cust	t 10/26/15	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	J. Guzman Haif Face-Cleaning	0.0	< 0.010	0.010	₹ 11	11/25/15	<0.010
189-570-15	Personal	Cust	t 10/26/15	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	J. Flores Half Face-Cleaning	2.5	< 0.010	0.010	₹		<0.010
189-570-16	Blank	Cust	t 10/26/15	Š	11/18/15				0.0			₹ 1	11/25/15	
189-570-17	Blank	Cust	t 10/26/15	Š	11/18/15				0.0			₹ 1	11/25/15	
189-570-18	Excursion	Cust	t 10/27/15	Š	11/18/15	AIG, Inc.	1st Fir	E. Perez PAPR-Final Cleaning	7.6	0.052	0.047	₹ 1	11/25/15	<0.010
189-570-19	Personal	Cust	10/27/15	Š	11/18/15	AIG, Inc.	1st Flr	E. Perez PAPR-Final Cleaning	7.6	< 0.010	0.010	₹ 1	11/25/15	
189-570-20	Blank	Cust	t 10/27/15	Š	11/18/15				0.0			₹ 1	11/25/15	
189-570-21	Blank	Cust	•	Š	11/18/15				0.0			₹ 1	11/25/15	
189-570-22	Excursion	Cust	10/28/15	Š	11/18/15	AIG, Inc.	1st Fir Hall	D. Robson Half Face-Floor Tile Removal	3.8	< 0.045	0.045	X 11	11/25/15	<0.010
189-570-23	Personal	Cust	10/28/15	Š	11/18/15	AIG, Inc.	1st Fir Hall	D. Robson Half Face-Floor Tile Removal	2.5	< 0.010	0.010	天 11	11/25/15	
189-570-24	Blank	Cust	10/28/15	Š	11/18/15				0.0			天	11/25/15	
189-570-25	Blank	Cust	•	Š	11/18/15				0.0			₹ 11	11/25/15	
189-570-26	Excursion	Cust		Š	11/18/15	AIG, Inc.	1st Ftr-Mech Rm	J. Guzman PAPR-Cleaning	2.5	< 0.045	0.045	₹ 11	11/25/15	<0.010
189-570-27	Personal	Cust	10/28/15	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	J. Guzman PAPR-Cleaning	0.0	< 0.010	0.010	X 11	11/25/15	
189-570-28	Blank	Cust	10/28/15	Š	11/18/15				0.0			天 11	11/25/15	
189-570-29	Blank	Cust	10/28/15	Š	11/18/15				0.0			天	11/25/15	
189-570-30	Excursion	Cust	•	Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	A. Rivera PAPR-Final Cleaning	3.8	< 0.050	0.050	IX 11/	11/25/15	<0.010
189-570-31	Personal	Cust		Š	11/18/15	AIG, Inc.	1st Fir-Mech Rm	A. Rivera PAPR-Final Cleaning	0.0	< 0.010	0.010	天	11/25/15	
189-570-32	Blank	Cust	10/29/15	Š	11/18/15				0.0			天 15	11/25/15	

Certificate of Analysis

15 Moulthrop Street, North Haven CT 06473

Chem Scope, Inc.

Numeration of fibers on 0.8 micron cellulose-ester from 25mm cassette by Phase Contrast Microscopy, NIOSH Method 7400, Issue #2, 1994:

		Col'd		Re	c. Date								Date	
CS Sample #	CS Sample # Client ID Type	B)		6	Rec.	Client	Location	Col'd By Rec. Client Location Description	F/MM2	FICC	100	Analyst		8-Hr TWA
189-570-33	Blank				ZW 11/18/15				0.0					
189-570-34	Excursion	ion Cust			ZW 11/18/15	AIG, Inc.	Hallway-Front Door	R. Gagliardi PAPR-Cleaning	80	< 0.047	0.047	×	11/25/15	<0.010
189-570-35	Personal			115 ZW		AIG, Inc.	Hallway-Front Door	R. Gagliardi PAPR-Cleaning	0.0	< 0.010	0.010	×	11/25/15	
189-570-36	Blank	Cust		115 ZW	V 11/18/15				0.0			¥	11/25/15	
189-570-37	Blank		st 10/30/15	115 ZW	V 11/18/15				0.0			×	11/25/15	
189-570-38	Personal	1	st 11/3/15	MZ S	V 11/18/15		AIG, Inc. 1st Fir Morgue	J. Guzman Half Face-Floor Tile Removal	0.0	< 0.010	0.010	XI C	11/25/15	<0.010
189-570-39	Excursion	ion Cust	st 11/3/15	MZ S	V 11/18/15		1st Fir Morgue	J. Guzman Half Face-Floor Tile Removal	1.3	< 0.036	0.036	X	11/25/15	
189-570-40	Blank		st 11/3/15	5 ZW	V 11/18/15				0.0			¥	11/25/15	
189-570-41	Blank	Cust		MZ SI	V 11/18/15				0.0			¥	11/25/15	
189-570-42	Excursion	ion Cust	st 11/4/15	MZ SI	V 11/18/15	AIG, Inc.	1st Fir-Areas 3-4-5	T. Craig Half Face-Cleaning	2.5	< 0.045	0.045	¥	11/25/15	<0.010
189-570-43	Personal	nal Cust	st 11/4/15	S ZW	V 11/18/15	AIG, Inc.	1st Fir-Areas 3-4-5	T. Craig Half Face-Cleaning	1.3	< 0.010		X	11/25/15	
189-570-44	Blank	Cust	st 11/4/15	S ZW	N 11/18/15				0.0			¥	11/25/15	
189-570-45	Blank	Cust	st 11/4/15	MZ SI	N 11/18/15			÷	0.0			¥	11/25/15	
189-570-46	Excursion	ion Cust	st 11/6/15	MZ SI	N 11/18/15	AIG, Inc.	Area #6	D. Robson Half Face-Remedial Cleaning	3.8	< 0.037	0.037	N K	11/25/15	<0.010
189-570-47	Personal	nal Cust	st 11/6/15	WZ SI	N 11/18/15	AIG, Inc.	Area #6	D. Robson Half Face-Remedial Cleaning	2.5	< 0.010	0.010	X	11/25/15	
189-570-48	Blank	Cust	st 11/8/15	MZ SI					0.0			¥	11/25/15	
189-570-48	Blank	Cust	st 11/6/15	MZ SI	N 11/18/15				0.0			포	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:

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:

^{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)

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 area 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:

Fibers/sq mm	<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):

$$UCL = 2X + 2.25 + [(2.25 + 2X)^{2} - 4(1 - 2.25 S_{r}^{2})X^{2}]^{1/2}$$

$$= 2(1 - 2.23 S_{r}^{2})$$

The lower 95% confidence levels (LCL):

$$LCL = 2X + 4 - [(4 + 2X)^{2} - 4(1 - 4S_{r}^{2})X^{2}]^{1/2}$$

$$2(1 - 4S_{r}^{2})$$

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/mm2 range are "greater than optimal variability" and "probably biased".

PO#				
EVIT				

MILL.Y_N_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

7:15 10:05 1:05 7:15 1:05	9.15 11.50 3:15 11.50 3:15	-		Liters	100 100 100	mm2	f/cc	f/cc
2 45 10:05 1:05 1:05 1:05 1:05	9.15 11.50 3:15 9:15 11.50 3:15	2,5	2.3		100			
7:15 7:05 7:05 7:15	11:50 3:15 9:15 11:50 3:15				48 2/8			
7:15	11:50	2.0	1.8		2/18			
7:15	9.15		-					
1: 05	11:50 3:15	9.6	940		4 100			
1		-					ived? Y	N
1=4	loss An	hk 18	9-570	-6	0100	Refer	ence SI	ige #: 30
Menio	In c	T				Bamp1	e Codes	1
ut v	alea	Re	redial	cleiny	<u>a</u>	2-Wor	k Area side Ar	
2	1= co	Merida a Merida a	Jedon Blok B Jedon Buly B Merido CT John Grea Re	J= upen Abolik 189-570 J= close Abolik 189-570 Meride CT och Gira Renedial	J-clos Auly 189570-6 Merida CT Sith area Resedial cleany	Je close guly 129 570-6 01000 Merida CT Sith Gira Resedial cleanup	Merida at Resedial cleaning 1- con Resedial cleaning 1- Per 2-Wor 3-Out 4-Fin	Merida CT Sample Codes 1- Close Revedial Cleanup 1-Personal 2-Work Area 3-Outside Ar 4-Final Clean

above.

PO#			
TO AL		man hand	

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

HILLY_N_ Faxed____ Called___ Logged_V

Sample #/ Description	Start	me End		1/m t End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Mask: // Face Mask: // Pace Ma		אר זר	2.5	3.5		0/100			
Name: Jose Valivillezo Both Code: 1 Pask: Pref on Flor Hallon	7:45	9:30 11:30 3:15	25	2. 3	44	100			
Name: Rom Roudo BB# Code: Task: ps.p 15 F flor Hallon	7:15	9/30 11:50 3:15	J. 3	2-0	VARIA	3/100			
Date: Name: Name: Code:									
Date: Mask: Name: SS# Code:									
Report Reviewed by_ Field Blanks (Laboratory Blank	1=0p= 1=c/0	MA Blok Sur But	- 18a-	te_ 570-1t	-	1 ank (s	Refer	ence S1	ide #:Bl
Project / Any Place Location 157 Flor Pref Foreman Todd Cray Superintendent for	12×13	Hullha		I Flor	Pres 9×95	Hallway	Sampl 1-Per 2-Wor 3-Out 4-Fin	e Codes	1

above.

PO#		
W 12 II		

MILL-Y_N_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Faxed Called Logged \/ Job # 0/5/149 1 the Place Sample Source Sampled by Took Cod, Date Sampled 10-3675 Customer Name A.I.G 189-570 Date Received 18/15 8:400 Dat Date Tested 11 2511 Analyst f/ Time Flow 1/m LOD Sample #/ Start End Liters Description Start End flds mm2 f/cc f/cc Date: 107615 Mask: 7.15 2:45 10 2.0. 22 Hame: Andy By 10th Code: (00) 88# Tasks Clears 189-570-13 Date: 10-16-15 9:10 241 2 20 Namo: Andy Baylas 10.05 11:55 100 88# Code: 3:15 1:05 Task: 10-14 Date: 10-) 6-15 7:15 9.10 2.0 Mask: 0 1.5 Namo: Jiny Guznen 10.05 11:55 100 88# Code: 105 3:15 Taskı Date: 10-16/5 7:15 9.30 23 2.5 Mask: WFice 10.05 11:55 Name: Tuselito Flores 88# Code: 1:05 3:15 Task: clemys Date: Mauk: Name : Code: BB# Taskı Blank(s) Received? Y N Date Report Reviewed by 0/1001 1= cps Blok 185-570-16 Reference Slige #: Blabe Field Blanks 01100 17 (Wed 3/1-Laboratory Blank 170-1233-1 Sample Codes: Place Meridia cT Project / Khy west rechanged Rown 1st Floor Location North 1-Personal 2-Work Area Two 3-Outside Area Chain Foreman 4-Final Clearance 5-Excursion Frim Superintendent

^{1,} 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#			
Fin	IR SAMPLING	/ NIOSH N CLEAN		400 s.	AMPLE FLO	RECORD	HILLY_N_Faxed_ Called_ Logged_
sample Source C\CO sampled by Analyst JU	Date Ba	SCOT JCAPSUL mpled 10:27	Cust Cust	omer N Ham W	ame	A.I.G	189-570 189-570 2515
Sample #/ Description	Time Start End	Flow 1/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Name D 30027.15 Name D 30027.15 Se 6734 Code: 5	7:19 7:49	1.9 1.9		Co/100			
Name ED Perez B8#6734 Code: L	7:49 9:19 10,02 11:45	1.9 1.8		000			
Date 10-27: 15 Name: SS# Code:	BIANK			-			
Date 10.17.15 Name: 88# Code: Task:	BLANK						
Date: Mawk: Name: BS# Code:							
Report Reviewed by	MA	Date		ank (s)		ived? Y	
rield Blanks { Laboratory Blank	1.87-570-	2		olivo	Refer	170-23 170-23	ige #: Blush
	NG PLACE	ce, e. Mer	iden.		Sampl	Codes	

Foreman

Superintendent

1-Personal 2-Work Area 3-Outside Area

5-Excursion

4-Final Clearance

[,] 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 I	METHOD	7400 S.	AMPLE	RECORD	MILL.Y_N_
LOOSE FLO	FLOOR OR til	HALLWI Ren	44 C	onta L#	cleo	IN UP!	
Analyst #	Date Sa	mpled/D/28	3 15 Cust	Comer N Lyann 7 Dat	ame W :e Tes	A.I.G	189-570
Sample #/ Description	Time Start End	Flow 1/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Mask 12 FACE Name DAVE ROSON code: 5 Task: Remove 1/10056	1 1	2.0 2.0		300			
Date 10 28.15 Mask: LE FACE Mask:	8:30 9:20 10 04 11:45	2.0		100			
Date:/0.28.15 Mask: ame: s# Code:	BLANK						
Date: 10-29. S Mask: ame: 8# Code:	BLANK						
Date: Mask: S# Code:							
eport Reviewed by_	Mr_	Date	В			ived? Y	
rield Blanks (Laboratory Blank	189-570-2	<u>y</u> 5		0100	Refer	ence SI	10e #: 0101

Foreman

Superintendent_

Sample Codes:

4-Final Clearance

1-Personal 2-Work Area 3-Outside Area

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.

ample Source	D	ato Sa	mpled	10.28	Chan Chan 3,15 cust	tomer N	ame	A.I.G	189-570
Analyst T Sample #/ Description		me	Flow	1/m	Liters	f/	f/ mm2	f/cc	LOD f/cc
Nask: PAPR Nask: PAPR Name: Jim Guzman Ser 5012 code: 5	10.15	10:45	2.0	2.0		2 100			
Date 10:28.15 Name Jim Guzman 66# 50 2 code: /	10	11:47	2.0	1.9		20			
Date j0 28 - 15 Mask: Mask: Code:	RA	252 XX							
Date: 10-28-19 Nask: Name: BB# Code:	Bu	tuk sed							
Date: Name: SS# Code:									
Report Reviewed by_	^	183-00	Dat	e	B	-0(t00		ived? Y	7
		/ > /0				Choo	Refer	ence Sl	ide #: Pol

[,] 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 R	epair 1	AND-	PO#			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IR SAMPLING				MPLE	RECORD	WIII * W -
EINI	a) c/f	N MA	DOF	- 2	nd	LIF	Faxed
- 1711	OT CIC	MI VI	A OI	< <		11011	Logged
Sample Source	SI FLOO	JK 1116	chan	J1CF	t L K	M Job	G15D4
Sampled by	Date Sa	mpled/0.29	1.15 cust	omer N	ame	A.I.G	12/2/0
Analyst	Di	ate Receive	a 11/18/150	Dat	e Tes	ted_[25[1]
Sample #/ Description	Time Start End	Flow 1/m Start End		f/ flds	f/ mm2	f/cc	LOD f/cc
BA-50-30 Date: 1029-15 Nask: PAPR Hame Adriana Rivera Sal 14382 Code: 5 Task: AL CICIN	730 800	1-8 1.8		3/100			
Name Adriana Rivera BB# +382 Code: 1		1.8		200			
Date 10-29-15 Nask: Nask: SS# Code:	BIANK						
Date: 0 29 19 19 19 19 19 19 19	BLANK Closed						
Date: Mask: Name: BS# Code:							
Report Reviewed by_	MA	Date				ived?	
rield Blanks (Laboratory Blank	189-57	0-32		0100	Refer	ence SI	ide #:818
Project ONE Ki	NG Plan	ce				e Codes	
Location ONE k	ZARGE	lace,	Men	<u>d</u> en	2-Wor 3-Out	sonal k Area side Ar	
Superintendent						al Cleaursion	rance

^{1,} ______, 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#			
FON		3651	

clea	IR SAMPLING IN UP FO LL DEDT	ont Do	ior Ha	HWA	-Y/A	MA 40E	Faxed Called Logged C-15D40	
Analyst L	Date Sa	mpled 030	15 cust	Omer N	lame	A.I.G	189-570	
Sample #/ Description	Time Start End	Flow 1/m Start End	The state of	f/ flds	f/ mm2	f/cc	LOD f/cc	
Mask: PAPR Mask: PAPR Mask: PAPR Mask: PAPR Mask: PAPR Mask: PAPR Code: 5	800 830	1,9 1,9		3/100				
	8:30 9:25 10:02 11:47	1.9		200				
Date: 030- 5 Mask: Mask: Code:	BLANK			,				
Date: 0 30- 5 Nask: Name: 88# Code:	BLANK Closed							
Date: Mask: Name: SS# Code:							,	
Report Reviewed by Field Blanks { Laboratory Blank	MA 189-570- 187-570-			ank (s)	Refer	ived? Y	de #:Blu	
Project ONE KING Place i Location ONE KING Place i Foreman Bob ZARGE Superintendent						Bample Codes: 1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion		

true and if applicable all personal air samples were worn by employees as listed above.

PO#			
W 11	-	 	

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

	MILLY_N_
	Faxed/
	Called
	Logged V
#	615049
	189-570

Sample Source | King Place pender UT Job # 615789

Sampled by Told cring Date Sampled | -315 Customer Name A.I.G 189-570

Analyst Ill Date Received | | 8/15 Date Tested | | 25/15

Sample #/ Description	Tim Start		Flow		Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Hame: Tiny Carning Free Code: 4 Task: Fluir File	7.15 10:35 1:05	9130 11:55 3:15	2-5	23		100			
Date: 11-315 Name: BB# Code: 6 Task: Flue ille	10:05	10:35	3.5	2.5		100			
Date: Mask: Name: SS# Code:									
Date: Mask: Name: BB# Code:									
Date: Mask: Name: ES# Code:									
Report Reviewed by	MB		_	e	В.	1		ived? Y	
Field Blanks Laboratory Blank	1=upen 1=upen	nht Aht	139-5	70-41		0/100	Refer	ence 51	ige #: blo
Project King Place Location ST Flor M. Foreman Todd Cray Superintendent Fra				Hullen	Flund	<u>lė</u>	1-Per 2-Wor 3-Out	e Codes	: ea

^{1,} 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

ampled by Todd crais	U DI	ate sa Da	mpled ite Re	//-Y-()	cust	comer N 8-400m Dat	ame ce Test	A.I.G	82/1/
Sample #/ Description	Tir		Flow	1/m t End	Liters	f/ flds	f/ mm2	f/cc	LOD 1/cc
Mask: Toold Cruis Code: 5 Task:	7130	8160	J. 0	2.0		2/20			
Date: //-/// Mask: // Fue Name: Code:	10005	9:05 11:55 3:15	2.0	1.8		100			
Date: Name: SS# Code:									
Date: Name: Code:									
Date: Mask: Name: BS# Code: Fask:									
Report Reviewed by Field Blanks (Laboratory Blank	1= cpc	n Bil	Dat 	2-5-70-	-4K	iank (9)		ived? Y	ide #:Blu
Project / King place mender CT Document of the state of							Sample Codes: 1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion		

above.

201		
PO#		

MILLY N

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Faxed called Logged I king place mender at Job # 6151749 Sample Source Customer Name A.I.G Date Sampled /1-6-15 Sampled by Toold crui Date Received 1/18/15 8400000 Date Tested Analyst Flow 1/m Í/ LOD Time Sample #/ Start End Start End Liters mm2 f/cc f/cc flds Description Date: 11-6-15 7:15 7:15 Mask: 11) Ful 7.6 7.6 Mame: Dove Rycin 100 Code: 5 88# Tasks 187570-4 Date: 11-6-15 7.45 9:05 Mask : 4) The 7.6 2.7 Name: Owereps 10:05 11:55 Coder 100 88# 1:05 3:00 Taski Date Mask: Name : 88# Code: Taskı Date: Mank: Name : 88# Code: Task: Date: Mank: Name : 88# Code: Taskr Blank(s) Received? Y Report Reviewed by Date olivo 29-570-48 Reference Slide #: Bloba 1 = Upin Blows Field Blanks Laboratory Blank 190-033-1 Place Meriden Sample Codes: Project 1-Personal Resedial Location 2-Work Area 3-Outside Area Tools Foreman CriI 4-Final Clearance 5-Excursion Fran Superintendent

[,] 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

Final Visual Inspection Forms

FUSS & O'NEILL Enviro Science, LLC Final Visual Inspection Form Asbestos Abatement										
Date: 10/22/19	Rem	oval	☐ Encapsul	ation □ En	closure □ Repai	r ⊠′Cleanup				
PROJECT NAME:	Former 1	Mender	Veterous	Hospital	PROJECT No.: Z	0120232.CZE				
SITE LOCATION:	1 King F				Laundry 1 Storms	PASS				
WORK AREA:	Loading	Dock	4			□ FAIL				
CONTRACTOR:	AIG									
□Neg Pressure Contain. □ Mini-Enclosure □ Glovebag ☑ Other (Describe Below) □ None										
MATERIALS ABA	TED IN THIS	SPECIFI	C WORK ARE	A:						
1. Floor Tile,	Mudded	QTY:	25423	2.		QTY:				
3. Fitting Insula	tion, and	QTY:	1	4.		QTY:				
5. contourincted		QTY:	20'x20x6'	6.		QTY:				
7. pile.	The second	QTY:		8.		QTY:				
9.		QTY:		10.		QTY:				
SUSPECT ACM F	REMAINING II	N CONT	AINMENT NOT	SPECIFIED FOR	REMOVAL	HUMA COLON				
1.		QTY:		2.		QTY:				
3.		QTY:		4.		QTY:				
SURFACES INSPE	CTED		IS STORES	CONTRACTOR	I NEW YORK	Michella (1981)				
Instruction	ns: Check	surface	s that pass.	Circle surfac	es that fail. Strike	e through N/A.				
☑ Floor	-									
回 Duct Work					☑ Contractor's Ec					
☑ Fixtures				ste Load Out		diprilone				
		ocu itci	113 🖾 🗸	iste Load Out	D Other.					
FIELD OBSERVAT	IIONS									
Asbestos	conto	vinino	mater	ial ren	nouns began	d the				
limits			sork as		3					
11/001-15	04 1	4	SOFK W							
		1								
WORK AREA	☑ PCM		□ ТЕМ	☐ Visual Onl	ly □ None P	erformed				
CLEARANCE:	17 (17 / 27 / 17				, =	onomica .				
ACKNOWLEDGEN										
I acknowledge t	hat I inspec	cted this	s work area							
EnviroScience I	nspector: _		m Chempag PRINTED	re Z	SIGNATURE	pagne				
I have read and	understan	d the in	spection res	ults.	///					
Contractor's Supervisor: Pro-Robert										
			PRINTED	-	SIGNATURE					

FUSS & O' En viro Scien	NEILL ice, uc			Final Vi	isual Inspe		n Form
Date: 10/22/15	⊠′Rem	oval	□ Encapsu	lation En	closure	air 🖸	Cleanup
PROJECT NAME:				Hospital	PROJECT No.:		237.CZE
SITE LOCATION:	1 King 8	lace		BUILDING:	Loundry Stor	ase	₽ PASS
WORK AREA:	Dumpste	5 Loa	d out en	closure			□FAIL
CONTRACTOR:	AIG						
☑Neg Pressure	Contain. □	l Mini-E	nclosure	Glovebag □ C	Other (Describe E	Below)	☐ None
MATERIALS ABAT	TED IN THIS	SPECIFI	C WORK ARE	A:			MITTELLE
1. Floor Tile, M	bebbu	QTY:	25 423	2.		QTY:	
3. Fitting Insula	tion, and	QTY:	~	4.		QTY:	
5. Contaminate		QTY:	20x20x6'	6.		QTY:	
7. pile.		QTY:		8.		QTY:	
9.		QTY:		10.		QTY:	
SUSPECT ACM F	REMAINING II	N CONT.	AINMENT NO	SPECIFIED FOR	R REMOVAL		
1.		QTY:		2.		QTY:	
3.		QTY:		4.		QTY:	
SURFACES INSPE	CTED		N	A SULECTI	II de se de sen	2111	niga yenin
Instruction	ns: Check	surface	s that pass.	Circle surfac	ces that fail. Str	ike thre	ough N/A.
☑ Floor	/			Pipes			
☐ Duct Work				,	☑ Contractor's		
☐ Fixtures				aste Load Out		Lquipii	ioni
		sed ite	115 12 446	aste Load Out	Li Other.		
FIELD OBSERVAT	IONS	100		STORE TO A	Ellister of a shown		
Asbesto	s cont	21011	na mate	erials re	emain bey	ond	the
limits		the	work	asea	0		
WORK AREA CLEARANCE:	₽CM		□ ТЕМ	□ Visual On	ly 🗆 None	Perfor	med
ACKNOWLEDGEN				ESCALES ES			NEW ELECTION
I acknowledge t EnviroScience I		Willia		ALS THE MISSISS.	Milliam Cho	upog	u
I have read and Contractor's Su		d the in	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sults.	SIGNATURE		

FUSS & O' En viro Scien	FUSS & O'NEILL EnviroScience, uc Final Visual Inspection Form Asbestos Abatement						
Date: 10/27/1	5 ☑ Remo	oval	□ Encapsu	ation 🗆 En	closure ⊠ Repa	air 🖸	Cleanup
PROJECT NAME:	Former Me	eriden	Veterans	Hospital	PROJECT No.:	20120	232.CZE
SITE LOCATION:	1 King P	lace		BUILDING:	1968		PASS
WORK AREA:	First FI	First Floor - NW Mechanical Room - West Side					
CONTRACTOR:	AIG						FAIL
□Neg Pressure	Contain.	Mini-E	nclosure 🗆	Glovebag 🗗 C	Other (Describe B	elow)	□ None
MATERIALS ABA	TED IN THIS	SPECIFIC	C WORK ARE	A:	PERMIT AND ADDRESS.		
1. White page	25,	QTY:	13505F	2.		QTY:	
3. White pipe		QTY:		4.		QTY:	
5. White Mudd		QTY:		6.		QTY:	
7. Insulation		QTY:		8.		QTY:	* 5
9. Pile	, com	QTY:		10.		QTY:	
SUSPECT ACM F	REMAINING IN	CONTA	AINMENT NOT	SPECIFIED FOR	REMOVAL	61131	100 E 100 B
1. White pape	r lasal	QTY:		2. 1. shito	Fitting MSUI	QTY:	
3. White Pipe		QTY:		4.	11119 1301	QTY:	
SURFACES INSPE		III A					
Instruction	ns: Check	surface	s that pass.	Circle surfac	es that fail. Stri	ke thro	ough N/A.
☑ Floor					☑ Mechanical E		6.0
					☐ Contractor's E	-	
☑ Fixtures			/			-quipii	ioni
FIELD OBSERVA		ocu itei	113 🗆 746	iste Load Out	L Other.		
FIELD OBSERVA	IIONS						
Asbesto	5 con	tainin	a ma	terials r	emain bo	th.	1
		the		of the	work area		
WORK AREA CLEARANCE:	⊠ PCM	ı	□ TEM	□ Visual Onl	y 🗆 None	Perfor	med
ACKNOWLEDGE	MENT						
I acknowledge t	that I inspec	ted this	work area	on this day.			
EnviroScience I	Inspector: _		PRINTED	ne Z	Uillian Chau SIGNATURE	rpag	re_
I have read and	understand	the in	spection res	ults.			
Contractor's Su	- 7	neo	KIL	_	mr		
PRINTED SIGNATURE							

FUSS & O En viro Scie	'NEILL nce, uc			Final Vi	sual Inspec		n Form
Date: 10/27/19	5 ⊠'Remo	oval	☐ Encapsu	ılation □ En	closure Repa	ir 🗹	Cleanup
PROJECT NAME:	Former Ma		Veterons +		PROJECT No.: 2	20120	232,CZE
SITE LOCATION:	1 King P	lace		BUILDING:	1968		M PASS
WORK AREA:	Second F	1000 -	East	Hall			□FAIL
CONTRACTOR:	AIG						DIAL
□Neg Pressure	Contain.	Mini-E	nclosure \square	I Glovebag ☑ C	Other (Describe Be	elow)	□ None
MATERIALS ABA	TED IN THIS	SPECIFI	C WORK AR	EA:			
1. 9×9 OF Wh	ite 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		AINMENT NO		R REMOVAL		
1. Gray Sprayon	_	QTY:		2.		QTY:	
3.	3	QTY:		4.		QTY:	
SURFACES INSP	ECTED	THE RE	at the same	Name and Parks	US STORY OF THE REAL PROPERTY.		ASSESSED FOR STATE
		surface	s that pass	Circle surfac	es that fail. Strik	ce thro	ough N/A.
☑Floor	,			Pipes	☐ Mechanical Ed		
☑ Duct Work	/			/	Contractor's E		
☐ Fixtures				aste Load Out		quipii	icit
		seu itei	115 11 44	aste Load Out	Li Other.		
FIELD OBSERVA	TIONS						
As bestos		ning	material:	s remain	beyond to	٤	Scope
Work Area Clearance:	⊠ РСМ		□ TEM	□ Visual Onl	ly □ None I	Perfor	med
ACKNOWLEDGE	MENT			acquire sugar			
I acknowledge	that I inspec	ted this	work area	on this day.			
EnviroScience	Inspector: _		m Champ	agre I	SIGNATURE	yrog	e
I have read and Contractor's Su	-	Das	spection res	sults.	SIGNATURE		

FUSS & O' En viro Scien	NEILL nce, uc			Final Vi	isual Inspe		n Form Abatement
Date: 10/28/1	5 ☑ Rem	oval	☐ Encapsu	lation □ En	closure Rep	air 🛭	Cleanup
PROJECT NAME:	Former N	eriden	Veterons		PROJECT No.:		232.CZE
SITE LOCATION:	1 King	Place		BUILDING:	South Addition	on W	☑ PASS
WORK AREA:	Central	4-11	- Tunnel	to Laurden	s/Storage		□ FAIL
CONTRACTOR:	AIG	7					
☑Neg Pressure	Contain. □	Mini-E	nclosure	Glovebag □ C	Other (Describe E	Below)	□ None
MATERIALS ABA	TED IN THIS	SPECIFI	C WORK ARE	A:			MADE TH
1. 12×12 L. Brow	un F.T.	QTY:	650SF	2.		QTY:	
3.		QTY:		4.		QTY:	
5.		QTY:		6.		QTY:	
7.		QTY:		8.		QTY:	
9.		QTY:		10.		QTY:	
SUSPECT ACM I	REMAINING I	CONT	AINMENT NOT	SPECIFIED FOR	R REMOVAL	(Corple)	MILES FUS
1. 12×12 L. Bra	nr F.T.	QTY:		2.		QTY:	
3.		QTY:		4.	1	QTY:	
SURFACES INSPE	ECTED		10000000		(50,000,000)		
Instructio	ns: Check	surface	s that pass.	Circle surfac	ces that fail. Str	ike thre	ough N/A.
☑ Floor	☑ Horize	ontal Su	urfaces 🗆	Pipes	☐ Mechanical E	auipm	ent
					☑ Contractor's I		
□ Fixtures			7.1	aste Load Out		_quipi.	ion.
FIELD OBSERVA		ocu itci	115 🗆 🗸	asic Load Out	D Other.		
FIELD OBSERVA	IIONS			at and tollands			
Asbestos		-		als remo	in beyond	tu	
Work Area Clearance:	₫PCM		□ TEM	□ Visual Onl	ly . □ None	Perfor	med
ACKNOWLEDGE	MENT				A TOOL CIPIE - S	SOLIT	
I acknowledge	that I inspec	ted this	work area	on this day.			
EnviroScience	Inspector: _		Chempac	jne 7	Uillian Cha SIGNATURE	magn	<u>a_</u>
I have read and	understan	d the in	spection res	ults.			
Contractor's Su		200/	PRINTED		SIGNATURE		

FUSS & O'' En viro Scien	NEILL ce, uc			Final Vi	sual Inspe		n Form
Date: 10/29/15					closure ☑ Rep		Cleanup
PROJECT NAME:	Former M	eriden	Veterans	Hospital	PROJECT No.:	2012	0232.CZE
SITE LOCATION:	1 King P			BUILDING:	1968		M PASS
WORK AREA:	First Flo	00 N	w Mecha	rical Room -	East side		□ FAIL
CONTRACTOR:	AIG						
Meg Pressure	Contain.	Mini-E	nclosure 🗆	Glovebag ☑ C	Other (Describe E	Below)	□ None
MATERIALS ABAT	ED IN THIS S	PECIFIC	WORK ARE	A:		SMIN	NUMBER S
1. Debrison	ground-	QTY:	1000SF	2.		QTY:	
3. White pape	,	QTY:		4.		QTY:	
5. White pipe		QTY:		6.		QTY:	
7. whit modde		QTY:		8.		QTY:	
9. Insulation	2	QTY:		10.		QTY:	
SUSPECT ACM R		CONTA	INMENT NOT	SPECIFIED FOR	REMOVAL		FORESES:
1. White paper o		QTY:		2. White Sipe		QTY:	
3. White Mudde		QTY:		4.		QTY:	
SURFACES INSPE			MALS CONTRACTOR	SEZ SCORE S	CONTRACTOR OF THE		NAME OF TAXABLE PARTY.
Instruction	s: Check s	urfaces	s that pass.	Circle surfac	es that fail. Str	ike thre	ough N/A.
☑ Floor	☐ Horizo			Pipes			
					☑ Contractor's		
☑ Fixtures	/		/		/	Lquipii	icit
		sed itell	115 12 446	iste Load Out	El Other.		
FIELD OBSERVAT	IONS						
Asbestos		0	Mater work.	ials remo	n'n beyond	1 1	he
Work Area Clearance:	ВРСМ	[J TEM	□ Visual Onl	y □ None	Perfor	med
ACKNOWLEDGEM	ENT	H 335	and the same				34
I acknowledge the EnviroScience In		William			Illilliam Che SIGNATURE	more	ue_
I have read and Contractor's Sup		the ins		ults.	SIGNATURE		

FUSS & O' En viro Scien	NEILL nce, uc			Final Vi	sual Inspe		n Form Abatement
Date: 10/30/15	☑ Rem	oval	□ Encapsu	lation 🗆 En	closure □ Rep	oair 🛚	Cleanup
PROJECT NAME:	Former 1	Veriden	Veteras	Hospital	PROJECT No.:	2012	3232.CZE
SITE LOCATION:	1 King	Place		BUILDING:	1952		☑ PASS
WORK AREA:	Middle	ROOM	and conn	ecting hallwa	ays		□FAIL
CONTRACTOR:	AIG						
□Neg Pressure	Contain.	Mini-E	nclosure	Glovebag ☑ C	Other (Describe	Below)	□ None
MATERIALS ABA	TED IN THIS	SPECIFIC	WORK AR	EA:		Spenie.	
1. Brown 9x	9"	QTY:	1005F	2.		QTY:	
3. Checker be	sard	QTY:		4.		QTY:	
5. floor til	e	QTY:		6.		QTY:	
7.		QTY:		8.		QTY:	
9.		QTY:		10.		QTY:	
SUSPECT ACM F	REMAINING I	N CONTA	INMENT NO	SPECIFIED FOR	REMOVAL	E TOP	A POPULATION AND A STATE OF THE
1. Brown 9×9"Ch	erk ET	QTY:		2.		QTY:	
3.		QTY:		4.		QTY:	
SURFACES INSPE	CTED		100000	100 407		- OSTA	A
Instruction	ns: Check	surface	s that pass.	Circle surfac	es that fail. St	rike thr	ough N/A.
⊠ Floor	☑ Horiz	ontal Su	rfaces	Pipes	☑ Mechanical	Equipm	ent
				/	☑ Contractor's		
☑ Fixtures				aste Load Out		- 40.00	
FIELD OBSERVA							
		ng mai	terials	remain bey	good the c	urrent	
WORK AREA CLEARANCE:	₫РСМ	[□ TEM	□ Visual Onl	ly □ None	e Perfoi	rmed
ACKNOWLEDGEN	MENT	Belle					W
I acknowledge t EnviroScience I		Willia			William Ch SIGNATURE	empag	ne
I have read and Contractor's Su		Dav	spection res	sults.	SIGNATURE		

FUSS & O' En viro Scien	FUSS & O'NEILL Enviro Science, LLC Final Visual Inspection Form Asbestos Abatement							
Date: 11/2/15	☑ Rem	oval	□ Encapsu	lation 🗆 En	closure □ Rep	oair E	Cleanup	
PROJECT NAME:	Former N	leriden	Veterans	Hospital	PROJECT No.:	2012	0232	
SITE LOCATION:					1968		₽ PASS	
WORK AREA:	-		Hallway				□ FAIL	
CONTRACTOR:	AIG		3					
□Neg Pressure	□Neg Pressure Contain. □ Mini-Enclosure □ Glovebag ☑ Other (Describe Below) □ None							
MATERIALS ABA	TED IN THIS	SPECIF	C WORK ARE	A:				
1.9×9 White S	peck F.T.	QTY:	24505F	2.		QTY:		
3.		QTY:		4.		QTY:		
5.		QTY:		6.		QTY:		
7.		QTY:		8.		QTY:		
9.		QTY:		10.		QTY:		
SUSPECT ACM F	REMAINING I	N CONT	AINMENT NOT	SPECIFIED FOR	REMOVAL		Arresta	
1. 9x9 white	Sock FT	QTY:		2.		QTY:		
3.		QTY:		4.		QTY:		
SURFACES INSPE	CTED	Bioh						
Instruction	ns: Check	surface	s that pass.	Circle surfac	es that fail. St	rike thr	ough N/A.	
Floor	☑ Horiz	ontal S	urfaces 🗆	Pipes	☑ Mechanical I	Equipm	ent	
☐ Duct Work					☐ Contractor's			
□ Fixtures				aste Load Out		- 1		
FIELD OBSERVAT		004 110		aoto Eoua out		man sa	limit is in	
I IEED OBSERVA	HONG							
Asbestos	Contain	ng m	aterials	remain be	eyond the	curre	nt	
Scope 0					0			
- Seepe 0	- Call 5							
WORK AREA	Ø PCM		□ TEM	☐ Visual Onl	v □ None	Perfo	rmed	
CLEARANCE: ACKNOWLEDGEN	AFNIT							
		4 - 4 4 - 1	ali anaa	an Hein deur				
I acknowledge t						,		
EnviroScience I	Inspector: _		PRINTED	7	SIGNATURE	hanger	ne	
I have read and	I have read and understand the inspection results.							
Contractor's Supervisor: Down Robert								
PRINTED SIGNATURE								

FUSS & O'NEILL Enviro Science, uc	FUSS & O'NEILL Enviro Science, uc Final Visual Inspection Form Asbestos Abatement						
Date: 7/11/15 □ Rem	ioval □ Encapsu	ılation ☐ Enclosure ☐ Rep					
PROJECT NAME: 1 King	Place	PROJECT No.:	20120232.CZE				
SITE LOCATION: King	Place Menden Floor Hallway	BUILDING: 1928 NUTSING SC	has I PASS				
WORK AREA: First F	Floor Hallway		□ FAIL				
CONTRACTOR: AIG							
□Neg Pressure Contain. □	☐ Mini-Enclosure □	l Glovebag ☑ Other (Describe l	Below) □ None				
MATERIALS ABATED IN THIS	SPECIFIC WORK AR	EA:					
1. Plaster debris	QTY: 12005F	2.	QTY:				
3. (Skim + Rough)	QTY:	4.	QTY:				
5.	QTY:	6.	QTY:				
7.	QTY:	8.	QTY:				
9.	QTY:	10.	QTY:				
SUSPECT ACM REMAINING	N CONTAINMENT NO	T SPECIFIED FOR REMOVAL	The Control of States				
1. Plaster (SKM + Rough	QTY:	2.	QTY:				
3.	QTY:	4.	QTY:				
SURFACES INSPECTED	3.44.45.65.55.1		NOT THE RESERVE				
Instructions: Check	surfaces that pass.	Circle surfaces that fail. St	rike through N/A.				
☑ Floor ☑ Horiz							
		Decon Unit Contractor's					
	sed Items W		_qupom				
FIELD OBSERVATIONS		determinent					
TIELD OBSERVATIONS							
Aspestos contain	ing materials	remain outside o	f the				
	of work.						
COTTEN SCOPE	05 001 F						
WORK AREA	□ TEM	☐ Visual Only ☐ None	Performed				
GLEARANCE:		,	- T offormed				
ACKNOWLEDGEMENT							
I acknowledge that I inspe							
EnviroScience Inspector: _	William Change PRINTED	gre William C SIGNATURE	honpage				
I have read and understan	d the inspection res	sults.					
Contractor's Supervisor: Das Supervisor:							
PRINTED SIGNATURE							

FUSS & O' En viro Scien	NEILL nce, uc			Final Vi	sual Inspe		n Form
Date:	☑ Rem	oval	□ Encapsu	lation D En	closure	air 🔽	Cleanup
PROJECT NAME:			-				0232, CZE
SITE LOCATION:	1 King			S Hospital BUILDING:	Throughou		PASS
WORK AREA:	1 Fine	, , , ,			1 Wisching	1	Best formangelis
CONTRACTOR:	AIG						FAIL
□Neg Pressure	Contain.	Mini-E	nclosure 🗆	Glovebag □ C	Other (Describe E	Below)	☑ None
MATERIALS ABA	TED IN THIS	SPECIFI	C WORK ARE	A:	COMPANY OF THE PARTY OF THE PAR	Un all	
1. Loose 9	x9 and	QTY:	~950SF	2.		QTY:	
3. 12 ×12 F	_	QTY:		4.		QTY:	
5. of variou		QTY:		6.		QTY:	
7.		QTY:		8.		QTY:	
9.		QTY:		10.		QTY:	
SUSPECT ACM F	REMAINING II	N CONT.	AINMENT NOT	SPECIFIED FOI	R REMOVAL	100	Usal Sassa Ri
1.		QTY:		2.		QTY:	
3.		QTY:		4.		QTY:	
SURFACES INSPE	ECTED						
Instruction	ns: Check	surface	s that pass.	Circle surfac	ces that fail. Str	ike thro	ough N/A.
☑ Floor	☐ Horizo	ontal Si	urfaces 🗆	Pipes	☐ Mechanical E	quipm	ent
□ Duct Work	□ Vertic	al Surfa	aces 🗆	Decon Unit	☐ Contractor's	Equipn	nent
☐ Fixtures	□ Enclo	sed Ite	ms 🗆 Wa	aste Load Out	☐ Other:		
FIELD OBSERVAT	TIONS			A TELEPHONE			ABOVE TO BE
		110g A	wterials	remain	beyond to	e ci	men +
	f work	0			3		
Scope o	7 (301)	-					
	1						
WORK AREA CLEARANCE:	□РСМ		□ TEM	☑ Visual On	ly 🗆 None	Perfor	med
ACKNOWLEDGE	MENT		100			1110	TARRE
I acknowledge t	that I inspec	cted this	s work area	on this day.			
EnviroScience	Inspector: _		PRINTED	pagre _	Whilliam C SIGNATURE	hon	page
I have read and	understan	d the in	spection res	ults.	1	1	
Contractor's Supervisor:							
20	PRINTED SIGNATURE						

FUSS & O' En viro Scien	NEILL ice, uc			Final	Visua	I Inspec		Form
Date:	☑ Remo	oval	□ Encapsu	ation	Enclosur	e 🗆 Repa	ir 🗵	Cleanup
PROJECT NAME:	Former	Meri	iden Veter	ons Hos	pital PRO	JECT No.: 7	20120	232,CZE
SITE LOCATION:	1 King	Plac	e	BUILDING	G: 196	8		PASS
WORK AREA:	Stair	wells						□ FAIL
CONTRACTOR:	AIG							DITAIL
□Neg Pressure	Contain.	Mini-E	nclosure 🗆	Glovebag [☐ Other (Describe Be	elow)	None
MATERIALS ABA	TED IN THIS	SPECIFI	C WORK ARE	A:		TRUE		
1. 9×9" off-	white	QTY:	~2505F	2.			QTY:	
3. floor tile		QTY:		4.			QTY:	
5.		QTY:		6.			QTY:	
7.		QTY:		8.			QTY:	
9.		QTY:		10.			QTY:	
SUSPECT ACM F	REMAINING IN	CONT	AINMENT NOT	SPECIFIED	FOR REM	OVAL		
1. 949" du Fle	or tile	QTY:		2.			QTY:	
3.	110	QTY:		4.			QTY:	
SURFACES INSPE	CTED			Was Ship				
Instruction	ns: Check	surface	s that pass.	Circle sur	faces th	at fail. Strik	ce thro	ough N/A.
Floor	☐ Horizo	ontal S	urfaces 🗆	Pipes	□Ме	echanical Ed	maiur	ent
☐ Duct Work				Decon Unit		ontractor's E	100	
□ Fixtures			ms 🗆 Wa			☐ Other:	9-1	
FIELD OBSERVAT		oca no	1110 1110	ioto Lodd C	, at	D Other.		
FIELD OBSERVA	TIONS			2.2415.21				
Asbestos (Containing	mas	rerials re	main 6	seyond	the cur	rent	
Scope of		5			9			
30070	0011	1						
WORK AREA	□РСМ		□ TEM	☑ Visual	Only	□ None I	Perfor	med
CLEARANCE: ACKNOWLEDGEN	4ENT							
		tod thi	o work area	on this day				
I acknowledge t				Maria de la compa	7,,,	,. ,,		
EnviroScience I	Inspector: _	Willia	M Champo PRINTED	gre	Muli	SIGNATURE	emp	eye
I have read and	understand	d the in	spection res	ųlts.				
Contractor's Su		70	25 INK	bon,	m	~		
2011.120.010.00	75,115	LA	PRINTED	(S	SIGNATURE		



Appendix N

Waste Shipment Record



E.P.A. AGENCY

EMERGENCY CONTACT (860) 218-2428 CT, MA RI, VT, NH, ME

NY GENERATORS

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

	_				0
TK#	Ш	0	ħ	n	8
11 11 15 77		w	u-	W	C.

WASTE SHIPMENT RECORD GENERATOR/RUII DING OWNER

Job Number P.O. #	GENERALON/BOILDING OWNER
Contractor Aboutement Industries Group Address 16 Hamilton ST City West Haven State of Zip 86516 Telephone Number 203-937-9639	Address 142 Main ST City Meriden State Zip/6450 Phone Number
Date Container Del. 10-15-15 Date of Pickup 16-23-15 Type of Container 000 300 Williams	GENERATING LOCATION
VOLUME CY Non-Friable Friable P - RQ, NA2212, Asbestos, 9, PG, 111	Address / King Mace City Meriden State Zip 06487
Bag □ Drum □ T-Pack □ Wrapped □ Other □	Phone Number Phone Number Phone Number Phone Number
the state of the s	TED BAR DEU TO AK ANY ANAKAANA CISIO 19W IS NOT 9 N979100US WASIE AS DEUDE

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 hard 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.

AU	THOR	ZED	SIGN	TAI	URE
-	-	_		-	2-7-5

Transporter 1:	Name	11	Address	\triangle		Telephone #
Driver:	Signature	Agknow	Registration ledgement of receip	\ State		Date:
Transporter 2: Ki	ED Technologies Name		thwood Drive Bloo Add Registration rledgement of receip	#:37035 State	+ CX	860-218-2428 Telephone # / / S
Transfer Facility:	RED Technologic	es LLC, 203 l		ortland, CT 0648 er Date: 10 27	Index of the state of	342-1022 Telephone # # 11301113-PO

Discrepancy: Certification of transfer of materials covered by this manifest

chaz tak Transporter 3: Address Name Date: 10/27/ Registration #:

Landfill Name: Minerva Enterprises	Landfill Name:	_
Location: 9000 Minerva Rd. Waynesburg, OH 44688	Location:	
Ph: 330-866-3435 Permit #	R Ph: Permit #	

Discrepancy If Any: _

Received by:

Date: Certification of transfer of materials covered by this manifest

GENERATOR



E.P.A. AGENCY

76008

EMERGENCY CONTACT (860) 218-2428

CT, MA RI, VT, NH, ME

NY GENERATORS

GENERATORS

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# 14008

(860) 342-1022 Fax: (860) 342-1042

173 Pickering Street Portland, CT 06480

WASTE SHIPMENT RECORD

Job Number	GENERATOR/BUILDING OWNER
Contractor Amternent Industries Group	
Address 16 Hamilton ST	Address 142 Main ST
City West Paven State GY Zip 6516	City Meriden State Zip 450
Telephone Number 203-937-9659	Phone Number
Date Container Del. 16-15-15 Date of Pickup 16-23-15	GENERATING LOCATION
Type of Container OV M 30 W1	
VOLUME CY Non-Friable MUST BE IN CUBIC YARDS	Address / King Mare
Friable 4 - RQ, NA2212, Asbestos, 9, PG, 111	City yerises State Zip 06457
Bag Drum T-Pack Wrapped Other L I certify the above named material does not contain free liquid as defined by 40 C	Phone Number
by 40 CFR part 261 or any applicable state law, has been properly described, clato 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 classified, packaged, marked and labeled/placarded, and are in all respectational government regulations. AUTHORIZED SIGNATURE	are fully and accurately described above by the proper shipping name, and
Transporter 1:	The second contract of
2007년 12 중인 10 2 중인 10 2 중인 12 중인 12 중인 12 전 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	dress Telephone # tration #:Date:
Signature	State / #
Adknowledgement of	receipt of materials
Transporter 2: RED Technologies LLC, 10 Northwood Drive Name Priver: Signature Acknowledgement of	Address Telephone # tration #:Date:
Transfer Facility: RED Technologies LLC, 203 Pickering Str	reet, Portland, CT 06480 860-342-1022
	ransfer Date 0 27 5 Permit # 11301113-PO
Discrepancy:	
Certification of transfer of mate	- (24 N · P · L · 24
Driver: / https://papers	dress tration #: 229 8943 エル Date: 10/37/15
Signature / Acknowledgement of	State / # receipt of materials
Landfill Name: Minerva Enterprises	Landfill Name:
(1) 10 12 12 12 12 12 12 12 12 12 12 12 12 12	Location:
- 2 (1984년) - 1985 -	Ph: Permit #
Approximate Volume of Asbestos Received:	
Discrepancy If Any:	
Received by:	Date: 11/2/15
	rials covered by this manifest

CONTRACTOR

173 Pickering Street Portland, CT 06480

(860) 342-1022 Fax: (860) 342-1042

Received by:

E.P.A. AGENCY

76009

EMERGENCY CONTACT (860) 218-2428

CT, MA RI, VT, NH, ME

NY GENERATORS

GENERATORS

(617) 918-1111

EPA New England 1 Congress Street Boston, MA 02114-2023 EPA Region 2 290 Broadway, 26th Floor New York, NY 10007-1866 (212) 264-6770

322263

TK# 76009 WASTE SHIPM	IENT RECORD
Job Number	GENERATOR/BUILDING OWNER
Contractor Abstract Industies Group	
Address 16 Hamilton ST	Address 142 main ST
City west Haven State Cf Zip 06516	City Meridan State Zipotiso
Telephone Number	Phone Number GENERATING LOCATION
Date Container Del. 10-15-15 Date of Pickup 10-23-15 Type of Container OPen 30 11	GENERATING LOCATION
VOLUME CY Non-Friable	Address / King Place
MUST BE IN CUBIC YARDS Friable 7 - RQ, NA2212, Asbestos, 9, PG, 111	City meriden State Zight State
Bag □ Drum □ T-Pack □ Wrapped □ Other □	Phone Number
Shipper's Certification: I hereby declare that the contents of this consignment are classified, packaged, marked and labeled/placarded, and are in all respensational government regulations. AUTHORIZED SIGNATURE Transporter 1:	
Name	ddress Telephone #
Diver.	stration #:Date: State / #
Signature Acknowledgement of	of receipt of materials
Transporter 2: RED Technologies LLC, 10 Northwood Driver: Driver: Reg	ve Bloomfield, CT 06002 860-218-2428 Address Telephone # istration #: 555 2/ A CT Date: 10/23/15
Signature	State / # of receipt of materials
Transfer Facility: RED Technologies LLC, 203 Pickering S	treet, Portland, CT 06480 860-342-1022
	Transfer Date: 10 27 15 Permit # 11301113-PO
Discrepancy: Certification of transfer of ma	terials covered by this manifest
Transporter 3: West Motor treight & che	az frK) Boyer Jown, PA
Driver: Albert Property Reg	Address Telephone # Date: 19/37/15 State / #
Signature / Acknowledgement	of receipt of materials
Landfill Name: Minerva Enterprises	C Landfill Name:
Location: 9000 Minerva Rd. Waynesburg, OH 44688	H Location:
	R Ph: Permit #
Approximate Volume of Asbestos Received:	
Discrepancy If Any:	

Certification of transfer of materials covered by this manifest

Date:_



E.P.A. AGENCY

EMERGENCY CONTACT (860) 218-2428

CT, MA RI, VT, NH, ME

NY GENERATORS

GENERATORS

173 Pickering Street	GENERATORS			
Portland, CT 06480	EPA New England	EPA Region 2		
(860) 342-1022	1 Congress Street	290 Broadway, 26th F 3 New York, NY 10007-		
Fax: (860) 342-1042	Boston, MA 02114-202 (617) 918-1111	(212) 264-6770	1000	7
TK#76009	WASTE SHIP	MENT RECORD	3220	W3
Job Number <u>G75</u>	<i>D</i> 49 P.O.#	GENERATO	R/BUILDING OWNE	R
Contractor Absorption	Industrie Group			
Address 16 Ham	Ilton ST	Address / 42 . Main	S ₇	
City west Haven	_State_ <i>C4</i> Zip_ <i>065/6</i>	City Meridon	State	Zip
Telephone Number 201	5-932-4634	Phone Number		
Date Container Del. 10-15	15 Date of Pickup 16-137	45 GENE	RATING LOCATION	
Type of Container	7Pen 30 YM		<u> </u>	
	CY Non-Friable 🗓	Address	71012	
MUST BE IN CUBIC YARD Friable	os Asbestos, 9, PG, 111	City	State	Zip/
Baq □ Drum □ T-Pa		Phone Number		
3	pes not contain free liquid as defined by	1 Hono Hames	state law, is not a hazardou	s waste as defined
by 40 CFR part 261 or any applicable	e state law, has been properly described	d, classified and packaged, and is in p	proper condition for transp	ortation according
to NESHAP standards for asbestos	waste disposal found in 40 CFR part 61 clare that the contents of this consignn	.150. nent are fully and accurately describ	ed above by the proper sl	nipping name, and
are classified, packaged, marked a	nd labeled/placarded, and are in all res	spects in proper condition for transp	ort according to applicabl	e international and
national government regulations.		$\mathcal{L}_{\mathcal{O}}$		
AUTHORIZED SIGNAT	URE			
Transporter 1:				
Name		Address	보통하다 하다 하는 사람들이 보고 있다. 사람들은 다른 사람들은 다른 사람들이 되었다.	ephone #
Driver: NA	A result of the control of the contr	egistration #:State /	Date:	
	gnature Acknowledgemen	nt of receipt of materials	#	
Transportant DED Toohin	ologies LLC, 10 Northwood D	rive Bloomfield CT 06002	860-	218-2428
ransporter 2: _KED 16cm	Name	Address		ephone#
Driver: Social		egistration #: <u>555 2/ A</u>	<i>C7</i> Date: <u>/</u> C	123/15
Sig	gnature ´ Acknowledgemer	State / nt of receipt of materials	#	
			860-342-102	
Transfer Facility: RED Ted	chnologies LLC, 203 Pickering	Street, Portland, C1 00480		<u>.2 </u>
By: That willed		Transfer Date: 0 27 1	5 Permit # <u>1130</u>	
	purpose the first of the purpose	Minde Control of Contr		grandlen.
Discrepancy:	Codification of transfer of r	naterials covered by this manifest		
		Indientals covered by this marinest	a - n A	
Transporter 3: /// Name	MOTOR Freight GCD	Address	7077 P/ Tele	ephone,#
Driver: // ox	/AMTI/ RE	egistration #: 2298943	<u>エル</u> Date: <u>/ 9</u>	
Się	gnature //	State / nt of receipt of materials	#	
Landfill Name: Minerva E	화면에 보면 됐다. '보면 보다는 '보다는 '보다' 보고 있는 사람들이 모든 모든 '보다' 보다 보다.	Landfill Name:		
Location: 9000 Minerva I	Rd. Waynesburg, OH 44688	H Location:		
Ph: 330-866-3435	_ Permit #	R Ph:	Permit #	
Approximate Volume of Asbe	stos Received:			
Discrepancy If Any:				
Received by:	7.7		Date: ///2/15	3
	Certification of transfer of r	naterials 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.



CS/C 049

173 Pickering Street

Portland, CT 06480

Fax: (860) 342-1042

(860) 342-1022

E.P.A. AGENCY

76012

EMERGENCY CONTACT (860) 218-2428

CT, MA RI, VT, NH, ME

NY GENERATORS

GENERATORS

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

GENERATOR/BUILDING OWNER

TK#

WASTE SHIPMENT RECORD

Job Number	GENERATOR/	BUILDING OWNER
Contractor Abatement Industries Grow	P .	
Address 16 Hamilton ST	Address 142 Main	ST
City <u>Nest Haven</u> State of Zip <u>0651</u> Telephone Number <u>703-932-9639</u>	City Meriden Phone Number	c ^{State} Zip06450
Date Container Del. 10-21-15 Date of Pickup	GENERA	TING LOCATION
VOLUME 40 CY Non-Friable A	Address / Kina	Place
Friable P RQ, NA2212, Asbestos, 9, PG, 111	City Meriden	State Zip 06451
Bag	T (IOIIO I CAITIZO)	
by 40 CFR part 261 or any applicable state law, has been properly described to NESHAP standards for asbestos waste disposal found in 40 CFR part Shipper's Certification: I hereby declare that the contents of this consignare classified, packaged, marked and labeled/placarded, and are in all national government regulations. AUTHORIZED SIGNATURE	61.150. Inment are fully and accurately described :	above by the proper shipping name, and
Transporter 1:		T-lankons #
Name Driver:	Address Registration #:	Telephone # Date:
Signature	State / # ent of receipt of materials	
Transporter 2: RED Technologies LLC, 10 Northwood		860-218-2428
Name	Address	Telephone #
	Registration #:State / #	Date:
Signature Acknowledgem	ent of receipt of materials	
Transfer Facility: RED Technologies LLC, 203 Pickerin	ng Street, Portland, CT 06480	860-342-1022
By:	Transfer Date:	Telephone # Permit # 11301113-PO
Discrenancy	of materials covered by this manifest	<u> </u>
	That on the second seco	
Transporter 3:Name	Address	Telephone #
Driver:	Registration #:State / #	Date:
Signature Acknowledgem	State / # nent 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 R Ph:	Permit #
Approximate Volume of Ashastas Resolved		