

11. Consultants' Job Documentation:

- Daily checklists for work environment and/or conditions, with
Commentary of unusual or noteworthy activities)..... Attach B
- Air monitoring data sheets showing location, date, type, and number
samples collected and analyzed, indicate square footage
and conformance to Appendix A, CMR 763.90(i) (2) (ii).. Attach A
- Name and title of person performing analysis..... Attach A
- Name and title of person performing final visual
inspection and their certification..... Attach D

12. Checklist completed by: Mark Jones Date: 12-5-01

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1. INTRODUCTION

Hub Testing Laboratories, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of asbestos containing materials in the Green Leaf Elementary School, 58 Chadwich St., Bradford, MA, 01843. The asbestos abatement was performed by Abatement Control Services, Inc., 2 Industrial Way, Salem, New Hampshire, 03079. The project was conducted on Saturday, October 27th. The project consisted of the removal of floor tile and associated mastic. A field laboratory was set up on site to analyze the air samples and to provide the turn around time required by the job.

2. SUMMARY REPORT

Abatement Control Services (ACS) arrived on-site Saturday October 27, 2001 and began to set up containment on the 2nd floor stair landing at the playground side of the Green Leaf School. Baseline sampling was performed before ACS started building containment. The abatement consisted of the removal of approximately 25 square feet of floor tile and associated mastic. The tile was located at the top landing. The entire landing was contained within a small chamber. The chamber was built of two layers of 6 mil polyethylene sheeting. A single chamber change room was built adjacent to the containment and utilized as a change chamber while the contractor used the double suit method. The containment was put under negative pressure by the use of a high efficiency particulate air (HEPA) filter equipped negative air machine.

As the containment was completed, the Project Monitor proceeded to inspect the construction and set-up of the work areas. When the layout of the work area, water and electrical connections, decontamination units, negative air pressure and manpower were found to be in compliance with both the specification and the regulations, ACS was given authorization to commence with the abatement.

All materials that were removed were thoroughly wetted with amended water and

immediately bagged. An additional amount of water was added to every bag to insure the materials would stay wet. All labeled asbestos waste bags were removed from the containment through the decontamination unit and loaded into a lined truck for transport and subsequent disposal. When the area was cleaned of all waste bags and extraneous equipment, and the entire containment had been wiped down the contractor requested a final visual inspection. The final clearance inspection was made in compliance with the regulations and the criterion of no visible debris was used. Any deficiencies observed were pointed out to the supervisor as the inspection progressed and remedied following the inspection. Upon successful completion of the final visual inspection, final aggressive PCM clearance samples were collected. The PCM samples revealed that the air was below clearance levels established by the Commonwealth of Massachusetts and the AHERA regulation and ACS was notified to return and complete breakdown of the containment. The same procedures were followed when inspecting and clearing the decontamination chamber.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the National Institute of Occupational Safety and Health/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were re-checked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped, sealed with tape and labeled. Pump identification, sample location, and calibration data are included in Attachment A.

4. LABORATORY ANALYSIS

The air samples were examined using Phase Contrast Microscopy (PCM) per the

National Institute of Occupational Safety and Health (NIOSH), asbestos and other fibers method 7400. This technique enhances the contrast of the optical system allowing detection and measurement of small particles. Polarized Light Methods, used for analysis of asbestiform, however are not simultaneously compatible with PCM methods, and hence, only morphological properties can be used to identify particles with phase contrast illumination. Accordingly, analysis done by this method can eliminate some materials from being "suspect" but will not permit others, usually smaller, particles from being removed from this "suspect" category.

More specifically it consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion using PCM. This procedure defines a fiber as any particle greater than 0.005 mm (5 microns) in length and having an aspect ratio (length to width) of three to one or greater.

This procedure includes all fibers regardless of their nature. Accordingly, in the reports included, the results are given as total count of fibers per cubic centimeter (cc) of air per NIOSH method.

5. STEPS TAKEN TO PROTECT OCCUPANTS

Trades persons working in the building were protected from exposure to asbestos fibers by the following methods.

5.1 BARRIER CONSTRUCTION

Construction of critical barriers separating the work areas from other inhabited areas. The barriers were constructed of two layers of 6-mil thickness of polyethylene plastic sheeting on all openings to the work area.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a daily basis to

detect fiber penetration in the event of a containment failure. Analytical results can be found in Appendix A.

5.3 WORKING IN WET CONDITIONS

At all times, water was used to wet the asbestos containing materials inside the work area to minimize airborne fiber level concentrations.

5.4 FINAL INSPECTION

The work areas were inspected for visible residue after final cleaning of all surfaces. When residue was encountered the contractor re-cleaned until the hygienist was satisfied that the area was clean and complied with regulatory criteria of no visible debris.

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

The following steps were taken to prevent the release of airborne asbestos fibers outside the building and to ensure proper disposal of asbestos waste:

Construction of a plastic sheet barrier, reinforced at openings, and two layers of 6-mil plastic sheeting covered the walls and critical barriers. This allowed for removal to be performed without contaminating the environment beyond the barriers.

The containment was maintained as a negative pressure environment by means of HEPA (High Efficiency Particular Air) filtration units exhausted to the outside. Removal of asbestos and contaminated items in 6-mil labeled disposable bags (double bagged) were placed in a waste trailer and removed from the site to an approved landfill.

7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of the removal process in the containment. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible, friable debris was found in the work area.

Air monitoring was conducted throughout the project.

8. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" is an important part of the job documentation and should be mailed to the owner within 45 days of project completion.

GREENLEAF
ELEMENTARY SCHOOL

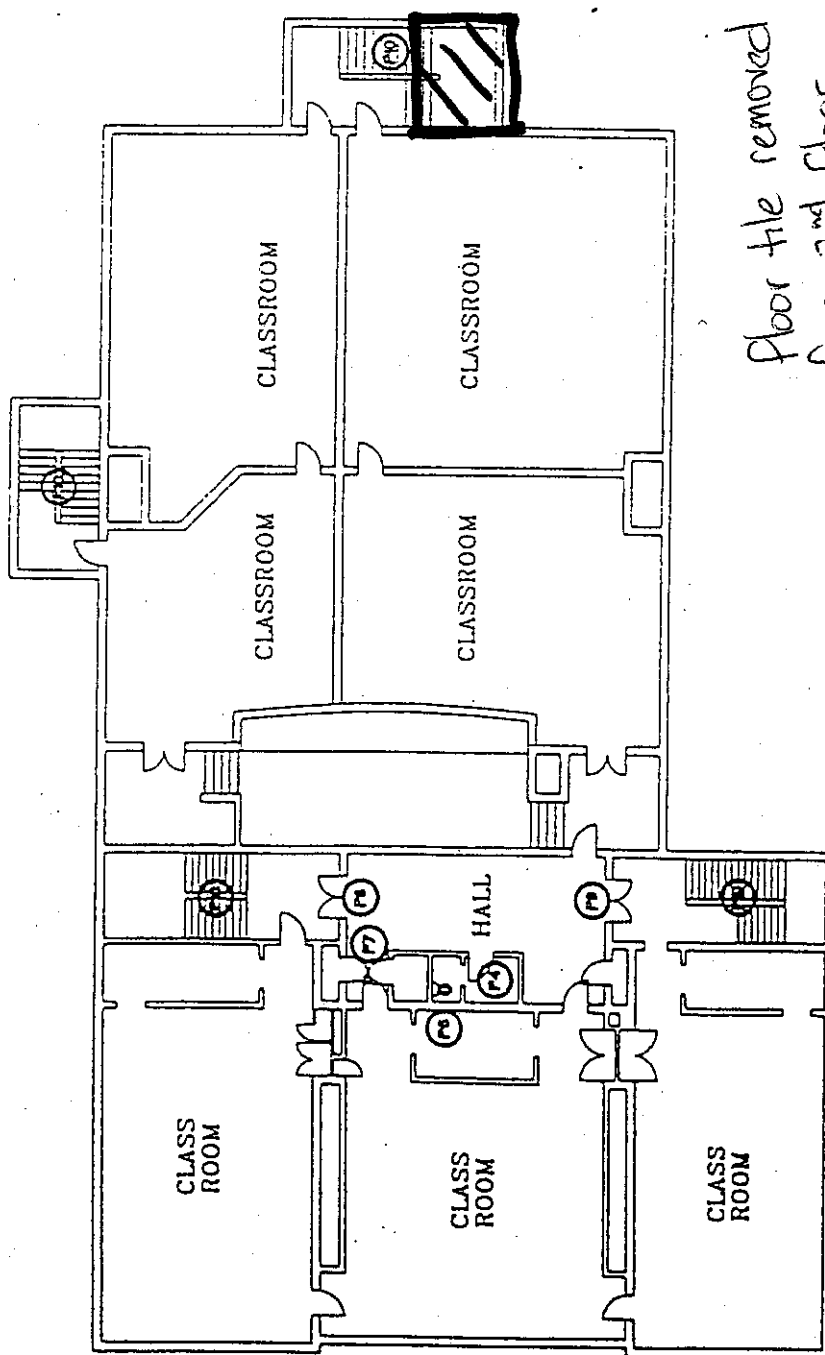
SECOND FLOOR PLAN

Program Access:

- P4 Initial new 3-stop elevator for access to each floor
Best location to be determined by Architect
- P6 Upgrade existing rest room to meet ADA code
- P7 Redesign areas to allow for 36" clearance on pull side of door
- P8 Upgrade existing drinking fountain to meet ADA code
- P10 Upgrade all handles and posting on existing stairs to meet ADA requirements

Building Access:

Name as Program Access



Floor tile removed
from 2nd floor
landing

Attachment A

Air Monitoring Results

HUB TESTING LABORATORY, INC.

Environmental Testing Service



95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

13984

DAILY AIR MONITORING DATA SHEET

Report For: Haverhill Schools
Contractor: Abatement
Abatement Control Services
Date: 10-27-01
Work Area: Greenleaf
Type of Sampling: abatement

PUMP NUMBER	22	2-3	2-3A	2-3B	GA2	2-3	12	24			
CALIB. METHOD	roto R6	roto R6	roto R6	roto R6	roto R6	roto R6	roto R6	roto R6			
PRE-CALIB.	10.3	10.3	8.8	8.8	10.3	10.3	10.3	10.3			
POST-CALIB.	10.3	10.3	8.8	8.8							
AVG. FLOW											

BLDG. Greenleaf Sch. FLOOR 2nd WING _____

SAMPLE I.D	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBERS	F/cc	F/mm2
G-1B	stairway	22	7:16	8:44	88	906.4	74	.039	
G-2B	classroom @ top	2-3	7:20	8:45	85	875.5	46	.025	
G-3D	stairway, during	22	9:00	11:50	170	1751	25.5	.007	
G-4D	inside during	2-3A	9:06	11:58	172	1513.6	28	.008	
G-5D	classroom @ top, during	2-3B	9:06	11:58	172	1513.6	14	.004	
G-6F	Inside - final	22	11:56	2:07	131	1349.3	15	.005	
G-7F		12	11:56	2:07	131	1349.3	12	.004	
G-8F		24	11:56	2:07	131	1349.3	11	.004	
G-9F		GA3	12:03	2:03	124	1277.2	10	.004	
G-10F		2-3	12:03	2:03	124	1277.2	11	.004	

Project Monitors Signature

[Signature]

Date 10-27-01

Technicians Signature

Date

Attachment B

Daily Monitoring Checklist

HUB TESTING LABORATORIES, INC.

Consulting and Testing Services

95 Beaver Street, Waltham, MA 02453 (781) 893-8330 Fax (781) 893-4414

Report For: Haverhill Public Sch.

Project: Greenleaf School, Floortile top stair landing @ playground side

Contractor: Abatement Services Control Services

Activity: abatement, floor tile and mastic

Date: 10-27-01

CHECKLIST

- | | | <u>Adequate</u> | <u>Deficient</u> |
|-----|---|--|--------------------------|
| 1. | Contractor's Personnel: # <u>4</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Signs: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Barriers: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Decontamination Facility Condition: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Housekeeping Inside and Outside: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | Entry and Exit Procedures Followed: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | HEPA Exhaust Operating: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Differential Pressure: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. | Work Procedures Followed: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Respiratory Protection Used: Type <u>1/2 face neg</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Copy of Contractor's Air Sampling Reports: | Received <input type="checkbox"/> Not Received <input checked="" type="checkbox"/> | |
| 12. | Copy of Contractor's Daily Logs: | Received <input type="checkbox"/> Not Received <input checked="" type="checkbox"/> | |
| 13. | Signs of Heat Stress | Present <input type="checkbox"/> Not Present <input checked="" type="checkbox"/> | |
| 14. | Unusual occurrences <u>Contractor started to use broom.</u> | | |
| 15. | Action Taken <u>told them they couldn't use broom + brought HEPA vac into containment</u> | | |
| 16. | Bag Out: # Of Bags - Barrels - Pieces (Describe) Per Day | | |
| 17. | Daily Air Sampling Results: | | |

<u>Sample I. D.</u>	<u>Location</u>	<u>Fibers/cc</u>

Or See "Daily Air Monitoring Data Sheet"

TECHNICIAN: Shawn B. G. LOG IN: 7:00 LOG OUT: 3:45

Attachment C

Pre-Abatement Inspection



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Greenleaf School WORK AREA DESCRIPTION: 2nd floor stair
landing, Play ground side of bldg

DEMOLITION REQUIRED (describe) (*):

No

MATERIAL TO BE ABATED (describe, give quantities)

floor tile on paper, some residual mastic ~50#

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 1

CRITICAL BARRIERS IN PLACE:

Windows N/A Doors YES HVAC Vents N/A Electrical Switches N/A
Electrical Outlets N/A Other ceiling

ALL MOVABLE EQUIPMENT OUT OF AREA

YES ☒

NO

ALL NON MOVABLE EQUIPMENT WRAPPED (*)

N/A

DECONTAMINATION FACILITIES (*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER

TWO CHAMBER EDF WITH WATER IN WASH CHAMBER

Single chamber change rm
w/ ~~double~~ double suit

Handwritten signature: Anna B. [unclear]

10/27/01

Attachment D

Final Clearance Documentation

HUB TESTING LABORATORY, INC.

Environmental Testing Service



95 Beaver Street - Waltham, MA 02453
(781) 893-8330 (781) 893-4414 (fax)

FINAL CLEARANCE FORM

WORK AREA I.D. Greenleaf School, 2nd Fl. Stairlanding

CONTRACTOR Abatement Control Services

VISIBLE DEBRIS NOTED ON:

YES

NO

1. FLOORS
2. WALLS
3. CEILINGS
4. PIPES
5. ELBOW FITTINGS
6. DUCTS
7. HORIZONTAL SURFACES
8. EQUIPMENT

		✓
		✓
		✓
	N/A	
	N/A	
	N/A	
		✓
	N/A	

LOCKDOWN ENCAPSULANT APPLIED ✓

SAMPLES COLLECTED USING AGGRESSIVE METHODS ✓

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT ✓

DATE SAMPLING PUMPS CALIBRATED 10-27-01

FINAL AIR SAMPLE RESULTS .005 .004 .004 .004 .004

FINAL AIR SAMPLES - PASS ✓

FINAL AIR SAMPLES - FAIL

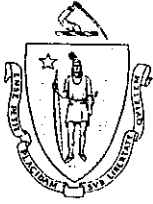
CONTRACTOR NOTIFIED verbal

MONITOR'S SIGNATURE *Alexander* DATE 10-27-01

Attachment E

Laboratory Documentation/MA License and Certificate

Control No: 10515



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor and Workforce Development
Division of Occupational Safety

399 Washington Street, 5th Floor, Boston, Massachusetts 02108

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

HUB TESTING LABORATORY, INC.
95 BEAVER STREET
WALTHAM MA 02154-

LICENSE AA000013

EXPIRES May 29 2001

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.08 THIS CERTIFICATE IS ISSUED
BY THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT, DIVISION OF
OCCUPATIONAL SAFETY TO PROVIDE THE ASBESTOS ANALYTICAL SERVICES
SPECIFICALLY LISTED BELOW:

CLASS A CERTIFICATE
CLASS C CERTIFICATE


Robert J. Prezioso, Deputy Director

MCI-1/97

Commonwealth of Massachusetts

Division of Occupational Safety

Robert J. Prezioso, Deputy Director

Asbestos Project Monitor

SUSAN BOYLE

Exp. Date 06/06/2001

Exp. Date 06/05/2002

AM 33281

Member of C.O.N.E.S.

HV 003280



HV-REN

**INSTITUTE FOR
ENVIRONMENTAL EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887

(978) 658-5272

IEE

IEE

This is to certify that

Susan Boyle

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

Asbestos Project Monitor Refresher

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

May 24, 2001

Course Dates

Course Location

Institute for Environmental Education

16 Upton Drive

Wilmington, MA 01887

May 24, 2002

Expiration Date

May 24, 2001

Examination Date

0134731743599

Certificate Number

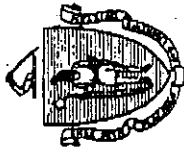


President/Director of Training

Attachment F

Contractor Documentation/MA License

Control No: **12266**



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor and Workforce Development

Division of Occupational Safety

399 Washington Street, 5th Floor, Boston, Massachusetts 02108

ASBESTOS CONTRACTOR LICENSE

A.C.S. ENVIRONMENTAL SERVICES, INC.
2 INDUSTRIAL WAY
SALEM NH 03079

LICENSE: AC000362

EXPIRES: Saturday, July 06, 2002

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING
INTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.


Robert J. Prezioso, Deputy Director



Commonwealth of Massachusetts
Asbestos Notification Form — ANF-001

A Asbestos Abatement Description

1. Facility location:

GREENLEAF SCHOOL 58 CHADWICK STR
BRADFORD MA 01835 978-374-3487
Surface Telephone

...inside...
What is the building's use? Building name, if any, date, room

2. Is the facility occupied? ☒ Yes ☐ No

3. Asbestos Contractor:

ABATEMENT CONTROL SERVICES, INC. 2 INDUSTRIAL
SALEM, NH 03079 603-89
City/State Zip Telephone
ACC000362 WRITTEN
Site Number Contact Type (under verbal)

4. On-Site Project Supervisor/Foreman:

CHRIS DEMONICO AS33137
Name DLI Certification #

5. Project Monitor:

HUB TESTING LABORATORY INC. 0013
Name DLI Certification #

6. Asbestos Analytical Lab:

HUB TESTING LABORATORY, INC. 0013
Name 10-27-01 10/27/01 DLI Certification #

7. Project start date 10-28-91 and end date 10-30-91 Specific work hours (Mon.-Fri.) 7-3

8. What type of project is this? (circle one): demolition repair asbestos removal other

9. Describe the asbestos abatement procedures to be used (circle): glove bag enclosure full containment
encapsulation bagged area other (specify)

10. Is the job being conducted? ☒ indoors ☐ outdoors?

11. Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (link surfaces (square ft.) 25 or other
to be removed, enclosed or encapsulated:
link/square feet

Coat, wrapping, dust, and surface coatings	_____	Normal, solid core pipe insulation	_____
Asphalt or bitumen pipe joint sealant	_____	Insulating cement	_____
Asbestos floor coating	_____	Acoustic/thermal coatings	_____
Paint, mortar, grout	_____	Vitreous board, wall board	_____
Other (please describe)	25		

12. Describe the decontamination system(s) to be used:
MASTIC FLOOR TILES
MINI-CONTAINMENT

13. Describe the control/containment/isolation methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(b)
Wet removal into 6 mil Poly Asbestos Labeled Bag

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency

Name of DEP Official Title
Date of Authorization Agency #
Name of DLI Official Title
Date of Authorization Agency #

15. Do prevailing wage rates apply as per M.G.L. c. 149, § 26, 27, or 27A-F to this project? ☐ Yes ☒ No

INSTRUCTIONS
1. All sections of this form must be completed in order to comply with the requirements of the Emergency Response Act. Provisions for asbestos removal are at 310 CMR 7.16. For asbestos abatement, the project description is required of any abatement project, and the Department of Labor and Industries notification requirements at 453 CMR 6.12. (See also project description & required of ANF) completed project must also be at least 10-001-001.

2. Submit Original Form To: Commonwealth of Massachusetts, Department of Labor and Industries, 700 N. STATE ST., 1ST FLOOR, BOSTON, MA 02113-0001

3. This form may be used for notifying the U.S. Environmental Protection Agency Region I of asbestos removal/abatement operations subject to 40 CFR 101.11 (40 CFR Support II).

For Reporting the
Asbestos
Removal
Project
Name
Address
City
State
Zip
Project Description
Contact Name
Contact Title

EMPT
2778

ABATEMENT CONTROL SERVICES, INC.
ENVIRONMENTAL/DEMOLITION CONTRACTORS

RESIDENTIAL / COMMERCIAL / INDUSTRIAL

DAILY TIME LOG

TO BE COMPLETED DAILY BY EACH PROJECT SUPERVISOR/JOB FORMAN FOR ALL ASSIGNED WORKERS

For (today's date) : SATURDAY OCTOBER 27TH 2001

{ day of week }

month/ date/ year

ENTER Job # 81035 Rate: _____ Resi: X Shop: _____
(please check which job)

JOB NAME: GREEN LEAF SCHOOL

56 CHADWICH STREET BRADFORD, MA 01843 RON # 1978-374-3487

(One DAILY TIME LOG is to be filed separately for EACH job / project)

TOTAL HOURS WORKED TODAY
By employee on THIS job / project

EMPLOYEE'S FULLNAME:

[illegible]

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director



Asbestos Supervisor

CHRISTOPHER DEMONACO

Eff. Date 03/14/2001

Exp. Date 03/13/2002

AS 33137

Member of CONES.

HV 003136



**INSTITUTE FOR
ENVIRONMENTAL EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887

(978) 658-5272

IEE

IEE

This is to certify that

Christopher Demonaco

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

Asbestos Contractor/Supervisor

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

March 13, 2001

Examination Date

0133841011656

Certificate Number

March 7, 8, 9, 12, 13, 2001

Course Dates

Course Location

Institute for Environmental Education

16 Upton Drive

Wilmington, MA 01887

March 13, 2002

Expiration Date



President/Director of Training

Salem Family Practice

At Salem Walk-In

QUALITY HEALTH CARE FOR THE ENTIRE FAMILY

7 Stiles Road
Salem, N.H. 03079

TEL (603) 898-4000
FAX (603) 894-6591

Bart N. Quirinale, MD.

William B. Feldmann, MD.

Name: Christopher Demonaco

Company: Abatement

DOB: 7/21/63

Date of Exam: 3-28-01

SS# 016589284

Clinical Evaluation: (to be completed by Physician)

HGT 68 1/2" WGT 175 B/P 122/84 Pulse 80

Area	WNL	ABN	Not Done	Describe ABN findings
1. Head & Neck	✓			
2. Eyes	✓			
3. Ears	✓			
4. Hearing	✓			
5. Nose	✓			
6. Mouth	✓			
7. Throat	✓			
8. Teeth	✓			
9. Chest&Lungs	✓			
10. Heart	✓			
11. Abdomen	✓			
12. Hernia	✓			
13. Genitalia	✓			
14. Anus&Rectum			✓	
Prostrate				
15. Arms	✓			
16. Hands	✓			
17. Legs	✓			
18. Feet	✓			
19. Skin	✓			
20. Lymph Nodes	✓			
21. Emotional Status	✓			
22. Neurological	✓			

General State of Health: Excellent ___ Good ___ Fair ___ Poor ___

✓ Employable without restrictions pending normal test results

Chest X-Ray 3/28/01

Employable with the following Restrictions

Spirometry 3/28/01

B/P

122/84

Not recommended for the job for the following reasons:

COMMENTS:

Smoker

Based on the results of your tests we conclude that you CAN wear respirator devices without limitations.

SALEM FAMILY PRACTICE
7 STILES ROAD, SALEM, NH 03079

Physician Signature

PHYSICIAN'S WRITTEN OPINION

TO: Christopher Demonaco
(Individual's Name)

FROM: Examining Physician: DR Anthony Zwaan

DATE: 3-28-01

SUBJECT: Physician's Written Opinion

In accordance with the requirements of Section (m)(4)(i) of the OSHA Asbestos Standard, 29 CFR 1926.1101, the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify that on this date 3-28-01, and in accordance with the OSHA Asbestos Standard, 29 CFR 1926.1101 (m)(1), (2), (3) and (4), I have examined this individual Christopher Demonaco with Social Security Number 011-589284;
2. Based on my findings, I have determined this individual may ~~not~~ use a respiratory device while performing his/her required employment services;
3. The results of my examination have not ☒ have () detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; except for history of smoking
4. In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos; and
5. I have informed the above named individual of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments: Advised. Re Zwaan given

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

Signed: [Signature]

(Examining Physician)

NORTHEAST ENVIRONMENTAL LABS

10 WACHUSETT AVE. LAWRENCE, MA 01841 (978) 794-9572

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 4-9-2001

Company: ABATEMENT CONTROL SVC.

Worker Name: Chris Demarico

Soc. Sec#: 016 58-9284

FIT TEST: Qualitative: _____ Quantitative: _____ Model: NORTH Size Tested: L

SEAL INTERFERENCE:

NO

YES

FACIAL HAIR.....

☒

Type of Interference.....

HAIR.....

☒

GLASSES/CONTACTS.....

☒

DENTURES.....

☒

FACIAL STRUCTURE PROBLEM.....

☒

CORRECT DONNING.....

☒

LEAKAGE.....

☒

If Yes Where: _____

EXERCISES:

PROBLEMS:

NO

YES

NORMAL BREATHING.....

☒

DEEP BREATHING.....

☒

TURN HEAD SIDE TO SIDE.....

☒

NODDING HEAD UP AND DOWN.....

☒

GRIMACING.....

☒

TALKING (RAINBOW PASSAGE).....

☒

BEND OVER AND MOVE HEAD.....

☒

RUNNING IN PLACE.....

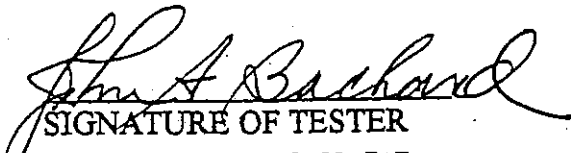
☒

NORMAL BREATHING.....

☒

COMFORT ASSESMENT: OK

RESULTS: _____


SIGNATURE OF TESTER
RAINBOW PASSAGE: PASS FAIL


SIGNATURE OF WEARER

7431319

NAME OF COMPANY Abatement

RESPIRATOR CLEARANCE LETTER

Name of Employee: Demonaco, Christopher

Type of Respirator to be used:

Frequency of use:

Pulmonary Function Test Date: 3-28-01

Physician's Statement - select one:

☒

No restrictions on respirator use.

☐

Some restrictions on respirator use. Describe below.

☐

No respirator use under any circumstances.

☐

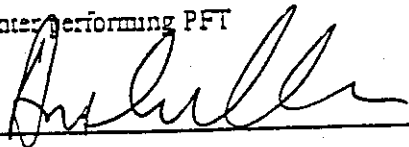
Other:

Comments:

SALEM FAMILY PRACTICE ASSOC.
7 STILES ROAD
SALEM NH 03079

Name of Health Center performing PFT

Signature of Physician



date of test

date

3-28-01

3/28/01



LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

Luis Lopez

has successfully completed the 8-hour course

Asbestos Refresher for Workers - Spanish

pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AR0401-21-LL0234

Certificate Number

APR 21, 2001

Dates of Training

APR 21, 2001

Date of Examination

APR 21, 2002

Expiration Date

Francisco Tolano

President/Director of Training

LAWRENCE WALK IN MEDICAL CENTER

Neville Navarantum, M.D.
100 Franklin Street
Lawrence, MA 01840
(978) 682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Lopez Luis S.S.# 02-76-0234
DATE OF EXAM: April 23rd Two thousand one

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (CFR 1910, 1001 and 1926.58). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS WITH "B" READING RESULT: Normal ☒ Abnormal ☐

Next indicated in 20 _____
PULMONARY FUNCTION TEST RESULTS: Normal ☐ Abnormal ☐

COMMENTS: _____

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure: _____

The following limitations on personal protective equipment, including respirators are indicated:
(☒) None: The patient is medically qualified to wear all personal protection equipment.

(☐) Patient Limitations: _____

The employee has been informed of the results of the medical examination, both with regard to occupational and general medical conditions. The employee has been educated about increased risk of lung cancer in smokers and advised regarding smoking cessation if indicated in accordance with the Standard, finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also, in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician

R.L.N. NAVARATNAM, M.D.
LAWRENCE WALK-IN MEDICAL CENTER
100 FRANKLIN STREET
LAWRENCE, MA 01840

Signature

R.L.N. Navarantum

Center

(978) 682-8343
Phone #

LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841
Telephone (978) 689-7370

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

FIT TEST (PRUEVA DE AJUSTE DEL RESPIRADOR)

The following is a checklist must be completed for each employee required to wear a negative pressure respirator every year this form is required on all Asbestos or Lead job sites.

I CERTIFY THAT ON THE DATE BELOW I WAS FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

I FURTHER CERTIFY THAT I UNDERSTAND THE TRAINING PROVIDED TO ME AND KNOW THAT THE USE OF A RESPIRATOR UNDER CONDITIONS CONTRARY TO THOSE OUTLINED AS APPROPRIATE IN THE TRAINING AND FIT TEST SESSION MAY NOT PROVIDE ADEQUATE PROTECTION.

Employee/Subcontractor Signature: Lui Lam

Qualified Person Signature: Bartolomey

Date: 04/2/01

1. Challenge substance: (Circle one) Irritant Smoke, Banana Oil, Saccharin

2. Fit Check Procedures:

- a. Negative Pressure Check
- b. Positive Pressure Check

Pass/Fail

Pass/Fail

3. Testing Procedure:

- a. Normal Breathing
- b. Deep Breathing
- c. Turn head from side to side
- d. Nod head up and down
- e. Talking and/or counting backwards from 100
- f. Jogging in place
- g. Bend over and touch toes
- h. Grimace and frown
- i. Repeat Rainbow Passage
- j. Breathe normally

Reaction:

4. Overall Evaluation: Pass / Fail

5. Respirator Approvals:

Manufacture

Approval #

Type

Size

Mack

Face

42

PIROMETRY REPORT
3100 SW Rev: J-J

TEST DATE: 04/23/01
TIME: 09:40 AM

Patient Name: LOPEZ Luis
Patient ID: 027760234 Age: 43 Height (in): 66 Weight (lbs): 220
Spirometric Pressure (mmHg): 760 Temp (deg F): 40 BTPS Correction: 1.183

PreMed Time: 09:41 AM Sex: Male Race Correction: 85% Smoker: Yes
Sensor: FS200 Insp Code: None

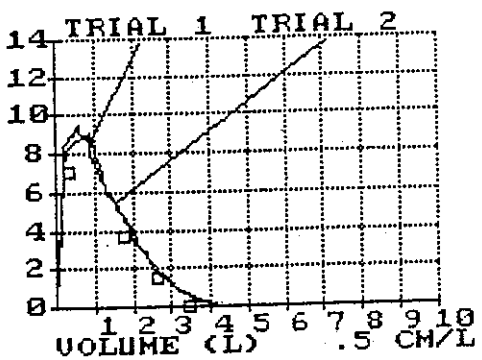
TEST DATA - Clinical Format

Measurement	PreMed QC	Pred	%Pred
FVC (L)	4.17 D	3.47	120%
FEV1 (L)	3.23 A	2.87	113%
FEV1 (%)	77.45	83.28	93%
EF25%-75% (L/S)	2.71	3.08	88%
EF (L/S)	9.52	7.02	136%
EV3 (L)	4.01	3.39	118%
ET (S)	4.12		

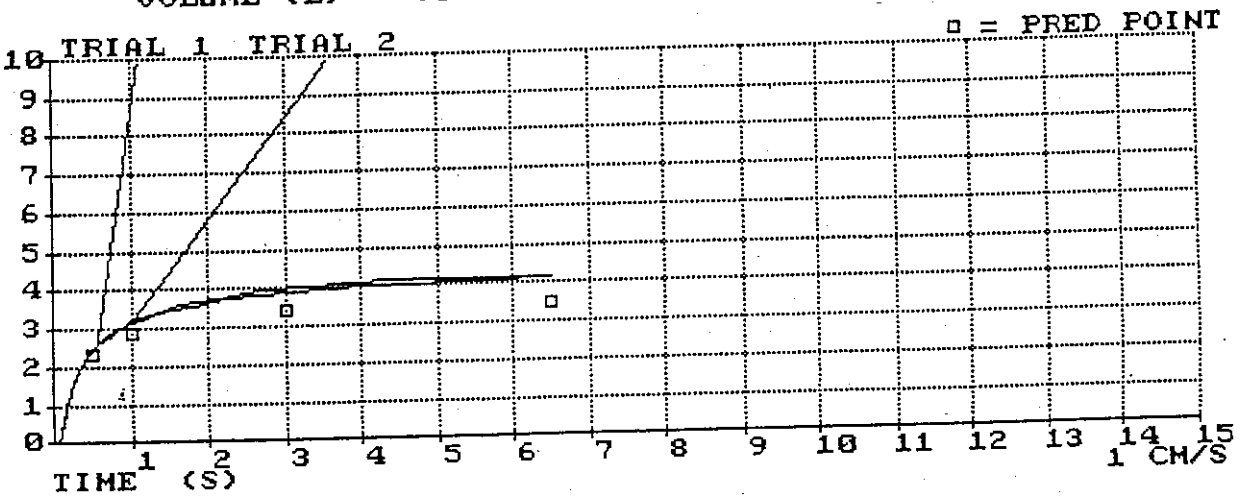
PostMed QC %Pred %Change
Knudson 83 Adult Predicted Normals

Variability: PreMed: FVC = 1.2%(50ml) FEV1 = 0.9%(30ml) PEF = 4.9%

PREMED
= PRED
POINT
FLOW
(L/S)
25 CM/L/S



PREMED
VOLUME
(L)
1.5 CM/L



Interpretations:
Lung Age: 43 years
PREMED: Testing indicates normal spirometry.
Comments:

R.L.N. Navaratnam
April 23rd Two thousand

R.L.N. NAVARATNAM, M.D.
LAWRENCE WALK-IN MEDICAL CENTER
100 FRANKLIN STREET
LAWRENCE, MA 01840

APR 23 2001

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director

Asbestos Worker

DANIEL A GALICIA

Eff. Date 05/09/2001

Exp. Date 05/08/2002

AW 32133

Member of C.O.N.E.S.

HV 002132



HVRN

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director

Asbestos Worker

VICTOR LOPEZ

Eff. Date 08/27/01

Exp. Date 08/26/02

AW054140

Member of C.O.N.E.S.

BO

02



BOSTON-RENEW

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director

Asbestos Worker

LUIS A. LOPEZ

Eff. Date 06/20/2001

Exp. Date 06/22/2002

AW 30666

Member of C.O.N.E.S.

HV 000666



HVRN

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director

Asbestos Supervisor

CHRISTOPHER DEMONACO

Eff. Date 03/14/2001

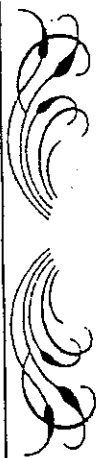
Exp. Date 03/13/2002

AS 33137

Member of C.O.N.E.S.

HV 003136





LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

Victor Lopez

has successfully completed the 8-hour course

Asbestos Refresher for Workers - Spanish

pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AR0801-25-VL3922

Certificate Number

AUG 25, 2001

Dates of Training

AUG 25, 2001

Date of Examination

AUG 25, 2002

Expiration Date

Therese Tolson

President/Director of Training

☐ 27 Charles Street
 North Andover, MA 01845
 (978) 685-2900
 Fax (978) 685-9567

Company

Form APE 5/89

Valley Regional Occupational Health Services

☐ 61 Main Street
 Stoneham, MA 02180
 (781) 438-9600
 Fax (781) 438-9603

☐ 27 Charles Street
 North Andover, MA 01845
 (978) 685-2900
 Fax (978) 685-9567

PHYSICAL EXAMINATION

NAME Victor Lopez SOCIAL SECURITY NUMBER 441-09-3922 COMPANY _____
 HEIGHT 5' 11" WEIGHT 287 1/4 BLOOD PRESSURE 138/92 PULSE 68
 VISION without glasses with glasses COLOR VISION Knows Solid colors HEARING R WNL
 far R 20/50 L 20/20 R _____ L _____ PERIPHERAL VISION L WNL
 near R 20/30 L 20/20 R _____ L _____ R 85 L 85

Instructions: Place an "X" in the appropriate box. Comment on abnormal findings.

GENERAL	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
SKIN	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
LYMPH	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
HEENT	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
NECK	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
BREAST	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
LUNGS	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
HEART	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
ABDOMEN	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
BACK	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
EXTREMITIES	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>	Tinels <input checked="" type="checkbox"/>	Phalens <input checked="" type="checkbox"/>
GENITAL	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		
RECTAL	Normal <input type="checkbox"/> <u>NA</u>	Abnormal <input type="checkbox"/>		
NEUROLOGIC	Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>		

IMPRESSION

good

URINALYSIS

GLUCOSE neg
 ALBUMIN neg

Specific Recommendations/Limitations _____

Signature of Examining Physician

Wm Wheel MD

Date 8-24-01

Print Name of Examining Physician

Eric M. Wheel MD

PROMETRY REPORT
00 SW Rev: J-J

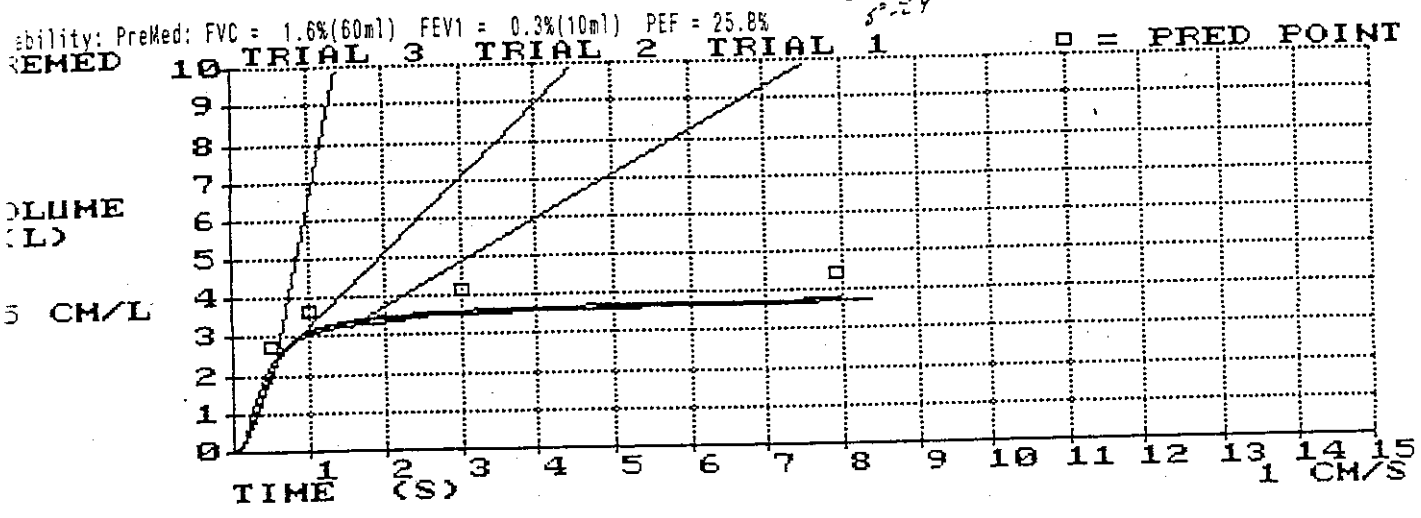
TEST DATE: 08/24/01
TIME: 10:24

Pat Name: Victor Lopez
Pat ID: 441093922 Age: 41 Height (in): 71 Weight (lbs): 287 PreMed Time: 10:27
Systolic Pressure (mmHg): 760 Temp (deg F): 72 Sex: Male Race Correction: 85% Smoker: No
Cal Date: 08/24/01 BTPS Correction: 1.104 Sensor: FS200 Insp Code: None

TEST DATA - Industrial Format

PreMed	TRIAL 3	TRIAL 2	TRIAL 1	Pred	%Pred	PostMed	%Pred	%Change
(L)	3.83*	3.77	3.71	4.43	86%			
(L)	3.23*	3.22	3.14	3.64	89%			
(%)	84.33	84.33*	85.41	82.01	103%			

ALL DATA FORMAT (* indicates best value) Knudson 83 Adult Predicted Normals



Comments:

Barb Schofield, CMA

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 10-15 2001

Company: ABATEMENT Control Svc, Inc

Worker Name: VICTOR LOPEZ

Soc. Sec#: 441-09-3922

FIT TEST: Qualitative: Quantitative: Model: NORTH Size Tested:

SEAL INTERFERENCE:

NO

YES

FACIAL HAIR.....

Type of Interference.....:

HAIR.....

GLASSES/CONTACTS.....

DENTURES.....

FACIAL STRUCTURE PROBLEM

CORRECT DONNING.....:

LEAKAGE.....

If Yes Where:

EXERCISES:

PROBLEMS:

NO/

YES

NORMAL BREATHING.....

DEEP BREATHING.....

TURN HEAD SIDE TO SIDE.....

NODDING HEAD UP AND DOWN

GRIMACING.....

TALKING (RAINBOW PASSAGE):

BEND OVER AND MOVE HEAD.:

RUNNING IN PLACE.....

NORMAL BREATHING.....

COMFORT ASSESSMENT:

RESULTS:

~~SIGNATURE OF TESTER~~

RAINBOW PASSAGE PASS FAIL

P Victor Lopez
SIGNATURE OF WEARER

SIGNATURE OF WEARER

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director



Asbestos Worker

DANIEL A GALICIA

Eff. Date 05/09/2001

Exp. Date 05/08/2002

AW 32133

Member of C O H E S

HV 002132



HVRN





LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

Daniel Galicia

has successfully completed the 8-hour course

Asbestos Refresher for Workers - Spanish

pursuant to the requirements for asbestos accreditation of the TSCA, Title II

AR0401-28-DG1234

Certificate Number

APR 28, 2001

Dates of Training

APR 28, 2001

Date of Examination

APR 28, 2002

Expiration Date

Francisco Tolano
President/Director of Training

240 ANDOVER STREET
LAWRENCE, MA 01843

(508) 683-8541

NAME: DANIEL GALICIA SOCIAL SECURITY: 564-98-1234

ADDRESS: 284 Broadway St, LAWRENCE MA 01841

COMPANY: ACS Corp.

**THE FOLLOWING PHYSICAL EXAMINATION, TESTS, AND PROCEDURES
WERE PERFORMED ON THE ABOVE NAMED INDIVIDUAL ON: 1 / 1

- ☒ PHYSICAL EXAM WITH EMPHASIS ON CARDIO-RESPIRATORY SYSTEM.
- ☒ PULMONARY FUNCTION TEST PERFORMED BY A CERTIFIED
TECHNICIAN.
- ☒ CHEST X-RAY

BASED ON THE ABOVE EXAMINATION, I FIND THAT THIS INDIVIDUAL:

- ☒ MAY USE RESPIRATORY AND PERSONAL PROTECTIVE EQUIPMENT
WITHOUT LIMITATION.
- ☐ MAY USE RESPIRATORY AND PERSONAL PROTECTIVE EQUIPMENT
FOR 6 MONTHS, WHEN A REPEAT OF PFT AND PHYSICAL IS
RECOMMENDED.
- ☐ MAY NOT USE RESPIRATORY AND PERSONAL PROTECTIVE EQUIPMENT
DUE TO ABNORMAL FINDINGS.
- ☐ OTHER: _____

COMMENTS: _____

None

RISK FACTORS NOTED

- ☒ HAS NO RISK FACTORS PLACING INDIVIDUAL AT A HIGHER RISK
FROM ASBESTOS EXPOSURE.
- ☐ HAS THE FOLLOWING RISK FACTORS PLACING INDIVIDUAL AT HIGHER
RISK FROM ASBESTOS EXPOSURE:
 - ☐ SMOKING, OR RECENT HISTORY OF SMOKING.
 - ☐ RESTRICTIVE LUNG DISEASE OR SYMPTOMS (EG. ASTHMA,
EMPHYSEMA, ACTIVE ALLERGIES, ETC.)
 - ☐ OTHER: _____

SINCERELY,

PHYSICIAN: George Mansour M DATE: 4 / 30 / 07

YES ☒ AFTER SUCCESSFUL COMPLETION OF
A PHYSICAL EXAMINATION, THIS
CANDIDATE FOR EMPLOYMENT IS
CONSIDERED FIT FOR WEARING
RESPIRATORY EQUIPMENT, AND HAS
BEEN ADVISED OF THE INCREASED
RISK WHEN CIGARETTE SMOKING IS
COMBINED WITH ASBESTOS. NO ☐

PATIENT SIGNATURE: Daniel Galicia DATE: 4/30/07

YOUTH ALLIANCE

I CERTIFY THAT ON THE DATE BELOW I WAS FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

Employee/Subcontractor Signature: X Daniel Galicia

~~X Daniel Galicia~~
~~Jonathan Ann~~

4/14/01

- Pass/Fail
- Pass/Fail

- RECEIVED: _____
Name _____

-

Attachment G

Waste Shipment Records