

Handwritten mark



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Prepared For:

**Haverhill Public Schools
4 Summer Street
Haverhill, MA 01830-5877**

Attention:

**Jeff Dill
Supervisor of Facilities Maintenance
City of Haverhill, MA 01830**

Project:

**Constentino School
1 Boiler Abatement (rear)**

**Air Sampling and Monitoring For
Asbestos Exposure During the Removal
of Asbestos Containing Material**

Submitted By:

Handwritten signature of Frederick T. Boyle
**for Susan Boyle
Vice President**

Date:

January 18, 2007

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1. INTRODUCTION

Hub Testing Laboratory, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of asbestos containing material at the Constantino School, Haverhill, Massachusetts. Removal of asbestos containing material was conducted on the # 1 boiler in the boiler room to facilitate plumbing repair on the rear of the boiler. The removal was performed by SCS, Inc., 80 Border St., East Boston, MA 02128. The project consisted of the removal of approximately 60-sq. ft. of boiler insulation on the rear of the boiler and 20 feet of 10 inch OD pipe insulation. Hub Testing Laboratory, Inc., in accordance with EPA regulation established the air-sampling program. A field laboratory was set up on the premises in order to analyze the air samples and to provide a prompt turn around time of the analyses.

2. SUMMARY REPORT

An emergency waiver was requested by Hub Testing on behalf of the Haverhill School Department and was granted by John McCauley of the Department of Environmental Protection. Hub Testing Laboratory, Inc. performed air and work practice monitoring of SCS, Inc. Erection of containment, removal and final cleaning was performed the same day in order to allow the HVAC contractor access to the boiler to affect repair. Susan Boyle arrived on site, observed the work practices, and checked the containment integrity. The removal area was visually inspected for the presence of debris upon completion. The final aggressive clearance samples were collected inside the containment at the completion of the project. Upon successful completion of the project and final air samples the containment was broken down and removed.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the U.S. Public Health Service as specified in USPH/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 daily air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute of Occupational Safety and Health (NIOSH) method 7400, Asbestos and Other Fibers by PCM.

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. As mentioned above, all daily air samples were examined using the prescribed NIOSH techniques. 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 asbestos 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 of PCM samples are given as total count of fibers per cubic centimeter (f/cc) of air as per NIOSH 7400 Method.

5. STEPS TAKEN TO PROTECT SCHOOL OCCUPANTS

School occupants and 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 removal area from other inhabited areas. A barrier was constructed by placing one layer of 6-mil. thickness polyethylene plastic sheeting over doors, windows, lights and other non-moveable porous items in the work area. Additionally all walls and flooring (as necessary) within the containment were covered with two layers of six mil thickness polyethylene plastic sheeting.

5.2 NEGATIVE AIR PRESSURE

Continuous maintenance of negative air pressure in the removal area for the duration of the project. This was to ensure that if there was a break in the integrity of the barrier any airflow would be directed into the removal area rather than other areas of the building. Filtration of the exhausted air through a HEPA (High Efficiency Particulate Absolute) filter. This system is designed to filter particles down to 0.3 microns in size at 99.97% accuracy.

5.3 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a regular basis to detect fiber penetration in the event of a containment failure. Analytical results can be found in Attachment A.

5.4 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.

5.5 FINAL INSPECTION

Visual inspections for residue were performed after final clean up of all abated surfaces. When residue was encountered the contractor re-cleaned until the area was clean and complied with regulatory agencies criteria of "no visible debris". This was followed by aggressive PCM clearance air sampling. The final clearance standard is <0.010 f/cc for PCM clearance air samples. The samples taken established that post removal fiber levels were below the clearance standard.

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 window and door 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 work area was maintained as a negative pressure environment by means of HEPA (High Efficiency Particulate Air) filtration units exhausted to the outside. Removal of asbestos and contaminated items in 6-mil labeled disposable bags (double bagged), properly tagged with the location of the waste generator, placed in a waste trailer and removed from the site to an approved landfill.

7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

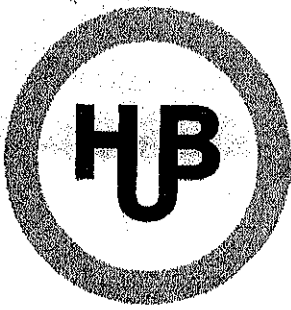
Inspections for the presence of visible debris inside the containment was made upon completion of final cleaning. Wherever visible suspect material was found, it was removed.

8. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" must be provided to the Owner by the Contractor within 45 days of the completion of the project as stated in 40 CFR Part 61.

The "Waste Shipment Record" should be maintained with all documentation for this project.

**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)

DAILY AIR MONITORING DATA SHEET

Report for:

Dr. Albert B. Consentino
School

Hub ID:

18458

Date:

12/04/06

Contractor:

SCS

Calibration Method:

Rotometer

Job Site:

Boiler Room

Rotometer #:

X

Type of Sampling:

Base Line - During

Calibration:

Pump Number	104	00	11-3	104	00	11-3				
Pre-Calibration	10.0	8.5	11.0	10.5	9.5	11.5				
Post-Calibration	10.0	8.5	11.0	10.5	9.5	11.5				
Average Flow	10.0	8.5	11.0	10.5	9.5	11.5				

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
Ø	Ø	164-1	148.8	170.3	83.4-287.9

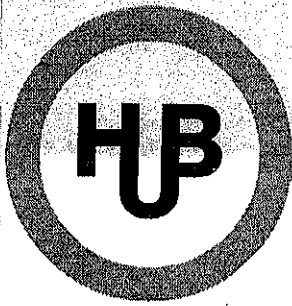
Sample 'LD.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
B1	outside Boiler Rm From or storage	104	2:30pm	4:30pm	120	1200	26	
B2	Middle of Rm inside Boiler	00	2:40pm	5:10pm	150	1275	22	
B3	close to Door inside Boiler	11-3	2:45	2:45	120	1320	25	
D1	outside Boiler Rm From or storage	104	8:20	9:55	95	997.5	18	
D2	inside Boiler close to Dicor	00	8:22	9:55	93	883.5	18	
D3	inside Boiler close to Door	11-3	8:17	9:55	98	1127	19	

Project Monitor's Signature:

Anson Buff
Juan Gomez

Date

12/04/06



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

DAILY AIR MONITORING DATA SHEET

Report for: Haverhill Public Schools Hub ID: 18485
 Date: December 4, 2006
 Calibration Method: Rotometer
 Contractor: SCS Rotometer #: _____
 Job Site: Constantino Type of Sampling: Aggressive, Final

Calibration:

Pump Number	00-A	00-B	104	1V-3A	1V-3B				
Pre-Calibration	11.0	12.0	12.5	12.5	12.0				
Post-Calibration	11.0	12.0	12.5	12.5	12.0				
Average Flow	11.0	12.0	12.5	12.5	12.0				

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
∅	∅	104-1	148.8	170.3	83.4-287.9

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
1C	Inside R1	00-A	10:35	11:45	70	770	6	1003
2C	Inside R2	00-B	10:35	↓	70	840	7	
3C	Inside Middle	104	10:40	↓	65	812.5	7	
4C	Inside L2	1V3-A	10:35	↓	70	875	6	
5C	Inside L1	1V3-B	10:35	↓	70	840	6	

Project Monitors Signature: Susan Byg Date 12-4-06

**ATTACHMENT B
DAILY MONITORING CHECKLIST**



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: SCS
Job Site: Constantino
Date: December 4, 2006

Checklist

- | | | Adequate | Deficient |
|--|---------------------------|-------------------------------------|--|
| 1. Contractor's Personnel | # <u>5</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. Work Procedures Followed: | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Respiratory Protection Used: | Type <u>1/2 Face Neg.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Copy of Contractor's Air Sampling Reports | | <u>not</u> Received | <input type="checkbox"/> |
| 10. Copy of Contractor's Daily Logs | | <u>not</u> Received | <input type="checkbox"/> |
| 11. Signs of Heat Stress | | Present | <input checked="" type="checkbox"/> <u>Not Present</u> |
| 12. Unusual occurrences | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 28 Wrapped Items

Technician: *Susan Boyle* Log In: Log Out:

**ATTACHMENT C
PRE-ABATEMENT INSPECTION**



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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(781) 893-8330 (781) 893-4414 (fax)

Pre-Abatement Inspection Form

Work Area I.D.: Boiler Room Area Description: Containment; back end of 1st boiler from right side. see sketch on back

Demolition Required: No Estimated Days Required For Abatement: 1

Materials To Be Abated (Describe And Give Quantities): 20 LF of 10" OD pipe insulation and 260# of breaching

Critical Barriers In Place:

Windows NA Doors NA HVAC Vents NA
 Electrical Switches NA Electrical Outlets NA
 Other —

All Movable Equipment Removed From Containment Yes No
 All Non - Movable Equipment Wrapped (*) ✓ —

Decontamination Facilities (*)
 Three Chamber PDF With Hot/Cold Water ✓
 Two Chamber EDF With Water In Wash Area — ✓
 Other —

Containment Type (indicate reasoning below)

	Yes	No
Full Containment, 2 layers (6-mil poly) on all walls and floor	<u>✓</u>	
Same as above with additional poly on ceiling		
2 layers on wall, no poly on floor		
Single layer of poly on walls and floors		
Critical barriers only, no poly on walls or floors		
Other <u>✓ and poly on ceiling</u>		

Describe (*): cocon style containment at back of boiler to encompass pipe and breaching

Surfactant Available Yes Or No
 Type Of Respiratory Protection To Be Used 1/2 face neg. pressure
 Number Of Negative Air Machines In Operation 1
 Manometer Used and Pressure Reading No
 Containment Smoke Tested No

PM's Signature Susan Boyle Date 12-4-6
 Contractors Signature _____ Date _____

(*) Indicate On Sketch

ATTACHMENT D
LABORATORY DOCUMENTATION
PROJECT MONITORING DOCUMENTATION

Control No. 020429



THE COMMONWEALTH OF MASSACHUSETTS
Departments 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: Thursday, July 05, 2007

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 C CERTIFICATE

CLASS B CERTIFICATE

A handwritten signature in black ink, appearing to read "Robert J. Prezioso".

Robert J. Prezioso, Commissioner

Commonwealth of Massachusetts

Division of Occupational Safety

Robert J. Prezioso, Commissioner

Asbestos Project Monitor



SUSAN BOYLE

Eff. Date 07/17/06

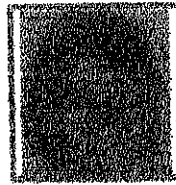
Exp. Date 07/16/07

AM060770

Member of C.O.N.E.S

BO

07



BOSTON-RENEW



**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887
(Phone) 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

June 19, 2006
Examination Date

06-1147-174-202989
Certificate Number

June 19, 2006
Course Dates

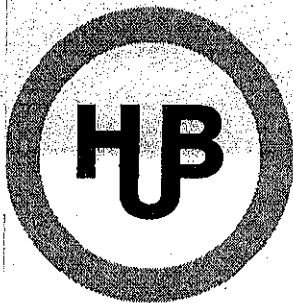
Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

June 19, 2007
Expiration Date

[Signature]

President/Director of Training

**ATTACHMENT E
FINAL CLEARANCE FORMS**



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

FINAL CLEARANCE FORM

Report for: Harvard Sch. Dept
Contractor: SCS
Job Site: Consentino Boiler Room
Date: 12-4-6

VISIBLE DEBRIS NOTED ON:		YES	NO
1.	FLOORS	_____	_____ ✓
2.	WALLS	_____	_____ ✓
3.	CEILING	_____	_____ ✓
4.	PIPES	_____	_____ ✓
5.	ELBOWS/FITTINGS	_____	_____ ✓
6.	DUCTS	_____	_____ NA
7.	HORIZONTAL SURFACES	_____	_____ ✓
8.	EQUIPMENT	_____	_____ ✓

LOCKDOWN ENCAPSULANT APPLIED No

SAMPLES COLLECTED USING AGGRESSIVE METHOD Yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT Yes

DATE SAMPLING PUMPS CALIBRATION 12-4-6

FINAL AIR SAMPLE RESULTS _____

FINAL AIR SAMPLES - PASS ✓

FINAL AIR SAMPLES - FAIL _____

CONTRACTOR NOTIFIED verbal on site

CIH'S SIGNATURE _____ DATE _____

PM
PIH'S SIGNATURE [Signature] DATE 12-4-6

ATTACHMENT F
CONTRACTOR DOCUMENTATION

Commonwealth of Massachusetts
Division of Occupational Safety

Robert J. Prozio, Commissioner

Asbestos Supervisor



CARLOS A. MINAS

Efr. Date 03/20/06

Exp. Date 03/21/07

AS061593

Member of CONES

60

07



ECT

ECT00 5278 00

Certificate Number

Environmental Compliance Training School

2 Charles Street, Methuen, MA 01844
Telephone (978) 975-4474 Fax (978) 975-7867

This is to certify that: Name: CARLOS A. MINAS

SS#: 018-76-3410

DOB: 07/15/1969

*has successfully completed the course
8 hours for asbestos Refresher Contractor/ Supervisor*

*in accordance with the requirements for
Asbestos Accreditation of ISCA Title II*

MARCH 11, 2007

EXPIRATION DATE

MARCH 11, 2006 / 88%

EXAM DATE/GRADE

MARCH 11, 2006

DATE OF TRAINING

B.H.

ADMINISTRATOR


DIRECTOR / SCHOOL /



RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 11/10 2006

Company: SES

Worker Name: CARLOS MINAS

Worker #: _____

Respirator Type: NORTH

Size Tested: LARGE

SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GLASSES/CONTACTS.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DENTURES.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FACIAL STRUCTURE PROBLEMS.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CORRECT DONNING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAKAGE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IF YES WHERE: _____		

EXERCISES:

PROBLEMS WITH:

	NO	YES
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEEP BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TURN HEAD SIDE TO SIDE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NODDING HEAD UP AND DOWN.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GRIMACING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TALKING (RAINBOW PASSAGE).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEND OVER AND MOVE HEAD.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RUNNING IN PLACE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMFORT ASSESMENT: PASS

RESULTS: PASS

[Signature]
SIGNATURE OF TESTER

[Signature]
SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL (CIRCLE)

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.



HEALTH RESOURCES

600 West Cummings Park, Suite 3400
Woburn, Massachusetts 01801-6350
Phone: (781) 935 - 8581; (800) 350 - 4511
Fax: (781) 938 - 4678

Certificate For Respirator Use 29 CFR 1910.134

Employee's Name: Minas, Carlos
Social Security No: 018-76-3410
Company: Miscellaneous Industrial
Company Branch: CityState
Date Of Exam: 06 September 2006
Exam Location: Health Resources - Chelsea Chelsea, MA

I have examined the above named individual and I certify that this employee:

is physically capable is not physically capable

of using a negative pressure, air supplied respirator and/or powered air purifying respirator subject to the following restrictions:

Respirator use should be limited to air supplied or powered air purifying respirators.
(positive pressure)

No respirator use if wheezing and shortness of breath are evident.

Comments.

Note: Prescription eyeglasses, contact lenses or beards cannot be worn with all types of respirators. Any interference with a face to-face pieces seal is not acceptable. Contact lenses cannot be worn with any supplied air respirator. General safety recommendations indicate that contact lenses should not be worn in areas where there may be a likelihood of chemical splashes.

[Signature]
Authorized Examiner

[Signature]
Signature

9/6/06
Date

HEALTH RESOURCES

600 West Cummings Park, Suite 3400
Woburn, Massachusetts 01801-6350
Phone: (781) 935 - 8581; (800) 350 - 4511
Fax: (781) 938 - 4678

Surveillance Examination Medical Release For Job Placement

Employee's Name: Minas, Carlos
Social Security No: 018-76-3410
Company: Miscellaneous Industrial
Company Branch: CityState
Date Of Exam: 06 September 2006
Exam Location: Health Resources - Chelsea Chelsea, MA

Medical Surveillance Exam:

Asbestos Hazmat Deleading Other _____
 Initial Periodic Exit Other _____

I have reviewed the examination of the above named individual per OSHA regulations and in my opinion:


- I have not detected any medical condition which would place the employee at increased risk of health impairment from work.
- I have detected a medical condition which would place an employee at increased risk of health impairment from work in the proposed job assignment.
- I have limited the employee's assigned work. Recommended limitations are:

In evaluating the employee, it was determined that the employee is probably fit for work, but laboratory abnormalities were noted which require follow-up before fitness can be determined. As part of this evaluation, Blood Lead and Zinc Porphyrin testing were performed at an OSHA-CLC approved laboratory. Results were within acceptable limits.

Other:

I have informed the employee of the results of the examination and any medical conditions which require further examination or treatment.

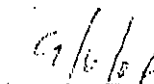
For asbestos examinations The above employee has been informed of the health risks associated with: smoking and asbestos exposure.



Authorized Physician



Signature



Date

Commonwealth of Massachusetts
Division of Occupational Safety

Robert J. Prezioso, Commissioner

Asbestos Worker



INMER SALMERON

Eff. Date 05/22/06

Exp. Date 05/21/07

AW001911

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

BO

07



BOSTON RENFW



ECT

ECT00 5621 00

Certificate Number

Environmental Compliance Training School

2 Charles Street, Methuen, MA 01844
Telephone (978) 975-4474 Fax (978) 975-7867

This is to certify that:

Name: INMER H. SALMERON

SS#: 010-76-2693

DOB: 02/13/1974

*has successfully completed the course
8 hours for asbestos Refresher Workers-Spanish
in accordance with the requirements for
Asbestos Accreditation of TSCA Title II*

MAY 20, 2007

EXPIRATION DATE

MAY 20, 2006

DATE OF TRAINING

MAY 20, 2006 - 80%

EXAM DATE/GRADE

B.H.

DIRECTOR OF SCHOOL / ADMINISTRATOR

LAWRENCE WALK-IN MEDICAL CENTER
Neville Navaratnam, M.D.
100 Franklin Street
Lawrence, MA 01840
(978) 682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Salmeron Inmar S.S. #: 010-76-2683
DATE OF EXAM: May 22nd 2006 EXP. DATE: May 21st 2007

MAY 22 2006

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101) . 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 RESULTS: 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 occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are 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

R.L.N. Navaratnam, M.D.
Physician
Lawrence Walk-In Medical Center
100 Franklin Street
Address: Lawrence, Ma 01840

R.L.N. Navaratnam
Signature
Center
978-682-8343
Phone #



Envirotech Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: MAY 23 2005

Company: SCS

Worker Name: INNER SALHERON

Worker #: _____

Respirator Type: NORTH

Size Tested: LARGE

SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GLASSES/CONTACTS.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DENTURES.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FACIAL STRUCTURE PROBLEMS...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CORRECT DONNING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAKAGE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IF YES WHERE: _____

EXERCISES:

PROBLEMS WITH:

	NO	YES
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEEP BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TURN HEAD SIDE TO SIDE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NODDING HEAD UP AND DOWN.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GRIMACING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TALKING (RAINBOW PASSAGE).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEND OVER AND MOVE HEAD.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RUNNING IN PLACE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMFORT ASSESMENT: PASSED

RESULTS: PASSED

[Signature]
SIGNATURE OF TESTER

[Signature]
SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL (CIRCLE)

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Commissioner
Asbestos Supervisor



JOSE H. MINAS

Eff. Date 10/23/06

Exp. Date 10/22/07

AS033136

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

BO

07



BOSTON-NEW



**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

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

IEE

IEE

This is to certify that
Jose H Minas

*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

October 20, 2006
Examination Date

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

October 16-20, 2006
Course Dates

October 20, 2007
Expiration Date

06-1568-101-220388
Certificate Number

Mark Howard
President/Director of Training



Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090 (781) 278-0080

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 10/27 2006

Company: SCS

Worker Name: JOSE MINAS

Worker #: _____

Respirator Type: _____ Size Tested: _____

SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAIR.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GLASSES/CONTACTS.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DENTURES.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FACIAL STRUCTURE PROBLEMS...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CORRECT DONNING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEAKAGE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IF YES WHERE: _____		

EXERCISES:

PROBLEMS WITH:

	NO	YES
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEEP BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TURN HEAD SIDE TO SIDE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NODDING HEAD UP AND DOWN.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GRIMACING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TALKING (RAINBOW PASSAGE).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BEND OVER AND MOVE HEAD.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RUNNING IN PLACE.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMFORT ASSESMENT: PASSED

RESULTS:

SIGNATURE OF TESTER: _____

SIGNATURE OF WEARER: _____

RAINBOW PASSAGE. PASS FAIL (CIRCLE)

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with it's path high above, and it's two ends apparently beyond the horizon. There is, according to legend, a pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.



HEALTH RESOURCES

600 West Cummings Park, Suite 3400
Woburn, Massachusetts 01801-6350

Certification for Respirator Use 29 CFR 1910.134

Employee's Name: Mirano, Jose
 Social Security #: 013-76-2226
 Company: Miscellaneous Industrial
 Company Branch: CityState
 Date Of Exam: 01 September 2006
 Exam Location: Health Resources - Chelsea Chelsea, MA

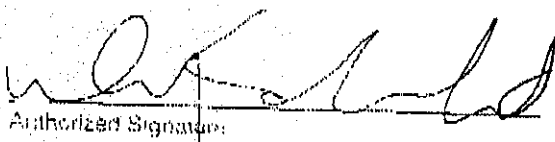
I have: examined
 reviewed the OSHA Respirator Questionnaire of

the above named individual and I certify that this employee:

- is physically capable of using all types of respiratory protection
- is not physically capable of wearing a respirator
- needs to schedule a medical evaluation
- is physically capable of wearing a respirator subject to the following restrictions.

- Respirator use should be limited to supplied-air or powered air-purifying respirators (positive pressure):
 - Mo respirator use if wheezing and shortness of breath are evident
 - No confined space entry without a partner.
 - Respirator use limited to emergency/escape purposes only

Comments:


 Authorized Signature:

9/1/2006
 Date

Prescription eyeglasses, contact lenses and beards cannot be worn with all types of respirators. And, for example with a type of PPE, please see if acceptable. Contact lenses cannot be worn with any supplied-air respirator. General safety recommendations indicate that contact lenses should not be worn in areas where there may be likelihood of chemical splashes.

THE ABOVE EMPLOYEE HAS BEEN NOTIFIED OF THIS DETERMINATION.

Commonwealth of Massachusetts
Division of Occupational Safety

Commissioner

Supervisor



HERMAN

Eff. Date 05/25/2007

Exp. Date 05/25/2007

AIS 116 10

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

NW001620



WN 11 V



ECT

ECT00 5571-00

Certificate Number

Environmental Compliance Training School

2 Charles Street, Methuen, MA 01844

Telephone (978) 975-4474 Fax (978) 975-7867

This is to certify that: Name: HERMAN

F. MINAS

SS#: 012-76-1750

DOB: 12/28/1952

*has successfully completed the course
8 hours for asbestos Refresher Contractor/ Supervisor*

*in accordance with the requirements for
Asbestos Accreditation of TSCA Title II*

MAY 13, 2007

EXPIRATION DATE

MAY 13, 2006

DATE OF TRAINING

MAY 13, 2006/ 80%

EXAM DATE/GRADE

B.H.

[Signature]
DIRECTOR OF SCHOOL / ADMINISTRATOR

Brookline Medical Physicians, PC

358 Harvard Street
Brookline, MA 02446-2905
Telephone (617) 739-1111
Facsimile (617) 566-6586

Richard A. Brodie, MD

Internal Medicine

June 19, 2006

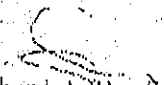
Herman Minas
55 Eleanor Street
Apt 9
Chelsea, MA 02150

Dear Mr. Minas,

You were examined at Brookline Medical Physicians on June 19, 2006. Your physical examination was normal, your pulmonary function tests showed **mild restrictive** lung disease compared with your last study, and your "B" x-ray is pending. Our examination reveals **nothing** that would restrict the use of a respirator.

Mr. Minas was given a medical examination **including** medical history, chest x-ray and pulmonary function testing. He is found to be fit to **work as an asbestos worker** in compliance with OSHA requirements CFR 1910.1001.

Sincerely,



Richard A. Brodie, MD

RAB:bs



RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 5/18 200.

Company: SCS

Worker Name: HERNAN MINAS

Worker #: _____

Respirator Type: NORTH

Size Tested: L

SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	_____
<i>TYPE OF INTERFERENCE:</i>		
HAIR.....	<input checked="" type="checkbox"/>	_____
GLASSES/CONTACTS.....	<input checked="" type="checkbox"/>	_____
DENTURES.....	<input checked="" type="checkbox"/>	_____
FACIAL STRUCTURE PROBLEMS...	<input checked="" type="checkbox"/>	_____
CORRECT DONNING.....	<input checked="" type="checkbox"/>	_____
LEAKAGE.....	<input checked="" type="checkbox"/>	_____
<i>IF YES WHERE:</i> _____		

EXERCISES:

PROBLEMS WITH:

	NO	YES
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	_____
DEEP BREATHING.....	<input checked="" type="checkbox"/>	_____
TURN HEAD SIDE TO SIDE.....	<input checked="" type="checkbox"/>	_____
NODDING HEAD UP AND DOWN.....	<input checked="" type="checkbox"/>	_____
GRIMACING.....	<input checked="" type="checkbox"/>	_____
TALKING (RAINBOW PASSAGE).....	<input checked="" type="checkbox"/>	_____
BEND OVER AND MOVE HEAD.....	<input checked="" type="checkbox"/>	_____
RUNNING IN PLACE.....	<input checked="" type="checkbox"/>	_____
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	_____

COMFORT ASSESMENT: PASS

RESULTS PASS

[Signature]
SIGNATURE OF TESTER

[Signature]
SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL (CIRCLE)

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with it's path high above, and it's two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Commissioner
Asbestos Supervisor



KEVIN F. MORAN

Eff Date 07/10/06

Exp. Date 07/09/07

AS051314

Member of C.O.N.E.S.
NO

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BOSTON RE NEW



**INSTITUTE FOR ENVIRONMENTAL
EDUCATION, INC.**

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

IEE

This is to certify that
Kevin F Moran

IEE

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

Asbestos Supervisor Refresher

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


July 07, 2006
Examination Date

Course Location
Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

July 7, 2006
Course Dates

July 07, 2007
Expiration Date

06-1633-104-220796
Certificate Number


President/Director of Training



RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 12/7 2005

Company: SCS

Worker Name: KEVIN MURAN

Worker #: _____

Respirator Type: NORTH

Size Tested: MEDIUM

SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	_____
HAIR.....	<input checked="" type="checkbox"/>	_____
GLASSES/CONTACTS.....	<input checked="" type="checkbox"/>	_____
DENTURES.....	<input checked="" type="checkbox"/>	_____
FACIAL STRUCTURE PROBLEMS...	<input checked="" type="checkbox"/>	_____
CORRECT DONNING.....	<input checked="" type="checkbox"/>	_____
LEAKAGE.....	<input checked="" type="checkbox"/>	_____

TYPE OF INTERFERENCE:

IF YES WHERE: _____

EXERCISES:

PROBLEMS WITH:

	NO	YES
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	_____
DEEP BREATHING.....	<input checked="" type="checkbox"/>	_____
TURN HEAD SIDE TO SIDE.....	<input checked="" type="checkbox"/>	_____
NODDING HEAD UP AND DOWN....	<input checked="" type="checkbox"/>	_____
GRIMACING.....	<input checked="" type="checkbox"/>	_____
TALKING (RAINBOW PASSAGE).....	<input checked="" type="checkbox"/>	_____
BEND OVER AND MOVE HEAD.....	<input checked="" type="checkbox"/>	_____
RUNNING IN PLACE.....	<input checked="" type="checkbox"/>	_____
NORMAL BREATHING.....	<input checked="" type="checkbox"/>	_____

COMFORT ASSESMENT: PASS

RESULTS: PASS

[Signature]
SIGNATURE OF TESTER

[Signature]
SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL (CIRCLE)

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with it's path high above, and it's two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

PROCESSING FORM PHYSICAL EXAM

Record #: _____

Employee Name: Kevin Moran Date: 12/18/06

Reason for Physical: Pre-Placement Insurance Other: _____
 ICC-DOT Annual Special Testing

Employer Name: SES

Job Title: EO BARDELL ST
E Boston, MA 02128

I hereby authorize this office to perform medical services recommended by my employer and to disclose to that employer any information concerning my condition. I hereby release the physician from any liability arising from such disclosure:

Employee Signature _____ Date _____

Drug Testing Consent:
 I do hereby give my consent to this office and _____
 to perform appropriate tests or examinations on me for drugs. I further give my permission to this office and _____
 to release the results of the tests or examinations to my employer.

Name of Testing Lab _____

Employee Signature _____ Date _____

PHYSICIAN'S RECOMMENDATION ON EXAMINATION

- A. Employee cleared for employment without restrictions for job indicated _____
- B. Employee cleared for employment without restrictions for job indicated pending normal test results. Any abnormal results will be reported. _____ Date _____
- C. Employee cleared for employment with the following recommendations: _____
Specialist PFT's
John J. B. Smith
- D. The above named individual is not capable of performing the job for which he/she is being considered at this time because: _____
 Applicant has a medical condition which needs correcting
 Applicant's medical condition may be aggravated by his/her work exposure
 Medical condition makes applicant unsuitable in job for which he/she is being considered for because (specify): _____
- E. We are unable to make a medical determination based on the need for additional medical information. Therefore the patient has been placed on medical hold and asked to submit additional medical information as soon as possible.
- F. The following restrictions are indicated in the use of personal protective equipment such as respirators, gloves, or encapsulating suits. _____

Report to follow: _____

The applicant has been advised of any non work-related health conditions which need follow up. The complete medical record is kept on file in our office.

Date: 12/17/06

ATTACHMENT G
WASTE SHIPMENT RECORD

