



HAVERTHILL PUBLIC SCHOOLS  
MR. ED DUCRESNE,  
ELECTRICAL INSPECTOR OFFICE  
HAVERTHILL CITY HALL  
4 SUMMIT ST.  
HAVERTHILL, MA 01830

CONSENTING MIDDLE SCHOOL

MONITORING FOR EXPOSURE  
DURING THE REMOVAL ASBESTOS  
CONTAMINATED CEILING TILES, THE  
ENCAPSULATION OF ASBESTOS  
CONTAINING SPRAY ON AND THE  
TREATMENT FOR MICROBIAL  
GROWTH.

## HUB TESTING LABORATORY, INC.

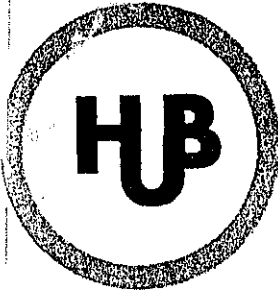
Environmental Testing Service



95 Beaver Street - Waltham, MA 02453  
(781) 893-8990 (781) 893-4414 (fax)

# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

## DOCUMENTATION CHECKLIST FOR AHERA/SCHOOL FINAL REPORTS (Response Action Information Only)

This information must be included in all final reports, either in the body of the text, or in an appendix attached hereto.

1. Name and location of school..... Cover
2. Location and type of ACBM..... Cover
3. Amount of ACBM present (linear and/or square footage)..... Pg 1
4. Type of abatement activity:  
 Removal  Encapsulation  Enclosure  Repair
5. Reason for activity..... Pg 1
6. Start/stop dates..... Pg 2, 3
7. Personnel Documentation (all involved personnel):  
Workers, Supervisors  
-Certificates/licenses..... App E  
-Health/Medical examination..... App E  
-Training Documentation..... App E  
Project Monitors, Project Designers  
-Certificates/Licenses..... App. E  
-Training documentation..... App E
8. Contractor Documentation/MA License..... App F
9. Laboratory Documentation  
MA License..... App DE  
Certificate PCM/PLM/TEM..... App DE
10. Contractor's Job Documentation:  
-Copies of Notifications to DLWD, DEP, EPA, and applicable  
Police, fire or safety authority..... App F  
-Daily sign-in sheets (verify workers, supervisors, project monitors,  
and visitors)..... N/A  
-Contractor's submittal package, with abatement plan and  
Standard Operating Procedure, Respirator Program, Insurance  
Certificates, equipment and supply specification sheets,  
fire and emergency evacuation plan.....  
-Chain of Custody documents for waste..... App F  
-Disposal Manifests..... App G  
-Name and Location of disposal site..... App G  
-Name and Certification of disposal carrier..... App G

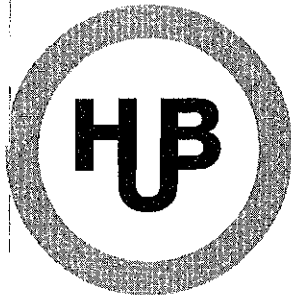
11.

Consultants' Job Documentation:

- Daily checklists for work environment and/or conditions, with Commentary of unusual or noteworthy activities)..... App 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).. App A
- Name and title of person performing analysis..... App E
- Name and title of person performing final visual inspection and their certification..... App E

12.

Checklist completed by: Daniel C. Cuffe Date: 8/30/01



# 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  
Haverhill City Hall  
4 Summer St.  
Haverhill, MA 08130

Attention:


Mr. Edward Dufresne  
Electrical Inspector, Local Education Agency Designated Person

Project:

Consentino Middle School

Monitoring For Asbestos Exposure During The Removal of  
Asbestos Contaminated Ceiling Tiles, the Encapsulation of  
Asbestos Containing Spray-on Insulation and Treatment for  
Microbial Growth.

Submitted By:

  
Susan Boyle  
Vice President

Date:

August 30, 2001

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AIR MONITORING RESULTS  
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PROJECT MONITOR DOCUMENTATION

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CONTRACTOR DOCUMENTATION

- . License/Accreditation
- . Notifications
- . Worker Documentation

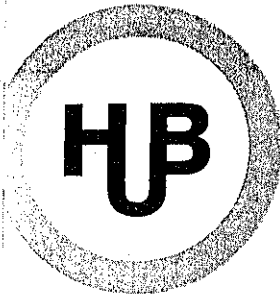
ATTACHMENT G  
WASTE SHIPMENT RECORDS

ATTACHMENT H  
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ATTACHMENT I  
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# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Consentino School,  
 ceiling tile removal, spray-on encapsulation, rooms 21, 22, 42

Contractor: ECSI

Date: 8/21/01

Pre calibration

Rotometer ID: Hub R-1

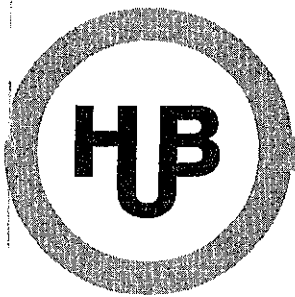
Pump Number	04	26	IV-3	15	26	IV-3	15		
Pre-calibration	9.5	9.0	9.5	9.5	9.0	9.5	9.5		
Post-calibration	9.5	9.5	9.5	8.5	9.0	9.5	9.5		

9.25                      9.0

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
P-9	Rm 43 Inside	04	8:40	10:50	130	1309	9	0.003
P-10	Rm 22 Inside	26	8:40	10:50	130	1202	14	0.005
P-11	Stairwell Rm 22 Outside	IV-3	8:45	10:55	130	1309	11	0.004
P-12	Hallway outside 22	15	8:50pm	11:00pm	130	1170	3	0.001
P-13	Rm 22 Inside	26	12:45	3:30pm	165	1485	71	0.02
P-14	outside PDF	IV-3	12:40	3:30pm	160	1520	7	0.002
P-15	outside Rm 22 Hallway	15	12:40pm	3:05pm	145	1377	6	0.002

Technician: David Conly

Date: 8/21/01



**HUB TESTING LABORATORY, INC.**  
**Environmental Testing Service**

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

Report For: Haverhill School Department

Project: Consentino School,  
 ceiling tile removal, spray-on encapsulation, rooms 21, 22, 42

Contractor: ECSI

*Abatement work + LOAD OUT OF WASTE*

Date: 8/22/01

Rotometer ID: HUB R-1

Pump Number	IV-3	15	26	IV-3				
Pre-calibration	9.5	9.0	9.0	9.5				
Post-calibration	9.5	9.0	9.0	9.5				

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
A-16	outside Room 22	IV-3	9:10 AM	12:45 PM	215	2043	8	0.0018
A-17	outside Room 22	15	9:15 AM	12:45 PM	220	1980	9	0.002
A-18	Inside Room 22	26	9:30 AM	1:00 PM	210	1890	92	0.02
A-19	outside Room 22	IV-3	1:00 PM	2:30 PM	150	1425	5	0.0002

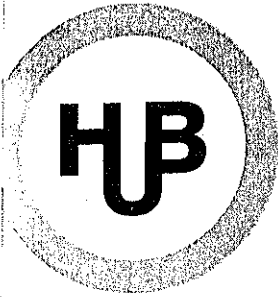
*- Guess Fiberglass Contamination*

Technician: Dan Cudde

Date: 8/21/01

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service



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

Report For: Haverhill School Department

Project: Consentino School,  
 ceiling tile removal, spray-on encapsulation, rooms 21, 22, 42

Contractor: ECSI

*Abatement Clearing*

Date: 8/23/01

Rotometer ID: Hub R-1

Pump Number	15	IV-3	15	IV-3					
Pre-calibration	9.5	9.5	9.5	9.5					
Post-calibration	9.5	9.5	9.5	9.5					

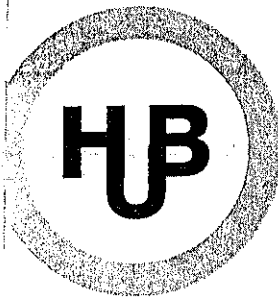
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
A-20	Rm 41	15	7:25 <sup>AM</sup>	9:40 <sup>AM</sup>	140	1330	5	0.002
A-21	Decon outside	IV-3	7:30	9:43 <sup>AM</sup>	135	1282	10	0.003
A-22	Rm 41	15	9:40	12:00 <sup>NOON</sup>	140	1330	1	0.0003
A-23	Decon outside	IV-3	9:45	12:00 <sup>NOON</sup>	140	1330	11	0.004

Technician: *D. Andrew Cuffe* Date: 8/23/01



# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

Report For: Haverhill School Department

Project: Consentino School,  
 ceiling tile removal, spray-on encapsulation, rooms 21, 22, 43

Contractor: ECSI

Date: 8/23/01

TEMP Final Clearance  
 RM 21, 22, 43

INSIDE CONTAINMENT

Rotometer ID: Hub-R-1

Pump Number	26	19A	19B	G-A-1-A	G-A-1-B	15	8-9	IV-4A	IV-4B	IV-3
Pre-calibration	6.0	7.5	6.0	7.0	7.0	7.0	8.0	8.0	7.0	7.0
Post-calibration	6.0	7.0	6.0	7.0	6.5	6.5	8.0	8.0	7.0	7.0
		7.25		7.0	6.75	6.75				

→ outside CONTAINMENT

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
F-1	Inside Rm 43	26	2:15pm	5:50pm	215	1290		
F-2	Inside Rm 21	19A	↓	5:45	210	1522		
F-3	Inside Rm 21	19B		5:45	210	1260		
F-4	Inside Rm 22	G-A-1-A		5:40	205	1435		
F-5	Inside Rm 22	G-A-1-B	↓	5:40	205	1384		
F-6	DECON	15	2:30pm	5:35	185	1249		
F-7	DECON	8-9	↓	5:05	155	1240		
F-8	DECON	IV-4A		5:25pm	185	1480		
F-9	DECON	IV-4B		5:35	185	1295		
F-10	DECON	IV-3		5:35	185	1295		

Technician: *[Signature]*

Date: 8/23/01

Decon F-11 and Ambient Floor Fib 5' dia well K-12 Sealed Bl...	Field Blank Decon	Delaware	30 seconds	2:30pm
	Field Blank	2nd Floor Stairwell	30 seconds	2:35pm

Serving our Clients since 1941



FULL SERVICE ENVIRONMENTAL LABORATORIES

**SCILAB BOSTON, INC.**

8 SCHOOL STREET  
WEYMOUTH, MA 02189

TEL: (781) 337-9334 • FAX: (781) 337-7642

August 24, 2001

HUB TESTING

Attn: Dave Conliffe  
95 Beaver Street  
Waltham, MA 02453

RE: HUB TESTING

Job Number 501081534  
P.O. # 13801  
13801; Constantine School

Dear Dave Conliffe:

Enclosed are the results for TEM asbestos analysis of the following HUB TESTING samples received at Scientific Laboratories on Thursday, August 23, 2001, for a 12 hour turnaround:

F- 1, F- 2, F- 3, F- 4, F- 5, F- 6, F- 7, F- 8, F- 9, F- 10, F- 11, F- 12, F- 13,


The 13 air samples were sent to SciLab via hand delivered. These samples were prepared and analyzed under NVLAP accreditation #102079-0 according to AHERA Protocol as contained in 40 CFR, Part 763, Subpart E, Appendix A.

Table I represents a summary of all pertinent information used for the structure (fiber) density and concentration calculations. Included are the size of each structure counted, the structure density and concentration, type of asbestiform material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Asbestos Count Sheets are included. These data sheets contain information for structure (fiber) length/width, structure type, structure morphology and pertinent information on EDS, SAED and photography.

This report relates ONLY to the sample analysis expressed as structure density. SciLab assumes no responsibility for customer supplied data such as "sample location" or "air volume sampled". This report must not be used to claim product endorsement by SciLab, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandate that this report must not be reproduced, except in full without the approval of the laboratory.

SciLab appreciates this opportunity to serve your organization. Please contact us for any further assistance or questions.

Sincerely,

  
Tom Nardozi  
NVLAP Approved Signatory

SciLab Job #: 501081534

Client Name: HUB TESTING

Table I

Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)

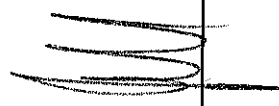
13801; Constantine School

SciLab Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos
						0.5-5.0	>5.0	Total	>5.0	Total	>5.0	
01 inside	F-1 Inside Room 43		1290	.070	0.0043	0.0	0.0	<14.2	<14.2	<0.0043	<0.0043	NSD
02 inside	F-2 Inside Room 21		1522	.070	0.0036	1.0	0.0	<14.2	14.2	<0.0036	0.0036	chrysotile
03 inside	F-3 Inside Room 21		1260	.070	0.0044	0.0	0.0	<14.2	<14.2	<0.0044	<0.0044	NSD
04 inside	F-4 Inside Room 22		1435	.060	0.0045	0.0	0.0	<16.6	<16.6	<0.0045	<0.0045	NSD
05 inside	F-5 Inside Room 22		1384	.060	0.0046	0.0	0.0	<16.6	<16.6	<0.0046	<0.0046	NSD
06 inside**	F-6 Deacon		1249	/								
07 inside**	F-7 Deacon		1240									
08 inside**	F-8 Deacon		1480									
09 inside**	F-9 Deacon		1295									
10 inside**	F-10 Deacon		1295									
11 blank**	F-11 Deacon Area											
12 blank**	F-12 2nd Floor Stairwell											
13 blank**	F-13 Field Blank (Sealed)											
14**												

\* concentration represented by the detection of 1 structure  
 \*\* not analyzed

NSD: No Asbestos Structures Detected

Reviewed By:



; Analyzed By:



Date: 8/24/01

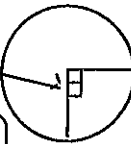
Mean Total Structure Density For Inside Samples: 2.8 structures/sq. mm.

Sandhya Gunasekara

NVLAP#: 102079-0

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 290.0
<u>Job #:</u> 501081534		<u>Filter Type / Filter Area:</u> MCE 385 mm <sup>2</sup>
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> F- 1		<u>Area Examined:</u> 0.07021 mm <sup>2</sup>
<u>Received:</u> 08/23/2001	19:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara  
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
E7-4/6C	1	NSD							<input type="checkbox"/>	
E7-4/6E	2	NSD							<input type="checkbox"/>	
E7-4/6F	3	NSD							<input type="checkbox"/>	
E8-4/6C	4	NSD							<input type="checkbox"/>	
E8-4/6E	5	NSD							<input type="checkbox"/>	
E8-4/6F	6	NSD							<input type="checkbox"/>	
E8-4/6G	7	NSD							<input type="checkbox"/>	

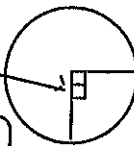
NSD: No Asbestos Structures Detected

Comments

	Structure Density	Concentration	Grid Evaluation
	(str/mm <sup>2</sup> )	(str/cc air)	
Total Grid Openings: 7	<14.2	<0.0043	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<14.2	<0.0043	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0043	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures $\geq 5$ microns: 0	<14.2	<0.0043	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<14.2	<0.0043	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	14.2	0.0043	

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 522.0
<u>Job #:</u> 501081534		<u>Filter Type / Filter Area:</u> MCE 385 mm <sup>2</sup>
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> F- 2		<u>Area Examined:</u> 0.07021 mm <sup>2</sup>
<u>Received:</u> 08/23/2001	19:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara  
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
E9-4/6C	1	1	1.5	.08	Chrysotile	Matrix	Mg, Si, Fe	/		
E9-4/6E	2	NSD								
E9-4/6F	3	NSD								
E9-4/6G	4	NSD								
E10-4/6C	5	NSD								
E10-4/6E	6	NSD								
E10-4/6F	7	NSD								

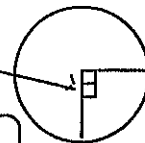
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 1	14.2	0.0036	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0036	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq 5$ microns: 0	<14.2	<0.0036	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 1	14.2	0.0036	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	14.2	0.0036	<input checked="" type="checkbox"/> Particulate Even

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 260.0
<u>Job #:</u> 501081534		<u>Filter Type / Filter Area:</u> MCE 385 mm <sup>2</sup>
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> F- 3		<u>Area Examined:</u> 0.07021 mm <sup>2</sup>
<u>Received:</u> 08/23/2001	19:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara  
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A1-4/6B	1	NSD							<input type="checkbox"/>	
A1-4/6C	2	NSD							<input type="checkbox"/>	
A1-4/6E	3	NSD							<input type="checkbox"/>	
A1-4/6F	4	NSD							<input type="checkbox"/>	
A1-4/6C	5	NSD							<input type="checkbox"/>	
A1-4/6E	6	NSD							<input type="checkbox"/>	
A1-4/6F	7	NSD							<input type="checkbox"/>	

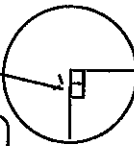
NSD: No Asbestos Structures Detected

### Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7	<14.2	<0.0044	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures $\geq 5$ microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	14.2	0.0044	

# TEM Asbestos (air) Count Sheet

sample area analyzed



Client Name: HUB TESTING

Job #: 501081534

Lab Sample #: 04

Client Sample #: F- 4

Received: 08/23/2001

Date Analyzed: 08/24/2001

Scope #: AB

Volume (liters): 1 435.0

Filter Type / Filter Area: MCE 385 mm<sup>2</sup>

Grid Opening Size: 0.01003

Area Examined: 0.06018 mm<sup>2</sup>

Magnification: 20,000

Accelerating Voltage: 100 KeV

19:15:00

Analysis Performed by:

*Sandhya Gunasekara*

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A3-3/6C	1	NSD								
A3-3/6E	2	NSD								
A3-3/6F	3	NSD								
A3-3/6G	4	NSD								
A4-4/4C	5	NSD								
A4-4/4E	6	NSD								

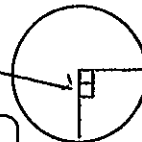
NSD: No Asbestos Structures Detected

## Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			
Chrysotile Asbestos Structures: 0	<16.6	<0.0045	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0045	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq$ 5 microns: 0	<16.6	<0.0045	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<16.6	<0.0045	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	16.6	0.0045	<input checked="" type="checkbox"/> Particulate Even

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 384.0
<u>Job #:</u> 501081534		<u>Filter Type / Filter Area:</u> MCE 385 mm <sup>2</sup>
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.01003
<u>Client Sample #:</u> F- 5		<u>Area Examined:</u> 0.06018 mm <sup>2</sup>
<u>Received:</u> 08/23/2001	19:15:00	<u>Magnification:</u> 20,000
<u>Date Analyzed:</u> 08/24/2001		<u>Accelerating Voltage:</u> 100 KeV
<u>Scope #:</u> AB		

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
A5-4/6C	1	NSD								
A5-4/6E	2	NSD								
A5-4/6F	3	NSD								
A5-4/6G	4	NSD								
B1-4/6C	5	NSD								
B1-4/6E	6	NSD								

NSD: No Asbestos Structures Detected

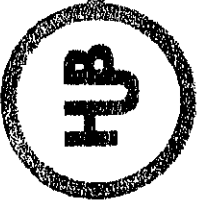
Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 6			
Chrysotile Asbestos Structures: 0	<16.6	<0.0046	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<16.6	<0.0046	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq 5$ microns: 0	<16.6	<0.0046	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 0	<16.6	<0.0046	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity: 16.6		0.0046	<input checked="" type="checkbox"/> Particulate Even



501081534

HUB TESTING LABORATORY, INC.  
Environmental Testing Service



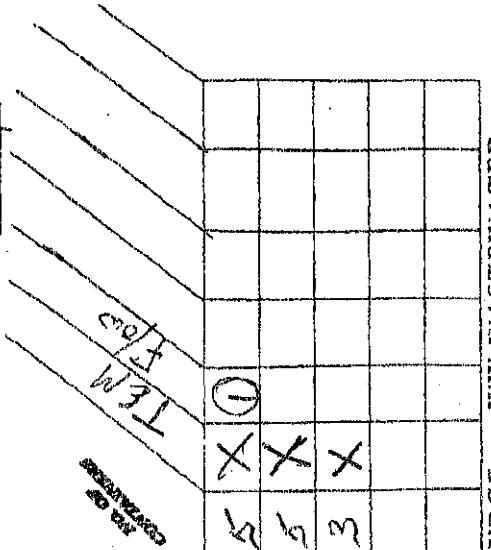
95 Beaver Street - Waltham, MA 02453  
(781) 893-8330 (781) 893-4414 (fax)

# CHAIN OF CUSTODY

TO: Schubert Boston  
8 School Street  
Weymouth MA 02187  
781 337 9993

CONTACT: David Conliffe PROJECT NAME: Consentino School PROJECT NO.: 1380

TURN AROUND TIME: 12 hour DUE DATE: 8/24/00 8:00AM



SAMPLE I.D.	DATE	TIME	MATRIX			LOCATION/SOURCE
			GRAB	COMB	SLUDGE	
F1, F2, F3, F4, F5	8/23/00	6:00 PM			A	Inside
F6, F7, F8, F9, F10		6:00 PM			A	Outside
F11, F12, F13		2:35 PM				Blanks

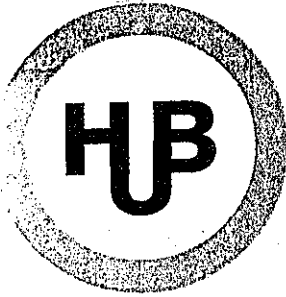
MATRIX: A-AIR C-COMPOSITE D-DILUENT DW-DRINKING WATER S-SOIL SL-SLUDGE WW-WASTEWATER  
SAMPLER'S SIGNATURE: David Conliffe SAMPLER TYPE: \_\_\_\_\_

SPECIAL REMARKS/CONDITIONS: For results to: 781-893-4414

See attached sheet

RELINQUISHED BY: David Conliffe DATE: 8/23/00 TIME: 7:05 AM RECEIVED BY: Shane Glada 8/23 9:15

RELINQUISHED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_



# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill School Department

*A. Lame 8/22/01*  
*19:15*

Project: Consentino School,  
 ceiling tile removal, spray-on encapsulation, rooms 21, 22, 43

Contractor: ECSI

Date: 8/23/01

*TEM Final Clearance*  
*Rm 21, 22, 43*

*INSIDE CONTAINMENT*

Rotometer ID: *Hub-R-1*

Pump Number	26	19A	19B	GA-1-A	GA-1-B	15	<del>8-9</del>	IV-4A	IV-4B	IV
Pre-calibration	6.0	7.5	6.0	7.0	7.0	7.0	8.0	8.0	7.0	7
Post-calibration	6.0	7.0	6.0	7.0	6.5	6.5	8.0	8.0	7.0	7
		7.25		7.0	6.75		6.75			

*→ outside CONTAINMENT*

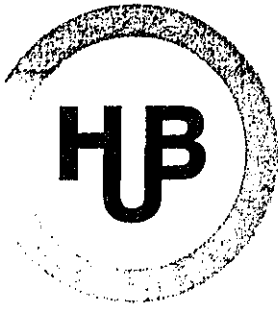
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
F-1	INSIDE Rm 43	26	2:15pm	5:50 <sup>pm</sup>	215	1290		
F-2	INSIDE Rm 21	19A		5:45	210	1522		
F-3	INSIDE Rm 21	19B		5:45	210	1260		
F-4	INSIDE Rm 22	GA-1-A		5:40	205	1435		
F-5	INSIDE Rm 22	GA-1-B	↓	5:40	205	1384		
F-6	DECON	15	2:30 <sup>pm</sup>	5:35	185	1249		
F-7	DECON	<del>15</del> 15		5:05	185	1240		
F-8	DECON	IV-4A		5:25 <sup>pm</sup>	185	1480		
F-9	DECON	IV-4B		5:35	185	1295		
F-10	DECON	IV-3	↓	5:35	185	1295		

Technician: *Dw. Cuffe* Date: 8/23/01

Decon F-11	Field Blank Decon	Decon Area	30 seconds	2:30pm
	Field Blank	2nd Floor Stairwell	36 seconds	2:35pm
2nd Floor F12 Stairwell	Ambient			
F-13	Sealed Blank Field		UNOPENED	

Serving our clients since 1941.

-501081534



# HUB TESTING LABORATORY, INC.

## Environmental Testing Service

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

Report For: Haverhill School Department

Project: Consentino School,  
~~ceiling tile removal spray-on encapsulation, rooms 21, 22, 42~~

Contractor: ECSI *Handwritten: Hallway Outside Computer Room 2nd Floor*

Date: 8/24/01

*Handwritten: PCM Clearance  
Wire Replacement above Ceiling*

Rotometer ID: *Handwritten: Hub R-1*

Pump Number	15	JU-3							
Pre-calibration	9.5	9.5							
Post-calibration	9.5	9.5							

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
F-14	<del>1186</del> Inside	15	8:05	10:05	130	1235	9.0	0.003
F-15	<del>1183</del> Inside	15	8:05	10:05	130	1235	14	0.005

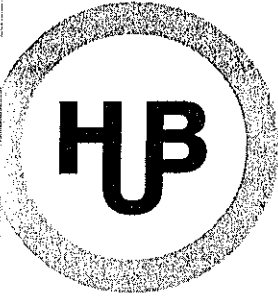
Technician: *Handwritten: D. Curly* Date: 8/24/01

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)



Report For: Haverhill School Dept.  
 Project: Consentino School (ceiling tile removal, spray-on encapsulation, Rms 21, 22 and 42)  
 Contractor: ECSI  
 Date: 8/20/01

### Checklist

		Adequate	Deficient
1.	Contractor's Personnel		
2.	Signs:	<u>X</u>	
3.	Barriers	<u>X</u>	
4.	Decontamination Facility Condition:	<u>N/A</u>	
5.	Housekeeping Inside and Outside:	<u>N/A</u>	
6.	Entry and Exit Procedures Followed:	<u>X</u>	
7.	HEPA Exhaust Operating:	<u>N/A</u>	
8.	Work Procedures Followed:	<u>X</u>	
9.	Respiratory Protection Used:	<u>N/A</u>	
10.	Differential Pressure:	<u>N/A</u>	
	Type _____		
11.	Copy of Contractor's Air Sampling Reports	<u>NOT</u>	Received
12.	Copy of Contractor's Daily Logs	<u>NOT</u>	Received
13.	Signs of Heat Stress	Present	<u>Not Present</u>
14.	Unusual occurrences		
	<u>setup of all areas JUST STARTED</u>		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: \_\_\_\_\_

Technician: D. de. C. [Signature] Log In: 8:00 AM Log Out: 3:45 PM

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service

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

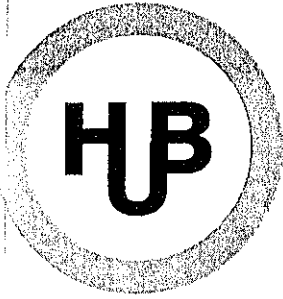
Report For: Haverhill School Dept.  
Project: Consentino School (ceiling tile removal, spray-on encapsulation, Rms 21, 22 and 42)  
Contractor: ECSI  
Date: 8/21/01

A.M. + P.M. Checklist

		Adequate	Deficient
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.	Work Procedures Followed:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Respiratory Protection Used:	Type <u>1/2 face</u> <input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Differential Pressure: <u>HEPA's Running no manometer in place</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Copy of Contractor's Air Sampling Reports	<u>NOT</u> Received	<input type="checkbox"/>
12.	Copy of Contractor's Daily Logs	<u>NOT</u> Received	<input type="checkbox"/>
13.	Signs of Heat Stress	Present	<input checked="" type="checkbox"/> Not Present
14.	Unusual occurrences	<u>Setup of Area Continued - Floors - PDF - critical</u>	
	Action taken	<u>Opening on walls above ceiling open to other classrooms affecting the makeup air coming thru the PDF.</u>	
	Daily Air Sampling Results:	<u>Under full containment opened up two rows of ceiling tiles &amp; sealed up Area above drop ceiling between classrooms</u>	
	See Daily Air Sampling Form		
	Number of bags removed from site:	<u>0</u>	
	Technician: <u>Dan W. Cutliffe</u>	Log In: <u>7:45 AM</u>	Log Out: <u>3:35 pm</u>

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service



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

Report For: Haverhill School Dept.  
 Project: Consentino School (ceiling tile removal, spray-on encapsulation, Rms 21, 22 and 42)  
 Contractor: ECSI  
 Date: 8/22/01

### Checklist

		Adequate	Deficient
1.	Contractor's Personnel # <u>6</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 type="checkbox"/>	<input checked="" type="checkbox"/>
7.	HEPA Exhaust Operating:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Work Procedures Followed: <u>WATER - Removal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Respiratory Protection Used: Type <u>1/2 Face</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Differential Pressure: <u>NO manometer</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Copy of Contractor's Air Sampling Reports	<u>NOT</u> Received	<input type="checkbox"/>
12.	Copy of Contractor's Daily Logs	<u>NOT</u> Received	<input type="checkbox"/>
13.	Signs of Heat Stress	Present	<input checked="" type="checkbox"/> Not Present
14.	Unusual occurrences <u>observed - foreman + supervisor inside, no respiratory protection</u> <u>also PPE NOT observed once.</u> <u>usage used -</u>		

Action taken \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

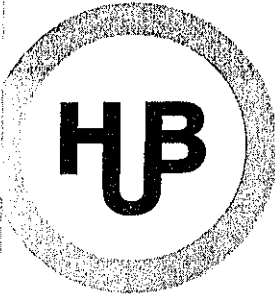
Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 250 bags

Technician: D. W. Cuffe Log In: 9:00 AM Log Out: 3:45 PM

# HUB TESTING LABORATORY, INC.

## Environmental Testing Service



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

Report For: Haverhill School Dept.  
Project: Consentino School (ceiling tile removal, spray-on encapsulation, Rms 21, 22 and 42)  
Contractor: ECSI  
Date: 8/23/01

### Checklist

	#	Adequate	Deficient
1. Contractor's Personnel	<u>5</u>	<u>X</u>	_____
2. Signs:		<u>X</u>	_____
3. Barriers		<u>X</u>	_____
4. Decontamination Facility Condition:		<u>X</u>	_____
5. Housekeeping Inside and Outside:		<u>X</u>	_____
6. Entry and Exit Procedures Followed:		<u>X</u>	_____
7. HEPA Exhaust Operating:		<u>X</u>	_____
8. Work Procedures Followed:		<u>X</u>	_____
9. Respiratory Protection Used:	Type <u>1/2 FACE</u>	<u>X</u>	_____
10. Differential Pressure: <u>NO manometer but Negative Air</u>		_____	_____
11. Copy of Contractor's Air Sampling Reports <u>Visually thru PDF</u>		<u>NOT</u>	Received
12. Copy of Contractor's Daily Logs		<u>NOT</u>	Received
13. Signs of Heat Stress		Present	<u>Not Present</u>
14. Unusual occurrences			

Action taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 30 wrapped metal shrap

Technician: D. W. Cariffe Log In: 7:00 AM Log Out: 6:00 pm left site  
Delivered samples to Sci Lab, Weymouth, MA till 8:00 pm



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.: Rm 43, 21, 22 WORK AREA DESCRIPTION: classrooms 2nd Floor

DEMOLITION REQUIRED (describe) (\*):  
drop ceiling + metal frame work

MATERIAL TO BE ABATED (describe, give quantities):  
drop ceiling + frame work - cut out Microbe stained Fiber-glass decking along metal frame work. 770 SQ FT per Classroom.

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 2 days

### CRITICAL BARRIERS IN PLACE:

Windows  Doors  HVAC Vents off Electrical Switches Covered  
Electrical Outlets Covered Other WATER in place in CONTAINMENT

ALL MOVABLE EQUIPMENT OUT OF AREA yes  
ALL NON MOVABLE EQUIPMENT WRAPPED (\*) yes

### DECONTAMINATION FACILITIES (\*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER Y/N  
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER 5 Area PDF  
IF OTHER DESCRIBE \_\_\_\_\_

TYPE OF RESPIRATORY PROTECTION TO BE USED: 1/2 Face P100  
NUMBER OF NEGATIVE AIR MACHINES OPERATING (\*): 3 machines  
PRESSURE READING: N/A  
CONTAINMENT SMOKE TESTED: N/A

PIH'S SIGNATURE: [Signature] DATE 8/21/01 1:45 pm

CONTRACTOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(\*) - Indicate on sketch

ATTACHMENT D  
FINAL INSPECTION

# 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. Rm 43, 21, 22

CONTRACTOR SCS Env. Services

VISIBLE DEBRIS NOTED ON:

YES

NO

- 1. FLOORS ✓ cleanup vacuuming wet wiping
- 2. WALLS ✓
- 3. CEILINGS ✓
- 4. PIPES N/A
- 5. ELBOW FITTINGS N/A
- 6. DUCTS N/A
- 7. HORIZONTAL SURFACES ✓ Cleanup of pointed out
- 8. EQUIPMENT ✓

LOCKDOWN ENCAPSULANT APPLIED yes, on spray on asbestos on beams *Biochem Engineering - A. B. Co. Fibrelock Technology*

SAMPLES COLLECTED USING AGGRESSIVE METHODS yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT yes

DATE SAMPLING PUMPS CALIBRATED 8/23/01

FINAL AIR SAMPLE RESULTS \_\_\_\_\_

FINAL AIR SAMPLES - PASS yes see Attachment A  
FINAL AIR SAMPLES - FAIL \_\_\_\_\_

CONTRACTOR NOTIFIED yes, verbally

MONITOR'S SIGNATURE [Signature] DATE 8/27/01

Notes: Hydrogen Peroxide / Ammonium Chloride Solution Applied to all surfaces as cleaner microbial disinfectant.

Biocide sprayed/applied as a second biocide destroyer for future growth to be stopped on all materials above drop ceiling.

ATTACHMENT E  
LABORATORY DOCUMENTATION  
PROJECT MONITOR DOCUMENTATION

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:

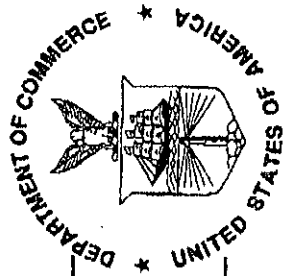
CLASS A CERTIFICATE  
CLASS C CERTIFICATE

  
Robert J. Prezioso, Deputy Director

MCI-1/97

United States Department of Commerce  
National Institute of Standards and Technology

**NVLAP**<sup>®</sup>



ISO/IEC GUIDE 25:1990  
ISO 9002:1987

**Certificate of Accreditation**

**SCILAB BOSTON, INC.**  
EAST WEYMOUTH, MA

*is recognized under the National Voluntary Laboratory Accreditation Program for satisfactory compliance with criteria established in Title 15, Part 285 Code of Federal Regulations. These criteria encompass the requirements of ISO/IEC Guide 25 and the relevant requirements of ISO 9002 (ANSI/ASQC Q92-1987) as suppliers of calibration or test results. Accreditation is awarded for specific services, listed on the Scope of Accreditation for:*

**AIRBORNE ASBESTOS FIBER ANALYSIS**

June 30, 2002

Effective through

*David F. Alderman*

For the National Institute of Standards and Technology

NVLAP Lab Code: 102079-0

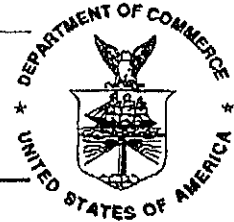
National Institute  
of Standards and Technology



National Voluntary  
Laboratory Accreditation Program

ISO/IEC GUIDE 25:1990  
ISO 9002:1987

# Scope of Accreditation



Page: 1 of 1

**AIRBORNE ASBESTOS FIBER ANALYSIS**

**NVLAP LAB CODE 102079-0**

**SCILAB BOSTON, INC.**

8 School Street

East Weymouth, MA 02189

Mr. John Sulkowski

Phone: 781-337-9334 Fax: 781-337-7642

E-Mail: [jsulkowski@scilabs.com](mailto:jsulkowski@scilabs.com)

URL: <http://www.SCILABS.com>

**NVLAP Code**

**Designation**

~~18/A02~~

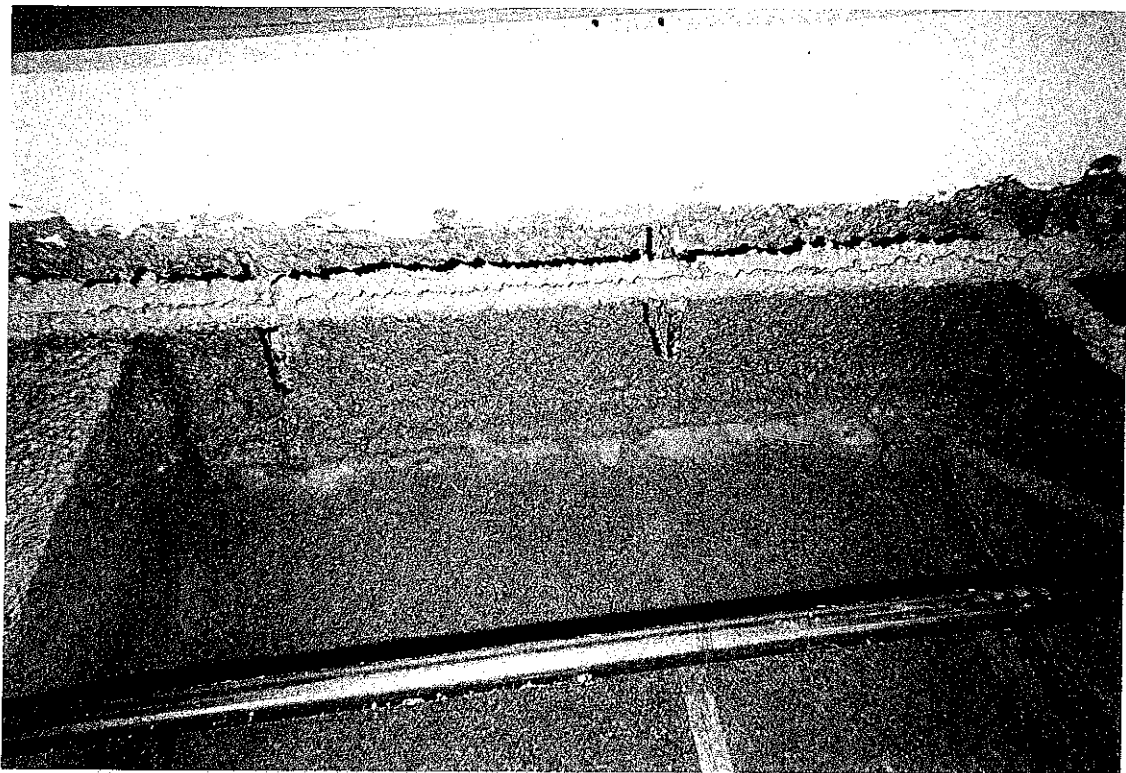
~~U.S. EPA's "Interim Transmission Electron Microscopy Analytical  
Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine  
Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E,  
Appendix A.~~

June 30, 2002

Effective through

For the National Institute of Standards and Technology





Rm 22 encapsulation of beam & fiberglass added due to negative air pressure used during work



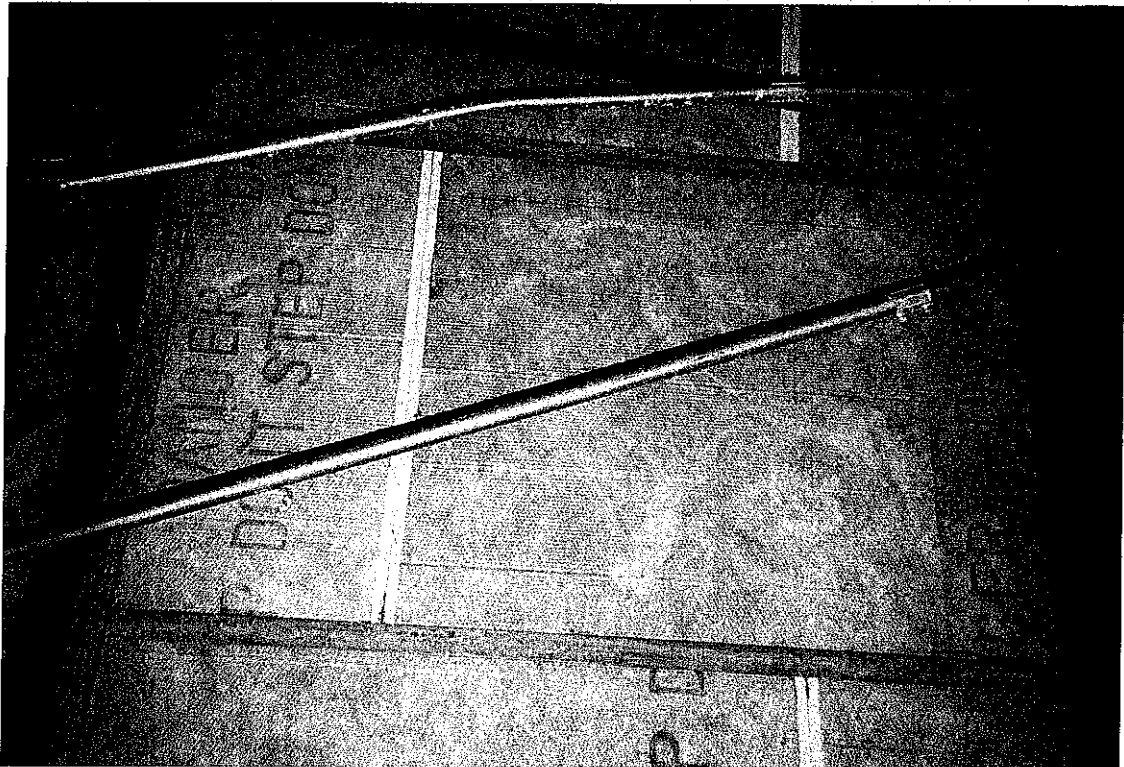
Rm 22 encapsulated beam



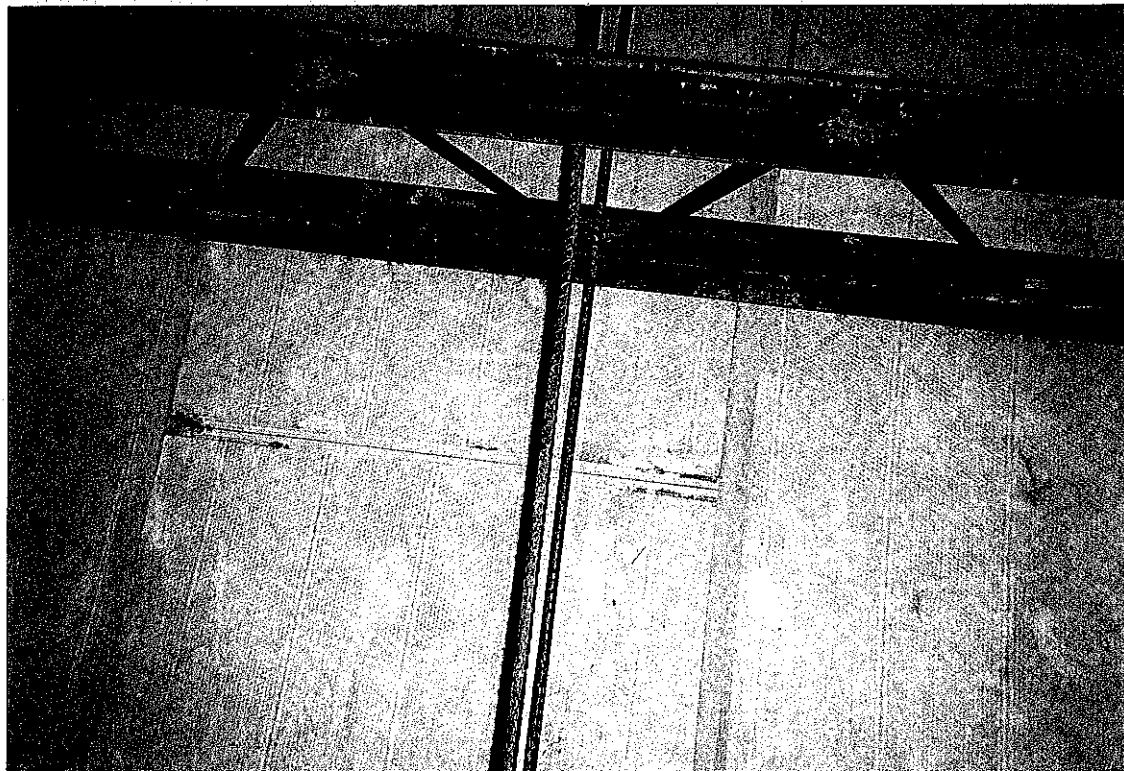
Rm 22 shows grey straps cleaned fiberglass in good shape



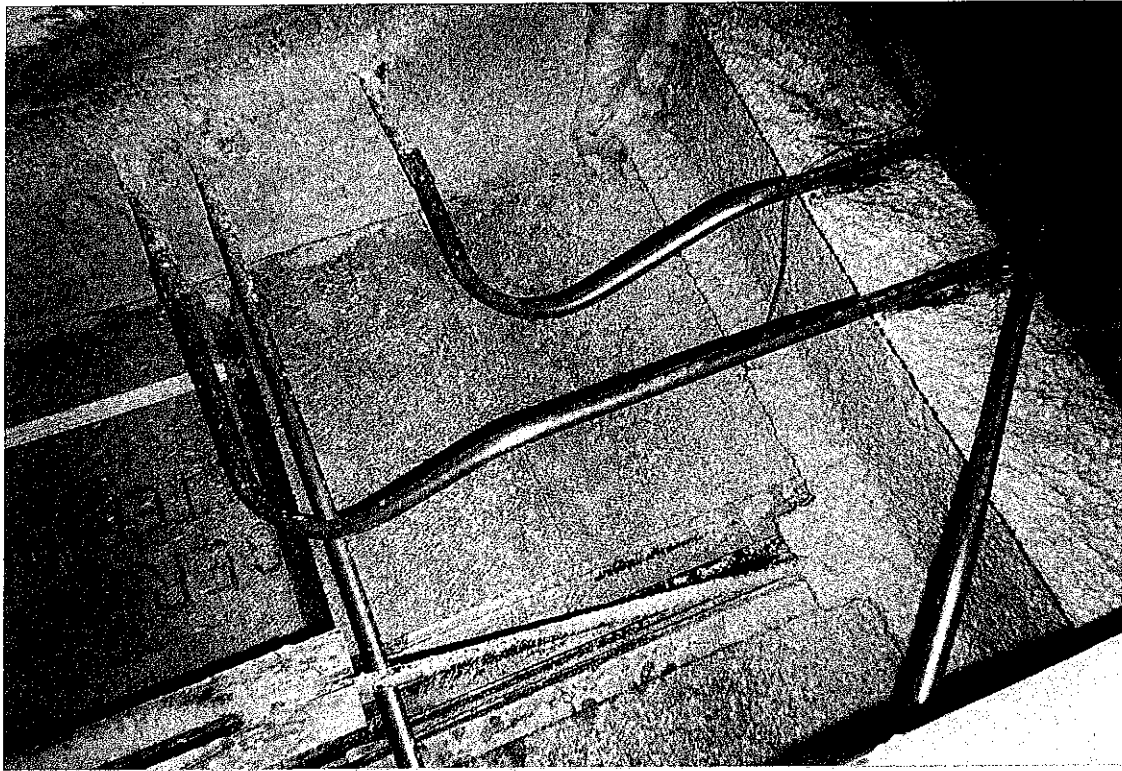
Rm 22 encapsulated beam



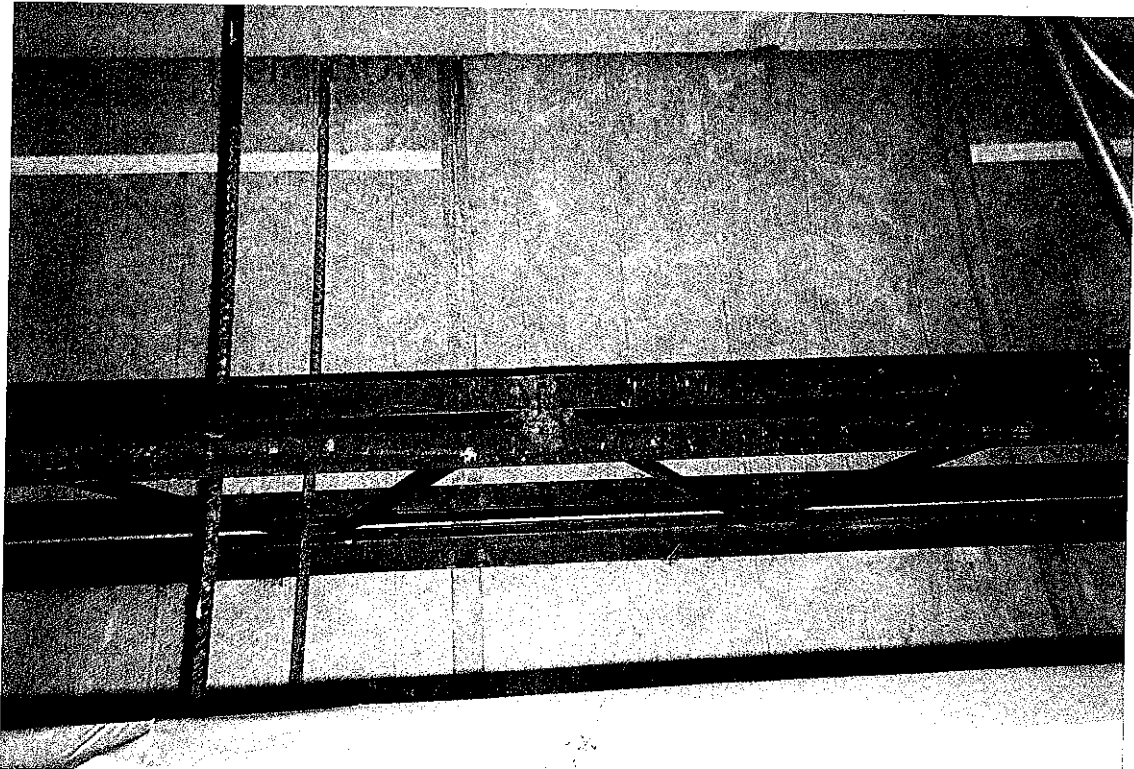
Rm 42 cleaned grey straps



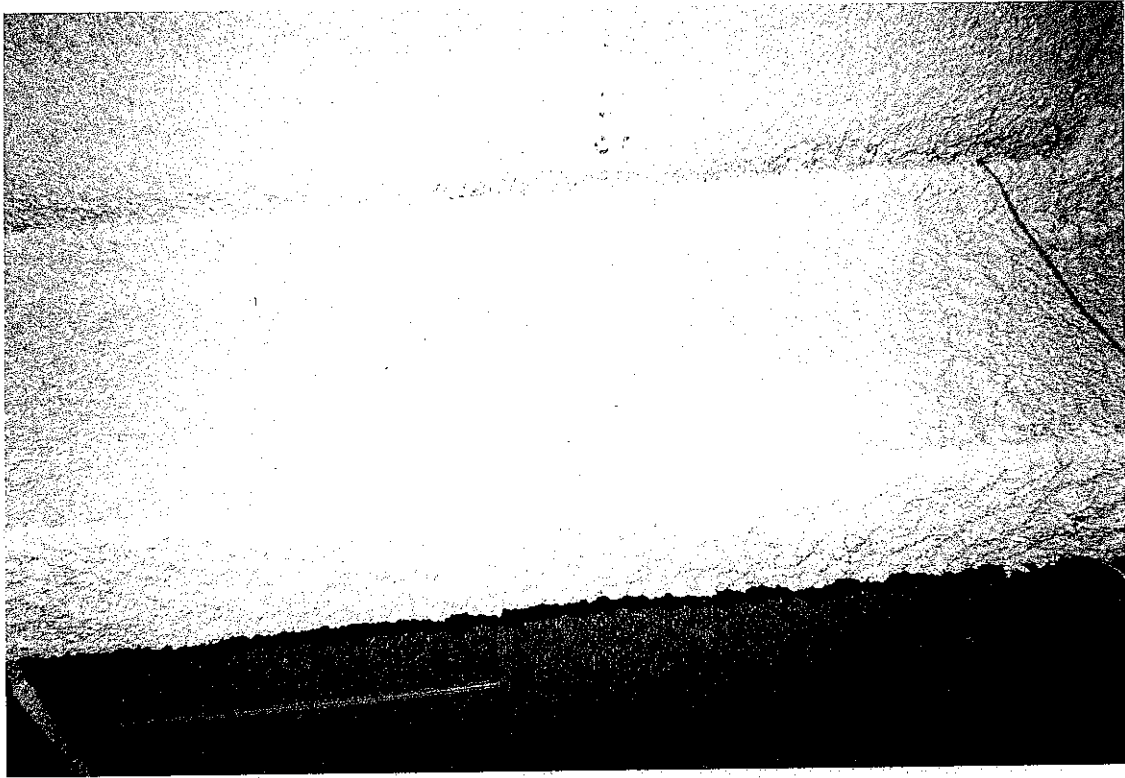
Rm 21 showed grey metal straps wiped and some fiberglass removed around metal strap



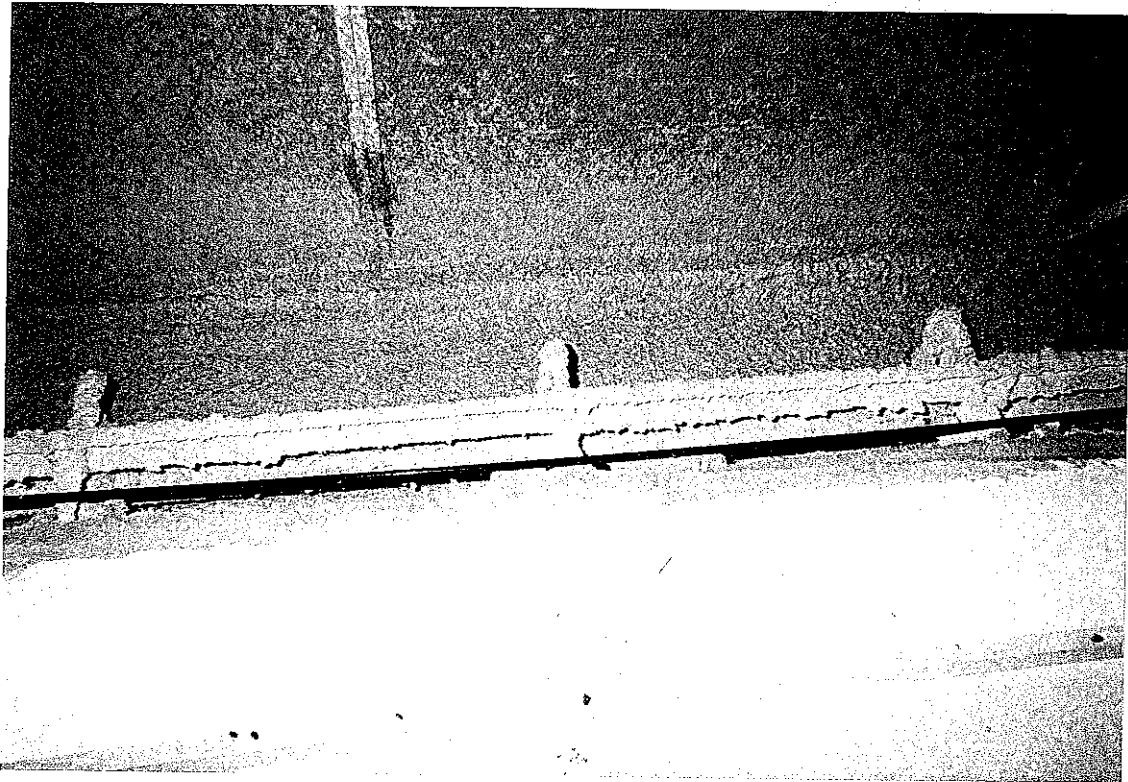
Rm 21 encapsulation and added fiberglass to beam  
for negative setup



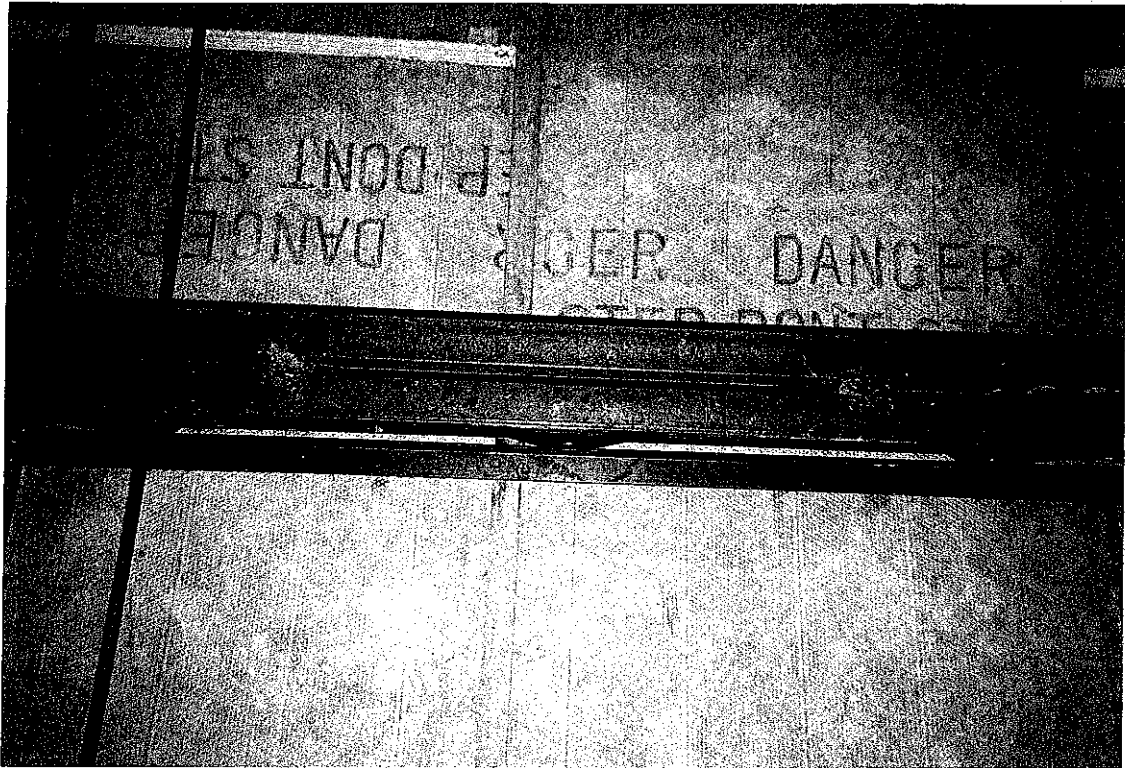
Rm 21 joist and grey straps on ceiling deck cleaned



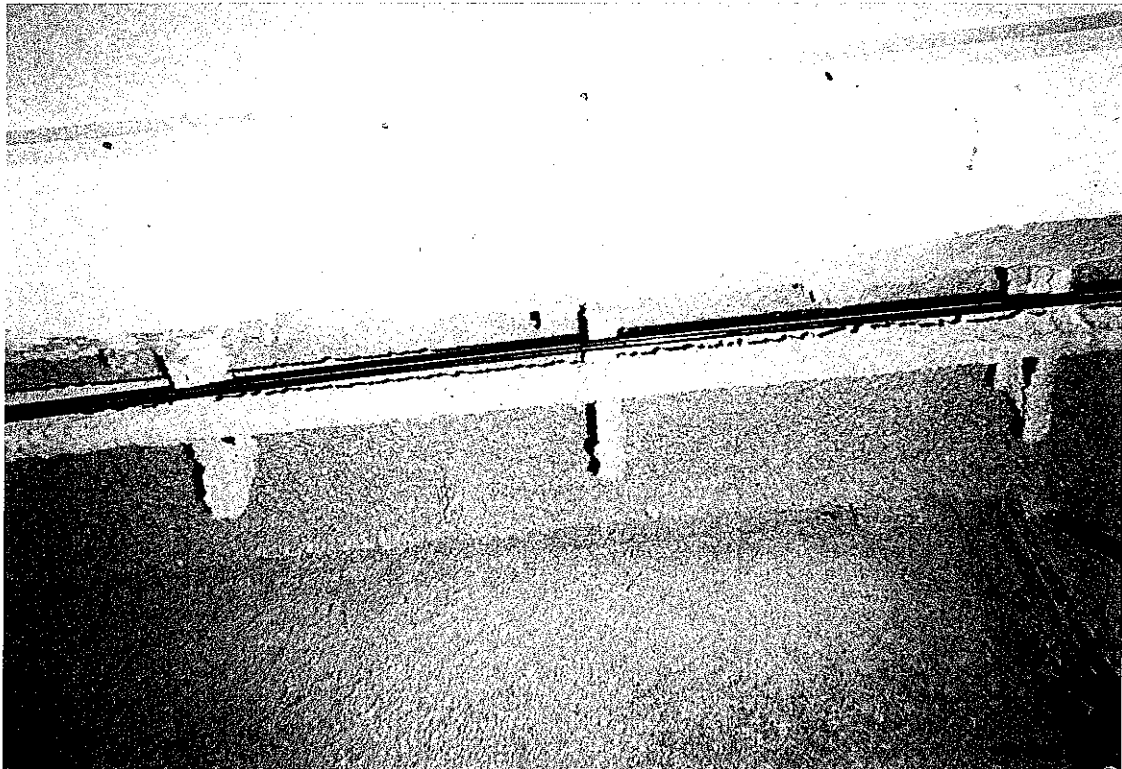
Rm 21 encapsulated beam



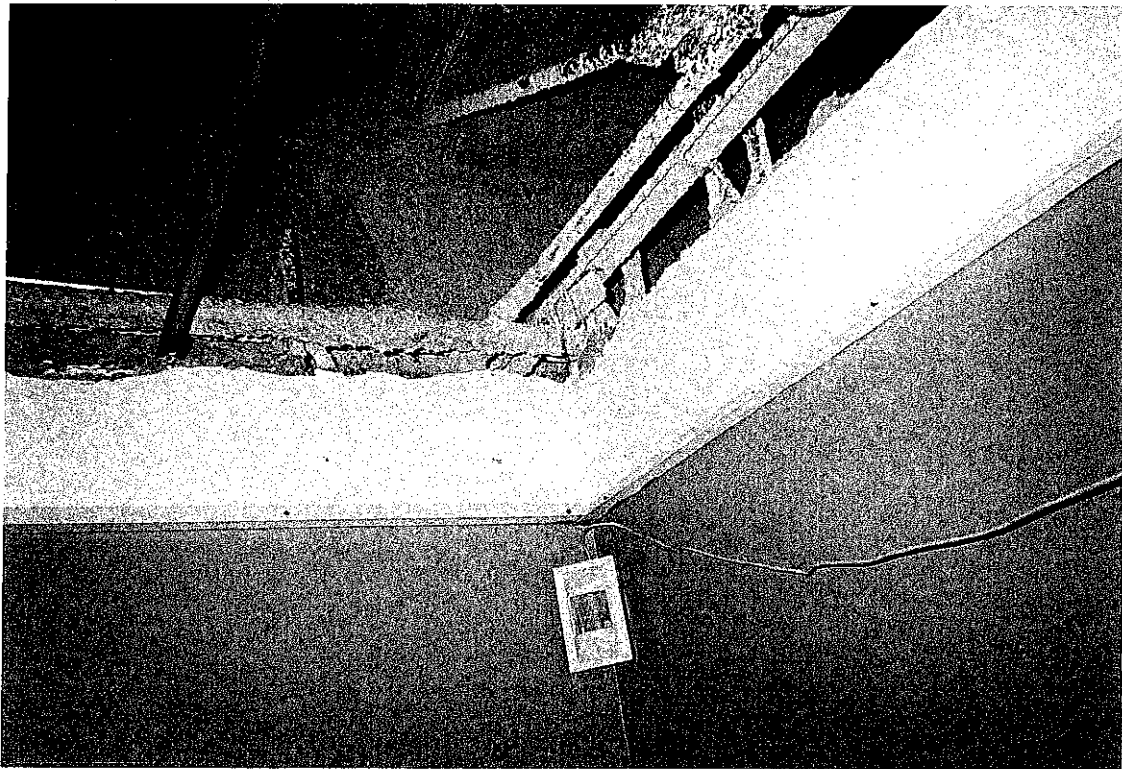
Rm 21 encapsulation of beam



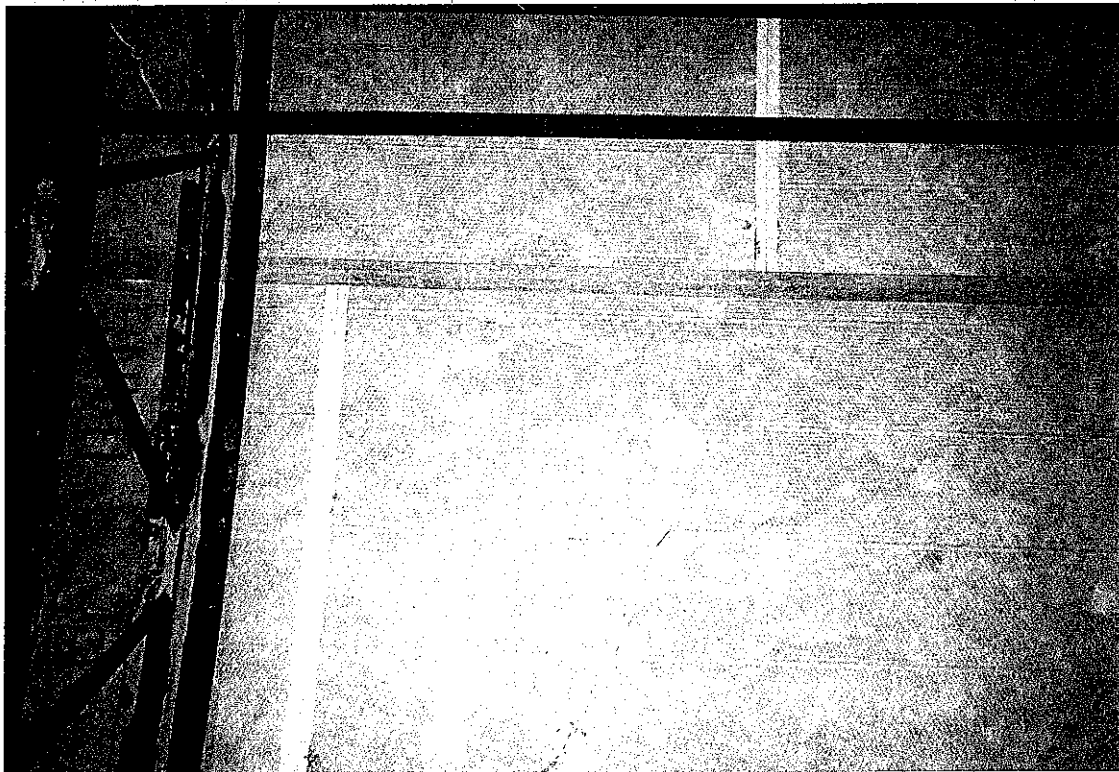
Rm 22 joist cleaned



Rm 21 encapsulation of beam



Rm 22 shows where encapsulation was done (dark color)  
and where poly unused covered other part of beam



Rm 22 shows cut out spots (very light squares & circles)  
shows wiping of grey straps which hold fiberglass

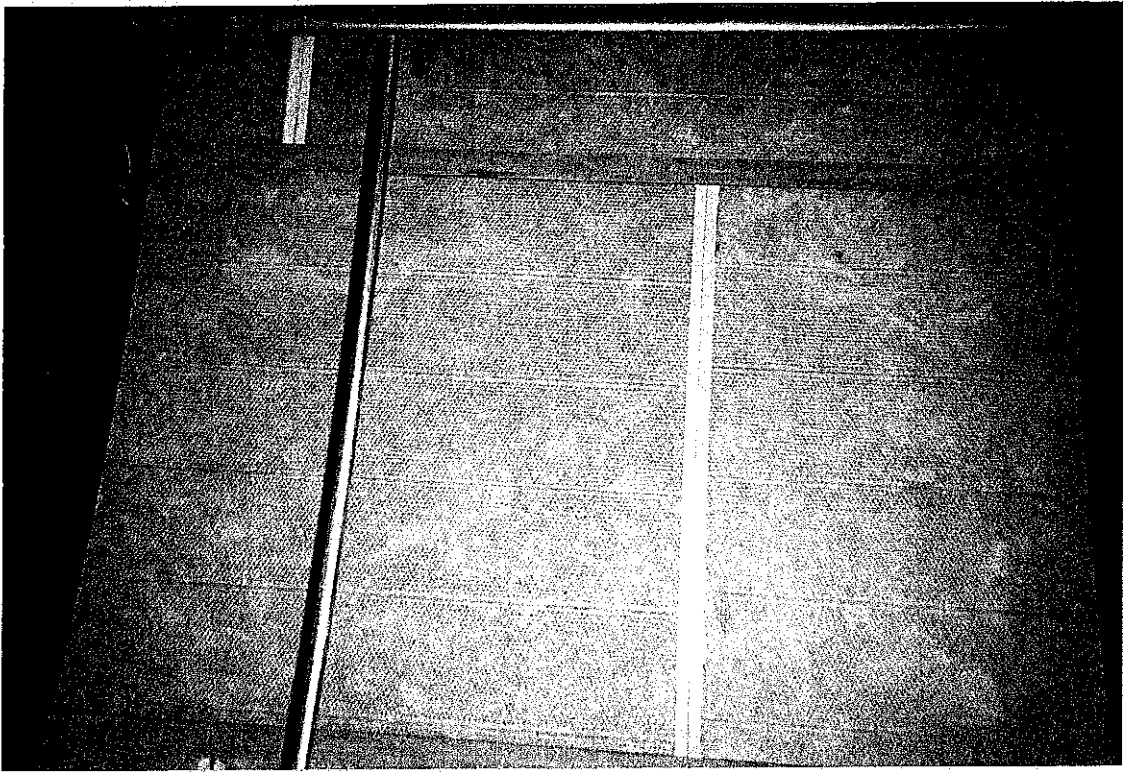


Rm 42 encapsulation stopped (dark color) and the poly covered non encapsulated insulation on beams

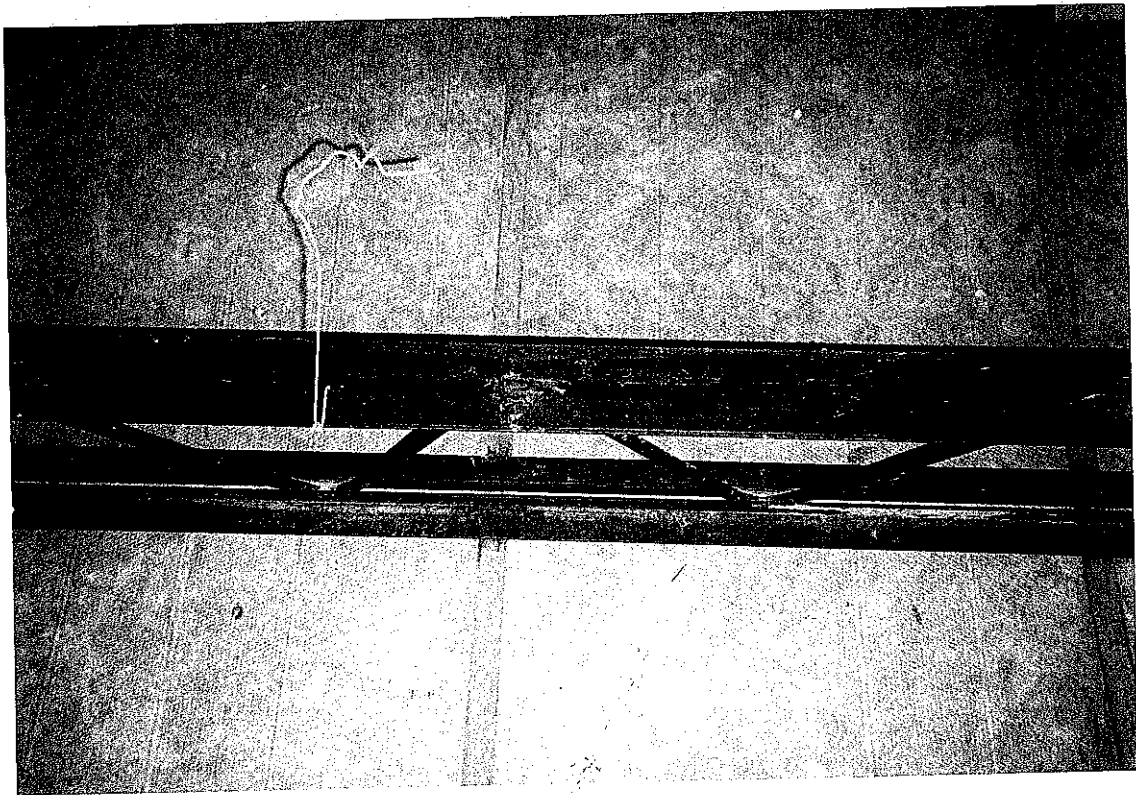


Rm 42 cleaned grey straps





Rm 42 grey metal straps cleaned



Rm 42 joist cleaned, straps above cleaned



Rm 42 cleaned beam, clean grey straps, cut fiberglass along middle strap



Rm 42 shows beam cleaned which did not have insulation,  
ceiling fiberglass cut off piece, metal straps cleaned

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



Asbestos Project Monitor

**SUSAN BOYLE**

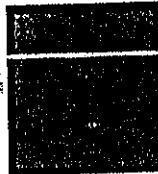
Eff. Date 06/06/2001

Exp. Date 06/05/2002

AM 33281

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

HV 003280



HV-REN

66B Concord Street  
Wilmington, MA 01887  
(978) 657-3826  
FAX (978) 657-5705



## Occupational Health + Rehabilitation Inc

### EMPLOYEE ASBESTOS NOTIFICATION LETTER

NAME: David Cunliffe

SS# 028-46-5948

DATE OF EXAM: 06/27/01

This is a written report regarding the results of your asbestos surveillance examination as required by the OSHA Standard (29.CFR 1910.1001 and 1926.58).

**Enclosed is a copy of the letter sent to your employer, which you are required to receive. Please note any medical conditions or personal protective equipment and restrictions that may be indicated on this letter.** Although asbestos is a hazardous substance, individual risk may be adequately controlled by meticulous observation of safe work practices. Careful use of protective equipment and proper techniques are essential to safeguarding your health.

It is important to note that this type of examination does not substitute for ongoing care by your personal physician. Additional aspects of routine health care should be discussed with your own physician.

Non-work related medical findings that require follow up: None.

Recommendations: None.

Ekaterina Malievskaia, MD  
Examining Physician

  
\_\_\_\_\_  
Signature



## Occupational Health + Rehabilitation Inc

### EMPLOYER ASBESTOS CLEARANCE LETTER Hub Testing Laboratory

NAME: David Cunliffe

SS#: 028-46-5948

DATE OF EXAM: 06/27/01

This letter confirms that the above 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-RAY WITH "B" READING RESULT:

Normal  Abnormal

Should have B Reader in 2006.

PULMONARY FUNCTION TEST RESULT:

Normal  Abnormal

COMMENTS:

None:

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

Smoker:  None:

**Patient was cautioned regarding the increased risk of lung cancer when asbestos exposure and cigarette smoking are combined.**

The following limitations on personal protective equipment, including respirators, are indicated:

[  ] None: The patient is medically qualified to wear all personal protective equipment.

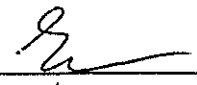
[  ] Patient limitations:

COMMENTS: None

The employee has been informed of the results of the medical examination, both with regard to occupational and general medical conditions. In accordance with the Standard, findings and diagnoses 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.

Ekaterina Malievskaia, MD

Examining Physician

  
\_\_\_\_\_  
Signature

cc Employee

# HUB TESTING LABORATORIES

Consulting and Testing Engineers



95 Beaver Street — Waltham, Mass. 02154 — (617) 893-8330

## RESPIRATOR FIT TEST RECORD

NAME: David Cunliffe SOCIAL SECURITY #: 028-46-5948  
COMPANY HUB TESTING LAB, INC LAST MEDICAL EXAM: 6/27/01  
FIT TEST DATE 7/2/01 CORRECTIVE LENS NEEDED: yes  
FIT TEST EXPIRATION DATE 7/2/02

Briefed on fundamental principles of respiratory protection, use, selection, inspection, cleaning, maintenance and storage of equipment:  Y  N

Isoamyl acetate odor recognition  Y  N  
Irritant smoke odor recognition  Y  N

	RESPIRATOR 1	RESPIRATOR 2
Pressure Type:	<u>Purifying</u>	_____
Equipment Type:	<u>Half</u>	_____
Manufacturer:	<u>Noney</u>	_____
Model:	<u>7700 Series</u>	_____
Size:	<u>Large</u>	_____
Cartridge Type:	<u>P100</u>	_____
Approval Number:	_____	_____

TEST PERFORMED	RESPIRATOR 1		RESPIRATOR 2	
Negative Pressure check	<input checked="" type="radio"/> P	F	P	F
Positive Pressure check	<input checked="" type="radio"/> P	F	P	F
Isoamyl Acetate Vapor	P	F	P	F
Irritant Smoke Test	<input checked="" type="radio"/> P	F	P	F
Saccharin Solution Test	P	F	P	F

This individual named above has been fit-tested according to the qualitative fit test protocol adapted from OSHA 29 CFR 1910 & 29 CFR 1926.

Scott P. Smith  
Examiners Name (Print)

[Signature] 7/2/01  
Signature Date

[Signature]  
Employees Signature

7/2/01  
Date

ATTACHMENT F  
CONTRACTOR DOCUMENTATION



**A** Asbestos Abatement Description

**INSTRUCTIONS**

1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.15 (ten working days prior notification is required of any abatement project); and the Department of Labor and Industries notification requirements of 453 CMR 6.12 (ten days prior notification is required of ANY abatement project greater than three linear or square feet).

2. Submit Original Form To:  
**Commonwealth of Massachusetts Asbestos Program**  
P.O. Box 120087  
Boston, MA  
02112-0087

3. This form may be used for notifying the U.S. Environmental Protection Agency Region I of asbestos demolition/renovation operations subject to NESHAPS (40 CFR Subpart M).

For Official Use Only
Notification #
Received Date
Receiver
Form Approved/Denied
Decision Date

1. Facility location:  
 Name: Consentino School Address: 685 Washington Street  
 City/Town: Haverhill Zip code: 01830 Telephone: 978-374-2309  
 Rooms 21, 22 & 43

2. Is the facility occupied?  Yes  No

3. Asbestos Contractor:  
 Name: SCS ENVIRONMENTAL SERVICES, INC. Address: 80 BORDER STREET  
 City/Town: EAST BOSTON, MA. Zip code: 02128 Telephone: (617)569-3600  
 DLI License #: AC 000125 Contract Type (written/verbal): \_\_\_\_\_

4. On-Site Project Supervisor/Foreman:  
 Name: Kevin Moran DLI Certification #: AS51314

5. Project Monitor:  
 Name: Hub Testing DLI Certification #: \_\_\_\_\_

6. Asbestos Analytical Lab:  
 Name: AS Abate DLI Certification #: \_\_\_\_\_

7. Project start date 8/20/01 and date 8/24/01 specific work hours (Mon.-Fri.) 7A-3P (Sat. Sun.) \_\_\_\_\_

8. What type of project is this? (circle one): demolition  repair  renovation  other (explain) \_\_\_\_\_

9. Describe the asbestos abatement procedures to be used (circle): glove bag  enclosure  full containment  cleanup  
 encapsulation  disposal only  other (explain) \_\_\_\_\_

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 (linear ft.) 200 or other surfaces (square ft.) 3,000 to be removed, enclosed or encapsulated:  
 linear/square feet  
 boiler, breaching, duct, tank surface coatings \_\_\_\_\_ thermal, solid core pipe insulation 200  
 corrugated or layered paper pipe insulation \_\_\_\_\_ insulating cement \_\_\_\_\_  
 spray-on fireproofing \_\_\_\_\_ trowel/sprayer coatings \_\_\_\_\_  
 cloths, woven fabrics \_\_\_\_\_ transite board, wall board \_\_\_\_\_  
 other (please describe) ceiling 3000

12. Describe the decontamination system(s) to be used:  
FULL CONTAINMENT, 3 CHAMBER DECON UNIT WITH SHOWER AND/OR GLOVEBAG REMOVAL WITH MINI CONTAINMENT.

13. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):  
ALL ACM SHALL BE REMOVED WET, PLACED IN 2 SIX MIL DISPOSAL BAGS, LABELLED AND PLACED IN AN EPA APPROVED LANDFILL SITE.

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:  
 Name of DEP Official: Joe Dowling Title: Inspector  
 Date of Authorization: 8/16/01 Waiver #: 0108961  
 Name of DLI Official: Rick Rabin Title: Inspector  
 Date of Authorization: 8/17/01 Waiver #: NWA 001263

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



Control No. 11332



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**

SCS ENVIRONMENTAL SERVICES, INC.  
80 BORDER STREET  
EAST BOSTON MA 02128

LICENSE # AC000125

EXPIRES November 14 2001

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



SCS Environmental Services, Inc.  
80 Border Street  
East Boston, MA 02128

### LOG SHEET

DATE	LOCATION	EMPLOYEE NAME	LICENSE #	TIME IN	TIME OUT
8/20/01	CONSENTINO SERRA	[Signature]	AS	8:00	
MOR	HAVEN AIDL	Eleman Trujano	553771		
		<del>[Signature]</del>	AS-		
		Jose H Minias	33136		
		CARLOS MINIAS	AW		
		<del>[Signature]</del>	000138		
		<del>[Signature]</del>	AW		
		BOLIVAR TREN	32683		
		Juan del Villar	A.W		
		JUAN DE VILLAR	37030		
8/20		DAVID CONLiffe		7:45 AM	3:45 PM
		HUB TESTING			



SCS Environmental Services, Inc.  
80 Border Street  
East Boston, MA 02128

### LOG SHEET

DATE	LOCATION	EMPLOYEE NAME	LICENSE #	TIME IN	TIME OUT
8-21-01	Consentino School	[Signature]	AS	7:30	
Tue	Waver Hill	HERNAN MINAS	33771	07:35	
		José H. Minas	AS		
		[Signature]	33136		
		JUAN DE VILLAR	AW		
		Juan Carlos Villar	32370		
		[Signature]	AW		
		BOLIVAR HEN	32183		
8/21		DAVID CUNIFFE		7:45 AM	4:00 PM
		HUBERTINE LAB			



**Commonwealth of Massachusetts**

**Division of Occupational Safety**

*Robert J. Prezioso, Deputy Director*

**Asbestos Supervisor**



**KEVIN F. MORAN**

Eff. Date 06/25/01

Exp. Date 06/24/02

ASC051314

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**

**JUAN DEL VILLAR**

Eff. Date 07/11/2001

Exp. Date 07/10/2002

AW 32230

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

HV 002229



HVRN

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



**Asbestos Supervisor**

**HERMAN F. MINAS**

Eff. Date 06/04/01

Exp. Date 06/03/02

AS053771

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

BO

**02**



BOSTON-RENEW

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



**Asbestos Supervisor**

**JOSE H MINAS**

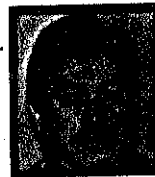
Eff. Date 03/14/2001

Exp. Date 03/13/2002

AS 33136

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

HV 003135



HVNW

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



**Asbestos Worker**

**BOLIVAR THEN**

Eff. Date 07/02/01

Exp. Date 07/01/02

AW032183

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**



**CARLOS A. MINAS**

Eff. Date 03/26/01

Exp. Date 03/25/02

AW000138

Member of CONES

BO

**02**



BOSTON-NEW



LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone (978) 689-7370

This is to certify that

**Bolivar Then**

has successfully completed the 8-hour course

**Asbestos Refresher for Workers - Spanish**

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

AR0600-17-BT7037

Certificate Number

JUNE 17, 2000

Dates of Training

JUNE 17, 2000

Expiration Date

JUNE 17, 2000

Date of Examination

*Francisca Roman*

President/Director of Training



# 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: Bolivar Thery

Qualified Person Signature: [Signature]

Date: 6-17-00

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: None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Overall Evaluation:  Pass /  Fail

5. Respirator Approvals:

Manufacturer: Norel Approval # \_\_\_\_\_  
Type: F Size: M

# 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

Date: 6/15/00 Time In: 3:15 Time out: 4:24 Date of Birth: 6/5/59 Contact Person: \_\_\_\_\_

YOUR NAME: BOLIVAR Then SS #: 02578703 NAME OF COMPANY: National Surface  
HOME ADDRESS (Street, City, State, Zip): 285 Exxes St Lawrence COMPANY ADDRESS (Street, City, State, Zip): \_\_\_\_\_  
HOME PHONE: 978-377-3171 COMPANY PHONE: \_\_\_\_\_

## PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.  
Signature of Patient: \_\_\_\_\_ Signature of VROHS Witness: \_\_\_\_\_ Date: 6/15/00

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer, all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.  
Signature of Patient: \_\_\_\_\_ Signature of VROHS Witness: \_\_\_\_\_ Date: 6/15/00

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.  
Signature of Patient: \_\_\_\_\_ Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: VICTOR THORNTON 978-683-2847 Tel. No. \_\_\_\_\_

## STATUS REPORT

### SERVICE PROVIDED

- Physical
- Physical w/Letter
- ICC/DOT Examination
- Industrial Accident/Examination and Treatment
- Follow-up Examination
- Other: PFT

### FOLLOW-UP APPOINTMENT

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

### WORK STATUS

- Return to Regular Work  
Date: \_\_\_\_\_
- Able to return to work with restrictions as indicated.
- Unable to return to work for duration of disability, \_\_\_\_\_ days.
- Capable of Full-Duty Work.
- Pending X-Ray Report
- Pending Lab Report
- Other: \_\_\_\_\_

### RESTRICTED WORK AS INDICATED BELOW

- Duration of modified work \_\_\_\_\_
- 1. No prolonged standing or walking
  - 2. No climbing, bending or stooping
  - 3. Limited use of right/left hand
  - 4. Right/Left handed work only
  - 5. No work near moving machinery
  - 6. Weight lifting restriction:
    - 0-15 pounds
    - 15-35 pounds
    - 35-50 pounds
  - 7. Other: \_\_\_\_\_

DIAGNOSIS: Physical

DR. COMMENTS: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: 6/15/00

PHONE CALL MADE TO COMPANY: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

COMMENTS: \_\_\_\_\_



NSC Corporation

Physician's Written Opinion

Applicant's Name: Bolivar Yhen Social Security No.: 025-78-7037

Address: 285 Essex St Lawrence MA 01840

"The above named individual was seen by me on 6/15/00, and in accordance with all applicable portions of OSHA's Asbestos Standard for the Construction Industry, 29 CFR 1926.58, with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. P Reviewed with this individual, his/her completed OSHA standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2.    Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respiratory equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3.    Conducted a physical examination of this individual with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiration volume at one second (FEV-1); and
4.    Determined that a chest radiograph was  was not  required as a part of this examination. (If required, the x-ray was taken and read in accordance with Appendix E of the Asbestos Standard); and
5.    Determined that this individual may  may not  use a respiratory device while performing his/her required employment services; and
6.    Informed this individual that I have  have not  detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7.    Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8.    Informed this 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 and/or Limitations (if any): \_\_\_\_\_

P. Tamar MD  
(Physician's Printed Name)

P. Tamar  
(Physician's Signature)

(781) 685-2900  
(Physician's Phone No.)

VALLEY REGIONAL  
OCCUPATIONAL HEALTH SERVICES  
100 BATES STREET  
NORTH ANDOVER, MA 01845



# LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

***Juan Del Villar***

has successfully completed the 8-hour course

## ***Asbestos Refresher for Workers - Spanish***

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

AR0701-07-JD8075

Certificate Number

JUL 07, 2001

Dates of Training

JUL 07, 2001

Date of Examination

JUL 07, 2002

Expiration Date

*Francisco Tolosa*  
President/Director of Training



# 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 for 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 AN APPROPRIATE IN THE TRAINING AND FIT TEST SESSION MAY NOT PROVIDE ADEQUATE PROTECTION.

Employee, Subcontractor Signature: Wang Jie

Qualified Person Signature: Bartolomey

Date: 7/7/01

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. Logging in place
- g. Bend over and touch toes
- h. Grimace and frown
- i. Repeat Rainbow Pass type
- j. Breathe normally

Reaction:

Pass

4. Overall Evaluation: Pass Fail

5. Respirator Approvals:

Manufacturer	Approval #	Type	Size
<u>Norfolk</u>	<u></u>	<u>Full</u>	<u>4/2</u>

LAWRENCE WALKER MEDICAL CENTER  
Neville Navaratnam, M.D.  
100 Franklin St.  
Lawrence, MA 01840  
(508) 682-8343

EMPLOYER ASBESTOS CLEARANCE LETTER

NAME DeVillia, Lucia SS# 012-78-8  
DATE OF EXAM 07 July 2002

This letter confirms that the above individual was examined with the OSHA asbestos standard (CFR 1910.1001 and 1926.58). The required asbestos questionnaire, 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 12

PULMONARY FUNCTION TEST RESULT: 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 protective 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 advice regarding smoking cessation if indicated in accordance with the Standard, findings and diagnoses 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 employer.

Thank you for the opportunity to examine this individual.

Physician R. L. Navaratnam, M.D.  
LAWRENCE WALKER MEDICAL CENTER  
100 FRANKLIN STREET  
LAWRENCE, MA 01840

Address

R. L. Navaratnam  
Signature  
Clerk  
(508) 682-8343  
Phone#

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887  
(978) 658-5272



*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

March 13, 2001  
Examination Date

0133841018517  
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



# Envirotest Laboratory

277A Washington St Westwood, MA 02090

(781) 328-1133

## RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 11/7/10

Company: SCS

Worker Name: Joe Miner

Worker #: \_\_\_\_\_

Respirator Type: NORTH

Size Tested: M

### SEAL INTERFERENCE:

	NO	YES
FACIAL HAIR.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TYPE OF INTERFERENCE:	_____	_____
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"/>	_____
IF YES WHERE: _____	_____	_____

### EXERCISES:

	PROBLEMS:	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: \_\_\_\_\_

RESULTS: OK TO WEAR RESPIRATOR


Sal Chen  
SIGNATURE OF TESTER

Joe Miner  
SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL

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.



Brookline  
Medical  
Associates  
Health Stop 

358 Harvard Street  
Brookline, MA 02146-2905  
Telephone (617) 739-1111  
Facsimile (617) 566-6586

April 20, 2001

Jose Minas  
202 Chestnut Street  
Apt 3  
Chelsea, MA 02150

Dear Mr. Minas,

You were examined at Brookline Medical Associates on April 5, 2001. Your physical examination was normal, your pulmonary function tests showed restrictive lung disease unchanged from 1998, and your "B" Chest x-ray was unchanged from prior exams, showing plural pneumoconiosis bilaterally. Our examination reveals nothing that would restrict the use of a powered respirator.

Jose 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 at this time.

Sincerely,



Richard A. Brodie, M.D.

RAB:bs

# Envirotest Lab, Inc.

307 POND STREET WESTWOOD, MA 02090 (781)-278-0080

## Kevin Moran

has successfully completed the requisite training pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646 for asbestos accreditation:

### ASBESTOS SUPERVISOR REFRESHER(8 HOUR)

06/02/2001

Examination Date

06/02/2002

Expiration Date

S#01008

Certificate Number



Director of Training





# Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

## RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 7/13 2000

Company: SCS

Worker Name: KEVIN MORAN Worker #: \_\_\_\_\_

Respirator Type: NORTH Size Tested: L

### GENERAL 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 ASSESSMENT: \_\_\_\_\_

### RESULTS:

[Signature]


NATURE OF TESTER

[Signature]

SIGNATURE OF WEARER

RAINBOW PASSAGE: PASS FAIL (CIRCLE)

When 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. It takes 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 pot of gold at each end. People have been known to search for this pot of gold to no avail. When a man looks for something toward which his friends make jesting boasts, he is likely to find it.

Brookline  
Medical  
Associates  
Health Stop 

358 Harvard Street  
Brookline, MA 02146-2905  
Telephone (617) 739-1111  
Facsimile (617) 566-6586

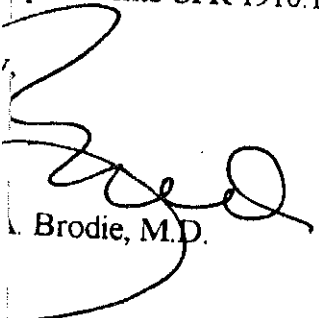
23, 2000

Joseph Capone  
Environmental Services  
1000 Center Street  
Boston, MA 02128

Joseph Capone,

Mr. Moran was examined at Brookline Medical Associates on August 21, 2000. His physical examination, pulmonary function tests and B" Chest x-ray were all normal and unchanged from June 16, 1997. Our examination reveals nothing that would restrict the use of a respirator.

Mr. Moran, an employee of SCS Environmental Services was given a medical examination including medical and pulmonary function testing. He is found to be fit to work as an asbestos worker in compliance with requirements CFR 1910.1001 at this time.



M. Brodie, M.D.

**PROCESSING FORM PHYSICAL EXAM**

Record #: \_\_\_\_\_

Employee Name: Kevin Moran Date: 8.21.00

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

Employer Name: SCS 80 Border St E. Boston Ma 02128

Title: attn: Joseph Capore

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

Kevin Moran Employee Signature 8/21/00 Date

Testing Consent: I hereby give my consent to this office and \_\_\_\_\_ Name of Testing Lab

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**

Employee cleared for employment without restrictions for job indicated \_\_\_\_\_ Date  
Employee cleared for employment without restrictions for job indicated \_\_\_\_\_  
pending normal test results. Any abnormal results will be reported. full

Employee cleared for employment with the following recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

The following restrictions are indicated in the use of personal protective equipment such as respirators, gloves, and encapsulating suits. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional follow-up: \_\_\_\_\_

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.

Shelley \_\_\_\_\_

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887  
(978) 658-5272

**IEE**

**IEE**

*This is to certify that*

Herman F Minas

*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

May 19, 2001  
Examination Date

0134451048858  
Certificate Number

May 19, 2001  
Course Dates

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

May 19, 2002  
Expiration Date

  
President/Director of Training



# Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

## RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 7/18 2000

Company: SCS

Worker Name: Herman Minas

Worker #: \_\_\_\_\_

Respirator Type: N95TH

Size Tested: L

### SEAL INTERFERENCE:

FACIAL HAIR.....

NO

YES

TYPE OF INTERFERENCE:

HAIR.....

GLASSES/CONTACTS.....

DENTURES.....

FACIAL STRUCTURE PROBLEMS.....

CORRECT DONNING.....

LEAKAGE.....

IF YES WHERE: \_\_\_\_\_

### EXERCISES:

### PROBLEMS WITH:

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.....

NO

YES

COMFORT ASSESMENT: \_\_\_\_\_

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 little pot of gold at each end. People look for this pot of gold. When a man looks for something beyond reach, his eyes do not see the rainbow.

**PROCESSING FORM PHYSICAL EXAM**

Employee Name: HEEMAN MINKS Record #: \_\_\_\_\_  
 Reason for Physical:  Pre-Placement  Insurance  Other: \_\_\_\_\_  
 ICC-DOT  Annual  Special Testing  
 Date: 12/23/00  
 Employer Name: SCS ENVIRONMENTAL SERV  
 Job Title: SO BOND ST  
E. Boston, MA 02126

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

**Drug Testing Consent**  
 I do hereby give my consent to this office and \_\_\_\_\_ Date \_\_\_\_\_  
 to perform appropriate tests or examinations on me for drugs. I further give my permission to this office  
 \_\_\_\_\_ Name of Testing Lab  
 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. per BS Date \_\_\_\_\_
- C. Employee cleared for employment with the following recommendations: \_\_\_\_\_
- 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.  
12/23/00  
 Date \_\_\_\_\_





# LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

**Carlos A. Minas**

has successfully completed the 32-hour course

## *Asbestos Worker - Spanish*

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

AI0301-23-CM3410

Certificate Number

MAR 20, - MAR 23, 2001

Dates of Training

MAR 23, 2001

Date of Examination

MAR 23, 2002

Expiration Date

*Francisco Roman*

President/Director of Training





# Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

## RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 4/23 2001

Company: SLC

Worker Name: CARLOS MINAS

Worker #: \_\_\_\_\_

Respirator Type: NORTH

Size Tested: L

### 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 ASSESSMENT: \_\_\_\_\_

### RESULTS:

[Signature]  
SIGNATURE OF TESTER

Carlos Minas  
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

# 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** CARLOS MINAS      **SOCIAL SECURITY NUMBER** 018-76-3410      **COMPANY** Law Training  
**HEIGHT** 5'6 1/2"      **WEIGHT** 182      **BLOOD PRESSURE** 110/80      **PULSE** wk  
**without glasses**      **with glasses**      **COLOR VISION** Fshihara 100      **HEARING** R 20/20  
R 20/25 L 20/25      R \_\_\_\_\_ L \_\_\_\_\_      **PERIPHERAL VISION**      L 20/20  
R 20/25 L 20/25      R \_\_\_\_\_ L \_\_\_\_\_      R 90 L 90

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

HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
STOMACH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
RECTUM	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
SPLEEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
TESTES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
PROSTATE	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
NEURAL REFLEXES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Tinels <input type="checkbox"/>	Phalens <input type="checkbox"/>
PERIPHERAL NEURAL REFLEXES	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
PERIPHERAL NEURAL REFLEXES	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		

**IMPRESSION**  
Good Health

**Recommendations/Limitations**

**URINALYSIS**

GLUCOSE Neg

ALBUMIN Neg

Signature of Examining Physician [Signature]      Date 3/28/01

Signature of Examining Physician \_\_\_\_\_

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

ASBESTOS PHYSICAL EXAMINATION  
LETTER OF INTERPRETATION

RE: CARLOS MINAS Company LAWRENCE TRAINING

The following examination, tests, and procedures were performed on the above-named individual on 3/28/01:

- Physical exam with emphasis on cardio-respiratory system
- Pulmonary Function Test performed by a certified technician
- Part I Respiratory Questionnaire
- Part II Respiratory Questionnaire
- Chest X-Ray PA view with B-reading

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 six months, when a repeat of the PFT and Physical is recommended.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings (see "Comments" below).
- Other \_\_\_\_\_

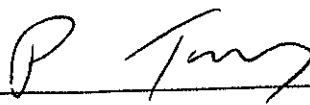
Comments: \_\_\_\_\_

RISK FACTOR NOTED

- Has no risk factors placing the individual at greater risk for asbestos exposure.
- Has the following risk factors placing the individual at greater risk from asbestos exposure:
  - Smoking or recent history of smoking.
  - Restrictive lung disease or symptoms (asthma, emphysema, active allergies, etc.).
  - Other \_\_\_\_\_

These examinations have been performed in full compliance with OSHA standards set forth under 29 CFR 1910. 1001 and 1926.58. The above named individual has been informed of the medical findings and recommendations. Only work-related medical findings were conveyed to the employer. If you have any questions, please do not hesitate to call.

Sincerely,

Physician: 

Date: 4/20/01

After successful completion of a physical examination, this candidate for employment is considered fit for wearing respirator equipment per OSHA guidelines and has been advised that lung cancer risk increases when cigarette smoking is combined with asbestos exposure.

# 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

## PRELIMINARY ASBESTOS EXAMINATION RESULTS

Date: 3/28/01 Re: Carlos Minis ID# 7/15/69

Company: PRIVATE - Law. TRAWNG

The following examination was performed on the individual named above:

- |  |   |
|--|---|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Pulmonary Function Test      |
| <input type="checkbox"/> Chest X-Ray   | <input type="checkbox"/> Part 1, Part 2 Questionnaire |

---

### INITIAL RESPIRATOR CLEARANCE

Based on the above examination, we find that this individual:

- MAY USE Respiratory and Personal protective equipment on a TRIAL BASIS only pending final results of the physical examination and procedures noted above.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings noted on the initial examination. Final determination will be made when all test results are complete.

---

The above examination has been conducted in full compliance with OSHA standards CFR 1910.1001 and 1926.58. This is a preliminary report only; final determination may be modified based on all test results and will be noted in the Letter of Interpretation (complying with OSHA standards).

Comments:

Physician's Signature:



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Fax (781) 438-9603

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

Date of Birth 7-15-69

Date: 3-24-01 Time in: 9:00 AM Time out: 10:50 Contact Person: H. / Private

CAVIOS SS # M. N. A. S. - 018-76-3410- NAME OF COMPANY Academy Training

HOME ADDRESS (Street, City, State, Zip) 304.0404 117 St. Eastment. Chelsea. MA 02150 COMPANY ADDRESS (Street, City, State, Zip) \_\_\_\_\_

HOME PHONE (617) 678-0550 COMPANY PHONE \_\_\_\_\_

## PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.

Signature of Patient [Signature] Signature of VROHS Witness [Signature] Date 3/24/01

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer, all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.

Signature of Patient [Signature] Signature of VROHS Witness [Signature] Date 3/24/01

I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.

Signature of Patient [Signature] Signature of VROHS Witness \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency contact: Jose H. Minna Tel. No. (978) 224-6489

## STATUS REPORT

### SERVICE PROVIDED

- Physical private
- Physical w/Letter
- ICC/DOT Examination
- Industrial Accident/Examination and Treatment
- Follow-up Examination
- Other NET - CYRIS

### FOLLOW-UP APPOINTMENT

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

### WORK STATUS

- Return to Regular Work  
Date: \_\_\_\_\_
- Able to return to work with restrictions as indicated.
- Unable to return to work for duration of disability.  
\_\_\_\_\_ days.
- Capable of Full-Duty Work.
- Pending X-Ray Report
- Pending Lab Report
- Other \_\_\_\_\_

### RESTRICTED WORK AS INDICATED BELOW

- Duration of modified work \_\_\_\_\_
- 1. No prolonged standing or walking
  - 2. No climbing, bending or stooping
  - 3. Limited use of right/left hand
  - 4. Right/Left handed work only
  - 5. No work near moving machinery
  - 6. Weight lifting restriction:
    - 0-15 pounds
    - 15-35 pounds
    - 35-50 pounds
  - 7. Other \_\_\_\_\_

DIAGNOSIS: [Signature]

DR. COMMENTS: \_\_\_\_\_

Signature of Physician [Signature] Date 3/28/01

PHONE CALL MADE TO COMPANY Person Contacted \_\_\_\_\_ Initials \_\_\_\_\_

COMMENTS: \_\_\_\_\_

L Train  
7-15-69

Commission for Occupational Safety and Health  
Federal Mine Safety and Health Act of 1977  
Medical Examination Program  
ROENTGENOGRAPHIC INTERPRETATION

Valley Regional  
Occupational Health Services  
27 Charles Street  
North Andover, MA 01845  
(978) 685-2900

NOTE: Please record your interpretation of a single film by placing an "X" in the appropriate boxes on this form and return it promptly to:

Receiving Center  
Appalachian Laboratory  
Occupational Safety and  
Box 4331  
Martinsburg, West Vir

WORKER'S Social Security Number

01187634110

TYPE OF READING

A X P

IDENTIFICATION

0000

1A. DATE OF X-RAY

0328011

1B. FILM QUALITY

V 2 3 1/2

If Not Grade I  
Give Reason

1C. IS FILM COMPLETELY  
NEGATIVE?

YES  Proceed to  
Section 3 NO  Proceed to  
Section 2

2A. ANY PARENCHYMAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?

YES  COMPLETE  
2B and 2C NO  PROCEED TO  
SECTION 3

2B. SMALL OPACITIES

a. SHAPE/SIZE  
PRIMARY SECONDARY

0	1	2	3
4	5	6	7
8	9	10	11

b. ZONES


R L

c. PROFUSION

0/1	0/2	0/3
1/4	1/5	1/6
2/7	2/8	2/9
3/10	3/11	3/12

2C. LARGE OPACITIES

SIZE 0 A B C

PROCEED TO  
SECTION 3

3A. ANY PLEURAL ABNORMALITIES  
CONSISTENT WITH PNEUMOCONIOSIS?

YES  COMPLETE  
3B, 3C and 3D NO  PROCEED TO  
SECTION 4

3B. PLEURAL  
THICKENING

a. DIAPHRAGM (pleural)

SITE 0 R L

b. COSTOPHRENIC  
ANGLE

SITE 0 R L

3C. PLEURAL THICKENING... Chest Wall

a. CIRCUMSCRIBED (pleural)

SITE

0 R

IN PROFILE

0 I A B C

II. EXTENT

0 1 2 3

FACE ON

0 1 2 3

III. EXTENT

0 1 2 3

b. DIFFUSE

SITE

0 R

IN PROFILE

0 I A B C

II. EXTENT

0 1 2 3

FACE ON

0 1 2 3

PROCEED TO  
SECTION 4

3D. PLEURAL CALCIFICATION

SITE

0 R

EXTENT

a. DIAPHRAGM

0 1 2 3

b. WALL

0 1 2 3

c. OTHER SITES

0 1 2 3

SITE

0 L

EXTENT

a. DIAPHRAGM

0 1 2 3

b. WALL

0 1 2 3

c. OTHER SITES

0 1 2 3

PROCEED TO  
SECTION 4

4A. ANY OTHER ABNORMALITIES?

YES  COMPLETE  
4B and 4C NO  PROCEED TO  
SECTION 5

4B. OTHER SYMBOLS (OBLIGATORY)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

Report items  
which may be of  
personal clinical  
significance  
in this section.

30 (SPECIFY ON)

Date Personal Physician notified

MON TH DAY YR

4C. OTHER COMMENTS

SHOULD WORKER FOR PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C.

YES NO

PROCEED TO  
SECTION 5

5. FILM READER'S INITIALS

PTD

PHYSICIAN'S SOCIAL SECURITY NUMBER

023327020

DATE OF READING

04/16/69

NAME (LAST-FIRST-INITIALS)

Peter J. Barrett M.D.

Peter J. Barrett, M.D.

300 Bailstok St. Boston MA ZIP CODE 02118

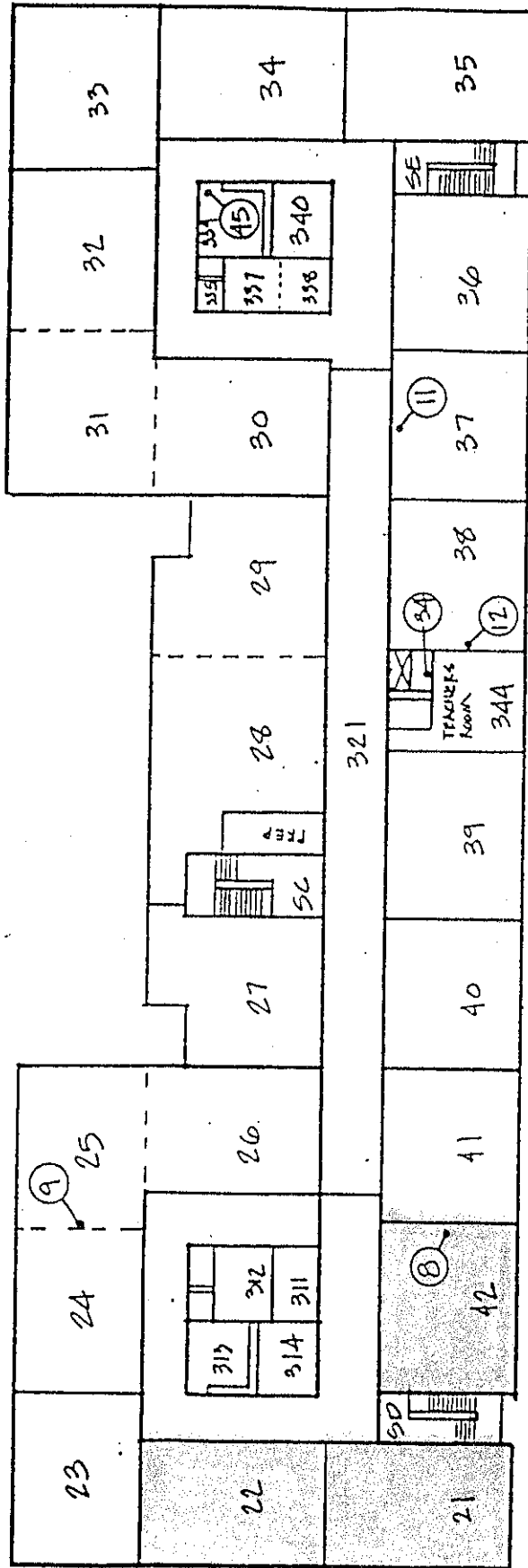
Submitting your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

ATTACHMENT G  
WASTE SHIPMENT RECORDS



ATTACHMENT H

FLOOR PLAN



SECOND FLOOR PLAN

ATTACHMENT I  
MICROBIAL AGENT SPECIFICATIONS

# Anabec, Inc.

Material Safety Data Sheet

Advanced Systems Cleaner  
NG-2000

Effective Date: January 3 2000  
Emergency Telephone Number:  
1-800-424-9300 24 Hours Everyday

Revision No: 3 (01/03/00)  
Page 1 of 3

## IDENTIFICATION

Product Name: Advanced Systems Cleaner Product #: N/Av  
Chemical Name: Polyoxyethylene Fatty Acid Esters Formula  $\text{RCOO}(\text{CH}_2\text{CH}_2\text{O})_n\text{H}$ ,  
R=Long chained Alkyl group:  
Synonyms: Non-Ionic Surfactants CAS#: 68412-54-4  
RETECS No.: MX09000(Hydrogen Peroxide)  
BP65600(Didecyl Dimethyl  
Ammonium Chloride)

## PHYSICAL DATA

Boiling Point: 212 degrees F Specific Gravity: 1  
Melting Point: Not Applicable Vapor Pressure: Not Applicable  
Vapor Density: Not Applicable Evaporation Rate: Not Applicable  
Percent Volatile: Not Applicable Solubility: 100% in Water  
Appearance and Odor: Colorless liquid slight pungent odor of Hydrogen Peroxide which  
diminishes with the age of the solution

## PROPRIETARY NON-HAZARDOUS INGREDIENTS

## HAZARDOUS INGREDIENTS

Hazardous Components	OSHA PEL	ACGIH TLV	Other Limits	CAS No.
Hydrogen Peroxide < 10%	1ppm	1ppm	None	7722-84-1
Didecyl Dimethyl Ammonium Chloride < 1 %			No limits established	7173-51-5

## FIRE AND EXPLOSION DATA

Fire Hazard: Information not available  
Extinguishing Media: Use extinguishing media appropriate for the surrounding fire.  
Special Fire Fighting Procedures: Firefighters should wear protective equipment and  
positive pressure self contained breathing apparatus with full facepiece.  
Unusual Fire and Explosion Hazards: None identified.

**HEALTH HAZARD DATA**

Toxicity Data: LD50 Hydrogen Peroxide 8 to 20%, 1518 mg.kg.

Health Hazard: Moderately toxic by ingestion, experimental reproductive effects have been documented. Avoid Skin and Eye contact. Do not inhale or ingest this material. Product may cause painful stinging of eyes. Can cause irritation of the mucus membranes' nose, eyes, and throat. May cause coughing and difficulty breathing. Prolonged/repeated contact with skin may cause drying, cracking, dermatitis & irritation.

Emergency and First Aid Procedures: *Eyes:* flush eyes immediately with large amounts of water for at least 20 minutes. Call for medical assistance. *Skin contact:* thoroughly wash exposed area with soap and water. If swelling, pain or skin rash occurs, consult a physician. Remove contaminated clothing and launder before use. *Inhalation:* remove to fresh air, if not breathing give artificial respiration, preferably mouth to mouth. Call medical assistance immediately. *Ingestion:* if swallowed, get medical attention immediately.

**REACTIVITY DATA**

Stability: Stable, When exposed to heat, agitation, and sunlight Hydrogen Peroxide will break down in the formulation and release gaseous byproducts.

Conditions to Avoid: Strong sunlight, heat and agitation.

Incompatibility: Strong oxidizing or reducing agents and this product are corrosive to Aluminum.

Hazardous Decomposition Products: Acrid smoke and fumes emitted when heated to decomposition.

Hazardous Polymerization: Will not occur.

**SPILL OR LEAK PROCEDURES**

Steps to be taken in case material is released or spilled: Absorb liquid with earth, sand, vermiculite, or other absorbent material and dispose of with solid waste in accordance with federal, state, and local regulations.

Waste Disposal Method: Dispose of in accordance with federal, state, and local regulations.

**SPECIAL PROTECTION INFORMATION**

Respiratory Protection: Use NIOSH/MSHA jointly approved respirator, if adequate ventilation cannot be provided at any time, or there is a possibility of excessive contact with headspace above the drum or tank wagon.

Local Exhaust: Use adequate ventilation, especially where drums or tank wagons are being open.

Protection Gloves: Chemical resistant gloves should be worn.

Eye Protection: Chemical splash goggles in compliance with OSHA regulations.

Other Protective Clothing or Equipment: Wash thoroughly after handling. Wear appropriate equipment to prevent probability of exposure and personal contact. Maintain a sink, safety shower, and eye wash in work areas.

When entering a confined space for maintenance or repair: Wash equipment thoroughly with steam or water until clean. Check for flammables with an "explosion Meter" and also check the oxygen level with an oxygen meter. In all cases, follow good industrial safety practices before entering equipment.

#### **SPECIAL PRECAUTIONS**

Precautions to be taken in handling and storing:

Do not get into eyes, skin or clothing

Wash thoroughly after handling

Avoid breathing mist

Use adequate ventilation for spraying and misting operations

Other Precautions: Whenever possible, store in dry, cool area with adequate ventilation to avoid breakdown of Hydrogen peroxide and the formation of gaseous byproducts of decomposition.

#### **DISCLAIMER:**

The above information and recommendations are believed to be correct and are presented in good faith. The information shall not be taken as being all inclusive and is to be used only as a guide with caution. **ANABEC, INC.** shall not be held liable for any damage resulting from handling or from contact with the above product.

**MATERIAL SAFETY DATA SHEET****PRODUCT****BIOCHEK 500T****EMERGENCY TELEPHONE NUMBER****(800) 424-9300 (24 Hours) CHEMTREC****1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION**

PRODUCT NAME : **BIOCHEK 500T**

APPLICATION : **BIOCIDE**

COMPANY IDENTIFICATION : **ONDEO Nalco Company  
ONDEO Nalco Center  
Naperville, Illinois  
60563-1198**

EMERGENCY TELEPHONE NUMBER : **(800) 424-9300 (24 Hours) CHEMTREC**

NFPA 704M/HMIS RATING  
HEALTH: 1/2 FLAMMABILITY: 1/1 REACTIVITY: 0/0 OTHER:  
0 = Insignificant 1 = Slight 2 = Moderate 3 = High 4 = Extreme

**2. COMPOSITION/INFORMATION ON INGREDIENTS**

Our hazard evaluation has identified the following chemical substance(s) as hazardous. Consult Section 15 for the nature of the hazard(s).

Hazardous Substance(s)	CAS NO	% (w/w)
Silane, (3-chloropropyl)trimethoxy-	2530-87-2	1.0 - 5.0
Methanol	67-56-1	1.0 - 5.0

**3. HAZARDS IDENTIFICATION****\*\*EMERGENCY OVERVIEW\*\*****WARNING**

Irritating to eyes.  
Do not get in eyes, on skin, on clothing. Do not take internally. Keep container tightly closed. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. After contact with skin, wash immediately with plenty of water.  
Wear suitable protective clothing, gloves and eye/face protection.  
May evolve oxides of carbon (COx) under fire conditions.

PRIMARY ROUTES OF EXPOSURE :  
Eye, Skin

HUMAN HEALTH HAZARDS - ACUTE :

EYE CONTACT :  
Can cause moderate irritation.

**MATERIAL SAFETY DATA SHEET****PRODUCT****BIOCHEK 500T****EMERGENCY TELEPHONE NUMBER****(800) 424-0300 (24 Hours) CHEMTREC****SKIN CONTACT :**

May cause irritation with prolonged contact.

**INGESTION :**

Not a likely route of exposure. No adverse effects expected.

**INHALATION :**

Not a likely route of exposure. No adverse effects expected.

**SYMPTOMS OF EXPOSURE :****Acute :**

A review of available data does not identify any symptoms from exposure not previously mentioned.

**Chronic :**

A review of available data does not identify any symptoms from exposure not previously mentioned.

**AGGRAVATION OF EXISTING CONDITIONS :**

A review of available data does not identify any worsening of existing conditions.

**4. FIRST AID MEASURES****EYE CONTACT :**

Immediately flush eye with water for at least 15 minutes while holding eyelids open. If irritation persists, repeat flushing. Get immediate medical attention.

**SKIN CONTACT :**

Immediately flush with plenty of water for at least 15 minutes. If symptoms persist, call a physician.

**INGESTION :**

Do not induce vomiting without medical advice. If conscious, washout mouth and give water to drink. Get medical attention.

**INHALATION :**

Remove to fresh air, treat symptomatically. Get medical attention.

**NOTE TO PHYSICIAN :**

Based on the individual reactions of the patient, the physician's judgement should be used to control symptoms and clinical condition.

**5. FIRE FIGHTING MEASURES****FLASH POINT :** None**EXTINGUISHING MEDIA :**

This product would not be expected to burn unless all the water is boiled away. The remaining organics may be ignitable. Keep containers cool by spraying with water. Use extinguishing media appropriate for surrounding fire.

**FIRE AND EXPLOSION HAZARD :**

May evolve oxides of carbon (COx) under fire conditions.

**ONDEO Nalco Company ONDEO Nalco Center • Naperville, Illinois 60563-1198****(630)305-1000****2 / 8**



**MATERIAL SAFETY DATA SHEET****PRODUCT****BIOCHEK 500T****EMERGENCY TELEPHONE NUMBER****(800) 424-9300 (24 Hours) CHEMTREC****SPECIAL PROTECTIVE EQUIPMENT FOR FIRE FIGHTING :**

In case of fire, wear a full face positive-pressure self contained breathing apparatus and protective suit.

**6. ACCIDENTAL RELEASE MEASURES****PERSONAL PRECAUTIONS :**

Restrict access to area as appropriate until clean-up operations are complete. Ensure clean-up is conducted by trained personnel only. Ventilate spill area if possible. Do not touch spilled material. Stop or reduce any leaks if it is safe to do so. Use personal protective equipment recommended in Section 8 (Exposure Controls/Personal Protection). Notify appropriate government, occupational health and safety and environmental authorities.

**METHODS FOR CLEANING UP :****SMALL SPILLS:** Soak up spill with absorbent material. Place residues in a suitable, covered, properly labeled container. Wash affected area. **LARGE SPILLS:** Contain liquid using absorbent material, by digging trenches or by diking. Reclaim into recovery or salvage drums or tank truck for proper disposal. Wash site of spillage thoroughly with water. Contact an approved waste hauler for disposal of contaminated recovered material. Dispose of material in compliance with regulations indicated in Section 13 (Disposal Considerations).**ENVIRONMENTAL PRECAUTIONS :**

Do not contaminate surface water.

**7. HANDLING AND STORAGE****HANDLING :**

Do not take internally. Do not get in eyes, on skin, on clothing. Have emergency equipment (for fires, spills, leaks, etc.) readily available. Ensure all containers are labelled. Keep the containers closed when not in use. Use with adequate ventilation.

**STORAGE CONDITIONS :**

Store the containers tightly closed. Store in suitable labelled containers.

**8. EXPOSURE CONTROLS/PERSONAL PROTECTION****OCCUPATIONAL EXPOSURE LIMITS :**

Exposure guidelines have not been established for this product. Available exposure limits for the substance(s) are shown below.

**ACGIH/TLV :**

Substance(s)

Methanol

TWA: 200 ppm , 262 mg/m<sup>3</sup> (Skin)STEL: 250 ppm , 328 mg/m<sup>3</sup> (Skin)**OSHA/PEL :**

Substance(s)

Methanol

TWA: 200 ppm , 260 mg/m<sup>3</sup> (Skin)STEL: 250 ppm , 325 mg/m<sup>3</sup> (Skin)**ONDEO Nalco Company ONDEO Nalco Center • Naperville, Illinois 60563-1198****(630)305-1000****3 / 8**

**MATERIAL SAFETY DATA SHEET****PRODUCT****BIOCHEK 500T****EMERGENCY TELEPHONE NUMBER****(800) 424-9300 (24 Hours) CHEMTREC****ENGINEERING MEASURES :**

General ventilation is recommended.

**RESPIRATORY PROTECTION :**

Respiratory protection is not normally needed.

**HAND PROTECTION :**

Neoprene gloves, Nitrile gloves, Butyl gloves, PVC gloves

**SKIN PROTECTION :**

Wear standard protective clothing.

**EYE PROTECTION :**

Wear chemical splash goggles.

**HYGIENE RECOMMENDATIONS :**

If clothing is contaminated, remove clothing and thoroughly wash the affected area. Launder contaminated clothing before reuse. Keep an eye wash fountain available. Keep a safety shower available.

**9. PHYSICAL AND CHEMICAL PROPERTIES**

PHYSICAL STATE	Liquid
APPEARANCE	Light yellow
ODOR	Slight, Alcoholic
SPECIFIC GRAVITY	1.0
SOLUBILITY IN WATER	Complete
pH (100 %)	5
VAPOR PRESSURE	Same as water

**10. STABILITY AND REACTIVITY****STABILITY :**

Stable under normal conditions.

**HAZARDOUS POLYMERIZATION :**

Hazardous polymerization will not occur.

**CONDITIONS TO AVOID :**

Freezing temperatures.

**MATERIALS TO AVOID :**

None known.



**MATERIAL SAFETY DATA SHEET**

**PRODUCT**

**BIOCHEK 500T**

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**HAZARDOUS DECOMPOSITION PRODUCTS :**  
Under fire conditions: Oxides of carbon

**11. TOXICOLOGICAL INFORMATION**

No toxicity studies have been conducted on this product.

**SENSITIZATION :**

This product is not expected to be a sensitizer.

**CARCINOGENICITY :**

None of the substances in this product are listed as carcinogens by the International Agency for Research on Cancer (IARC), the National Toxicology Program (NTP) or the American Conference of Governmental Industrial Hygienists (ACGIH).

**12. ECOLOGICAL INFORMATION**

**ECOTOXICOLOGICAL EFFECTS :**

No toxicity studies have been conducted on this product.

If released into the environment, see CERCLA/SUPERFUND in Section 15.

**13. DISPOSAL CONSIDERATIONS**

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

As a non-hazardous waste, it is not subject to federal regulation. Consult state or local regulation for any additional handling, treatment or disposal requirements. For disposal, contact a properly licensed waste treatment, storage, disposal or recycling facility.

**14. TRANSPORT INFORMATION**

The information in this section is for reference only and should not take the place of a shipping paper (bill of lading) specific to an order. Please note that the proper Shipping Name / Hazard Class may vary by packaging, properties, and mode of transportation. Typical Proper Shipping Names for this product are:

**LAND TRANSPORT :**

Proper Shipping Name :

**PRODUCT IS NOT REGULATED DURING TRANSPORTATION**

**AIR TRANSPORT (ICAO/IATA) :**

Proper Shipping Name :

**PRODUCT IS NOT REGULATED DURING TRANSPORTATION**

**ONDEO Nalco Company ONDEO Nalco Center • Naperville, Illinois 60563-1198**

**(630)305-1000**

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**MATERIAL SAFETY DATA SHEET**

PRODUCT

**BIOCHEK 500T**

EMERGENCY TELEPHONE NUMBER

(800) 424-9300 (24 Hours) CHEMTREC

MARINE TRANSPORT (IMDG/IMO) :

Proper Shipping Name :

PRODUCT IS NOT REGULATED DURING  
TRANSPORTATION

**15. REGULATORY INFORMATION**

NATIONAL REGULATIONS, USA :

OSHA HAZARD COMMUNICATION RULE, 29 CFR 1910.1200 :

Based on our hazard evaluation, the following substance(s) in this product is/are hazardous and the reason(s) is/are shown below.

Silane, (3-chloropropyl)trimethoxy- : Eye irritant

Methanol : Exposure Limit

1-Octadecanaminium, N,N-dimethyl-N-[3-(trimethoxysilyl)propyl]-, chloride : Non-Hazardous

CERCLA/SUPERFUND, 40 CFR 117, 302 :

Notification of spills of this product is not required.

SARA/SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 (TITLE III) - SECTIONS 302, 311, 312, AND 313 :

SECTION 302 - EXTREMELY HAZARDOUS SUBSTANCES (40 CFR 355) :

This product does not contain substances listed in Appendix A and B as an Extremely Hazardous Substance.

SECTIONS 311 AND 312 - MATERIAL SAFETY DATA SHEET REQUIREMENTS (40 CFR 370) :

Our hazard evaluation has found this product to be hazardous. The product should be reported under the following EPA hazard categories:

- X Immediate (Acute) Health Hazard
- Delayed (Chronic) Health Hazard
- Fire Hazard
- Sudden Release of Pressure Hazard
- Reactive Hazard

Under SARA 311 and 312, the EPA has established threshold quantities for the reporting of hazardous chemicals. The current thresholds are: 500 pounds or the threshold planning quantity (TPQ), whichever is lower, for extremely hazardous substances and 10,000 pounds for all other hazardous chemicals.

SECTION 313 - LIST OF TOXIC CHEMICALS (40 CFR 372) :

This product contains the following substance(s), (with CAS # and % range) which appear(s) on the List of Toxic Chemicals

<u>Hazardous Substance(s)</u>	<u>CAS NO</u>	<u>% (w/w)</u>
Methanol	67-56-1	1.0 - 5.0

TOXIC SUBSTANCES CONTROL ACT (TSCA) :

The chemical substances in this product are on the TSCA 8(b) Inventory (40 CFR 710).

**ONDEO Nalco Company ONDEO Nalco Center • Naperville, Illinois 60563-1198**  
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**MATERIAL SAFETY DATA SHEET**

PRODUCT

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FEDERAL WATER POLLUTION CONTROL ACT, CLEAN WATER ACT, 40 CFR 401.15 / formerly Sec. 307, 40 CFR / formerly Sec. 311 :

None of the substances are specifically listed in the regulation.

CLEAN AIR ACT, Sec. 111 (40 CFR 60, Volatile Organic Compounds), Sec. 112 (40 CFR 61, Hazardous Air Pollutants), Sec. 602 (40 CFR 82, Class I and II Ozone Depleting Substances) :

This product contains the following substances listed in the regulation:

Substance(s)Citations

Methanol :

Sec. 111, Sec. 112

CALIFORNIA PROPOSITION 65 :

This product does not contain substances which require warning under California Proposition 65.

MICHIGAN CRITICAL MATERIALS :

None of the substances are specifically listed in the regulation.

STATE RIGHT TO KNOW LAWS :

The following substances are disclosed for compliance with State Right to Know Laws:

Methanol

67-56-1

NATIONAL REGULATIONS, CANADA :

WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS) :

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all the information required by the CPR.

WHMIS CLASSIFICATION :

D2B - Materials Causing Other Toxic Effects - Toxic Material

**16. OTHER INFORMATION**

This product material safety data sheet provides health and safety information. The product is to be used in applications consistent with our product literature. Individuals handling this product should be informed of the recommended safety precautions and should have access to this information. For any other uses, exposures should be evaluated so that appropriate handling practices and training programs can be established to insure safe workplace operations. Please consult your local sales representative for any further information.

## REFERENCES

Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices, American Conference of Governmental Industrial Hygienists, OH., (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda, MD.

Hazardous Substances Data Bank, National Library of Medicine, Bethesda, Maryland (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, Co.

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**MATERIAL SAFETY DATA SHEET****PRODUCT****BIOCHEK 500T****EMERGENCY TELEPHONE NUMBER****(800) 424-9300 (24 Hours) CHEMTREC**

IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man, Geneva: World Health Organization, International Agency for Research on Cancer.

Integrated Risk Information System, U.S. Environmental Protection Agency, Washington, D.C. (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

Annual Report on Carcinogens, National Toxicology Program, U.S. Department of Health and Human Services, Public Health Service.

Title 29 Code of Federal Regulations, Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration (OSHA), (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda MD.

Registry of Toxic Effects of Chemical Substances, National Institute for Occupational Safety and Health, Cincinnati, OH, (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO.

Ariel Insight# (An integrated guide to industrial chemicals covered under major regulatory and advisory programs), North American Module, Western European Module, Chemical Inventories Module and the Generics Module (Ariel Insight# CD-ROM Version), Ariel Research Corp., Bethesda, MD.

The Teratogen Information System, University of Washington, Seattle, WA (TOMES CPS# CD-ROM Version), Micromedex, Inc., Englewood, CO

Prepared By : Product Safety Department  
Date issued : 07/25/2001