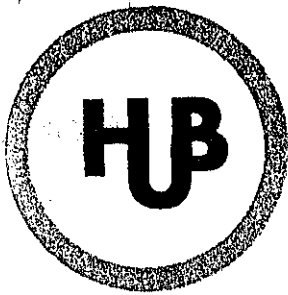


HUB TESTING LABORATORY, INC.

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..... Introduction
2. Location and type of ACBM..... Introduction
3. Amount of ACBM present (linear and/or square footage)..... Introduction
4. Type of abatement activity:
☒ Removal ☐ Encapsulation ☐ Enclosure ☐ Repair *see note on next page
5. Reason for activity..... Summary Report
6. Start/stop dates..... Summary Report
7. Personnel Documentation (all involved personnel):
Workers, Supervisors
-Certificates/licenses..... AH. E
-Health/Medical examination..... AH. E
-Training Documentation..... AH. E
Project Monitors, Project Designers
-Certificates/Licenses..... AH. D
-Training documentation..... AH. D
8. Contractor Documentation/MA License..... AH. E
9. Laboratory Documentation
MA License..... AH. D
Certificate PCM/PLM/TEM..... AH. D
10. Contractor's Job Documentation:
-Copies of Notifications to DLWD, DEP, EPA, and applicable
Police, fire or safety authority..... AH. D
-Daily sign-in sheets (verify workers, supervisors, project monitors,
and visitors)..... see Contractor Documentation checklist
-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..... N/A
-Chain of Custody documents for waste..... AH. F
-Disposal Manifests..... AH. F
-Name and Location of disposal site..... AH. F
-Name and Certification of disposal carrier..... AH. F

11. Consultants' Job Documentation:

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

12. Checklist completed by: Pete HLL Date: 12/10/01

* Reason for Activity: Under the terms outlined in the lease of the building, all damaged tiles must be removed.

** Performing a final visual inspection was not required with the protocol used for removing the tile. According to the Resilient Floor Covering Institute (RFCI) Recommended Work Practices for this protocol, tile removed by this method will comply with OSHA regulatory standards.

SERVICE TRANSPORT GROUP, INC.

P.O. BOX 2132, BRISTOL, PA 19007

PHONE: (877) 999-9559

№ 70154

WASTE SHIPMENT RECORD

S.T.G. # TR-4416

GENERATOR	1. Material Origin Site St. James School 415 Primrose School Haverhill, MA 01830		Generator: Name/Address Haverhill Public Schools 4 Summer St Haverhill, MA 01830		Generator: Phone # 978-374-3482
	2. Removal Contractor: Name/Address SCS Environmental Services, Inc. 80 Border Street East Boston, MA 02128				Contractor: Phone # 617-569-3600
	3. Responsible Agency: Name/Address U.S. EPA Region I JFK Federal Building Boston, MA 02203-2211		4. US DOT Class - FRIABLE ASBESTOS ONLY RQ ASBESTOS, 9, NA 2212, PG III		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
					100 Y
	6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
TRANSPORTER	7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
	Printed/Typed Name & Title Joseph S. Capone Pres.		Signature 		Date 8/1/01
	8. Transporter 1 (Acknowledgement of Receipt of Materials) *If blank, Transporter 2 serves as sole transporter.				
	Company Name & Address		Signature: _____ Printed Name: _____ Title: _____		Telephone No. _____ Date: _____
DISPOSAL SITE	9. Transporter 2 (Acknowledgement of Receipt of Materials) Company Name & Address Service Transport Group, Inc. P.O. Box 2132 Bristol, PA 19007 Profile #00534		Signature: Printed Name: Denise L. Rugg Title: _____		Telephone No. 877-999-9559 Date: 8-23-01
	10. Discrepancy Indication Space:				
	11. Waste Disposal/Recycling Site Owner or Operator's Certification (Receipt of above Waste Except as Noted in 10)				
Company Name & Address Greenridge Reclamation R.D. #1, Box 716 Landfill Road Scottdale, PA 15683 Permit No. 100281		Signature: Denise L. Rugg Printed Name: AUG 24 2001 Title: _____		Telephone No. 724-887-9400 Date	



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Memo

To: Ed Dufresne
From: Susan Boyle
RE: St James records

Ed:

In going through some of the documents to get the record keeping files for each school set up I found that the report for the St James School did not have the AHERA checklist attached. So we made one up, this will help should you get audited from EPA or their representative. Also since we had to complete the form we chased down the waste shipment record so that it could be attached as well. This would have been sent to the city originally but it has been my experience that they don't quite make it to the Designated Person. You could staple this to your copy of the report for the St James School. We geld back sending the copy for the school to the school and I will make sure it gets in their file box next time I am out there.

Thanks, Susan