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Environmental Testing Service

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

Prepared For:

Haverhill Public Property

4 Summer St.

Haverhill, MA 08130

Attention:

Frank DeStephano

Director Public Property

Project:

St. James Elementary School

Damaged Floor Tiles

Monitoring For Asbestos Exposure During The Removal of

Asbestos Containing Floor Tile.

Submitted By:

Susan Boyle

Vice President

Date:

August 8, 2001

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- . Notifications
- . Worker Documentation

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1. INTRODUCTION

Hub Testing Laboratories, Inc. was contracted to provide monitoring, laboratory analysis and technical services to assure a safe work environment during the removal of asbestos containing floor tile in the St. James Elementary School, Haverhill, Massachusetts. The asbestos abatement was performed by SCS Environmental Services Inc., 80 Border St., East Boston, MA. The project consisted of the removal of approximately 1500sq ft of floor tile. The 1500 sq.ft. of floor tile was spread throughout the entire school. The tiles were usually in groups of 2 to 6 tiles except in a few locations where larger quantities were grouped. The Resilient Floor Covering Institute (RFCI) Recommended Work Practices for the Removal of Resilient Floor Coverings was used. This method utilizes a heat gun and scraper so as to remove individual tiles intact thereby limiting fiber release.

2. SUMMARY REPORT

SCS arrived on-site July 2, 2001 and began to set up a two chamber decontamination facility. Baseline sampling was performed on the second level of the school where abatement was to begin. The abatement workers set up construction tape to limit unauthorized access to the site. The Project Monitor proceeded to inspect set-up of the work areas. The layout of the work area, decontamination unit, and manpower were found to be in compliance the Work Practices and therefore SCS was given the authorization to commence with the abatement. SCS began abatement July 2, 2001. SCS workers lifted tiles and placed the tiles into 6 mil. poly bags. An additional amount of water was added to every bag to insure the materials would stay wet. Asbestos labeled, poly bags were loaded into a truck for disposal. Once removal was completed, a visual inspection was performed to verify no tile residue was remaining. The abatement was completed on July 16, 2001. No final clearance sampling was required since the RFCI's Work Practices calls for removing tiles intact, causing no fiber release. All air samples collected during the abatement were consistent with the baseline samples.

SAMPLING PROCEDURES

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

LABORATORY ANALYSIS

The air samples were examined using Phase Contrast Microscopy (PCM) per the Occupational Safety and Health, Standards and Interpretations - Appendix B to 1926.58 Detailed Procedures for Asbestos Tremolite, Anthophyllite and Actinolite Sampling and Analysis - (7400 Method).

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

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

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

method.

5. STEPS TAKEN TO PROTECT OCCUPANTS

School employees and trades persons working in the building were protected from exposure to asbestos fibers by the following methods.

5.1 BARRIER CONSTRUCTION

Because of the limited exposure to asbestos fibers using the heat gun method of intact removal under the guidelines of RFCI Work Practices, the area was restricted using construction tape to limit unauthorized access. Critical barriers using 6 mil. poly were not required.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the ambient air adjacent to the abatement on a daily basis to detect fibers. Analytical results can be found in Appendix A.

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

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

Under the guidelines of RFCI Work Practices for the removal of asbestos containing floor tile using the heat gun method, asbestos containing flooring is kept non-friable and intact, therefore exposure to the surrounding environment is minimal. Asbestos containing tiles and contaminated items were placed in 6-mil disposable bags (double bagged) and labeled. The waste is transferred to a waste trailer and brought to an approved landfill.

7. WASTE DISPOSAL DOCUMENTATION

The "Waste Shipment Record" must be provided to the Owner by the Contractor within 45 days of the completion of the project as stated in 40 CFR Part 61. The documentation is pending at this time. When it is made available to the Owner by the Contractor it will be maintained with all documentation for this project. This documentation is an important component of record keeping under the requirements of AHERA and must be maintained both at

the school and in the LEA's office.

ATTACHMENT A AIR MONITORING RESULTS



8

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Report For:

Haverhill School Department

Project:

St. James School, floor tile removal

Contractor:

SCS Abatement

Date:

1/4 2 2001

	Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
(G.	6702-1	UDAZE STAIR CASE			10:49	175	1522.5	13	.004
r ver	2	"	22	13	10:40	145	1522.5	8	.003
		Lower Hall	24	8:20	19:41	141	1480.5	5	.002
Dur.	4:			1	12:52	122	1281	7	.603
		1 RM 78	26	10:55	12:52	117	1228.5	7	.063
	6	" Ry 8B	24	12:48	15:00	142-	1491	5	.002
	7	n RM 68	26	12:50	15:00	140	(470	4	,001

Technician:

Date:

e: Vuly 2 2001

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: St. James School, floor tile removal

Contractor: SCS Abatement

Pump Number 24 36 Pre-calibration 10.5 10.5 Calibration 10.5 10.5

F/CC Stop Min. Vol. Fiber Sample Location Pump Start Count Time Time **49**4 26 100. 12:58 \$83 2971.5 DUR 3034,\$ G 8:18 13:01 289 ,col <u>0708-2</u> Ч 70022:45 26 1102.5 13',00 105 4.001 2:45 13:02 103 1081.5 55

Technician:

Date: 07/03/0

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DAILY AIR MONITORING DATA SHEET

			<u></u>			OKIN	<u> </u>	SHEET			
	Rep	port For:			verhill Sch James Ele		+//8				
	Dat Wo	ntractor: e: rk Area: e of Samp			Abatorur -5-01 mbient	14					
	тур	e or Samp	mg;		molent		···		Roto	P-1	
PUMP NUM		24	26	24	T					<u> </u>	1
CALIB. ME			b bble	bullle							
PRE-CALIB		0.5	9,4	10.5							-
POST-CALI			9.4	10.5							
AVG. FLOW			······································								
BLDG.				FLOC)R	South State of the		WING			
SAMPLE I, D		MPLE CATION	PU	JMP#	START	STOP	TOTAL MIN.	VOL. (L)	FIBERS	F/cc	F/mm2
0705-1	Room 4	A	2	4	8:40	11:15	145	1522.5	7	()()	
0705-2	Room 3				9:25	11:20	115	1081		.002	
0105-3	Boom L		1	.6 .H	1Z:30	3:00	(50	1575	8	<.601 .002	
			1					1 1 1 1		000	
									 		
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<u>Project</u>	Monito	ors Sig	natur	'e	Susc	in Bry	Ç	·	Date		
Technic	ians S	ignatı	ıre	in the second second	Marie Albahana	Estado (1998			ate		
			Maria Salah Maria Salah		Serving o	ur Clients	since 194				



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Report For:	Haverhill School Department
-------------	-----------------------------

Project: St. James School, floor tile removal

Contractor: SCS Abatement

Date: 7-6-01

Rotometer ID: 16 R-1 Pump 16 24 26. 24 Number Pre-9.4 10,5 10.5 9.4 calibration Post-9,4 10,5 10.5 calibration

	'							
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0706-1	Roon 4B vipstaces	26	8:50	11:45	175	1645	7	,002
0706-2	Ben 3B	24	\$155	11:30	145	1522.5	q	.003
6706-3	GAM. CLOTH COLMER	26	12:55	2:50	115	[08]	3	,001
0706-4	6ym - Kitchen	24	1,00	2:52	(5) (1)2	1176	2	,001
0706-5	Rlank HI						1	
0786-6	Black #2						6	
	_							

Technician:	Susau Son	L	Date:	
	7	()		

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Danast E	I	.torrowhill	Cabaal	Danastasas
Report F	'OI. I	raveimii	SCHOOL	Department
F				

Project: St. James School, floor tile removal

Contractor: SCS Abatement

Date: _7-9-61

					Rot	ometer ID: _	R-1	
Pump Number	26	24	2,6	24	,			
Pre- calibration	9,4	10.5	9,4	10.5				
Post- calibration	9,4	10,5	9.4	10.5				

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0709-1	Gym right side	26	8:24	11:40	196	1842.4	2	.001
0709-2	Gym leitchen	24	४१२५	11.42	193	2026.5	6	,001
6709-3	Gym right silg	26	12:42	3:10	88	877.2	4	.002
0709-4	Grin Kitchen	24	12:45	7.12	87	9135	3	.002
	•				************			
0709-5	8 ky/c #I			***********				
6709-6	06,672		-,,,+,,,,,				0	
								ļ

Technician:	latick bowes	Date:	7/9/01	
	Susan Brofo			s.e



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Report For:	Haverhill School	ol Department
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Project: St. James School, floor tile removal

Contractor: SCS Abatement

Date: 7-10-01

					Rotometer ID: R
Pump Number	26	24	26	24	
Pre- calibration	4.4	10,5	9,4	10.5	
Post- calibration	1,4	10.5	9,4	10,5	

Sample ID	Location	Pump #	Start Time	Stop Time	Min,	Vol.	Fiber Count	F/CC
0710-1	Grun right side	26	8:13	11:46	213	2002.2	4	.001
0710-2	Gym- kitchen	24	8:15	11:48	213	2 2365	6	.001
07103	•	26	12:10	2:55	165	1551	12	.004
0710-4	Gim stage	24	12,12	2:56	164	1722	10	003،
							·	
6710:5	Blank #1						į	
6710-6	Blank#2						2	

Technician:	· Lowes	Potsick_	Date:	7-10-01	
		Jusan B			



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Report For:	Haverhill School Dep	artment
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Project: St. James School, floor tile removal

Contractor: SCS Abatement

Date: 7-11-01

		R-1						
Pump Number	26	24	24	26				
Pre- calibration	9,4	10.5	10.5	4,4				
Post- calibration	4.4	10.5	10,5	9,4				

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0711-1	Gym sight side	26	8:11	11:00	169	15886	16	.065
0711-2	Gym stage	24	4:13	11,02	165	1732.5	8	.002
0711-3	Library room (10)	24	il:38	2:56	198	2079	13	.003
0711-4	Room ZB	26	11:42	2:20	158	1485.2	8	.003
	÷							
3711-S	Blanki						0	
6711-6	Blank 2						2	
	·	-						

Technician:	Bulley	Datsick	Date:	7-11-01	
_		san Br. Co			·••
	Jul	Jones &		•	



Environmental Testing Service

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Report For:	Havermii School Department
Project:	St. James School, floor tile removal
Contractor:	SCS Abatement
Date:	7-12-01

			 	Rotometer ID:	K"	
Pump Number	26	26				
Pre- calibration	9,4	9,4				
Post-	94	CM				

	'							
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0712-1	Hallway intent of 2B	26	8:06	11:52	210	1974	18	1004
0712-2	Hallway between 10th	26	12!59	3:03	124	1165.6	15	,00Ce
0712-3	Blank #1						,	ļ
07124	BME # 2							
	:							

Technician:	Bruss,	Patrick		Date:	7/12/	Q) .	
•	Sus	an Br	LP			,	a.



Environmental Testing Service

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Report For:	Haverhill	School	Department
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Project: St. James School, floor tile removal

Contractor: SCS Abatement

Date: 7-13-01

			 Rotometer ID: _ R-1						
Pump Number	26	26							
Pre- calibration	9.4	9,4							
Post- calibration	9.4	94							

Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0713-1	Hallway by Rm 14	26	8:13	11:50	217	2039.8		.002
0713-2	Hallway by Rn 1A	26	1:00	2:42	102	958.B	2	.001
	,		·					
					1			
	:							
	:							

Technician:	Banes, Patrille	Date: _	7-13-01	
<u> </u>	Susan Balo			e



Report For:

Contractor:

Project:

Date:

Environmental Testing Service

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

Haverhill School Department

SCS Abatement

July 16, 2001

St. James School, floor tile removal

	Duito	1	····································	and the		Dotom	oter II)	HbR-1
		1				ROIGH	ietei ii).	
Pump Number	26							
Pre- calibratio	1,5,1,7,7,1							
Post- calibration	on 7,74m					,		
<i>i</i> .						·		
Sample ID	Location	Pump #	Start Time	Stop Time	Min.	Vol.	Fiber Count	F/CC
0716-1	1st floor hall	26	8:37	11:24	167	1285,9 L	4	.001
, , , , ,								
					1			
			1					
	:							
<u></u>		. /	1				<u> </u>	
Techni	cian: Petg	Ha	hy_		Date	e: <u>7</u>	160)
	Si	van	Bu	2				est.

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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: St. James School, floor tile removal

Contractor: SCS Abatement

July 2: 2001

Date:

Checklist

1.	Contractor's Personnel	(#	Adequate	Deficient
1. 2.		#	<u> </u>	
z. 3.	Signs: Barriers		NA	<u> N/A</u>
<i>3</i> . 4.	Decontamination Facility Condition:		_N/A	N/A
5.			<u> </u>	·
5. 6.	Housekeeping Inside and Outside:		X	
0. 7.	Entry and Exit Procedures Followed:		<u>×</u>	
7. 8.	HEPA Exhaust Operating: Work Procedures Followed:		NA	*
o. 9.		_ 11 8	<u>×</u>	
9. 10.	Respiratory Protection Used: Differential Pressure:	Type 1/2 PAC2_		
10.	Differential Pressure:		N/A	
11	Commence Commence and All Commence and A		.1/2	
11.	Copy of Contractor's Air Sampling Reports			eived
12.	Copy of Contractor's Daily Logs		Not Rec	eived
13.	Signs of Heat Stress		Present	Not Present
14.	Unusual occurrences	r		
				·····
	Action taken			
		· · · · · · · · · · · · · · · · · · ·		
				
	Daily Air Sampling Results: See Daily Air S	Sampling Form		•
	Normhon of Laure annual Company	2		
	Number of bags removed from site:	2		
	$\sigma \Omega \Omega \Omega$			
	Technician: Lot Don			
	Technician: Treet 4/07 to	Log In: 73/5 p. 4	🛂 Log Qut: 🔟	5:30
			•	
	· ·	•		

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: St. James School, floor tile removal

Contractor:

SCS Abatement

Date:

July 3, 2001

Checklist

		Adequate	
Contractor's Personnel	#3		
Signs:	,	N/A	
Barriers		N/A	
Decontamination Facility Condition:		<u> </u>	
Housekeeping Inside and Outside:		<u> </u>	
Entry and Exit Procedures Followed:		<u> </u>	t a
HEPA Exhaust Operating:		<u> N/A</u>	
Work Procedures Followed:	1/2 8		
Respiratory Protection Used:	Type 1/2 +2(1	У	
Differential Pressure:		NIA	
Alan Committee Damenta		Vore Rec	eived
Copy of Contractor's Air Sampling Reports			eived
Copy of Contractor's Daily Logs			
Signs of Heat Stress		Present	Not Present
Unusual occurrences			
Action taken			
Action taken			, , , ,
Action taken			
Action taken Daily Air Sampling Results: See Daily Air	Sampling Form		
Action taken	Sampling Form		· · · · · · · · · · · · · · · · · · ·
Action taken Daily Air Sampling Results: See Daily Air	Sampling Form		
Action taken Daily Air Sampling Results: See Daily Air	Sampling Form		

HUB TESTING LABORATORIES



Consulting and Testing Engineers

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

	REPORT FOR:		School Dept	
	PROJECT:	-St. James	-School = - floor	+ 4-16-16mons
	CONTRACTOR:	SUS Aboutar	ment	*
	DATE:	7-5-0).		
		Checklist	Adequate	Deficient
1. 2. 3. 4. 5. 6. 7. 8. 9.	Contractor's Personnel: Signs: Barriers: DECON Facility Condition Housekeeping In/Out: Entry/Exit Procedures Fo HEPA Exhaust Operating: Work Procedures Followed Respiratory Protection In Differential Pressure:	ollowed: d: Jsed:	N/A N/A N/A	
11.	Copy of Contractor's Air Copy of Contractor's Da	r Sampling ily Logs:	Reports:	Received Received
13.	Signs of Heat Stress:		Present	Not Present
14.	Unusual Occurences:)	econtamination	FACILITY had to	He rebuilt
15.	Action Taken:			
16.	Hub Testing's Air Monit	toring Test	t Results:	
. 10.	Sample I.D.	Location		Fibers/co
	0 600			m Log Out: 3130
	Technician: Will Chief		rod ru: gran	inition dog.

Report For:

Contractor:

Project:

Date:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Haverhill School Dept.

SCS Abatement

7-6-01

St. James School, floor tile removal

	<u>Checklist</u>	
	r)	Adequate Deficien
Contractor's Personnel	#4	
Signs:		11/4
Barriers		
Decontamination Facility Condition:		<u> </u>
Housekeeping Inside and Outside:	•	<u> </u>
Entry and Exit Procedures Followed:		
HEPA Exhaust Operating:	•	N/A
Work Procedures Followed:	Type /2 face	
Respiratory Protection Used: Differential Pressure:	Type 12 rate	NIR
onicionali ressue.		
Copy of Contractor's Air Sampling Reports		not Received
Copy of Contractor's Daily Logs		not Received
,		
Signs of Heat Stress		Present Not Pres
Unusual occurrences		
-		
Action taken		
		The state of the s
*	Air Sampling Form	
Daily 2 in Gamping results. See Daily		
Number of bags removed from site:	8	

Report For:

Project:
Contractor:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Haverhill School Dept.

SCS Abatement

St. James School, floor tile removal

Date: 7-9-01			
	Checklist		
Contractor's Personnel	# 2-	Adequate	Deficient
Signs:	#	NIA	
Barriers		- NA	
Decontamination Facility Condition:		V	1° 4.4.4.
Housekeeping Inside and Outside:	•	V	
Entry and Exit Procedures Followed:			
HEPA Exhaust Operating:		NA	
Work Procedures Followed:	VI C		
Respiratory Protection Used:	Type 12 fale	<u> </u>	W-31-38
Differential Pressure:		_N/A	·· · ····
Copy of Contractor's Air Sampling Reports		al n	ممافات
Copy of Contractor's Daily Logs		ROP RO	eceived Thank eceived
copy of contractor s Dany Logs		A some 16	eceived
Signs of Heat Stress		Present	Not Preso
Unusual occurrences			
Action taken			
Daily Air Sampling Results: See Daily	Air Sampling Form	·	
Number of bags removed from site:			

Haverhill School Dept.

SCS Abatement

7-10-01

St. James School, floor tile removal

Report For:

Contractor:

Project:

Date:



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

	0	Adequate	Deficient
Contractor's Personnel	#_2		
Signs: Barriers			
Decontamination Facility Condition:	•	y-	**************************************
Housekeeping Inside and Outside:			
Entry and Exit Procedures Followed:			
HEPA Exhaust Operating:		V/A.	
Work Procedures Followed:	vi P		
Respiratory Protection Used:	Type 1/2 face	<u> </u>	
Differential Pressure:		_U/ 1	
Copy of Contractor's Air Sampling Reports			ceived /nova
Copy of Contractor's Daily Logs		View Re	ceived
Signs of Heat Stress		Present	Not Prese
Unusual occurrences	,	·	
Action taken			
The state of the s			
Daily Air Sampling Results: See Daily Air	ir Sampling Form		
	16		

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Report For:

Contractor:

Project:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Haverhill School Dept.

SCS Abatement

St. James School, floor tile removal

	Date:	7-11-01			
		<u>Che</u>	<u>ecklist</u>		
			# & 3	Adequate	Deficient
	ntractor's Personnel		#	<u> </u>	
	gns: rriers			<u> N/m</u>	
	contamination Facility	v Condition		-	
	ousekeeping Inside and		4		
	try and Exit Procedure			ブ	
	PA Exhaust Operating			h) 4	
	ork Procedures Follow		Type 1/2 Fale		
	spiratory Protection U	sed:	Type 12 (V/2	<u> </u>	
ווע	fferential Pressure:			<u> </u>	
Cor	py of Contractor's Air	r Sampling Reports		ηδ\ Re	eceived Nove
	py of Contractor's Da				eceived
Co	py or comments a Da				
•	gns of Heat Stress			Present	Not Preser
Sig	gns of Heat Stress			Present	Not Preser
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• Serving our Clients since 1941 •

Report For:

Project: Contractor:

Date:

Haverhill School Dept.

SCS Abatement

7-12-01

St. James School, floor tile removal

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

	٦	Adequate	Deficier
	# 3	<u> </u>	
Signs: Barriers		<u> </u>	
Decontamination Facility Condition:		-\\/.	
Housekeeping Inside and Outside:			
Entry and Exit Procedures Followed:		71/	
HEPA Exhaust Operating:		h/La	
Work Procedures Followed:	, c		· ************************************
Respiratory Protection Used: Type	2 tak	V	
Differential Pressure:	'	VH	
Copy of Contractor's Air Sampling Reports			ceived home
Copy of Contractor's Daily Logs		_ k	ceived
Signs of Heat Strèss		Present	Not Pre
Unusual occurrences	:		
Action taken			
			,
	· · · · · · · · · · · · · · · · · · ·		
•			
Daily Air Sampling Results: See Daily Air Sampling Fe	hin		

HB)

Report For: Project: Contractor:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Haverhill School Dept. St. James School, floor tile removal

SCS Abatement

•		<u>Checkl</u>	<u>ist</u>			
					4 4	D-6-1-4
Contractor's Personnel			#	3	Adequate	Deficient
Signs:					<u> </u>	
Barriers	29 11.2					
Decontamination Facility Housekeeping Inside and					> -	***
Entry and Exit Procedures	S Followed:				-	
HEPA Exhaust Operating					NA	
Work Procedures Follows	ed:		1/ 0		7	
Respiratory Protection Us	ed:	Ту	pe /2 +	<u> </u>		
Differential Pressure:					NA	
Copy of Contractor's Air	Sampling Reports				not the po	eceived non
Copy of Contractor's Dail						eceived
	.,					
Signs of Heat Stress					Present	Not Prese
Unusual occurrences				1		
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Action taken		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t			
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Daily Air Sampling Resul	ite: See Dail	ly Air Sampl	ing karm			
want var panihing resu	is, switall		nd com			
Number of bags removed	from site:	15		•		
Technician:	, patrine		l an les	400	Log Out:	2130

ATTACHMENT C PRE-ABATEMENT INSPECTION



Environmental Testing Service

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

PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: St. James School WORK AREA DESCRIPTION: Upstairs to downstairs tile remain in classicoms and hollway
DEMOLITION REQUIRED (describe) (*):
MATERIAL TO BE ABATED (describe, give quantities): Floor tiles, approximately 2000, tiles throughout maked by masking top
ESTIMATED DAYS REQUIRED FOR ABATEMENT: 5
CRITICAL BARRIERS IN PLACE:
Windows Doors HVAC Vents Electrical Switches Electrical Outlets Other
ALL MOVABLE EQUIPMENT OUT OF AREA ALL NON MOVABLE EQUIPMENT WRAPPED (*) YES NO V/A
DECONTAMINATION FACILITIES (*): FULL THREE CHAMBER PDF WITH HOT/COLD WATER TWO CHAMBER EDF WITH WATER IN WASH CHAMBER X IF OTHER DESCRIBE
TYPE OF RESPIRATORY PROTECTION TO BE USED: YE FILE LEGATIVE AFRESSURE AIR MACHINES OPERATING (*): None PRESSURE READING: None CONTAINMENT SMOKE TESTED: NO
•
PIH'S SIGNATURE: DATE DATE
(*) - Indicate on sketch

ATTACHMENT D LABORATORY DOCUMENTATION

INSTITUTE FOR

IBNIWITRONINEBNITAL BIDIOCATHON, INIC

(97.8) 658-527.2



This is to certify that



Susan Boyle

hasscompleted,the requisite training, and has passed an examination for reaccreditation:

Asbestos Project Monitor Refresher

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

May 24; 2001

Course Location



May 24-2001



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: Friday, June 07, 2002

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 B CERTIFICATE

CLASS C CERTIFICATE

Robert J. Prezioso, Deputy Director

ATTACHMENT E CONTRACTOR DOCUMENTATION

Contractor Documentation

	Fit 1est Date	about 4/23/01	Jisho	11/100	7/13/00	10/2/2					
3 (c - 4);1 TO -1	Medical Kelease Date	18/28/81	12/23/00	5 20101	8/23/00	7/2/02	>				
1.111	MA License Exp. Date	3-25-02	6-3-02	3-13-02	6-24-02	4/co/05					
	MA License Number	4W 000138	A505371\	AS 33136	#5051314	Jty 32330					
H	I raming Certificate Exp. Date	MACK 23, 2602	5/19/62	3/13/02	6/52/02	e0/1/2.	_				4
1	Training Certificate Number	AT 0301-23-CM 3410	0134451048858	0133841018517	5# 01008						
	Name	Carlos A. Minas	Horman F. Minas	Jose H. Mings	Keyin Maran	8			-		



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

MCI-1/97

NOTICE TO EMPLOYEES

NAME OF HOSPITAL



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111 617-727-4900

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

	. *************************************	
ZURICH	AMERICAN INSURANCE COMPANY	
	NAME OF INSURANCE COMPANY	
ONE LTB	EPTV DIAZA NEW VODE ANG 1000	O.C.
	DDRESS OF INSURANCE COMPANY	JO
WC 3770736-00	-Dimes of Moderate Committee	
		11/4/00 to 11/4/01
POLICY NUMBER		EFFECTIVE DATES
NAME OF INSURANCE AGENT	ADDRESS	PHONE
SCS ENVIRONMENTAL SERVICES IN	(C. 00 DODDED GEDERAL OF THE	
SCS ENVIRONMENTAL SERVICES, IN EMPLOYER	ADDRESS	R, E. BOSTON, MA 02128
	ADDRESS	
EMPLOYER'S WORKER'S COMPENSATI	ON OFFICER (IF ANY)	DATE
\mathbf{M}	EDICAL TREATMEN	r
The above named insurer is required i	n cases of personal injuries arising	tout of and in the source of ampley
ment to turnish adequate and reasona	IDIE HOSDITAL and medical services i	n accordance with the previous of
the worker's Compensation Act. A co-	DV Of the First Renart of Injury my	ist he given to the injured employee
The employee may select his or her owi	n nnvsician. The reasonable cost of	the corvices provided by the treating
physician will be paid by the insurer, if	The treatment is necessary and rea	somably connected to the work relat-
ed injury. In cases requiring hospital a for such attention at the	attention, employees are hereby no	tified that the insurer has arranged

TO BE POSTED BY EMPLOYER

ADDRESS

MISTRUCTIONS

Date of Authorization

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 (Inn 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 finear or square feet).

2. Submit Original Form Commonwealth of Massachusetts **Asbestos Program** P.O. Box 120087 Boston, MA

3. This form may be used for notifying the U.S. Environmental Protection Agency Region I of asbestos demolition/

02112-0087

subject to NESHAPS (40 CFR Subpart M).
For Official Lies Only
Hollication F Pacaired Date
Pacarver Uses
Paint Approved/Denied
Decision Date

Commonwealth of Massachusetts Asbestos Notification Form — ANF-001

EXEMPT **Nº** 746679

	Facility location:	City min 5	
	St. James Elementage	School 415 4	Primrose Street
	Haverhill	01830	978-374-3482
	Chy/Town	Zip code	Telephone
	What is the worksite location? building name, d, wing, floor, room	7	
	Is the facility occupied? ☐ Yes ☐ No		
	Asbestos Contractor:		·
	SCS ENVIRONMENTAL SERVI	ices, Inc. 80 Bor	DER STREET
	Name	Address	
	EAST BOSTON, MA.	02128	(617)569-3600
	City/Town	Zip code	Telephone .
	AC 000125	THE REPORT OF THE PROPERTY OF	arright for the supplication control common and arrived by the supplication of the sup
	DULLicense /	Contract Type (written/verbal)	
	On-Site Project Supervisor/Foreman:	AS 331	360
	Name	DLI Certification /	- -
	Project Monitor:	•	
	HubTestins		
	Name	DLI Certification /	
	Asbestos Analytical Lab:		
	Λ ₋ , Λ Ι ₋ , , ,		
	AS Above -1	la.	
	Name 76	DLI Certification /	
			ri.) 7AH-4PH (Sat. Sun.)
	Project start date 6/8/01 end date 6/8	D specific work hours (MonF	
	Project start date 6/8/01 end date 6/8 What type of project is this? (circle one):	specific work hours (Mon F	renovation other (explain)
	Project start date 6/8/01 end date 6/8 What type of project is this? (circle one):	specific work hours (Mon F	renovation other (explain) volosure full containment cleanup
	Project start date 6/8/01 end date 6/8 What type of project is this? (circle one):	specific work hours (Mon F	renovation other (explain)
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Waiver /

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

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 C O N E S.





BOSTON-NEW



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 Pale

transes towns



G1 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

CAYLOS MINAS -018-76-34/0-PATIENT AUTHORIZATION hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.

Signature of Patient Signature of VROHS Wiress Date 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 Winess

Date

Thereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my screen analysis; In case of emergency contact: STATUS REPORT SERVICE PROVIDED **WORK STATUS** RESTRICTED WORK AS INDICATED BELOW Return to Regular Work Duration of modified work _ 1. No prolonged standing or walking **ICC/DOT Examination** Able to return to work with restrictions as indicated. 2. No climbing, bending or stooping Industrial Accident/Examination and Treatment Unable to return to work for duration of disability. 3. Limited use of right/left hand 4. Right/Left handed work only Capable of Full-Duty Work. 5. No work near moving machinery **FOLLOW-UP APPOINTMENT** Pending X-Ray Report 6. Weight lifting restriction: 0-15 pounds 15-35 pounds 35-50 pounds 7. Other DIAGNOSIS: DR. COMMENTS:

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

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

•			PHYSICAL	EXAM	INATIC	N	a			
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tions:	Place an "X"	' in the approp	oriate box. Comment	on abnorm	nal findings.	· · · · · · · · · · · · · · · · · · ·				
RAL	Normal		Abnormal				·			
	Normal 🔼		Abnormal							
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)	Normal 2	\leq	Abnormal [
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☐ 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

				TOOLIS	
Date: 3/24	(0)	Re: Carlos		ID#	
Company:	Private -	-Law. T	RAWWS		
The fo	ollowing examination	was performed on th	ne individual 1	named above.	
()	Physical Exam (Chest X-Ray () Pulmonary Fu) Part 1, Part 2 (Inction Total	maned above;	
)					•
() :	INITIA INITIA	and Personal protec the physical exami	al: ctive equipment nation and pro	above.	•
The abo 1910.100 modified (comply	ve examination has been and 1926.58. This is is displayed based on all test resulting with OSHA standa	en conducted in full a preliminary reports ts and will be noted rds).	compliance w t only; final de l in the Letter	rith OSHA standards (etermination may be of Interpretation	ΣFR
mments:	•	•			
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ysician's Signature:

☐ 61 Main Street Stoneham, MA 02180 (781) 438-9600 Fax (781) 438-9603 9 27 Charles Street North Andover, MA 01845 (978) 685-2900 Fax (978) 685-9567

ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: CA	ARLOS MINAS C	ompany _	LAWRENCE TRAINING
The following exa	amination, tests, and procedures were 3/28/01 :	e perform	ned on the above-named
(X) (X) (X)	Physical exam with emphasis on car Pulmonary Function Test performed Part I Respiratory Questionnaire Part II Respiratory Questionnaire Chest X-Ray PA view with B-reading	by a certi	
Based on the ab	ove examination, I find that this indivi	dual:	
	repeat of the PFT and Physical is re	protective commend sonal prot	ve equipment for six months, when a ded. otective equipment due to abnormal
Comme	ents:		
.	RISK FACTO	R NOTED	<u>D</u>
(×)	Has no risk factors placing the indiv Has the following risk factors placin exposure: () Smoking or recent history	ridual at g g the indir y of smok or sympto	greater risk for asbestos exposure. lividual at greater risk from asbestos
under 29 CFR 19 findings and reco	lons have been performed in full comp 910. 1001 and 1926.58. The above no ommendations. Only work-related me questions, please do not hesitate to c	amed indi- edical find	vith OSHA standards set forth lividual has been informed of the medic dings were conveyed to the employer.
Sincerely,			•
Physician:	· V · Jung	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.

Medenal facilities for Occupational Safety and Health L. Firan Rederal biline Solely and Health Act of 1917 7-15-69.

Medical Beaminetton Program HOENTGENOGRAPHIC INTERPRETATION

NGTG: Please resaid some interpretation of a single silm by maring an my in the appropriate bases on this form and return it promptly to:

Resciolas Center Assolvation Laborator Occupational Salety am Sou 1718

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

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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

Qual	ified Pe	erson Signature 3/008 29VI	/s
Date:		3/28/01	
	Cha	allenge substance: (Circle one) Irritant Smoke, Banana	Oil, Saccharin
	Fit (Check Procedures:	
	a.	Negative Pressure Check Pass Fail	
	b.	Positive Pressure Check (ass) Fai	_
	Test	ing Procedure:	Reaction:
	a.	Normal Breathing	NOVE
	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	1/2
	j.	Breathe normally	
	Overa	all Evaluation: Pass Fail	

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

PHYSICAL EXAMINATION 0 18 - 76 - 3410 SOCIAL SECURITY NUMBER PULSE_ with glasses COLOR VISION +5/11/1 ara without glasses **HEARING** R 20/25 L 20/25 R ____ L ___ PERIPHERAL VISION R 90 L 90 Place an "X" in the appropriate box. Comment on abnormal findings. ctions: RAL Normal Abnormal Normal Abnormal Ή Normal Abnormal Normal Abnormal Normal Abnormal ST Normal Abnormal S Normal Abnormal Normal Abnormal **JMEN** Normal Abnormal Normal Abnormal **EMITIES** Normal Abnormal Tinels Phalens TAL NE Normal Abnormal Normal Abnormal **₹OLOGIC** Normal Abnormal

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lame of Examining Physician



Envirotest Laboratory, Inc.

307 Pond Street

(781) 278-0080

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 4 23 20 01		NECOKD	
Worker Name: CARLOS Minas	Compar		
Respirator Type: NORTH	N Sinc Tool I	/orker#:	
SEAL INTERFERENCE:	Size Tested:		
FACIAL HAIR		YES	
HAIR			
GLASSES/CONTACTS DENTURES FACIAL STRUCTURE PROBLEMS	V		·.
LEAKAGE			
IF YES WHERE:			
PROBLEMS WITH:	NO	YES	
NORMAL BREATHING DEEP BREATHING TURN HEAD SIDE TO SIDE NODDING HEAD UP AND DOWN GRIMACING TALKING (RAINBOW PASSAGE) BEND OVER AND MOVE HEAD RUNNING IN PLACE NORMAL BREATHING			
COMFORT ASSESMENT:			
RESULTS:			
Benthan		<u> </u>	·
SIGNATURE OF TESTER	SIGNATI	JRE OF WE	APED
RAINBOW PASSAGE: PASS FAIL		SIVE OF AAC	¬ । ₹ ⊑ ! ₹

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 borizon. There is, according to legend, a

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 Wember of 0 0 N E S

ONES



BOSTON-RENEW



16 Upton Drive, Wilmington, MA 01887

(978) 658-5272

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 Course Dates

Institute for Environmental Education Course Location

Wilmington, MA 01887 16 Upton Drive

May 19, 2002

0134451048858

May 19, 2001

Examination Date

Certificate Number

resident/Director of Training

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PROCESSING FORM PHYSICAL EXAM

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Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

RESPIRATOR FIT TEST ASSESSMENT RECORD

20 20 20 AD	Company: SC				
	leas	_Worker #:			
Respirator Type: Nov 174	Size Tested:				
SEAL INTERFERENCE:	NO				
FACIAL HAIR		YES	. •		
HAIR					
GLASSES/CONTACTS DENTURES FACIAL STRUCTURE PROBLEMS CORRECT DONNING LEAKAGE.	N N N N N N N N N N N N N N N N N N N				
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. COMFORT ASSESMENT:	NO VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	YES			
RESULTS: SIGNATURE OF TESTER RAINBOW PASSAGE: PASS FAIL (CIRCLE)	SIGN	TURE OF WI	EARER	-	

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These take the shape of a long round arch, with it's path high above, and it's two ends apparently beyond the borizon. There is, according to legend, a

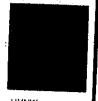
Commonwealth of Massachusetts
Division of Occupational Safety
Robert J. Prezioso, Deputy Director

Asbestos Supervisor

JOSE H MINAS

Eff. Date 03/14/2001 Exp. Date 03/13/2002 AS 33136 Member 3120 NES HV 003136



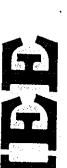




16 Upton Drive, Wilmington, MA 01887

(978) 658-5272





This is to certify that

Jose H Minas

for accreditation

has completed the requisite training, and has passed an examination

Asbestos Contractor/Supervisor

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

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

Course Dates

Course Location

Institute for Environmental Education

March 13, 2001

Examination Date

Wilmington, MA 01887 16 Upton Drive

March 13, 2002 Expiration Date

resident/Director of Training

0133841018517

Certificate Number

Brookline Medical Associates Health Stop

358 Harvard Street Brookline, MA 02146-29(Telephone (617) 739-11 Facsimile (617) 566-65

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 esting. He is found to be fit to work as an asbestos worker in compliance with OSHA requirements CFR Sincerely

Richard A. Brodie, 1

RAB:bs



Envirotest Laboratory

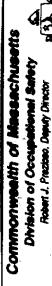
277A Washington St Westwood, MA 02090

(781) 329-1133

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 1// 7/ 1900	orcomeid!	RECORD
Modern	Compan	y:_SCS
Worker Name: Jose Mings	W	/orker#:
Respirator Type: NURTH	Size Tested:	M
SEAL INTERFERENCE:	NO .	YES
FACIAL HAIR		120
TYPE OF INTERFERENCE	E:	to the same of the
GLASSES/CONTACTS		-
FACIAL STRUCTURE PROBLEMS CORRECT DONNINGLEAKAGE	V	
IF YES WHERE:		
EXERCISES:		
NORMAL BREATHING DEEP BREATHING TURN HEAD SIDE TO SIDE NODDING HEAD UP AND DOWN GRIMACING TALKING (RAINBOW PASSAGE). BEND OVER AND MOVE HEAD RUNNING IN PLACE NORMAL BREATHING COMFORT ASSESMENT:	NO	YES
COMPORT ASSESMENT:		
Sof the	ESPINATO	
SIGNATURE OF TESTER	Jon	Mar
RAINBOW PASSAGE: PASS FAIL	SIGNATU	JRE OF WEARER

Then 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 not of sold at the end of the rainbow.



EVEN F. MEDIUM

EM. Date OB/25/0 Exp. Date OB/24/0

A8061314
Member of C.O.N.E.S.

4 2.0.N.E.S.



BOSTON RENEW

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





Brookline Medical Associates Health Stop

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

August 23, 2000

Mr. Joseph Capone SCS Environmental Services 80 Border Street East Boston, MA 02128

Dear Mr. Capone,

Kevin 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.

Moran, an employee of SCS Environmental Services was given a medical examination including medical usuory 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.

incerely,

ichard A. Brodie, M.D.

AB:bs

Brookline
Medical
Associates
https://doi.org/10.1009

PROCESSING FORM PHYSICAL EXAM

Employee Name:							
	Seven	Mon	z-x -		Date: 8.	21.00	······································
Reason for Physical:	☐ Pre-Placement☐ ICC-DOT	☐ Insurance ☐ Angual	□ Other: _ □ Special	Tectine	Date.		
Employer Name:	SCS	80 Bord	er 5x	-	Boston	Ma	-02
Job Title:	attn: Jon	ph Cap	Ere_				
I hereby authorize thi	s office to perform med	dical services rec	commended b	v mv emplo	over and to disc	lose to that	emplo
any information conc	erning my condition. I	hereby release	the physician	from any t	iability arising t	rom such di	sciosu
Drug Testing Conse	Employée Signature nt: consent to this office a	and		***************************************	Date		
	ate tests or examinat				esting Lab my permission	n to this of	fice a
	Testing Lab				or examination		
	Employee Signature		······		Date		
A. Employee cleared f B. Employee cleared f pending normal tes C. Employee cleared f	or employment without results. Any abnormation with the	It restrictions for al results will be	job indicated reported.	put	Ch	Date	
pending normal tes C. Employee cleared f	or employment without results. Any abnorm or employment with the	ut restrictions for al results will be ne following reco	job indicated job indicated reported. mmendations	pul	\frac{1}{2}	Date	
D. The above named i	or employment with the	ne following reco	mmendations		e is being cons		
D. The above named is at this time because Applic	ndividual is not capab	ne following reco	the job for wi	ich he/sh			
D. The above named is at this time because Applic Applic	ndividual is not capabe: cant has a medical contact condition	ne following reco	the job for wi	ich he/sh	YDOOUTO	idered	
D. The above named is at this time because Application Application Medication Application Application Medication Application A	ndividual is not capable: cant has a medical conditional condition makes appeared to the cause (specify):	ne following reco	the job for wieds correcting wated by his/lee in job for w	ich he/sho J ner work e	xposure ne is being cons	idered	
D. The above named is at this time because Application	ndividual is not capable: cant has a medical conditional condition makes appeared (specify):	e following reco	the job for wieds correcting wated by his/le in job for w	ich he/sho	xposure ne is being con:	idered	
D. The above named is at this time because Application	ndividual is not capable: cant has a medical conditional condition makes appeared (specify): ake a medical determinated on medical has a medical determinations are indicated in its.	ele of performing ndition which ne on may be aggraphicant unsuitable ination based or old and asked to the use of person	the job for wheeds correcting wated by his/le in job for wheels and the need for submit additional protective	nich he/sho ner work e hich he/sh additional ional med	xposure ne is being cons medical inform ical information nt such as resp	idered sidered nation. There as soon	efore
D. The above named is at this time because Application Application Medication for beautiful and the patient has been as possible. F. The following restrict or encapsulating suitage.	ndividual is not capable: cant has a medical conditional condition makes appeared (specify): ake a medical determinated on medical has a medical determinated on medical has a medical determinations are indicated in its.	ele of performing ndition which ne on may be aggraphicant unsuitable ination based or old and asked to the use of person	the job for wheeds correcting wated by his/le in job for wheels and the need for a submit additional protective	nich he/sho ner work e hich he/sh additional ional med	xposure ne is being cons medical inform ical information nt such as resp	idered sidered nation. There as soon	efore
D. The above named is at this time because Application Application Medication for beautiful and the patient has been as possible. F. The following restrict or encapsulating suitage.	ndividual is not capable: cant has a medical conditional conditions are indicated in its.	ne following reco	the job for will eds correcting wated by his/le in job for will the need for by submit additional protective	additional ional med	xposure ne is being cons medical inform ical information nt such as resp	idered sidered nation. There as soon irators, glov	efore



Envirotest Laboratory, Inc.

307 Pond Street Westwood, MA 02090

(781) 278-0080

RESPIRATOR FIT TEST ASSESSMENT RECORD

Date: 7/13 20 00		CAC	
Worker Name: KEVIN MORA	Compa		
Respirator Type: NORTH	v _Size Tested:	Vorker#:	
SEAL INTERFERENCE:	NO	YES	
FACIAL HAIR	/	.20	
HAIRGLASSES/CONTACTSDENTURES.			
FACIAL STRUCTURE PROBLEMS CORRECT DONNING. LEAKAGE IF YES WHERE:	V		
EXERCISES:			
PROBLEMS WITH:	NO	YES	
NORMAL BREATHING. DEEP BREATHING. TURN HEAD SIDE TO SIDE. NODDING HEAD UP AND DOWN. GRIMACING. TALKING (RAINBOW PASSAGE). BEND OVER AND MOVE HEAD. RUNNING IN PLACE. NORMAL BREATHING.			
COMFORT ASSESMENT:			
RESULTS:			
Manual Consideration of the state of the sta	Ko	2 19	
AINBOW PASSAGE: BASS SAN	SIGNAT	TURE OF WEARER	

AINBOW 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 such, with it's path high above, and it's two ends apparently beyond the horizon. There is, according to legend, a

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

Asbestos Worker

JUAN DEL VILLAR

Eff. Date 07/11/2001 Exp. Date 07/10/2002

AW 32230





LAWRENCE WALK-IN MEDICAL CENTER Neville Navan biam, M.D. 100 Frit via Su Lawmace, NA 01840 (508) of 2-8040

EMPLOYER ASBESTO : CLEARANCE LETTE : AME DE VILLO TUC SSE C12-78-8.

ATE OF EXAM

This letter confirms that the above is clinded and the confirm as that the above is clinded as the confirm as the three above is clinded as the confirm as the confirmation as the confirmation as the confirmation and a confirmation as the confirmation medical and work history, and a complete physical eximagation acceptance in Pulmonary function tests (PFT) were administed to. CHEST X-RAYS WITH "B" READENG FESULT: Normal_ Ab sormal_ Next indicated in 12
PULMUNARY FUNCTION TEST RESULT: Normal Abnormal The following conditions were identified a high may place this employed at in reased risk of health impairment from aspestos e coosur. The following lim terious on personal probative equipment, including easpire one are indicated: None: The patent is medically qualted to wear all personal resterion equipment. [] Patient limitation st The employee has been informed of the rapid of the medical examination, both with regard to occupational and general medical conditions. The ampleyed has been required about increased risk of lung canour in smokers and advis a remarding untaking persettion if it dicated in accordance with the Standard, fit cing is a disgressia unreliated to subject a spectre may not be communicated to the employer. 4180, it records not with the standard, a sony of this opinion is being forwarded to the employex. Thank you for if a poportunity to enter it e this individual. Physician R.L.1. ANVARATINA L.A. 2. Signatur

UNIRINGI MALAM MEDIDI DELLA

LAN DENGE, MA 2480 Cock

LAN DENGE, MA 2480 Propoli

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e.			

LAWRENCE TRAINING SCHOOL, INC.

58 Franklin Street, Lawrence, MA 01841 Telephone '978' 689-7370

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

FIT TEST (PRUSVA 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 require to neal Asbestos or Lead job sites.

I CERTIFY THAT ON THE DUTE BULOW I WAS FIT-TESTED IN THE RESPIRATOR THRE ALLO MODEL LISTED AND THAT I WAS DIVIENT IAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

TFURTHER CERTIFY THAT LUNDERSTAND THE TRAINING PROVIDED TO ME AND KNOW THAT THE USE OF A RESPIRATOR UNDER CONDITIONS CONTRARY TO THOSE OUTLINED AS APPROPRIATE

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Qualu	ned Pers	on Symatures	Pour	Lolony	Velo	iuoz	
		17/01				·	
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5	Raspura	itor Approvals:					·
Manuf <i>YOF</i>	acture.	Ápprov	ıl#	Type EALC	- Siz.	É	·



LAWRENCE TRAINING SCHOOL, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

has successfully completed the Shour course Juan Del Villar

Asbestos Refresher for Workers - Spanish

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

AR0701-07-JD8075

C'ertificate Number

JUL 07, 2002

Expiration Date

Dates of Training

JUL 07, 2001

Date of Examination

JUL 07, 2001

President/Director of Training

ATTACHMENT F WASTE SHIPMENT RECORDS

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