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

Mr. Jeffrey Dill

Supervisor of Energy and Maintenance

4 Summer Street Haverhill, MA 01830

Project Site:

Haverhill Stadium

Boiler Room

17 Lincoln Street Haverhill, MA

Scope of Work:

Air Sampling And Monitoring During The Removal Of Asbestos Containing Material At The Haverhill Stadium Boiler Room

Date:

October 9, 2008

Submitted by:

Fréderick T. Boyle

President

HUB TESTING LABORATORY, INC.

Environmental Testing

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

DOCUMENTATION CHECKLIST FOR ASBESTOS MONITORING PROJECT FINAL REPORTS

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 project | | Page 1 |
|-----|---------------------------------------|-----------------------------|---------------------------------------|
| 2. | Location and type of ACBM | | Page 1 |
| 3. | Amount of ACBM present (linear and | /or square footage) | Page 1 |
| 4. | Type of abatement activity: | . , | · · · · · · · · · · · · · · · · · · · |
| | Remova | al XX | |
| | Encaps | ulation | |
| | Enclosu | ıre | |
| | Repair | | |
| 5. | Reason for activity | | Page 1 |
| 6. | Start/stop dates | | Aug. 25, 2008 |
| 7. | Personnel documentation (all involved | l personnel): | |
| | Workers, Supervisors | * / | |
| | -Certificates/licenses | | Attachment F |
| | -Health/Medical examination | | Attachment F |
| | -Training documentation | | Attachment F |
| | Project Monitors, Project Designers | | |
| | -Certificates/licenses | | Attachment E |
| | -Training documentation | | Attachment E |
| 8. | Contractor documentation/MA license | ; | Attachment F |
| 9. | Laboratory documentation: | | |
| | -MA license | | Attachment E |
| | -Certificate PCM/PLM/TEM | | Attachment E |
| 10. | Contractor's Job documentation: | | |
| | -Copies of Notifications to DL | WD, DEP, EPA and appl | licable |
| | police, fire or safety authority | | Attachment F |
| | -Daily sign-in sheets (verify wo | orkers, supervisors, projec | et monitors, |
| | and visitors | | Attachment F |
| | -Contractor's submittal packag | ge, with abatement plan ar | nd |
| | standard operating procedure, | respirator program, insur | ance, |
| | fire and emergency evacuation | plan | Attachment F |
| | -Chain of Custody documents: | for waste | Attachment G |
| | -Disposal Manifest (Waste Shi | pment Record) | Attachment G |
| | -Name and location of disposa | l site | Attachment G |
| | -Name and Certification of disp | posal carrier | Attachment G |
| | | | |

11. Consultants' job documentation:

> -Daily checklists for work environment and/or conditions, with commentary of unusual or noteworthy activities Attachment B

-Air monitoring data sheets showing location, date, type and number

of samples collected and analyzed, indicate square footage and conformance to Appendix A, CFR 763.90(i)(2)(ii) Attachment A

-Name and title of person performing analysis

Attachment E

-Name and title of person performing final visual inspection

and their certification

Attachment E

Checklist completed by 12.

Date: 11/12/08

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AIR MONITORING RESULTS

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DAILY MONITORING CHECKLIST

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PRE-ABATEMENT INSPECTION

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ATTACHMENT E LABORATORY DOCUMENTATION PROJECT MONITORING DOCUMENTATION

ATTACHMENT F
CONTRACTOR DOCUMENTATION

- License / Accreditation
- Notifications
- Worker Documentation

ATTACHMENT G WASTE SHIPMENT RECORD

ATTACHMENT H PROJECT SPECIFICATIONS

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 material at the Haverhill Stadium, Boiler Room, 17 Lincoln Street Haverhill, Massachusetts. Asbestos containing material was removed from the boiler and the boiler room in order to demolish and replace the boiler. Compass Restoration Services., 16 Pheasant Run, Belchertown, MA 01007 performed the asbestos removal. The project consisted of the removal of approximately fifty linear feet of pipe insulation, two hundred square feet of boiler insulation and contaminated surfaces in the boiler room. A field laboratory was set up on the premises so that air samples could be analyzed within the turn-around time required by the project.

2. SUMMARY REPORT

The contractor arrived on site on August 25, 2008 and began to set up containment.

All movable items were removed from the area, critical barriers were installed at all openings and any other items required by regulation such as lights, electrical equipment, HVAC grills etc. Two layers of polyethylene sheeting were then installed over walls and critical barriers. HEPA unit connections were made and exhausted to the exterior of the building. Manometers were installed to illustrate negative pressure within the containments.

A three-chamber decontamination facility was installed contiguous to the containment that included a clean room, shower unit and dirty room. This facility was used for personnel, equipment and waste removal.

The Project Monitor proceeded to inspect the set-up of the containment. The layout of the work area, water and electrical connections, negative air pressure,

decontamination facility, and manpower were found to be in compliance with regulations and specifications.

All gross materials was removed and bagged. An additional amount of water was added to every bag before it was sealed to ensure the materials would stay wet.

The boiler itself was disassembled and/or broken apart using manual methods. The interior of the boiler was cleaned and the waste metal ribs were removed form containment.

After gross removal, Compass Restoration Service workers proceeded with fine cleaning to remove any residual debris. Once abatement and cleaning were completed, a final visual inspection was performed to ensure the containment was visually clean. Any deficiencies noted were remedied during the inspection process and re-checked. After passing the visual inspection, lock-down encapsulant was used on surfaces inside the containment.

Aggressive TEM samples were collected at the completion of the project on August 28, 2008.

3. SAMPLING PROCEDURES

All air asbestos monitoring and testing was performed under the guidelines specified by the U.S. Public Health Service as specified in USPH/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were rechecked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped and labeled. Pump identification, sample location, and calibration data are included in Attachment A. Final clearance sampling was conducted in compliance with Appendix A to Subpart E of 40 CFR 763 (TEM).

4. LABORATORY ANALYSIS

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The air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute for Occupational Safety and Health (NIOSH), Asbestos and Other Fibers Method 7400.

PCM 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 other, 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, PCM analysis consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion. 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.

In accordance with the AHERA regulation samples in work areas where more than 160 square feet and 260 linear feet of asbestos containing material was removed, clearance samples were collected and analyzed in accordance with the requirements of Transmission Electron Microscopy (TEM) as prescribed by the Appendix A to Subpart E of 40 CFR 763.

5. STEPS TAKEN TO PROTECT OCCUPANTS

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

5.1 BARRIER CONSTRUCTION

Construction of critical barriers separated the work area from other inhabited areas. The barriers were constructed of two layer of 6-mil thickness of polyethylene plastic sheeting on all doorways, light fixtures, electrical outlets and other openings into the work area and subsequently covered with two layers of 6 mil polyethylene plastic sheet (poly) on all walls.

5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed around the outside of the barriers on a daily basis to aid in detection of fiber release in the event of a containment failure. Analytical results can be found in Attachment A.

5.3 WORKING IN WET CONDITIONS

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

5.4 FINAL INSPECTION

The work area was inspected for visible residue after final cleaning of all surfaces. When residue was encountered the contractor re-cleaned until the area was clean and excompiled with regulatory agency criteria, 453 CMR 6.14 (5)(a).

6. STEPS TAKEN TO PROTECT THE ENVIRONMENT

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

Construction of plastic sheet barriers, reinforced at window and door openings, and two layers of 6-mil plastic sheeting covered the walls and critical barriers. This

allowed for removal to be performed without contaminating the environment beyond the barriers.

The work area was maintained as a negative pressure environment by means of three HEPA (High Efficiency Particulate Air) filtration units exhausted to the exterior. Asbestos containing material and asbestos contaminated items were removed in 6-mil asbestos labeled disposable bags, or placed into reinforced appropriately labeled and lined fiber drums. These bags and drums were moved to a lined waste truck and transported from the site to an approved landfill.

FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of the removal process. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible debris was found in the work area. Air monitoring was conducted throughout the project.

8. WASTE DISPOSAL DOCUMENTATION

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

ATTACHMENT A AIR MONITORING RESULTS

HB

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

DAILY AIR MONITORING DATA SHEET

| Report for: | Cit | y of Ho | werhal | <u> </u> | | Hub ID: | | \ | 9891 | |
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| Contractor: | Comp | ass Rest | water | Services | | Rotometer # | • | Ŕ. | - 1/ | |
| Job Site: | Haver | hill 5 | tad | un | | Type of Sam | ipling: | Boo | -// | |
| Calibration: | Boile | - ROO. | 14 | | | - 7 F - 7 - 2 m | .PB. | 1243 | L ~L/N | <u>e</u> |
| Pump Number | 12 | N-3 | HULTE | 2 | | | | · · · · · · · · · · · · · · · · · · · | | |
| Pre-Calibration | W13 | 13 | 13 | | | | | <u> </u> | | <u> </u> |
| Post-Calibration | 13 | 13 | 13 | | · | · · · · · · · · · · · · · · · · · · · | | | | |
| Average Flow | /3 | 13 | /3 | | | | | | | |
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| Sample I.D. | Sample Location | Pump Number | Start Time | Stop Time | Total Minutes | Volume (liters) | Fibers | Fibers/ |
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Project Monitors Signature: Date 8-22-05

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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DAILY AIR MONITORING DATA SHEET

| Report for: | | City | of Haverl | | Hub ID: Date: Calibration M | fatha d | 8 | 19891 805/08 | | | |
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| Contractor: | | | ration Ser | Vi as | Rotometer #: | | | 2-11 | | | |
| Job Site: | Stadiu | um boile | er tm | | Type of Samp | pling: | D. | v ing | | | |
| Calibration: | | | | | | | | | • | | |
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| Pre-Calibration | 13 | 13 | | | | | | | | | |
| Post-Calibration | 13 | 13 | | | | | | | | | |
| Average Flow | 13 | 13 | | | | | | | | | |
| Quality Control: | | <u> </u> | ···· | | | 1 | | | | | |
| Blank #1 Result | Blan Resu | | O Refer Slide | | Result 381 | Mean | 342 | Range | 8-278 | | |

| Sample I.D. | Sample Location | Pump Number | Start Time | Stop Time | Total Minutes | Volume (liters) | Fibers | Fibers/ cc |
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| Project Monitors Signature: | <u>biancardi</u> | Date 8/25/8 |
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HB

Report for:

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Hub ID:

19891

DAILY AIR MONITORING DATA SHEET

City of Haverhill

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| <u></u> | Project M | onitors Sig | mature: | Mourk | Bunca | vel; | Date | 9/26/8 | | |

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HB)

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Hub ID:

DAILY AIR MONITORING DATA SHEET

City of Hoverhill

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| Contracto | or: | Comp | ASS | Restoration | Secure | | otometer #: | | R-11 | |
| Job Site: | | _5 _A | ium | Boiler | Room | Ту | pe of Sampl | ing: | During | |
| Calibrati | | • •• | • | | | | | | - | |
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| | | Location | | Number 12 | Time S: OO | Time | | (liters) | | |

Project Monitors Signature: Nowk Blancowdi Date 8/27/8

HB

Report for:

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Environmental Testing Service

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

Hub ID:

DAILY AIR MONITORING DATA SHEET

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| Contracto | or: Compass R | estoration | Services | | llibration Me tometer #: | thod: | Robons 1R=11 | ter |
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Project Monitors Signature: Mark Blancardi

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DAILY AIR MONITORING DATA SHEET

| Blank #1 Result | Blan Resu | | | Reference lide ID | | Result | Mear | l | Range | |
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| プ 】 | Project Monitors Signature: | Mark Blancardi | Date | 812918 | |
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Mean Total Structure Density For inside Samples: 63.6 structures/sq. mm.

Date: 8/29/2008

Client Name: HUB TESTING AmeriSci Job #; 508081411

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

Haverhill; Stadium

| Type of | Asbestos chrysotile | chrysotile | chrysotile | chrysotile | chrysotife | | | | | | · | | |
|------------------------------------------------------------|------------------------|------------|------------|------------|------------|--------------|--------------|----------------|--------------|--------------|---------------|--------------|-------------|
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| ire ration : air) | Total 0.0407 | 0.0146 | 0.0136 | 0.0181 | 0.0091 | • | | • | | | | | |
| 2 2 2 | <0.0045 | <0.0049 | <0.0045 | 0.0045 | <0.0045 | | | | | | | | |
| ture nity 1. mm.) | Total 136.2 | 45.4 | 42.4 | 60.5 | 30.3 | | | | | | | | |
| Structure Density (struc/sq. mm.) | ×5.0 <15.1 | <15.1 | <15.1 | . 15.1 | <15.1 | | | | | | • | | |
| Detected Total | 9.0 | 3.0 | 3.0 | 4.0 | 2.0 | | , | | | | | | |
| Structures] (Microns) >=5.0 | 0.0 | 0.0 | 0.0 | 1.0 | 0.0 | | | | | | • | | |
| Asbestos Structures Detected (Microns) 0.5-5.0 >=5.0 Total | 9.0 | 3,0 | 3.0 | 3.0 | 2.0 | | | | | | | | |
| * Analytical Sensitivity (struc/co air) | 0.0045 | 0.0049 | 0.0045 | 0.0045 | 0.0045 | | | | · | | | | |
| Area Analyzed (sq. mm.) | 990. | 990. | 990. | 990. | 990' | | | | | | | | |
| f.ir Filtered (likers) | 1287 | 17.00 | 1287 | 12.87 | 1287 | 1200 | (200 | 12.00 | 12.00 | 12.00 | - 1 | , · 😩. | <u>, 25</u> |
| Lir Dilution Filtered Factor (liters) | | | , | | | | | | | | | | · |
| Client Sample# | 12 | 13 | 4 | 15 | . 91 | 17 | 18 | | 20 | 21 | 22 Blank | 23 ank | 24 Ik |
| | Inside | Inside | Inside | Inside | Inside | Outside | Outside | Outside | Outside | Outside | Outside Blank | Inside Blank | Lab Blank |
| AmeriSci Sample # | .01 inside | 02 inside | 03 inside | 04 inside | 05 inside | 06 outside** | 07 outside** | · 08 outside** | 09 outside** | 10 outside** | ii blank** | 12 biank** | 13 blank** |

* concentration represented by the detection of L structure ** not awalyzed NSD: No Asbasios Sinctores Defectari

Reviewed By:

Sandhya Gunasekara

NVLAP#: 102079-0

ATTACHMENT B DAILY MONITORING CHECKLIST

HB

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| | KILLOW VIII | Public Schools | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|-----------|-------------|
| Contractor: Contra | Compass re Politicians | Stadium | | |
| | | Checklist | | |
| Contractor's Personnel Signs: Barriers Decontamination Facility Con Housekeeping Inside and Out Entry and Exit Procedures Fo HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used: | tside | # 3 | Adequate | Deficient |
| Differential Pressure: Copy of Contractor's Air Sam Copy of Contractor's Daily Lo | ipling Reports ogs | 12 mgr | Not Recei | |
| Unusual occurrences | ьр | | Present | Not Presen |
| | | | | |
| Action taken | | | | |
| radui lancii | | | | |
| A COUNT LANCIE | | | | - |
| | | | | |
| Daily Air Sampling Results: Number of bags removed from | | r Sampling Form | | |

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| Report For: | <u>City</u> | of Haverhill | | |
|-----------------------------------------------------|---------------------------------------|-----------------|-------------|----------------------------------------|
| Contractor: | | ration Socie | <u>s</u> | |
| Job Site: | Stadium | Beile- Room | 7 | |
| Date: | 4/30 | | | |
| | | Checklist | | |
| Contractor's Personnel | | " A | Adequate | Deficient |
| Signs: | | #_3_ | _ 🔆 | |
| Barriers | | | <u> </u> | ······································ |
| Decontamination Facility | Condition | | X | |
| Housekeeping Inside and | Condition; | | <u> </u> | |
| Enter and Rest Decederate | Outside! | | \simeq | · |
| Entry and Exit Procedure | rollowed: | | <u>X</u> | |
| HEPA Exhaust Operating Work Procedures Follows | .a. | | <u>X</u> | |
| Possisstem Protective VI | XII; | 1/2 | <u>X</u> | |
| Respiratory Protection Us Differential Pressure: | ea: | Type 12 1/2/N | y X | |
| Differential Pressure: | | 1 (| <u> </u> | |
| Copy of Contractor's Air | Sampling Reports | | hat a | Received |
| Copy of Contractor's Dail | y Logs | | | Received— |
| Signs of Heat Stress | | | Present | Not Presen |
| Unusual occurrences | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| Action taken | | | | |
| | | | | |
| | | | | |
| Daily Air Sampling Result | s: See Daily Ai | r Sampling Form | | |
| | rom site: | 2 dams | | |
| Number of bags removed f | | | | |

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| Report For: | City of Har | erhell | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------|------|
| Contractor: Job Site: Date: | Compan Ru Stadum E | storahm Ser Boler Pm | vius | |
| | • | Checklist | | |
| Contractor's Personnel Signs: Barriers Decontamination Facility Con Housekeeping Inside and Out Entry and Exit Procedures Fo HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used: Differential Pressure: | side: | # B | Adequate Def | icie |
| Copy of Contractor's Air San Copy of Contractor's Daily Lo | pling Reports | . 0 | hot Received Received Present Not | |
| Umwalaccurrences | | | Present Not | |
| | | | | |
| Action taken | *************************************** | · | | |
| | | | | |
| | | | | |
| Daily Air Sampling Results: Number of bags removed from | See Daily Air San | npling Form <u>dr</u> ww 3 Nb | .S. of boiler | |
| Technician: | . 0- | (. | 00 Log Out;3:30 | |

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| | Report For: | city of | Haverhell | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------|----------------|-----------|-----------|
| | Contractor: Job Site: Date: | Compass Stadum | Restoration Borles Pm | s Servi | ب | |
| | | | Checklist | | | |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. | Contractor's Personnel Signs: Barriers Decontamination Facility C Housekeeping Inside and O Entry and Exit Procedures F HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used Differential Pressure: Copy of Contractor's Air Sa Copy of Contractor's Daily I Signs of Heat Stress Umusual coverences | utside: followed: : : : : : : : : : : : : : : : : : : | #_ Type 1/2 ^ | 3_ | | Deficient |
| | | | | | | |
| | Action taken | | | | | |
| | Delt Al G V D | | | *** | | |
| | Daily Air Sampling Results: Number of bags removed from | | Air Sampling Form | y | Zơn | |
| | Technician: ML/ | res | Log I | n: <u>4:00</u> | Log Out 3 | :30 |

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| | Report For: Havevull | Rublic Schools | |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|
| | Contractor: Compass Job Site: Boiler Date: 8/2/6 | Restoration Ruem 8 | • |
| | | Checklist | |
| 1. 2. 3. 4. 5. | Contractor's Personnel Signs: Barriers Decontamination Facility Condition: Housekeeping Inside and Outside: Entry and Exit Procedures Followed: | #_2 | Adequate Deficient |
| 7. 8. 9. 10. | HEPA Exhaust Operating: Work Procedures Followed: Respiratory Protection Used: Differential Pressure: | Туре | |
| 11. 12. | Copy of Contractor's Air Sampling Reports Copy of Contractor's Daily Logs | | Received Received |
| 13, | Signs of Heat Stress | | Present Not Present |
| 14. ∴⊗ | Unusual occurrences occurrences tector down occurrences containment was fe | contractor adequ | eddy baggod |
| | Action taken | | |
| | | | |
| | Daily Air Sampling Results: See Daily A | Air Sampling Form | |
| | | Log In: 8 | |

ATTACHMENT C PRE-ABATEMENT INSPECTION

HB

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Pre-Abatement Inspection Form

| Client: Knuchill public 504015 Work Area I.D.: Ballet com Statium Area Description: Daller Com | with large | boiler |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|
| Demolition Required:Estimated Days Required | For Abatement: | 3 |
| Materials To Be Abated (Describe And Give Quantities): boiles and | . Jackett | 300 sgA |
| Critical Barriers In Place: Windows Doors HVAC V Electrical Switches Electrical Outlets Other OUS OUS | ents N/A | |
| All Movable Equipment Removed From Containment All Non – Movable Equipment Wrapped (*) | Yes 1 | <u>No</u> |
| Decontamination Facilities (*) Three Chamber PDF With Hot/Cold Water Two Chamber EDF With Water In Wash Area Other | <u> </u> | |
| Containment Type (indicate reasoning below) Full Containment, 2 layers (6-mil poly) on all walls and floor Same as above with additional poly on ceiling 2 layers on wall, no poly on floor Single layer of poly on walls and floors Critical barriers only, no poly on walls or floors Other | Yes X | <u>No</u> |
| Surfactant Available Type Of Respiratory Protection To Be Used Yes Or No Type Of Respiratory Protection To Be Used | | |
| Number Of Negative Air Machines In Operation Manometer Used and Pressure Reading Containment Smoke Tested | (// 🎮 / S | |
| (*) Indicate On Sketch | Pate 4/350/ | <u>o</u> |

ATTACHMENT D FINAL CLEARANCE FORMS

HB

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

| | | FINAL CLE | ARANCE FORM | |
|-------|--------------------------------|------------------|-----------------------------------------|-------------------------------------------|
| | Report for: | Hauhill | PS. | |
| | Contractor: | Compass | restration | |
| | Job Site: | Stadium (| Bailer room | |
| | Date: | 4/28/08 | 5 | |
| | VISIBLE DEBR | IS NOTED ON: | YES | NO |
| 1. | FLOORS | | | N |
| 2. | WALLS | | | N N |
| 3. | CEILING | | | |
| 4. | PIPES | | | |
| 5. | ELBOWS/FITTI | NGS | | |
| 6. | DUCTS | | | $\overline{\chi}$ |
| 7. | HORIZONTAL | SURFACES | | |
| 8. | EQUIPMENT | | *************************************** | |
| | | SULANT APPLIED - | YS IVE METHODY | 28 |
| SAM | PLE VOLUMES A | DEQUATE FOR DET | TECTION LIMIT | PS 12001 mir |
| DATI | E SAMPLING PUP | MPS CALIBRATION | 4/2/14 |) |
| | L AIR SAMPLE R | | 136.2, 45.4, | 45.4 , 60.5 30.3 |
| | L AIR SAMPLES L AIR SAMPLES | | | |
| PM'S | TRACTOR NOTIF | IED YPS VICE | DATE 4 | Called Lator |
| N | | 777 UV 3 | DAIL 4 | 1. M. |
| PIH'S | SIGNATURE | | DATE | |



AmeriSci Boston

8 SCHOOL STREET WEYMOUTH, MA 02189

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

August 29, 2008

HUB TESTING Attn: Lynne Whitcraft 95 Beaver Street Waltham, MA 02453

RE: HUB TESTING

Job Number 508081411

P.O. # Haverhill Haverhill; Stadium

Dear Lynne Whitcraft:

Enclosed are the results for TEM fiber analysis of the following HUB TESTING samples received at AmeriSci on Thursday, August 28, 2008, for a 24 hour turnaround:

12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24

Clas

The 13 air samples were sent to AmeriSci via Hand Delivery. These samples were prepared according to AHERA Protocol.

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 fibrous material detected and the analytical sensitivity, which represents the concentration by the detection of one structure in the TEM structure count. Copies of the Fiber Count Sheets are included. These data sheets contain information for structure 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. The CV for this analysis is expected to range from 0.3 to 1.2, depending on the quantity of the analyte present. AmeriSci 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 AmeriSci, NVLAP or any agency of the U. S. Government. The National Institute of Standards and Technology Accreditation requirements, mandates that this report must not be reproduced, except in full without the written approval of the laboratory.

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

Sincerely,

Bryan H. Clark

Asbestos Lab Director

AmeriSci Job #: 508081411

Client Name: HUB TESTING

Table I

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

Haverhill; Stadium

| | | | | Αj | Area * | * Analytical | Asbestos Structures Detected | Structures | Detected | Structure Density | ture itv | Structure | ure | Type |
|--------------|---------------|----------|----------|----------------------------|-----------|----------------|------------------------------|------------|----------|----------------------|-------------|----------------|--------|------------|
| AmeriSci | | Client | Dilution | Dilution Filtered Analyzed | Analyzed | Sensitivity | | (Microns) | | (struc/sq. mm.) | | (struc/cc air) | c air) | of |
| Sample # | | Sample # | Factor | (lite s) | (sq. mm.) | (struc/cc air) | 0.5-5.0 | >=5.0 | Total | >=50 | Total | >=50 | Total | Asbestos |
| 01 inside | | 12 | | 1287 | 990 | 0.0045 | 9.0 | 0.0 | 9.0 | <15.1 | 136.2 | <0.0045 | 0.0407 | chrysotile |
| | Inside | | | | | | | | | | | | | • |
| 02 inside | | 13 | | 1200 | 990. | 0.0049 | 3.0 | 0.0 | 3.0 | <15.1 | 45.4 | <0.0049 | 0.0146 | chrysotile |
| | Inside | | | | | | | | | | | | | ` |
| 03 inside | | 14 | | 1287 | 990 | 0.0045 | 3.0 | 0.0 | 3.0 | <15.1 | 45.4 | <0.0045 | 0.0136 | chrysotile |
| | Inside | | | ata t | | | | | | | | | | |
| 04 inside | | 15 | | 1287 | 990. | 0.0045 | 3.0 | 1.0 | 4.0 | 15.1 | 60.5 | 0.0045 | 0.0181 | chrysotile |
| | Inside | | | | | | | | | | | | | |
| 05 inside | | 91 | | 128.7 | 990. | 0.0045 | 2.0 | 0.0 | 2.0 | <15.1 | 30.3 | <0.0045 | 0.0091 | chrysotile |
| | Inside | | | | | | | | | | | | | • |
| 06 outside** | | 17 | | 1200 | | | | | | | | | | |
| | Outside | | | | | | | | | | | | | |
| 07 outside** | | 18 | | 1260 | | | | | | | | | | |
| | Outside | | | | | | | | | | | | | |
| 08 outside** | | 19 | | 1203 | | | | | | | | | | |
| | Outside | | | | | | | | | | | | | |
| 09 outside** | | 20 | | 120) | | | | | | | | | | |
| | Outside | | | - | | | | | | | | | | |
| 10 outside** | | 21 | | 1200 | | | | | | | | | | |
| | Outside | | | | | | | | | | | | | |
| 11 blank** | | 22 | | 0 | | | | | | | | | | |
| | Outside Blank | lank | | 11. | | | | | | | | | | |
| 12 blank** | | 23 | | 0 | | | | | | | | | | |
| | Inside Blank | nk | | | | | | | | | | | | |
| 13 blank** | | 24 | | 3 | | | | | | | | | | |
| | Lab Blank | | | | | | | | | | | | | |

^{*} concentration represented by the detection of 1 structure ** not analyzed

Reviewed By/ NSD: No Asbestos Structures Detected

: Analyzed By: Sandhya Gunasekara

Date: 8/29/2008

Mean Total Structure Density For Inside Samples: 63.6 structures/sq. mm.

NVLAP#: 102079-0

sample area analyzed

Client Name: HUB TESTING

Job #: 508081411

Volume (liters): 1 287.0

Lab Sample #: 01

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 12

13:40:00

Grid Opening Size: 0.00944

Area Examined: 0.06608 mm2

mm2

Date Analyzed: 08/29/08

Magnification: 20,000

Scope #: H6

Received: 08/28/08

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

| Location | Grid Opening | Fiber | Length µM | Width µM | Fiber Type | Morphology | EDS | Orient. | SAED | Photo |
|----------|-----------------|-------|--------------|-------------|------------|------------|--------------|-----------|------|-------|
| D2-4/4C | 1 | NSD | | | | | | | | |
| D2-4/4E | 2 | 1 | .9 | .06 | Chrysotile | Matrix | "Mg, Si, Fe" | / | ₩ | |
| D2-4/4E | 2 | 2 | .8 | .04 | Chrysotile | Matrix | "Mg, Si, Fe" | ١ | ₩ | |
| D2-4/4E | 2 | 3 | 1.6 | .06 | Chrysotile | В/М | "Mg, Si, Fe" | 1 | Г | İ |
| D2-4/4F | 3 | NSD | | | | | | | ļF | |
| D2-4/4G | 4 | 1 | .7 | .05 | Chrysotile | Matrix | "Mg, Si, Fe" | 1 | Γ | |
| D3-4/6C | 5 | 1 | .8 | .04 | Chrysotile | Bundle | "Mg, Si, Fe" | 1 | | |
| D3-4/6C | 5 | 2 | .7 | .02 | Chrysotile | Fiber | "Mg, Si, Fe" | ١ | | |
| D3-4/6E | 6 | 1 | .55 | .06 | Chrysotile | Matrix | "Mg, Si, Fe" | ١ | | |
| D3-4/6E | 6 | 2 | .6 | .04 | Chrysotile | Matrix | "Mg, Si, Fe" | 1 | | |
| D3-4/6F | 7 | 1 | .6 | .02 | Chrysotile | Matrix | "Mg, Si, Fe" | ١ | | |
| | | | | | | | | 1 (V. V. | | |
| | | | | | | | | | | |

NSD: No Asbestos Structures Detected

| | · | Structure Density | Concentration | Crid Evaluation |
|----------------------------------|---|-------------------|---------------|-------------------------------|
| Total Grid Openings: | 7 | (str/mm2) | (str/cc air) | Grid Evaluation |
| Chrysotile Asbestos Structures: | 9 | 136.2 | 0.0407 | ☐ Grid Openings Covered > 50% |
| Amphibole Asbestos Structures: | 0 | <15.1 | < 0.0045 | ▼ Intact Grid Opening > 50% |
| Asbestos Structures >=5 microns: | 0 | <15.1 | < 0.0045 | ✓ Undissolved Filter < 10% |
| Total Non-Asbestos Structures: | | | | ▼ Folded Replica < 50% |
| Total Asbestos Structures: | 9 | 136.2 | 0.0407 | ▼ Filter Loading < 10% |
| Analytical Sensitivity: | | 15.1 | 0.0045 | ▼ Particulate Even |

sample area analyzed

Client Name: HUB TESTING

Job #: 508081411

Volume (liters): 1 200.0

Lab Sample #: 02

Filter Type / Filter Area: MCE

Client Sample #: 13

Grid Opening Size: 0.00944

385 mm2 mm2

13:40:00

Area Examined: 0.06608 mm2

Received: 08/28/08 Date Analyzed: 08/29/08

Magnification: 20,000

Scope #: H6

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

| | Dundinya Ganasonara | | | | | | | | | |
|----------|---------------------|-------|--------------|-------------|------------|------------|-----------------|---------|------|-------|
| Location | Grid Opening | Fiber | Length µM | Width µM | Fiber Type | Morphology | EDS | Orient. | SAED | Photo |
| D4-4/6B | 1 | NSD | | | |] | | | | |
| D4-4/6C | 2 | NSD | | | | | | | _ | |
| D4-4/6E | 3 | NSD | | | | | | | | |
| D4-4/6F | 4 | NSD | | | | | | | | |
| D5-4/6C | 5 | 1 | .8 | .02 | Chrysotile | Matrix | "Mg, Si, Fe" | ١ | V | |
| D5-4/6C | 5 | 2 | .6 | .03 | Chrysotile | Fiber | "Mg, Si, Fe" | 1 | V | |
| D5-4/6E | 6 | 1 | .8 | .06 | Chrysotile | Fiber | "Mg, Si, Fe" | ١ | | |
| D5-4/6F | 7 | NSD | | | | | | | | |
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| 1 1 | | Ne. | 3 0 | | | | $\lambda_{i,i}$ | | | .* |
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NSD: No Asbestos Structures Detected

| Total Grid Openings: Chrysotile Asbestos Structures: Amphibole Asbestos Structures: Asbestos Structures >=5 microns: | | Structure Density (str/mm2) 45.4 <15.1 <15.1 | Concentration (str/cc air) 0.0146 <0.0049 <0.0049 | Grid Evaluation Grid Openings Covered > 50% Intact Grid Opening > 50% Undissolved Filter < 10% |
|----------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Total Non-Asbestos Structures: Total Asbestos Structures: Analytical Sensitivity: | 3 | 45.4 15.1 | 0.0146 0.0049 | Folded Replica < 50%Filter Loading < 10%Particulate Even |

sample area analyzed

Client Name: HUB TESTING

Job #: 508081411

Volume (liters): 1 287.0

Lab Sample #: 03

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 14

Grid Opening Size: 0.00944 mm2

Received: 08/28/08

13:40:00

Area Examined: 0.06608 mm2

Date Analyzed: 08/29/08

Magnification: 20,000

Scope #: H6

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

| Location | Grid Opening | Fiber | Length µM | Width µM | Fiber Type | Morphology | EDS | Orient. | SAED | Photo |
|----------|-----------------|-------|--------------|-------------|------------|------------|--------------|-----------|--------------|-------|
| E1-4/3C | 1 | NSD | | | | | | | | |
| E1-4/3E | 2 | NSD | | | | | | | | |
| E1-4/3F | 3 | 1 | 2.55 | .06 | Chrysotile | Fiber | "Mg, Si, Fe" | 1 | | |
| E1-4/3G | 4 | NSD | | | | | | | | |
| E2-4/4B | 5 | NSD | | | | | | | | |
| E2-4/4C | 6 | NSD | | | | | | | <u> </u> | |
| E2-4/4E | 7 | 1 | .7 | .07 | Chrysotile | Matrix | "Mg, Si, Fe" | / | | |
| E2-4/4E | 7 | 2 | 1 | .06 | Chrysotile | Bundle | "Mg, Si, Fe" | ١ | |] |
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NSD: No Asbestos Structures Detected

| | | Structure Density | Concentration | Grid Evaluation |
|----------------------------------|---|-------------------|---------------|-------------------------------|
| Total Grid Openings: | 7 | (str/mm2) | (str/cc air) | |
| Chrysotile Asbestos Structures: | 3 | 45.4 | 0.0136 | □ Grid Openings Covered > 50% |
| Amphibole Asbestos Structures: | 0 | <15.1 | < 0.0045 | ▼ Intact Grid Opening > 50% |
| Asbestos Structures >=5 microns: | 0 | <15.1 | < 0.0045 | ✓ Undissolved Filter < 10% |
| Total Non-Asbestos Structures: | | | | ▼ Folded Replica < 50% |
| Total Asbestos Structures: | 3 | 45.4 | 0.0136 | Filter Loading < 10% |
| Analytical Sensitivity: | | 15.1 | 0.0045 | Particulate Even |

sample area analyzed

Client Name: HUB TESTING

Job #: 508081411

Volume (liters): 1 287.0

Lab Sample #: 04

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 15

Grid Opening Size: 0.00944 mm2

Received: 08/28/08

Area Examined: 0.06608 mm2

Date Analyzed: 08/29/08

13:40:00

Magnification: 20,000

Scope #: H6

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

| Location | Grid Opening | Fiber | Length µM | Width µM | Fiber Type | Morphology | EDS | Orient. | SAED | Photo |
|----------|-----------------|-------|--------------|-------------|------------|------------|--------------|---------|----------|-------|
| E3-4/6B | 1 | NSD | | | | | | | | |
| E3-4/6C | 2 | NSD | | | | | | | <u> </u> | |
| E3-4/6E | 3 | NSD | | | | | | | | |
| E3-4/6F | 4 | 1 | 1.1 | .03 | Chrysotile | Matrix | "Mg, Si, Fe" | 1 | | |
| E3-4/6F | 4 | 2 | 4.3 | .05 | Chrysotile | Fiber | "Mg, Si, Fe" | 1 | <u> </u> | |
| E4-4/6C | 5 | 1 | 6 | .3 | Chrysotile | Bundle | "Mg, Si, Fe" | 1 | | |
| E4-4/6E | 6 | NSD | | | | | | | | |
| E4-4/6F | 7 | 1 | .6 | .03 | Chrysotile | Matrix | "Mg, Si, Fe" | 1 | | |
| | | | ٧., | | | | , v | | į. | |
| | | | | | | | | | | |

NSD: No Asbestos Structures Detected

| | | Structure Density | Concentration | |
|----------------------------------|---|-------------------|---------------|-------------------------------|
| Total Grid Openings: | 7 | (str/mm2) | (str/cc air) | Grid Evaluation |
| Chrysotile Asbestos Structures: | 4 | 60.5 | 0.0181 | ☐ Grid Openings Covered > 50% |
| Amphibole Asbestos Structures: | 0 | <15.1 | < 0.0045 | ▼ Intact Grid Opening > 50% |
| Asbestos Structures >=5 microns: | 1 | 15.1 | 0.0045 | ☐ Undissolved Filter < 10% |
| Total Non-Asbestos Structures: | | | | ▽ Folded Replica < 50% |
| Total Asbestos Structures: | 4 | 60.5 | 0.0181 | Filter Loading < 10% |
| Analytical Sensitivity: | | 15.1 | 0.0045 | |

sample area analyzed

Client Name: HUB TESTING

Job #: 508081411

Volume (liters): 1 287.0

Lab Sample #: 05

Filter Type / Filter Area: MCE

385 mm2

Client Sample #: 16

13:40:00

Grid Opening Size: 0.00944 Area Examined: 0.06608 mm2

mm2

Received: 08/28/08 Date Analyzed: 08/29/08

Magnification: 20,000

Scope #: H6

Accelerating Voltage: 100 KeV

Analysis Performed by:

Sandhya Gunasekara

| Location Grid Opening Fiber Length Width pM F E5-4/6B 1 NSD E5-4/6C 2 NSD FF A10F | | | | | \vdash |
|------------------------------------------------------------------------------------|------------------|--------------|-----|--------------|----------|
| | | | | | |
| LEE AIGE G NOD | | | ! | | |
| E5-4/6E 3 NSD | i | | | | |
| E5-4/6F 4 NSD | | | | <u> </u> | |
| A6-4/6C 5 NSD | | | I | Г | |
| A6-4/6E 6 NSD | | | | Γ | 1 |
| A6-4/6F 7 1 1.1 .03 C | hrysotile Matrix | "Mg, Si, Fe" | ١ | V | |
| A6-4/6F 7 2 3.3 .02 C | hrysotile Matrix | "Mg, Si, Fe" | \ | ₩ | İ |
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NSD: No Asbestos Structures Detected

| | | Structure Density | Concentration | |
|----------------------------------|---|-------------------|---------------|-------------------------------|
| Total Grid Openings: | 7 | (str/mm2) | (str/cc air) | Grid Evaluation |
| Chrysotile Asbestos Structures: | 2 | 30.3 | 0.0091 | |
| Amphibole Asbestos Structures: | 0 | <15.1 | < 0.0045 | ✓ Intact Grid Opening > 50% |
| Asbestos Structures >=5 microns: | 0 | <15.1 | < 0.0045 | ✓ Undissolved Filter < 10% |
| Total Non-Asbestos Structures: | | | | ▼ Folded Replica < 50% |
| Total Asbestos Structures: | 2 | 30.3 | 0.0091 | ▼ Filter Loading < 10% |
| Analytical Sensitivity: | | 15.1 | 0.0045 | ▼ Particulate Even |



CHAIN OF CUSTODY RECORD

AmeriSci Job #:

508081411

AMERISCI BOSTON 8 School Street Weymouth, MA 02189 Toll Free (888) 724-5221 Phone (781) 337-9334 Fax (781) 337-7642

| COMPANY: | ADDRESS: | | | | | | | | | | | |
|-----------------|------------------------------|------------------------------|-----------------------------|--------------------------------------------------|--------------------------|--------------------------|-------------------|--------------|-----------------------------------------|-----------------------------------------|------------------------|--|
| DATAN | , | GS Dx | 95 Bower Street Wolthon MG | | | | | | | | | |
| 1 Amin | } | ANALYSIS TURNAROUND TIME (X) | | | | | | | 1,1 | AIR | FILTER | |
| PROJECT INFOR | MATION | TYPE | 6-8 HR | | | | 72 HR 5 DAY OTHER | | | INFORMATION: | | |
| JOB NAME: 31 | . 1 . | TEM/AHERA | | | 1/4 | | | | | MCE | | |
| Hower | TEM/LEVEL II | | İ | - | | | | | PC | X | | |
| JOB NUMBER: | TEM/BULK | | | | | | | | 25 mm | 1 | | |
| | | TEM/Dust | | | | | | | | 37 mm | | |
| JOB MANAGER: | | TEM/WATER | | | | | | | | 0.45 um | | |
| | | PCM | Rush | | | | | | | 0.80 um | /X | |
| OB DESCRIPTION: | | PLM | Rush | , | | | | | | TEMP: | | |
| Steel | (my) | OTHER: | | | | | | | | OTHER: | | |
| RESULTS TO: | | <u> </u> | | l | | ····· | RETURN | SAMPL | ES YES | i | No | |
| MAIL TO: | <u> </u> | 1-1-1-1 | | | | | PHONE: | 461 | 23 | 8130 | | |
| NVOICE TO: | | | | | | | FAX: | (8) | 893 | ULILL | | |
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ATTACHMENT E

LABORATORY DOCUMENTATION PROJECT MONITORING DOCUMENTATION

Control No: 25766



THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

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

LICENSE: AA000013

EXPIRES: Sunday, July 05, 2009

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

CLASS C CERTIFICATE

CLASS B CERTIFICATE

Turna M. Manayay Congression

LAURA M. MARLIN, COMMISSIONER

Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 102079-0

AmeriSci Boston

East Weymouth, MA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, isted on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated 18 June 2005). This laboratory is excredited in accordance with the recognized International Standard ISO/IEC 17025:2005.

2008-07-01 through 2009-06-30

Effective dates



For the National Institute of Standards and Technology

NVLAP-01C (REV. 2006-09-13)



National Voluntary Laboratory Accreditation Program



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

AmeriSci Boston

DBA: AmeriSci Boston 8 School Street East Weymouth, MA 02189

Mr. Bryan Clark

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

E-Mail: bclark@amerisci.com URL: http://www.amerisci.com

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM)

NVLAP LAB CODE 102079-0

NVLAP Code Designation / Description

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.

2008-07-01 through 2009-06-30

Effective detes

For the National Institute of Standards and Technology

NVLAP-01S (REV. 2005-05-19)

Page 1 of 1



THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES

AMERICA SCIENCE TEAM BOSTON, INC 8 SCHOOL STREET WEYMOUTH MA 02189

LICENSE: AA000162

EXPIRES: Sunday, March 01, 2009

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 D CERTIFICATE

CLASS C CERTIFICATE

CLASS A CERTIFICATE

an M. Mac:

LAURA M. MARLIN, COMMISSIONER

Printed on Recycled Paper

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Project Monitor

MARK BIANCARDI

Eff. Date 05/13/08 Exp. Date 05/12/09 AM000118

Member of C.O.N.E.S

09



BOSTON-NEW

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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

氏氏

This is to certify that Mark L Biancardi

IEE

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

Asbestos Project Monitor

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

October 29-November 2, 2007

Course Dates

Course Location

Institute for Environmental Education

16 Upton (NV)e 11111

Wentryf [

November 02, 2008

Expiration Date

Training Director

WHILLIAM WANT

07-2547-173-235349

November 02, 2007

Examination Date

Certificate Number

ATTACHMENT F CONTRACTOR DOCUMENTATION

Contractor Documentation

| Name | Training Certificate # | Training Certificate Exp. Date | MA License # | MA License Exp. Date | Medical Release Date | Fit Test Date |
|------------------|------------------------------|--------------------------------------|--------------|-------------------------|-------------------------|------------------|
| Jack Rodrigo | S4R-8195 | 9-11-8 | A561983 | poloili | 80/12/60 | 1 28/08 |
| Nothan Rozkuszka | SAR-818 | 4-11-08 | AW074248 | po[42]2 | 80 11 20 | 6/11/08 |
| Zachary Nadaud | SAR-8190 | 4-11-08 | As 073844 | 69619 | 1 [10 08 | 1 28 8 |
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Commonwealth of Massachusetts Division of Occupational Safety Laura M. Marlin, Commissioner

Asbestos Supervisor

JACK RODRIGO

Eff. Date 01/11/2008 Exp. Date 01/10/2009 AS 61983

Member of C.O.N.E.S

NW 001984





WN-REN

ASBESTOS ABATEMENT WORKER PROPESSION CERTIFICATION NO. CURRENT THROUGH OB-42810S HINVM DEBARTMENT OF PUBLIC HEALTH STATE OF COMMECTICUT WALLEY CARD

CERTIFICATE OF ACHIEVEMENT

This certifies that

Jack Rodrigo

has successfully completed the

Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hcur Asbestos Supervisor/Contractor Refresher Training Course conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive *ATC Associates Inc.

September 11, 2007 Date of Course

September 11, 2008 Expiration Date

SAR-8188 Certificate Number

September 11, 2007 Examination Date

WATER AND AIR ENGINEERING 39 Spruce Street East Longmeadow, MA 01028

No. 32-0671

Jack Rodrigo

and has passed Has attended an 32 hour Asbestos Training Course for Asbestos Workers/ March 23-25, 1988 Maintenance/Trades Personnel on _ a written examination.

Course topics covered include asbestos health hazards, respirators, government regulations, worker protection, control measures, air monitoring, removal planning and procedures.

COURSE INSTRUCTORS

Promus ? Wirethe

Thomas E. Varatil, Vice President

pues March 25, 1989

Concentra Medical Centers (Mass) 140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 748-4008 Fax: (413) 748-3230

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

| Service Date | 9: <u>09/21/200</u> |)7 | <u>.</u> | | | |
|---------------|------------------------------------------------|--------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|
| mployee N | ame: | | | Employee SSN: | 017-50-8163 | |
| Rodrigo, Jac | <u>k</u> | | | | | |
| \ddress: | | | | | | |
| 07 Pochass | ic Road | | | | | |
| | | | | | | |
| VESTFIELD | · | MA | 01085 | | | |
| Employer: | Safe Envir | onment o | of America | | | |
| There we | spirator. (C t er e no abnorr | neck 🗸 g mal findin s listed b | one that applies) gs that would ham slow were not rela | I status related to your phys nper your ability to perform yo ted to wearing a respirator bu | ur job duties while wearing | a respirator. |
| Based upo | n the result | s of this | evaluation it is m | y opinion that you: (Check | <u>ALL</u> that apply) | |
| | alified to wear | | | | | |
| | | | | ator usage: | | _ |
| PE NO | ot belilleun Tr | wear a t | espirator. | | | |
| | | | | who must submit a written re | port of his/her findings to | sirator con ho mada |
| Concen | tra Medical (| Centers | (Mass) | | n your ability to wear a res | pirator can be made |
| | | | | d to accommodate respirator. | | |
| Must us | e an Eye glas | s convei scial hair | sion kit. · to assure tight se | al on certain face masks. | | |
| | stop smoking | | to debuild light to | | | |
| | | | | | | |
| | ALL that ap | | | • | | |
| The above | individual <u>HAS</u> be | en exemined | for respirator fitness in ac | cordance with 29 CFR 1910.134. This limit using respirators or change of any physics | ed evaluation is specific to respirator Il status to their supervisor or physiciar | ı. |
| — | المحاط أمم لمدرات سالين | lacalmian. C | uselicuoses cutliond in 21 | P CFR 1910.134. | | |
| The appear | Individual <u>HAS M</u> I | 1 2067 042 | mined by the for respirate | n CSP 1010 134 the limited evaluation is | | |
| to report as | ny difficulties in usi | ng respirator | s or change of any physics | al status to their supervisor or physician. Th | its evaluation included the Respiratory | Questionnaire |
| outlined in | 29 CFR 1910.134. | | | above gamed individual of the results of t | his evaluation and of any medical cond | litions resulting from |
| Sentisonya | that may require fu | arther explan | ation or treatment. Where | applicable, the above named individual had | s been informed of the increased risk o | flung cancer |
| attributable | to the combined e | effect of amol | ding and asbestos, lead ar | id/of offiet cuemics: exposure(s). | | |
| | gs for proper use co In sickness or death | | | ncentration levels to which the worker will be for failure to wear the respirator during all time re of any respirator.Refer to product literature | | |
| | | . 4 | | | | |
| | /(. | NA | | | | |
| PLHCP S | ignature | | | | <u>-</u> | loyee's Signature |
| Sha | ignature ron Jarmolo | owicz, P | Y-C | | Ø 9. | 2/0 8 Expiration Date |
| | ame (printed | | | | | Expiration Date |
| | other Licensed He | | essional | | | |
| EllAsicien of | | | To be maintained i | in the employee's file with a copy t | to the employee | |
| | ···· | | | Does 4 of 1 | Print Date: | 09/21/2007 |

Page 1 of 1

Revision Date: 04/06/2000

r_pihcp_stmt_resp_employee

Concenda Medical Centers (Mass) 140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4008 Fax: (413) 746-3230

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

| EMPLOYER TO COMPLETE THE FOLLOWING: | Address: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Employee Name: Rodrigo, Jack | 307 Pochassic Road | |
| Employer: Safe Environment of America | WESTFIELD Employee SSN: 017-50-8163 | MA 01085 |
| | | |
| Check Type of Respirator(s) To Be Used | Extent of Useage (Check ✓ ALL tr | urs twice a week Total Houons only Total Hours |
| Other: | Other(s): | |
| Questionare will be: HAND CARRIED MAILED OTHER | EVALUATION AUTHORIZATION BY: | |
| DO NOT WRITE BELOW THIS LINE DO NOT WRITE | | ignature of Employer Representative OT WRITE BELOW THIS LIN |
| Supervisors and managers may be informed about necessary restrictions on the work or dutie First aid and safety personnel may be informed, when appropriate, if the disability might required upon my findings, I have determined that this individual Check ALL that apply Employee must schedule a medical examination with Concentra Medical Center Class I - No Restrictions on Respirator Use Class II - Some Specific Use Restrictions Class III - Respirator Use is NOT PERMITTED Further Testing / Evaluation is Required. Fit Test Required Fit Test Performed Satisfactorily Fit Test Performed Satisfactorily Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator Facial hair needs to be shaved to assure tight seal on certain face masks. | re emergency treatment. (Mass) prior to respirator approval an e or Escape Only | d usage. |
| Physician or other Licensed Healthcare Professional Employee must seek further medical evaluation by a private physician who must submit a report of his/her findings to [Check ALL that apply] | nt to <u>Concentra Medical Centers (</u> | Mass) |
| The above individual <u>HAS</u> been examined for respirator fitness in accordance with 29 CFR 18 use only. Employees should be instructed to report any difficulties in using respirators or chan This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134. The above individual <u>HAS NOT</u> been examined by me for respirator fitness. The employee's Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limit to report any difficulties in using respirators or change of any physical status to their supervisc outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual exposures that may require further explanation or treatment. Where applicable, the above named individual exposures that may require further explanation or treatment. | medical evaluation consisted of a review of OSHA ited evaluation is specific to respirator use only. Error or physician. This evaluation included the Respirator of the results of this evaluation and of any medical med individual has been informed of the increased sure(s). | vsician. I's Medical Evaluation Inployees would be instructed ratory Questionnaire I conditions resulting from I set of lung cancer |
| Physician's Signature [405 M4 Physician's License Number (Optional in Most States) | Physician's Name (Printe | 9-21-08 |
| Physician's License Number (Optional in Most States) | Date of Exam | Expires On |
| r pihop stmt resp employer Page 1 of 1 | Print D | ate: 09/21/2007 |

Service ID:

1257139387

X-ray Number:

nt: Rodrigo, Jack

ncentra Medical Centers (Mass) 140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 748-4008 Fasc (413) 748-3230

Service Date: 09/21/2007 Case Date: 09/21/2007

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|---|-----|-----|-----|-----|-----|------|

| Authories 307 Potonasis Road Employer Location: Safe Environment of America Contact: Todd Sycocusta WESTFIELD, MA 01085 Address: 100 Moody Street Role: Nork: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext. Auth. by: Phone: (413) 589-1882 Ext. Auth. | \ge: 48 DOB: 11/30/1059 | Employer: | Safe Environment of Amer | | |
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| WESTFIELD, MA 01085 Address: 100 Moody Street Role: Western (413) 589-1882 Ext.: Auth. by: Phone: (413) 589-1882 Ext.: Examination Results No Status Required Recommend Further Evaluation Redical Evaluation Results Medical Evaluation NOT Within Normal Limits Medical Evaluation NOT Within Normal Limits Not Applicable Restrictions Medical Restrictions Medical Restrictions Pending Results Pending Results Pending Medical Hold Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Pending Medical Records Punding Process Completion No Pending Western Sections Wision Unversified Medical Information Medications Unresolved Medical Hold Myocardial Infarction Certification less than 2 years Physical Impairment Other (Comments Required) | - - | | | Phone: (41 | 3) 589-1882 Ext.: |
| ome: (413) 589-1882 Ext.: Auth. by: Fax: Auth. by: LUDLOW, MA 01056 Phone: (413) 589-1882 Ext.: Auth. by: Fax: | | | | | ld Sycocurka |
| fork: (413) 589-1882 Ext.: Auth. by: Fax: ramination Results \[\frac{1}{2}\] No Status Required \[\text{Recommend Further Evaluation} \] adical Evaluation Results \[\text{Medical Evaluation Within Normal Limits} \] Medical Evaluation NOT Within Normal Limits \[\text{Medical Evaluation NOT Within Normal Limits} \] Not Applicable adical Restrictions \[\text{Medical Restrictions} \] Medical Restrictions \[\text{Medical Restrictions} \] Medical Restrictions \[\text{Medical Restrictions} \] Pending Results \[\text{Pending Results} \] Pending Medical Hold \[\text{Pending Medical Records} \] Pending Medical Records \[\text{Pending Medical Records} \] Pending Process Completion \[\text{No Pending} \] Moreover the pending Process Completion \[\text{No Pending} \] \[\text{Medical Implications} \] \[\text{Pending Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{University of Medical Information} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Information} \] \[\text{Modical Information} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Information} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[\text{Modical Implications} \] \[Modical | | Address: | · · | | |
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| 3 | Cardiovascular Diabetes Hypertension Medications | Vision Unverified Med | dical Hold |) In | and of the Co |
| | Cardiovascular Diabetes Hypertension Medications Myocardial Infarction | Vision Unverified Med | dical Hold | \ m | adonita P.C. |
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RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

| Name: | JACK ROSEIGO |
|------------------------------|------------------|
| Type of Respirator: | NORTH - 1/2 FACE |
| Date of issuance/training: | 1.28.08 |
| Date of medical examination: | |
| Results on file? | YES |
| | • |

I certify on the above date, I was fit-tested and issued a respirator of the type 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 use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature:

Marin Marin Carpenter Carlo and control

Date:



officers, employees, nominees, personal representatives, affiliates, successors, assigns from and against any and all liability whatsoever, at common law or otherwise, except provisions of the applicable worker compensation laws.

I hereby warrant and represent that to the best of my knowledge I have not been diagnosed as having asbestos related diseases; or been disabled; laid off or compensated in damages or otherwise, because of the disease of asbestos.

I acknowledge that safety instructions have been given to me by the company at my work commencement and I am thoroughly conversant with them and have answered the above questions truthfully.

| Name: | JACK | ROBEIGO | | | |
|---------|-----------------|----------|-------|----|--|
| Signati | ire: | Rodeija | | | |
| Social | Security Number | er: 617- | 50-81 | 63 | |

RESPIRATOR EMPLOYEE DATA SHEET

| List char | Tack Rodaled Campass acteristics such as glasses, facial hair, dent | Date: 1.28.08 meres etc, Manufactures: No27H |
|----------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Respirat | or Type: 1/2 FACE | REACTION: |
| IRRITA | NT SMOKE TEST: | <u>REALION</u> |
| I. | Breathe normally. | |
| IJ. | Breathe deeply and regularly. | |
| UL. | Turn head completely from side to side. Inbale on each side. Do not bump the respirator or your shoulder. | <u> </u> |
| lv. | Nod head all the way up and down Inhale while looking ar the ceiling. | |
| V. | Speak loudly and slowly while you repeat after me as I read this Paragraph. | |
| VI. | log in place. | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon |
| VII. | Wileman of the | |
| Con | nments: | , |
| CO A. B. C. | ar | |

Commonwealth of Massachusetts Division of Occupational Safety

Laura M. Martin, Commissioner Asbestos Worker

NATHAN ROZKUSZKA Eff. Date 02/25/08 Exp. Date 02/24/09

AW074248 Member of C.O.N.E.S.



CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the

Training Course Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hour Asbestos Supervisor/Contractor Refresher conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

September 11, 2007 Date of Course

September 11, 2008 Expiration Date

SAR-8189 Certificate Number

September 11, 2007 Examination Date

CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the 40 Hous' Asbestos Abatement Supervisor/Contractor Trainin Asbestos Accreditation Under TSCA Title II 40 CFR Part 763

conducted by

ATC Associates Inc.
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070

two # bullians

rincipal Instructor

October 16-20, 2006 Date of Course

October 20, 2007 Explosites Date

Regional Manage []
48.SS-3022
Certificate Number

October 20, 2006

7/7 'A F/QA 'ON

Concentra Medical Centers (Mass) 140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 746-3230

Patis. SN:

022-76-9368

Respiratory Questionnaire And Examination Record Rozkuszka, Nathan E Address: 12 Moody Street

| JOB: | 06/16/1985 | | LUDLOW, | VIA 01056 | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Gender: | М | Phone: | (413) 583-6 | 342 | | |
| Race | ASIAN (Asiatico |) BLACK (I | negro) HIS | PANIC (Hispano) | iNDIAN (Indio) WHITE (blanco) OTHER (o | tro) |
| OCCUP/ | TIONAL HISTORY | (ANTECEDE | NTES LABO | RALES) | | |
| Have you (Ha tr A fou (Ur Stone or pr (M Asbe proc (M Gas (V) Leng (P) MEDICA HISTOF Do You lave yo Epile Diable Cance Hear Hear | worked in; abalado anteriomer ndry na fundidora) or mineral mining, ocessing inas o excavaciones stoes milling or essing olinos de minerales or chemical apores o gases quir th of exposure (year eriodo de tiempo po LL HISTORY; RIA MEDICA) Wear: | quarry, s procesamien nicos) s) of each "Yor el cual estuvi silasses contacts enido o padec | Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Yes (N Ye | Desto) | Have you ever had; (Ha tenido o padecido de;) Asthma (Asma) Allergies (Alergias) Chest Surgery (Cirugia en el pecho) Tuberculosis (Tuberculosis) Lung Problems (Problemas en los pulmones) If yes, name (Si contestó afirmativamente, explique) Do you: Cough first thing in the morning (Tos durante las primeras horas del día Cough during the day or night (Tos durante el día o durante la noche) Cough up phiegm (mucus) first thing in the morning (Tos con flemas durante las primeras h Cough up phiegm (mucus) during the day or night (Tos con flemas durante el día o durante Cough up phiegm (mucus) like this on most days, 3+ months a year (Tos con flemas la mayor parte del tiem (3 meses en el año) SMOKING (FUMAR CIGARRILLOS) Have you ever smoked (Ha fumado alguna vez) | Yes No Yes No Yes No Yes No Oras del día) Yes (No te la noche) Yes No npo o más de) Yes (No Packs/day |
| | | | avastini | ns to the best or m o a estas pregunta | (Años) by knowledge and the the answers are complete as an pleno aso de mis facultades y la informaci Employee signature (Firma del empleado) | (Cajetillas por dfa) ĝ and true. pión dada veraz.) |
| | ma TOR. | | | | Pulmonary Function Tests: | |
| | IRATOR: | via. | | | FVC FEV1 | FEV1/FVC% |
| Type | Disposate Cuttoring Other on for wearing a | w +isif Mas | | ddge or ceniet | Predicted Predicted | 34 |
| A Allian | y level Light | | % of use | , 3 | | |
| ACUVII | • | | , y G, WGC | - | Chest X-Ray:# of views: | X-Ray #: |
| · • | - 1 | erate | / | | Comments: No PRIOL | txpower |
| Heigh | Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver Heaver He | ht 225 | _1 0/30 | <u>80</u> | Respirator Fit Test: Alegar | Pass Fail |
| Blood | Pressure /32 | 1000 | | spirations <u>/</u> | RESULTS: (see attached docu | ımentation) |
| Heart | | | (NL) A | | Worker is medically qual | ified for respirator use |
| Lungs | \$ | (| NL A | | Worker is not medically of | qualified for respirator use |
| 3 | | | Nt A | | Worker should stop smo | |
| , Ear D | rums | | A | B Notwa | Worker must shave bear | rd , , , |
| Nose | | (| NL A | BIVOION | Worker cannot wear con | tact lens with respirator, |
| Comr | ments: | | | | must use glass convers | sion kit $2/101/16$ |
| 1 | | | | | | Date / |
| | h. | | | | Physicians signature | 3/10/2mg |
| | | 7177 | | | مردور بهداستي | |

Concentra Medical Centers (Mass)
140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 746-4006 Fax: (413) 746-3230

Medical Surveiliance - Asbestos

| $\overline{}$ | | |
|------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Patient: | Rozkuszka, Nathan E. | |
| | 022-76-9368 | |
| DOB: | 06/16/1985 | |
| Gender: | M | |
| Marital Status: | 8 | |
| Address: | 12 Moody Street | Name - |
| | LUDLOW, MA 01056 | - |
| Home Phone: | (413) 583-6342 | _ |
| | (999) 999-9999 Ext.: | Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER |
| | | |
| he above individ | dual was seen on 02/19/2008 ir | n accordance with:29 CFR 1926.110140 CFR 763.121. |
| The following w | ras performed: | |
| Completic | on and review of the standardized | medical questionnaire and work history with special emphasis directed to the inal systems per Appendix D in 1926.1101. |
| Saudou o | f the employer's description of thi | s employee's duties as they relate to the employee's exposure, the employee's l, and personal protection equipment to be utilized by the employee. |
| · - | f information from previous medica | |
| | | the pulmonary, cardiovascular, and gastrointestinal systems. |
| A pulmor | nary function test of forced vital cap SH and ATS standards. | pacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance |
| A chest r | | 14x17 inches (or current film on file) with interpretation in accordance with 29 |
| NOTE: A | According to 29 CFR 1926.1101 (M | an of the results of the exam and of any medical conditions that may result |
| from asb | estos exposure including the incre | ased lisk of fully carteer attributable to the |
| | 701 | o bynolciwe |
| | | ates that there are no detected medical conditions that would place the pairment from exposure to asbestos, and there are no recommended sersonal protective equipment or respirator. |
| Comments or lim | itations (if any): | |
| | | |
| | | |
| | | |
| | | ~) // / / |

Revision Date: 07/21/1999

Date

Service Date: 02/19/2008

Provider Signature

ance lieuwallance

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 746-4006 Fax: (413) 748-3230 Service Date: 02/19/2008

Case Date: 02/19/2008

Private Status Report

Patient: Rozkuszka, Nathan E.

SSN: 022-76-9368

Address: 12 Moody Street

LUDLOW, MA 01056

(413) 583-6342 Home:

(999) 999-9999 Ext.: Work:

This Visit:

Items Performed:

Custom Protocol

Pulmonary Function Test

Asbestos Physical-PrePlacement

Time In:

11:06 am

Time Out:

12:48 pm

Treating Provider: Alan M. Smolinski, MD

Diagnosis (If any):

| | | ~4. | _4 | |
|---------------|-----|------|-------|-----|
| <u>ie</u> ا،. | nt | 5 T2 | 3 T.U | 35: |
| | 7.5 | - | | _ |
| | | | | |

TO REMARKS COMPLETED PHYSICAL AND PET SITE

Anticipated Date of MMI:

Next Visit(s):

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

| Name: | NATHAN KUZKUSK |
|------------------------------|------------------|
| Type of Respirator: | NORTH - 1/2 FACE |
| Date of issuance/training: | 10.6. |
| Date of medical examination: | 2.19.08 |
| Results on file? | YES |

I certify on the above date, I was fit-tested and issued a respirator of the type 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 use of said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: MH Alka Date: 6.1.08

RESPIRATOR EMPLOYEE DATA SHEET

| | NATHAN KOZKUSKA | Date: 6 / 08 |
|----------------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| Emplo | yer: Compass Rosford | Hon Services |
| List ch | aracteristics such as glasses, facial hair, denu | ares etc/ |
| | | |
| Respir | ator Type: 1/2 FREE | Manufacturer: NonZt |
| IRRITANT SMOKE TEST: | | REACTION: |
| I. | Breathe normally. | |
| IJ. | Breathe deeply and regularly. | |
| UL. | Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder. | |
| ľv. | Nod head all the way up and down Inhale while looking at the ceiling. | |
| v. | Speak loudly and slowly while you repeat after me as I read this Paragraph. | |
| VI. | Jog in place. | <u> </u> |
| VII. | Breathe normally. | |
| Coma | nents: | , |
| | | |
| сом | FORT: | |
| A. | Very comfortable | |
| В. | Tolerable | |
| C. D. | Uncomfortable Unacceptable | |



officers, employees, nominees, personal representatives, affiliates, successors, assigns from and against any and all liability whatsoever, at common law or otherwise, except provisions of the applicable worker compensation laws.

4. I hereby warrant and represent that to the best of my knowledge I have not been diagnosed as having asbestos related diseases; or been disabled; laid off or compensated in damages or otherwise, because of the disease of asbestos.

I acknowledge that safety instructions have been given to me by the company at my work commencement and I am thoroughly conversant with them and have answered the above questions truthfully.

| Name: NATHAMA ROZKUSKA |
|---------------------------------------------|
| Name: NATHAM ROZKUSKA Signature: Mut Vel Na |
| Social Security Number: 072-76-9368 |

OSHA

001548515



U.S. Department of Labor Occupational Safety and Health Administration

Nathan Rozkuszka

has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

Peter Rice 66873

10/6/2007

(Trainer)

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Supervisor

ZACHARY M NADAUD

Eff. Date 06/10/08 Exp. Date 06/09/09

AS073844

09



SP-REN

CERTIFICATE OF ACHIEVEMENT

This certifies that

Zac Nadaud

has successfully completed the

Training Course Asbestos Accreditation Under TSCA Title II 40 CFR Part 763 8-Hour Asbestos Supervisor/Contractor Refresher conducted by

West Springfield, MA 01089 (413) 781-0070 73 William Franks Drive ATC Associates Inc.

Principal Instructor

September 11, 2007 Date of Course

September 11, 2008 Expiration Date

September 11, 2007 Examination Date

SAR-8190 Certificate Number



TEMPORARY CERTIFICATE OF COMPLETION

This acknowledges that

ZACH NADAUD

Has successfully completed

OSHA 10 Hour

The course was developed by ClickSafety.

Offical OSHA completion card to follow within 6 weeks

Serial Number: 1018/447

Completed: 7/17/2006





AMERICA ENVIRONMEN SAFE

SAFE ENVIRONMENT

ENVIRONMENTAL TRAINING DIVISION AMERICA, INC.

LUDLOW, MASSACHUSETTS 01056 STONYBROOK PARK 100 MOODY STREET, SUITE 200 (413) 589-1882

T O

ZACHARY M. NADAUD

020-62-2594 S.S. #

V 40 HOUR ASBESTOS TRAINING COURSE FOR ASBESTOS SUPERVISOR/FOREMAN 10/18/99-10/22/99 AND HAS PASSED A WRITTEN SEA EXAMINATION AND HAS PASSED A WRITTEN SEA EXAMINATION 6/16/85 HAS ATTENDED AN.

Serial Number: ASI99014

Expiration Date:

REMOVAL PLANNING AND PROCEDURES, FEDERAL, STATE AND LOCAL REGULATORY REQUIREMENTS, PERSONNEL PROTECTIVE EQUIPMENT, PERSONAL HYGIENE, CONTROL METHODS, AIR MONITORING, ASBESTOS BACKGROUND INFORMATION, HEALTH HAZARDS, ASBESTOS CONDITION ASSESSMENT, AND REQUIREMENTS UNDER TSCA TITLE II COURSE TOPICS COVERED INCLUDED:

COURSE INSTRUCTORS

Christophiol. Augmento.

CHRISTOPHER I. SCYCCURKA, PRESIDENT

TRAINING COORDINATOR

Concentra Medical Centers (Mass) 140 Garando Dr SPRINGFIELD, MA 01104 Phone: (413) 748-4008 Pax: (413) 748-3230

| EMPLOYER AUTHORIZATION AND INFORMATION PROVING: Nadaud, Zachary | -0, MA 01104 - (413) 748-3230 | | |
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| EMPLOYER TO COMPLETE THE FOLLOWING: | THUN FOR RESPIR | WATORY EVALUATION | |
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| | 229 Miller Street E-4 | | - |
| Employer, Safe Environment of America | | | |
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Claim Number:

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104 Phone: (413) 748-4006 Fax: (413) 746-3230 Service Dato: 01/10/2008

Non-Injury Status Report

Patient: Nadaud, Zachary SSN: 020-62-2597

Address: 229 Miller Street E-4

LUDLOW, MA 01058

Home: (413) 241-7503 Work: (413) 589-1882 Ext.:

Employer Location: Safe Environment of America Contact: Ted Scyocurka Address:

100 Moody Street

Role: Primary Contact Phone: (413) 589-1882 Ext.:

LUDLOW, MA 01056 Fax: (413) 583-6833

This Visit:

Time in: 01:45 pm

Time Out: 03:37 pm

Auth. by:

Visit Type: New

Asbestos Physical w/PFT **Pulmonary Function Test** Asbestos Physical

Result Status:

Able to perform essential functions No medical restrictions

Remarks:

RESPIRATOR ISSUANCE/TRAINING AFFIDAVIT

| Name: ZAC NAUAVO | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Type of Respirator: NORTH - 1/2 FACE | |
| Date of issuance/training: | |
| Date of medical examination: | |
| Results on file? YES | |
| I certify on the above date, I was fit-tested and issued a respirator of the type 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 use of sair respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection. | d |
| Signature: 190 Market | |
| Date: 1-23-08 | |



officers, employees, nominees, personal representatives, affiliates, successors, assigns from and against any and all liability whatsoever, at common law or otherwise, except provisions of the applicable worker compensation laws.

I hereby warrant and represent that to the best of my knowledge I have not been diagnosed as having asbestos related diseases; or been disabled; laid off or compensated in damages or otherwise, because of the disease of asbestos.

I acknowledge that safety instructions have been given to me by the company at my work commencement and I am thoroughly conversant with them and have answered the above questions truthfully.

| Name: | ZAC NADAUD |
|-------------|---------------------------------|
| Signature: | gr. Modard |
| Social Secu | rity Number: <u>020-62-2597</u> |

RESPIRATOR EMPLOYEE DATA SHEET

| | acteristics such as glasses, facial hair, dent | | | | | - |
|-----------|-----------------------------------------------------------------------------------------------------------|---------------|-------|----------|---------------|-------------|
| | | | 1.00 | | | - |
| Deenicate | or Type: 1/2 FACE | Manufacturer: | NORTH | | | _ |
| | NT SMOKE TEST: | REACTION: | | | | |
| I. | Breathe normally. | | | | | |
| IJ. | Breathe deeply and regularly. | | | | | |
| ul. | Turn head completely from side to side. Inhale on each side. Do not hump the respirator or your shoulder. | | | | | |
| Ĭv. | Nod head all the way up and down Inhale while looking at the ceiling. | | | | | |
| V, | Speak loudly and slowly while you repeat after me as I read this Paragraph. | | | <u>-</u> | | |
| V1. | Jog in place | | | \ | <u> </u> | <u></u> |
| VII. | Breathe normally. | | | | . | |
| Cou | nments: | | | | | |
| | | | | | | |
| <u>co</u> | MFORT: | | | | | |
| | - Acceptable | | | | | |
| A. | Very comfortable | | | | | |
| A. B. | n Luckla | | | | | |

001084767



U.S. Department of Labor Occupational Safety and Health Administration

Zach Nadaud

has successfully completed a 10-hour Occupational Safety and Health

7/17/2006_ (Date)



Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

12. Is the job being conducted: I Indoors? Outdoors?

| 100076566 | |
|--------------|--|
| Decal Number | |

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.15 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

| A | . Asbestos Abatement D |)escriptio | n | *** | |
|------------|------------------------------------------|-------------------------------------------|-----------------------------------------|--------------------------|---------------------------------------|
| 1. | | town, district, n | | thority, owner-occ | cupied |
| | b. Provide blanket decal number if | applicable: | Blanket Decal Num | ber | |
| 2. | Facility Location: | | | | |
| | HAVERHILL STADIUM | | LINCOLN AVE | NIIE | · · · · · · · · · · · · · · · · · · · |
| | a. Name of Facility | | b. Street Address | TOL | · · · · · · · · · · · · · · · · · · · |
| | Haverhill | MA | 01830 | | |
| | c, City/Town | d. State | e. Zip Code | f. Telephone Numb | er |
| 3. | Worksite Location: | | | | |
| 5 | BOILER ROOM | | | | |
| • | a. Building Name/Building Location | b. Building # | c. Wing | d. Floor | e. Room |
| 4. | Is the facility occupied? Yes | ✓ No | | | |
| 5. | Asbestos Contractor: | | | | |
| | COMPASS RESTORATION SVS | LLC | 16 PHEASANT | RIIN | |
| | a. Name | | b. Address | NON | |
| | BELCHERTOWN | 01007 | 4132651569 | | ···· |
| | c. City/Town | d. Zip Code | e. Telephone Numb | er e | · |
| | AC000695 | | • | | parties, |
| | f. DOS License Number | | g. Contract Type | : 🗹 Written | Verbal |
| | SUSAN BOYLE | | HYGIENIST | | |
| | h. Facility Contact Person | | i. Contact Person's | ltle | |
| 6. | VICTOR L RODRIGUES | | AS070692 | | |
| | a. Name of On-Site Supervisor/Foreman | | | an DOS Certification f | Vumber |
| 7 . | SUSAN BOYLE | | AM060770 | | |
| | a. Name of Project Monitor HUB TESTING | *************************************** | AA00013 | OS Certification Numb | <u> er</u> |
| 8. | a. Name of Asbestos Analytical Lab | | | al Lab DOS Certification | - 11 |
| | 8/25/2008 | | 8/29/2008 | ai Lab DOS Certification | on Murriber |
| 9. | a. Project Start Date (mm/dd/yyyy) | | b. E nd Date (mm/ | ddi www) | |
| | 7-5 | | , , , , , , , , , , , , , , , , , , , , | | |
| * 1 | c. Work hours Mon-Frl. | | d. Work hours Sat-S | un. | |
| 10. | a. What type of project is this? | | | | |
| | ☐ Demolition ☐ Renovation ☐ Other, pleas | | b. Describe | | |
| 11. | a. Check abatement procedures: | | | | |
| | Enclosure Dis | capsulation posal only er, specify: | b. Describe | | |

■ anf001ap.doc • 10/02

Asbestos Notification Form • Page 1 of 3



Commonwealth of Massachusetts

| 400070500 |
|--------------|
| 100076566 |
| |
| Oeral Number |

Asbestos Notification Form ANF-001

| 13 | Total amount of each type of encapsulated: | of Asbestos | Containing | Materials (ACM) to be remo | ved, enclose | ed, or |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| | 50 | 200 | | | | |
| | a. Total pipes or ducts (finear ft) | b. lotal o | her surfaces | (square ft) | | |
| | c. Boiler, breaching, duct, tank surface coatings | Lin. ft. | 200 Sq. ft. | d. Insulating cement | Lin. ft. | Sq. ft. |
| | e. Corrugated or layered paper pipe insulation | Lin. ft, | Sq. ft. | f. Trowel/Sprayer coatings | Lin. ft, | Sq. ft. |
| | g. Spray-on fireproofing | Lin. ft. | Sq. ft. | h. Transite board, wall board | Lin. ft. | Sq. ft. |
| | i. Cloths, woven fabrics | Lin. ft, | Sq. ft. | j. Other, please specify: | 50 Lin. ft. | Sq. ft. |
| | k. Thermal, solid core pipe insulation | | | PIPE INSUL | | 99, 10 |
| | | Lin. ft. | Sq. ft. | I. Specify | | |
| 14 | . Describe the decontamination | on system(s |) to be use | id: | | |
| | 3 CHAMBER CONTIGUOU | S | ····· | · · · · · · · · · · · · · · · · · · · | | |
| 15 | . Describe the containerizatio 6.14(2) (g): | n/disposal r | methods to | comply with 310 CMR 7.15 a | and 453 CMF | ₹ |
| | WET DEMOVAL DOUBLE | | | | | |
| | ALE I KEMICANT DOUBLE | WRAPPED | IN 2 LAYE | RS OF 6 MIL POLY SEALE | D WITH DU | CT TAPE |
| | ALE I KEMIOAME DORRE | WRAPPED | IN 2 LAYE | RS OF 6 MIL POLY SEALE | D WITH DU | CT TAPE, |
| 16 | | | | | | |
| 16 | For Emergency Asbestos O | | | | | |
| 16 | | | | | | |
| 16 | a. Name of DEP Official | perations, th | | DOS officials who evaluated | | |
| 16 | . For Emergency Asbestos O | perations, th | | 1 DOS officials who evaluated | | |
| 16 | a. Name of DEP Official | perations, th | | b. Title d. DEP Waiver # | | |
| 16 | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official | perations, the | | b. Title d. DEP Waiver # | | |
| 16 | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati | perations, the | | b. Title d. DEP Waiver # | | |
| | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official | perations, the | ne DEP and | b. Title d. DEP Waiver # f. DOS Official Title h. DOS Waiver # 6, 27 or 27A—F apply to this p | d the emerge | ency: |
| 17. | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official g. Date (mm/dd/yyyy) of Authorizati | on on per M.G.L. | ne DEP and | b. Title d. DEP Waiver # f. DOS Official Title h. DOS Waiver # | d the emerge | ency: |
| 17. | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official g. Date (mm/dd/yyyy) of Authorizati g. Date (mm/dd/yyyy) of Authorizati | on per M.G.L. | ne DEP and | b. Title d. DEP Waiver # f. DOS Official Title h. DOS Waiver # 6, 27 or 27A—F apply to this p | d the emerge | ency: |
| 17. | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official g. Date (mm/dd/yyyy) of Authorizati Do prevailing wage rates as | on per M.G.L. | c. 149, § 2 | b. Title d. DEP Waiver # f. DOS Official Title h. DOS Waiver # 6, 27 or 27A–F apply to this p | d the emerge | ency: |
| 17. 5. 1. 2. | a. Name of DEP Official c. Date (mm/dd/yyyy) of Authorizati e. Name of DOS Official g. Date (mm/dd/yyyy) of Authorizati Do prevailing wage rates as Facility Description Current or prior use of facility is the facility owner-occupied | on per M.G.L. | c. 149, § 2 | b. Title d. DEP Waiver # f. DOS Official Title h. DOS Waiver # 6, 27 or 27A—F apply to this part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of t | d the emerge | ency: |
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Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100076566 Decal Number

| 5. | COMPASS RESTORATION SE | RV | 16 PHEASANT RUN | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------|
| _, | a. Name of General Contractor | · | b. Address | |
| | BELCHERTOWN | 01007 | | |
| | c. City/Town | d. Zip Code | 413-265-1569 | |
| | ATLANTIC CHARTER INS CO. | u. zip Code | e. Telephone Number (area code and | extension) |
| | f. Contractor's Worker's Comp. Insurer | | WCV00808000 12/4 | 4/2008 |
| | | | | kp. Date (mm/dd/yyyy) |
| 6. | What is the size of this facility? | | 200 | P. = alo (Illinocolyyyy) |
| _ | Asbestos Transportat | | a. Square Feet b. Nu | umber of floors |
| | | ng material from | site to temporary storage site (if ne | ecessary): |
| | a. Name of Transporter | ng material from | site to temporary storage site (if ne | ecessary): |
| | | ng material from | site to temporary storage site (if ne | ecessary): |
| ; | a. Name of Transporter | | b. Address | ecessary): |
| , | a. Name of Transporter c. City/Town | d. Zip Code | b. Address e. Telephone Number | |
| 2. | a. Name of Transporter c. City/Town | d. Zip Code | b. Address e. Telephone Number | |
| 2. | a. Name of Transporter c. City/Town Transporter of asbestos-containing | d. Zip Code | b. Address e. Telephone Number of from removal/temporary site to fin | |
| E | a. Name of Transporter c. City/Town Transporter of asbestos-containin RED TECHNOLOGIES | d. Zip Code | b. Address e. Telephone Number if from removat/temporary site to fin | |
| | a. Name of Transporter c. City/Town Transporter of asbestos-containin RED TECHNOLOGIES a. Name of Transporter | d. Zip Code ng waste materia | b. Address e. Telephone Number from removal/temporary site to fin 10 NORTHWOOD b. Address | |
| [| a. Name of Transporter c. City/Town Transporter of asbestos-containin RED TECHNOLOGIES a. Name of Transporter BLOOMFIELD | d. Zip Code ng waste materia | b. Address e. Telephone Number if from removal/temporary site to fin 10 NORTHWOOD b. Address 8602182428 | |
| | a. Name of Transporter c. City/Town Transporter of asbestos-containin RED TECHNOLOGIES a. Name of Transporter BLOOMFIELD c. City/Town | d. Zip Code ng waste materia | b. Address e. Telephone Number from removal/temporary site to fin 10 NORTHWOOD b. Address | |
|] 3. [| a. Name of Transporter c. City/Town Transporter of asbestos-containin RED TECHNOLOGIES a. Name of Transporter BLOOMFIELD | d. Zip Code ng waste materia | b. Address e. Telephone Number if from removal/temporary site to fin 10 NORTHWOOD b. Address 8602182428 | |

d. Zip Code

44688

f. Zip Code



P. Certification

c. City/Town

ОН

e. State

4. MINERVA ENTERPRISES INC

9000 MINERVA ROAD

c. Final Disposal Site Address

a. Final Disposal Site Location Name

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

| VICTOR RODRIGUES | 1 |
|---------------------|-------------------------|
| VICTOR RODRIGUES | Victor Rodrigues |
| a. Name | b. Authorized Signature |
| FIELD OP MNGR | 08/11/2008 |
| c. Position/Title | d. Date (mm/dd/yyyy) |
| 4132651569 | COMPASS |
| e. Telephone Number | f. Representing |
| 16 PHEASANT RUN | |
| g. Address | |
| BELCHERTOWN | 01007 |
| h. City/Town | i. Zip Code |

b. Final Disposal Site Location Owner's Name

e. Telephone Number

WAYNESBURG

g. Telephone Number

MINERVA

d. City/Town

3308663435



Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

100076566 Decai Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

| VICTOR RODRIGUES | Victor Rodrigues |
|-------------------|----------------------|
| 1. Name | Authorized Signature |
| FIELD OP MNGR | 08/27/2008 |
| 2. Position/Title | 3. Date (mm/dd/yyyy) |
| COMPASS | 4132651569 |
| 4. Representing | 5. Telephone |
| 16 PHEASANT RUN | |
| 6. Address | |
| BELCHERTOWN | 01007 |
| 7. City/Town | 8. Zip Code |



Massachusetts Department of Environmental Protection Bureau of Waste Prevention – Air Quality

100076566 **Decal Number**

Project Revision Notification For Asbestos Notification ANF-001 and AQ 06

| Important: When filling out | A. Facility Lo | cation | - Wild A | | | | |
|-----------------------------------------------------|--------------------------|------------------------|------------|----------------------------------------|------------------|---------------------------------------|-----|
| forms on the | HAVERHILL S | | | | | | |
| computer, use only the tab key | 1. Name of Facility | · | | | | | |
| to move your | LINCOLN AVE | | | · | | | |
| cursor - do not use the return | 2. Street Address | | | | | | |
| key. | HAVERHILL | | | MA | | | |
| | 3. City | | | 4. State | | 5. Zip Code | |
| | 6. Telephone Numb | ber | | | | | |
| A | | | | | | | |
| INSTRUCTIONS | B. Project Ca | ncelled | | | | · · · · · · · · · · · · · · · · · · · | |
| 1. This form is only available for | | | | | | | |
| online filing of | Check here | if this project is/was | cancelled. | | | | |
| project date revisions. | | | | | | | |
| Enter project decai number. | C. Project Da | toe | | | ··· | | |
| 3. Validate that | | 169 | | · | | | |
| the project location is correct | 8/25/2008 | | | 8/29/2008 | | | |
| for the entered | 1. Original Start Dat | e (mm/dd/yyyy) | | 2. Original E | nd Date (mm/dd | /vvvv) | |
| decal. | 3. Latest Revised St | tart Date (mm/dd/yyyy) | | 4. Latest Rev | vised End Date (| mmidd/sssss) | ··· |
| Enter your new project dates. | | | | | | ,,,,,,,,,,, | |
| 5. Certify your notification. | D D1 1 D | | | | | | |
| Submit date | D. Revised Pr | oject Dates | | | | | |
| changes. | | | | 9/2/2008 | | | |
| | 1. Revised Start Date | e (mm/dd/yyyy) | | | nd Date Date (m | ım/dd/yyyy) | |
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| | E. Other Proje | ot Povicione | | ······································ | | | |
| | L. Other Proje | ct Revisions | | | | | |
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Massachusetts Department of Environmental ProtectionBureau of Waste Prevention – Air Quality

100076566 Decal Number

Project Revision Notification For Asbestos Notification ANF-001 and AQ 06

G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

| VICTOR RODRIGUES | Victor Rodrigues | |
|-------------------|----------------------|---------|
| 1. Name | Authorized Signature | |
| FIELD OP MNGR | 08/27/2008 | |
| 2. Position/Title | 3. Date (mm/dd/yyyy) | |
| COMPASS | 4132651569 | |
| 4. Representing | 5. Telephone | <u></u> |
| 16 PHEASANT RUN | | |
| 6. Address | | |
| BELCHERTOWN | 01007 | |
| 7. City/Town | 8. Zło Code | |

Control No: 25081



THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFET

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114 ASBESTOS CONTRACTOR LICENSE

COMPASS RESTORATION SERVICE SERVICES, LLC ... 16 PHEASANT RUN BELCHERTOWN MA 01007

AC000695

Saturday, January 10, 2009

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04 ATE INVESTIGE BY THE CEPARTMENT OF LABOR AND WORKFORCE IVISION 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.

LAURA M. MARLIN, COMMISSIONER



Compass Restoration Services, LLC
P.O. Box 584 • Ludlow, MA 01056 • 413-246-4527
www.compassrestorationservices.com

| (Tan lab tree only) | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Batch Number: (For lab use only) | |
| Batch Number: (For lab use only) Job#: <u>(8 /23 Task No.:</u> Job Name: <u> Haverhill Stackion</u> (location/site) (Compass #) (if applicable) (location/site) | |
| (Compass #) (if applicable) | |
| Sample ID#: U D | |
| (Date 4 digits of SSN) | |
| SSN: where XX-Month, YY-day, ZZ-year | |
| Sample Pump Serial Number: 007 8-Hr. TWA: (1) 30 Min. EXC.: (1) | |
| ACM Type (1-11): Activity (A-L): Flow Rate: Pre 1 Control of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of t | |
| Time On: 900 Time Off: Total Time (minutes): Respirator (1-3): | |
| (For Lab use only) | |
| RECOUNT F/100: ANALYST CV: | |
| Other Employees Represented by This Sample (attached additional sheet if necessary): Pagerizator (1-3) | |
| | |
| Employee ID# (last 4 digits of SSN) | |
| 1) | |
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| 8) Static Plantick (5) = Spray-on FP | - |
| 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP | |
| (6) = Rooming Shingles (7) - Coiling Tile/Glue Daubs (11) = Putty/Caulks | |
| | - |
| (12) = Other Surfacing Materials (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) = (13) | |
| (II) = Clovehag Removal (F) = Factor, repair (F) = Encapeulation | |
| (H) = Wrapping (1) = Cleant up | |
| (L) = Other | |
| | |
| Samples Collected By: JACK Resem (Supervisor Name) | |
| Samples Collected By: 1742/ (Competent Person/Supervisor Name) | |



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| Batch Number: (I | For lab use only) | i de mar |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Job#: 67/23 Task No.:(Compass #) | Job Name: HACKER | /site) |
| (Compass #) | if applicable) (location) | |
| Employee ID#: Hunston (last 4 digits of SSN) | Sample ID#: CC AD CONTROL NO | O.) ex. XXYYZZ-1 |
| | where XX-Mont | h, YY-day, ZZ-year |
| Sample Pump Serial Number: OC | <u></u> | 30 Min. EXC.:(V) |
| ACM Type (1-11): / Activi | ity (A-L): S Flow Rate | Pre / (C. 4 Post / 6 / 0.50 to 2.50 LPM, - 2 decimal points) |
| Time On: 200 Time Off: 2 | Total Time (minutes): | Respirator (1-3): 4 |
| (For Lab use only) | | |
| RECOUNT F/ | ANALYST CV:ANALYST CV: | |
| Other Employees Represented by T | This Sample (attached additional she | et it necessary)- |
| Employee ID# (last 4 digits of SSN | | Respirator (1-3) |
| | Kodrigi | |
| 1) | Nordal | |
| 2) | • | |
| 3) | | • |
| 4) | | |
| 5) | | |
| 6) | | , |
| 1) 10 miles and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec | | the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
| 8) | | Plactrak (5) = Spray-on FP |
| (6) = Kooning Sings (9) = Transite Pipes | T (3) = Mastic-Chemical (4) = Mastic- les (7) = Roofing Other (8) = Transite (10) = Ceiling Tile/Glue Daubs (| 11) = Putty/Caulks |
| (12) = Other Surfacio | ng Malerias | Clean (D) = Glovebag Prep |
| Activities: (A) = Prep/Pre-Cle (E) = Glovebag Rei (H) = Wrapping | moval (F) = Patch/Repair (C) = Filtal moval (F) = Patch/Repair (G) = Dem (I) = Clean-up (J) = Enclose | olition (G) = O&M/cleaning ure (K) = Encapsulation |
| | g. Press. HEPA (2) = PAPR (3) = Ty | pe "C" |
| Respirators: (1) = Half-Face Ne | g. Piess. IIII A (4) | (Y |
| Samples Collected By: JAck | nt Person/Supervisor Name) | : Compass |



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| | (For lab use only) |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Batch Number: | Task No.: Job Name: HAJERII 5 TICIN (if applicable) (location/site) Sample ID#: CE 25-08 |
| Job#: <u>08-/33</u> | Task No.: (if applicable) (location/site) |
| (Compass #) | (if applicable) Sample ID#: CE-25-08 - 03 |
| T 1 117)#• | digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1 |
| SSN: | where XX-Month, II-day, Zz-year |
| 55N: | |
| | Number: 8-Hr. TWA: (<) 30 Min. EXC.: (<) |
| ACM Type (1-11):(entex | Activity (A-L): Flow Rate: Pre Post (between 0.50 to 2.50 LPM, - 2 decimal points) |
| Time On: | _ Time Off: Total Time (minutes): Respirator (1-3): |
| (For Lab use only) | |
| | RECOUNT F/100:ANALYST CV: |
| Other Employees | epresented by This Sample (attached additional sheet if necessary): |
| Employee ID# (last | |
| 1) | |
| 2) | |
| 3) | |
| <u>5)</u> | |
| 5) | / |
| 6) | |
| | A STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE |
| | |
| | = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (3) = Roofing Other (8) = Transite Panels/Siding |
| 141 • | - KOOMING TIMINING 1/1 |
| (12) | = Other Surfacing Materials To I Chan (D) = Glovebag Prep |
| Activities: (A (E) | = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks = Other Surfacing Materials |
| (L | = Other = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" |
| Respirators: (1 | = Half-Face Neg. Press. FIDEA (2) |
| Samples Collect | ed By: |
| Samples Concer | ed By:(Competent Person/Supervisor Name) |



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| Batch Number: (For lab use only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Joh Name: Haverhill Stadium |
| Job#: 08-/23 Task No.: Job Name: Haverhill Stadium (Compass #) (if applicable) (location/site) |
| Employee ID#: 8/63 Rodrigo Sample ID#: 08-27-08-02 (DATE-SAMPLE NO.) ex. XXYYZZ-1 |
| SSN: 8/63 where XX-Month, YY-day, ZZ-year |
| Sample Pump Serial Number: 007 8-Hr. TWA: (1) 30 Min. EXC.: (1) |
| ACM Type (1-11): Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64 Post 1.64 Post 1.64 |
| Time On: /1:20 Time Off: //:50 Total Time (minutes): 30 Respirator (1-3): / |
| (For Lab use only) |
| FIBERS: RECOUNT F/100: ANALYST CV: |
| Other Employees Represented by This Sample (attached additional sheet if necessary): |
| Employee ID# (last 4 digits of SSN) Name Respirator (1-3) |
| 1) 5927 |
| Ochambe |
| |
| 3) |
| 4) |
| 5) |
| <u>6</u> |
| The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
| 8) |
| ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Glovebag Prep |
| (12) = Other String III Company (C) = Final Clean (D) = Glovebag Prep |
| (12) = Other Surfacing Materials (IS) (IS) (IS) (IS) (IS) (IS) (IS) (IS) |
| (E) = Glovebag Removal (F) - Patch Repair (C) (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other |
| (E) = Glovebag Removal (F) - Patch Repair (C) (K) = Encapsulation (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation |



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| | Œ | 1-b man only) | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Batch Number: | (For | Job Name: //Au- | 1.11 570 |
| Job#: 08 -/23 | Task No.: | Job Name: HAU | ation/site) |
| (Compass #) | ita ∕A | pplicable) | -01 |
| Elaves ID# \$/ | 4 digits of SSN | - Samule U.海:(ノス・al. L | LE NO.) ex. XXYYZZ-1 |
| SSN: | - 8163 | | Month, YY-day, ZZ-year |
| Sample Pump Seri | al Number: <u>007</u> | 8-Hr. TWA:(V |) 30 Min. EXC.:(✓) |
| ACM Type (1-11): | Activity (| (A-L): B Flow (bei | Rate: Pre //64 Post //647 ween 0.50 to 2.50 LPM, - 2 decimal points) |
| Time On: 100 | Time Off: 15° | Total Time (minutes): | 420 Respirator (1-3): |
| (For Lab use only) | <u>.</u> | | |
| ETREPS. | RECOUNT F/100 | ANALYST C | ·V: |
| Other Employees | Represented by This | Sample (attached additiona | sheet if necessary): |
| | | <u>Name</u> | Respirator (1-5) |
| Employee 1D# (16 | ast 4 digits of SSN) | O'Neill | |
| 1) 4027 | | | • |
| _ | | | |
| 2) 3873 | | <u> USBOUFNE</u> | / |
| 2) 3873 3) | | | |
| 2) 3873 3) | | | |
| 2) 3873 3) | | | |
| 2) 3873 3) 4) | | | |
| 2) 3873 3) 4) 5) | | CSBOULNE | |
| 2) 3873 3) 4) 5) 6) | and the second second second second second second second second second second second second second second second | CSBOULNS | |
| 2) 3873 3) 4) 5) 6) 7) ACM Types: (6) | 1) = TSI (2) = VAT (3 6) = Roofing Shingles 6) = Transite Pipes | e) = Mastic-Chemical (4) = Ma (7) = Roofing Other (8) = Tra (10) = Ceiling Tile/Glue Daul | astic-Blastrak (5) = Spray-on FP msite Panels/Siding bs (11) = Putty/Caulks (12) = Misc |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: (6) (6) (1) | 1) = TSI (2) = VAT (3 5) = Roofing Shingles 9) = Transite Pipes 2) = Other Surfacing N | e) = Mastic-Chemical (4) = Ma (7) = Roofing Other (8) = Tra (10) = Ceiling Tile/Glue Daul Materials | astic-Blastrak (5) = Spray-on FP msite Panels/Siding bs (11) = Putty/Caulks (13) = Misc |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: ((((((((((((((((((((((((((((((((((((| 1) = TSI (2) = VAT (3 5) = Roofing Shingles 2) = Transite Pipes 2) = Other Surfacing N (A) = Prep/Pre-clean (E) = Glovebag Remov (H) = Wrapping | 8) = Mastic-Chemical (4) = Ma (7) = Roofing Other (8) = Tra (10) = Ceiling Tile/Glue Daul Materials | astic-Blastrak (5) = Spray-on FP insite Panels/Siding os (11) = Putty/Caulks |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: ((((((((((((((((((((((((((((((((((((| 1) = TSI (2) = VAT (3 5) = Roofing Shingles 9) = Transite Pipes 2) = Other Surfacing N (A) = Prep/Pre-clean (E) = Glovebag Remov (H) = Wrapping | 8) = Mastic-Chemical (4) = Ma (7) = Roofing Other (8) = Tra (10) = Ceiling Tile/Glue Daul Materials | astic-Blastrak (5) = Spray-on FP msite Panels/Siding bs (11) = Putty/Caulks (13) = Misc. Final Clean (D) = Glovebag Prep Demolition (G) = O&M/cleaning mclosure (K) = Encapsulation |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: ((((((((((((((((((((((((((((((((((((| 1) = TSI (2) = VAT (3 5) = Roofing Shingles 9) = Transite Pipes 2) = Other Surfacing N (A) = Prep/Pre-clean (E) = Glovebag Remov (H) = Wrapping | S) = Mastic-Chemical (4) = Ma (7) = Roofing Other (8) = Tra (10) = Ceiling Tile/Glue Daul Materials | astic-Blastrak (5) = Spray-on FP msite Panels/Siding bs (11) = Putty/Caulks (13) = Misc. Final Clean (D) = Glovebag Prep Demolition (G) = O&M/cleaning mclosure (K) = Encapsulation |



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| Batch Number: (For lab use only) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Joh Name: Hade shill Stadion |
| Job#: 68 -/23 Task No.: Job Name: Haverhill Stadiom (if applicable) (location/site) |
| 21. 2 Sample ID#: 08 - 06 - 00 |
| (last 4 digits of 55 N/ |
| where XX-Month, YY-day, ZZ-year |
| Sample Pump Serial Number: 667 8-Hr. TWA: (*) 30 Min. EXC.: (*) |
| ACM Type (1-11): Activity (A-L): (enter only 1 activity) Flow Rate: Pre 1.6 4 Post 1.6 4 (between 0.50 to 2.50 LPM, - 2 decimal points) |
| Time On: //00 Time Off: //30 Total Time (minutes): 30 Respirator (1-3): / |
| (For Lab use only) |
| FIBERS: RECOUNT F/100: ANALYST CV: |
| Other Employees Represented by This Sample (attached additional sheet if necessary): |
| Employee ID# (last 4 digits of SSN) Name Name Name |
| / /^//#W# 1 / UUIII |
| 1) 5927 (CNAM) |
| 1) 5927 2) 3873 OSbourne |
| OShviene |
| 2) 3873 OSbarne |
| 2) 3873 OSbarne |
| 2) 3873 OSbrucove 3) 4) |
| 2) 3873 OSbrucove 3) 4) 5) |
| 2) 3873 3) 4) 5) 6) |
| 2) 3873 3) 4) 5) 6) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (6) = Roofing Shingles (7) = Roofing Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (12) = Misc. |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (14) = Prep/Pre-cleam (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/Cleaning (H) = Wrapping (1) = Clean-up (J) = Enclosure (K) = Encapsulation |
| 2) 3873 3) 4) 5) 6) 7/ 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Misc. (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (G) = Demolition (G) = O&M/Cleaning (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/Cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation (L) = Other (L) = Clean-up (J) = Type "C" |
| 2) 3873 3) 4) 5) 6) 7) 8) ACM Types: (1) = TSI (2) = VAT (3) = Mastic-Chemical (4) = Mastic-Blastrak (5) = Spray-on FP (6) = Roofing Shingles (7) = Roofing Other (8) = Transite Panels/Siding (9) = Transite Pipes (10) = Ceiling Tile/Glue Daubs (11) = Putty/Caulks (12) = Other Surfacing Materials (13) = Misc. (12) = Other Surfacing Materials (13) = Misc. (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep (E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (G) = O&M/cleaning (H) = Wrapping (I) = Clean-up (J) = Enclosure (K) = Encapsulation |



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| Batch Number: (For lab use only) |
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| Satch Number: (For lab use only) Sob#: O8 -/25 Task No.: Job Name: Haverhill Stadium (location/site) (Compass #) (if applicable) (location/site) |
| Employee ID#: 8163 Rode 40 Sample ID (DATE-SAMPLE NO.) ex. XXYYZZ-1 |
| (last 4 digits of SSN) where XX-Month, YY-day, ZZ-year SSN: |
| 8-Hr TWA:() |
| ACM Type (1-11): Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64 ACM Type (1-11): Activity (A-L): B (between 0.50 to 2.50 LPM, -2 decimal points) Time On: Time Off: 1500 Total Time (minutes): 360 Respirator (1-3): 1 |
| Time On: Time Off: 15 Total Time (minutes). |
| [For Lab use only] FIBERS: RECOUNT F/100: ANALYST CV: FIBERS: RECOUNT F/100: ANALYST CV: |
| FIBERS:RECOUNT 1/100 |
| Other Employees Represented by This Other Employees Respirator (1-3) |
| Employee ID# (last 4 digits of SSN) Name OSbourne |
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| Supervisor's Signature | | | | |

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Forbes & Wheeler Laboratories

P.O. Box 1(37, Holyoke, MA 01041 (413) 221-8233 - www.forbeswheeler.com

EMPLOYES EXPOSURE SAMPLE ANALYTICAL LABORATORY REPORT

| Contractor: | Compass Restoration Services | Contractor Job #: 08-123 | 08-123 | |
|------------------------|----------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|---------------------|
| | P.O. Box 384 | Job Name: | HAVERHILL STADIUM | |
| | Ludlow, MA 01056 | Date Analyzed: | 8/26/2008 | |
| Quality Assure | Quality Assurance/Quality Control Data | Interlaboratory Coefficient of Variation (Sr): 0.338 (2008-Round A) | 0.338 (2008-Round A) | |
| Method: NIOSF | Method: NIOSH 7400, Issue #2, 15 August 1994 | Intralaboratory Coefficient of Variation (Sr): 0.44 (2008 Round A) | 0.44 (2008 Round A) | AIHA Lab ID: 152692 |
| LOQ: 78.5 fiber | LOQ: 78.5 fibers/100 fields (100 f/mm2) | ERR = Concentration cannot be calculated because sample is either a Field Blank | ample is either a Field Blank | |
| OL = Overloaded Sample | ed Sample | or sample time, volume, and/or flow rate was not reported on data sheet. | not reported on data sheet. | |
| | of the second | | | \ |
| Analysts: | S. W. Niec, AAR ID# 4830 | R, Gorham, AAR ID#:8112 | Lab Director | , |

* If the numerical result is in parentheses (), then the 10% recount passes the sample quality test. Please note only where an Analyst CV appears in the column a recount has been performed. All other recount results without an Analyst CV bumber appearing are based upon a "0" recount entry as no recount was conducted on that sample (these results are to be ignored). A minus sign ("-") before the result indicates the fiber count is as than the limit of quantification for NIOSH 7400. These samples have greater than optimal variability and are probably biased

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| 8-hr TWA | (f/cc) | -0.009 | -0.009 | -0.009 | -0.004 | -0.004 | -0.004 | -0.012 | -0.012 | -0.012 | -0.006 | -0.006 | -0.006 | -0.011 | -0.011 | -0.011 | -0.004 | -0.004 | -0.004 | ERR | ERR |
| Conc. | (t/cc) | -0.012 | -0.012 | -0.012 | -0.060 | -0.060 | -0.060 | -0.013 | -0.013 | -0.013 | -0.090 | -0.090 | -0.090 | -0.017 | -0.017 | -0.017 | -0.070 | -0.070 | -0.070 | ERR | ERR |
| Recount | Result * | 4.371 | 4.371 | 4.371 | 2.765 | 2.765 | 2.765 | (1.616) | (1.616) | (1.616) | 3.386 | 3.386 | 3.386 | 4.654 | 4.654 | 4.654 | 2.986 | 2.986 | 2.986 | 1.129 | 0.798 |
| Analyst | CV . | | | | | | | 0.2925 | 0.2925 | 0.2925 | | | | | | | | | | | |
| Recount | (f/mm2) | 00.0 | 00.0 | 00.0 | 0.00 | 0.00 | 00.0 | 28.03 | 28.03 | 28.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 00.0 | 0.00 | 0.00 | 00.0 |
| Conc. | (f/mm2) | -19.11 | -19.11 | -19.11 | -7.64 | -7.64 | -7.64 | -23.57 | -23.57 | -23.57 | -11.46 | -11.46 | -11.46 | -21.66 | -21.66 | -21.66 | -8.92 | -8.92 | -8.92 | 1.27 | 0.64 |
| Fiber | Count | -15 | -15 | -15 | မှ | မှ | φ | -18.5 | -18.5 | -18.5 | တု | တ္ | တု | -17 | -17 | -17 | <i>L</i> - | <i>L</i> - | Ŀ | 1 | 0.5 |
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| | Actua | ~ | | | × | 34 | | Υ. | | 41 | × | | | ×χ | ٨ | No. | × | , J | 7. | × | × |
| Employee | I.D. No. | 8163 | 3873 | 5927 | 8163 | 5927 | 3873 | 8163 | 5927 | 3873 | 8163 | 5927 | 3873 | MOH | 8163 | NAD | MUH | 8163 | DAN | BLANK | BLANK |
| Sample | LD. No. | 082608-01 | 082608-01 | 082608-01 | 082608-02 | 082608-02 | 082608-02 | 082708-01 | 082708-01 | 082708-01 | 082708-02 | 082708-02 | 082708-02 | 082508-01 | 082508-01 | 082508-01 | 082508-02 | 082508-02 | 082508-02 | 082508-03 | 082508-04 |
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| Batch-Sn | A | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 | 1879 |
| | Employee Recount Analyst Recount Conc. | Sample Employee Recount Analyst Recount Conc. LD. No. I.D. No. ActualRepr. TWA STEL Count (finm2) (fimm2) CV . Result* (fice) | Sample Employee Fiber Conc. Recount Analyst Recount Conc. L.D. No. I.D. No. Actual Repr. TWA STEL Count (f/mm2) (f/mm2) CV Result* (f/cc) 082608-01 8163 X X -15 -19.11 0.00 4.371 -0.012 | Sample Employee ActualRepr. YWA STEL Count (f/mm2) (f/mm2) CV Recount Conc. LD. No. I.D. No. ActualRepr. YWA STEL Count (f/mm2) CV Result * (f/cc) 082608-01 8163 X X X X A:371 -0.012 082608-01 3873 X X X A:371 -0.012 | Sample Employee Fiber Count Recount Analyst Recount Conc. LD. No. L.D. No. Actual Repr. TWA STEL Count (f/mm2) (f/mm2) CV Result * (f/cc) 082608-01 8163 X X X X 4.371 -0.012 082608-01 3873 X X X X 4.371 -0.012 082608-01 5927 X X X X 4.371 -0.012 | Sample Employee Fiber Count Recount Analyst Recount Conc. LD. No. I.D. No. Actual Repr. TWA STEL. Count (f/mm2) (f/mm2) CV. 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$\label{eq:attachment} \textbf{ATTACHMENT G}$ WASTE SHIPMENT RECORD

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HB)

HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

DOCUMENTATION CHECKLIST FOR ASBESTOS MONITORING PROJECT FINAL REPORTS

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 project | | Page 1 |
|-----|--------------------------------------|--------------------------|------------------|
| 2. | Location and type of ACBM | | Page 1 |
| 3. | Amount of ACBM present (linear an | id/or square footage) | Page 1 |
| 4. | Type of abatement activity: | | |
| | Remo | val <u>XX</u> | |
| | Encap | sulation | |
| | Enclos | sure | <u></u> |
| | Repair | r | |
| 5. | Reason for activity | | Page 1 |
| 6. | Start/stop dates | | Aug. 25, 2008 |
| 7. | Personnel documentation (all involve | ed personnel): | _ |
| | Workers, Supervisors | - | |
| | -Certificates/licenses | | Attachment F |
| | -Health/Medical examination | 1 | Attachment F |
| | -Training documentation | | Attachment F |
| | Project Monitors, Project Designers | | |
| | -Certificates/licenses | | Attachment E |
| | -Training documentation | | Attachment E |
| 8. | Contractor documentation/MA licen | se | Attachment F |
| 9. | Laboratory documentation: | | |
| | -MA license | | Attachment E |
| | -Certificate PCM/PLM/TEM | l | Attachment E |
| 10. | Contractor's Job documentation: | | |
| | -Copies of Notifications to D | LWD, DEP, EPA and | applicable |
| | police, fire or safety authority | y | Attachment F |
| | -Daily sign-in sheets (verify v | vorkers, supervisors, p | roject monitors, |
| | and visitors | · • | Attachment F |
| • | -Contractor's submittal packs | age, with abatement pl | an and |
| | standard operating procedure | e, respirator program, i | nsurance, |
| | fire and emergency evacuatio | n plan | Attachment F |
| | -Chain of Custody document | s for waste | Attachment G |
| | -Disposal Manifest (Waste Sl | hipment Record) | Attachment G |
| | -Name and location of dispos | • , | Attachment G |
| | -Name and Certification of di | isposal carrier | Attachment G |
| | O and a annual | MI f | |

Serving our Clients since 1941

11. Consultants' job documentation:

-Daily checklists for work environment and/or conditions, with

commentary of unusual or noteworthy activities

Attachment B

-Air monitoring data sheets showing location, date, type and number of samples collected and analyzed, indicate square footage and

conformance to Appendix A, CFR 763.90(i)(2)(ii)

Attachment A

-Name and title of person performing analysis

Attachment E

-Name and title of person performing final visual inspection and their certification

Attachment E

12. Checklist completed by

Date: 11/12/08