



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

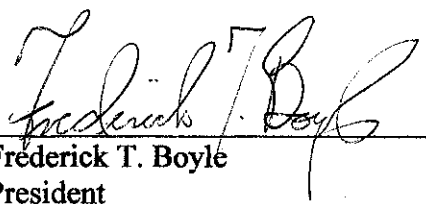
Report For: Haverhill School Department
Mr. Jeffrey Dill
Supervisor of Energy and Maintenance
4 Summer Street
Haverhill, MA 01830

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:


Frederick T. Boyle
President



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453

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

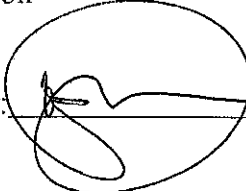
DOCUMENTATION CHECKLIST FOR ASBESTOS MONITORING PROJECT FINAL REPORTS

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 | <u>Page 1</u> |
| 2. | Location and type of ACBM | <u>Page 1</u> |
| 3. | Amount of ACBM present (linear and/or square footage) | <u>Page 1</u> |
| 4. | Type of abatement activity: | |
| | Removal | <u>XX</u> |
| | Encapsulation | <u> </u> |
| | Enclosure | <u> </u> |
| | Repair | <u> </u> |
| 5. | Reason for activity | <u>Page 1</u> |
| 6. | Start/stop dates | <u>Aug. 25, 2008</u> |
| 7. | Personnel documentation (<u>all</u> involved personnel): | |
| | Workers, Supervisors | |
| | -Certificates/licenses | <u>Attachment F</u> |
| | -Health/Medical examination | <u>Attachment F</u> |
| | -Training documentation | <u>Attachment F</u> |
| | Project Monitors, Project Designers | |
| | -Certificates/licenses | <u>Attachment E</u> |
| | -Training documentation | <u>Attachment E</u> |
| 8. | Contractor documentation/MA license | <u>Attachment F</u> |
| 9. | Laboratory documentation: | |
| | -MA license | <u>Attachment E</u> |
| | -Certificate PCM/PLM/TEM | <u>Attachment E</u> |
| 10. | Contractor's Job documentation: | |
| | -Copies of Notifications to DLWD, DEP, EPA and applicable police, fire or safety authority | <u>Attachment F</u> |
| | -Daily sign-in sheets (verify workers, supervisors, project monitors, and visitors) | <u>Attachment F</u> |
| | -Contractor's submittal package, with abatement plan and standard operating procedure, respirator program, insurance, fire and emergency evacuation plan | <u>Attachment F</u> |
| | -Chain of Custody documents for waste | <u>Attachment G</u> |
| | -Disposal Manifest (Waste Shipment Record) | <u>Attachment G</u> |
| | -Name and location of disposal site | <u>Attachment G</u> |
| | -Name and Certification of disposal carrier | <u>Attachment G</u> |

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

CONTENTS

1.	INTRODUCTION	1
2.	SUMMARY REPORT	1
3.	SAMPLING PROCEDURES	2
4.	LABORATORY ANALYSIS	2
5.	STEPS TAKEN TO PROTECT THE OCCUPANTS	3
5.1	BARRIER CONSTRUCTION	3
5.2	WORKING IN WET CONDITIONS	4
5.3	FINAL INSPECTION	4
6.	STEPS TAKEN TO PROTECT THE ENVIRONMENT	4
7.	FINAL LEVELS OF ASBESTOS AFTER CLEANING	4
8.	WASTE DISPOSAL DOCUMENTATION	5

ATTACHMENT A
AIR MONITORING RESULTS

ATTACHMENT B
DAILY MONITORING CHECKLIST

ATTACHMENT C
PRE-ABATEMENT INSPECTION

ATTACHMENT D
FINAL CLEARANCE FORMS

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 from 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 re-checked 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

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 complied 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.

7. 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



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

DAILY AIR MONITORING DATA SHEET

Hub ID: 19891

Date: 8-22-08

Calibration Method: *rotameter*

Rotometer #: R-11

Type of Sampling: Base-Line

Contractor: Compass Restoration Services

Job Site: Haverhill stadium

Calibration: Boiler Room



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: City of Haverhill

Hub ID: 19891

Date: 8/25/08

Calibration Method: rotometer

Contractor: Compass Restoration Services

Rotometer #: 2-11

Job Site: Stadium boiler rm

Type of Sampling: During

Calibration:

Pump Number	12	Hub							
Pre-Calibration	13	13							
Post-Calibration	13	13							
Average Flow	13	13							

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	69-1	Result	381	Mean	342	Range	168-578
-----------------	---	-----------------	---	--------------------	------	--------	-----	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
1	JV locker room	12	8:00	2:00	360	4680	22	.002
2	University locker	Hub	8:00	2:00	360	4680	19	.001

Project Monitors Signature: Mark Biancardi Date: 8/25/08



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: City of Haverhill

Hub ID: 19891

Date: 8/26/08

Calibration Method: Rotometer

Contractor: Compass Restoration Services

Rotometer #: R-11

Job Site: Stadium Boiler Room

Type of Sampling: During

Calibration:

Pump Number	12	Hubb							
Pre-Calibration	6	6							
Post-Calibration	6	6							
Average Flow	6	6							

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	169-1	Result	299	Mean	340	Range	168-58
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	--------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
3	JV locker room	12	7:20	3:00	400	2400	16	.003
4	Varsity locker	Hubb	7:20	3:00	400	2400	9	.001

Project Monitors Signature: Mark Brancardi Date: 8/26/08



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: City of Haverhill

Hub ID: 19891

Date: 8/04

Calibration Method: Rotometer

Contractor: Compass Restoration Services

Rotometer #: R-11

Job Site: Stadium Boiler Room

Type of Sampling: During

Calibration:

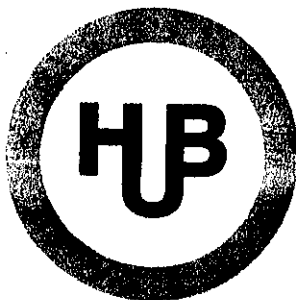
Pump Number	12	Hubb							
Pre-Calibration	6	6							
Post-Calibration	6	6							
Average Flow	6	6							

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	169-1	Result	398	Mean	342	Range	168-58
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	--------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
5	JV locker room	12	8:00	1:45	228	1350	6	.002
6	Varsity locker room	Hubb	8:00	1:45	228	1350	10	.003

Project Monitors Signature: Melvin Biancardi Date: 8/27/8



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: City of Haverhill

Hub ID: 19891

Date: 8/28

Contractor: Compass Restoration Services

Calibration Method: Rotometer

Job Site: Stadium Boiler Room

Rotometer #: R-11

Type of Sampling: During

Calibration:

Pump Number	12	Hubb							
Pre-Calibration	10	10							
Post-Calibration	10	10							
Average Flow	10	10							

Quality Control:

Blank #1 Result	0	Blank #2 Result	0	Reference Slide ID	107-1	Result	404	Mean	342	Range	168-548
-----------------	---	-----------------	---	--------------------	-------	--------	-----	------	-----	-------	---------

Sample I.D.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/cc
4	JV locker room	12	8:45	1:45	180	1800	14	.003
8	Varsity locker room	Hubb	8:45	1:45	180	1800	3	.0005

Project Monitors Signature: Mark Biancardi Date: 8/28/8



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: City of Haverhill

Hub ID:

Date:

Calibration Method:

Rotometer #:

Type of Sampling:

Contractor:

Job Site:

Calibration:

Pump Number	11-3A	11-3B	113-0	113-10	113-2					
Pre-Calibration	7.8	4.8	7.8	4.8	7.8	10	10	10	10	10
Post-Calibration	4.8	4.8	4.8	4.8	4.8	10	10	10	10	10
Average Flow	4.8	4.8	4.8	4.8	4.8	10	10	10	10	10

Quality Control:

Blank #1 Result	Blank #2 Result	Reference Slide ID	Result	Mean	Range
--------------------	--------------------	-----------------------	--------	------	-------

Sample ID.	Sample Location	Pump Number	Start Time	Stop Time	Total Minutes	Volume (liters)	Fibers	Fibers/ cc
12	Inside	11-3A	7:45	10:30	165	1207	Sample	
13		11-3B	7:45	10:30			Blank	
14			7:45	10:30			at 10c	
15			7:45	10:30			10:30-12:30	
16			7:45	10:30			Sample	
17	Outside		8:15	10:15	120	200		
18			8:15	10:15				
19			8:15	10:15				
20			8:15					
21			8:15					

Project Monitors Signature:

Mark Blancardi

Date

8/29/08

Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)
 Haverhill; Stadium

AmeriSci Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)	Structure Concentration (struc/cc air)		Type of Asbestos
						0.5-5.0	>=5.0		>=5.0	Total	
01 inside	12		1287	.066	0.0045	9.0	0.0	<15.1	<0.0045	0.0407	chrysotile
02 inside	13		1200	.066	0.0049	3.0	0.0	<15.1	<0.0049	0.0146	chrysotile
03 inside	14		1287	.066	0.0045	3.0	0.0	<15.1	<0.0045	0.0136	chrysotile
04 inside	15		1287	.066	0.0045	3.0	1.0	15.1	0.0045	0.0181	chrysotile
05 inside	16		1287	.066	0.0045	2.0	0.0	<15.1	<0.0045	0.0091	chrysotile
06 outside**	17		1200								
07 outside**	18		1200								
08 outside**	19		1200								
09 outside**	20		1200								
10 outside**	21		1200								
11 blank**	22		0								
12 blank**	23		0								
13 blank**	24		0								

* concentration represented by the detection of 1 structure

** not analyzed

NSD: No Asbestos Structures Detected

Reviewed By: _____

; Analyzed By: _____

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

Date: 8/29/2008

Sandhya Gunasekara

NVLAP#: 102079-0

ATTACHMENT B
DAILY MONITORING CHECKLIST



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass Restoration
Job Site: Boiler room - stadium
Date: 1/25

Checklist

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

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 0

Technician: Mr. [Signature] Log In: 9:00 Log Out: 3:30



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

DAILY INSPECTION FORM

Report For: City of Haverhill
Contractor: Compass Restoration Services
Job Site: Stadium Boiler Room
Date: 7/20

Checklist

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

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 2 drums

Technician: [Signature] Log In: 7:00 Log Out: 3:30



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

DAILY INSPECTION FORM

Report For: City of Haverhill
Contractor: Compass Restoration Services
Job Site: Stadium Boiler Rm
Date: 1/28/04

Checklist

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

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 6 drums 3 ribs of boiler

Technician: Mr. Nijk Log In: 4:00 Log Out: 3:30



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

DAILY INSPECTION FORM

Report For:

City of Haverhill

Contractor:

Compass Restoration Services

Job Site:

Stadium Boiler Rm

Date:

7/28

Checklist

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

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site:

2 drums 4 bags

Technician:

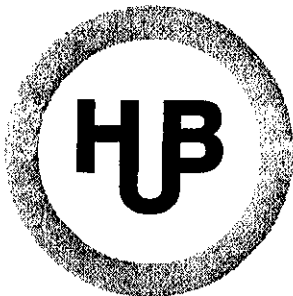
ML Me

Log In:

4:00

Log Out:

3:30



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

DAILY INSPECTION FORM

Report For: Haverhill Public Schools
Contractor: Compass Restoration
Job Site: Boiler Room
Date: 8/2/8

Checklist

- | | | <u>#</u> <u>2</u> | <u>Adequate</u> | <u>Deficient</u> |
|-----|--|-------------------|-------------------------------------|------------------|
| 1. | Contractor's Personnel | | <input checked="" type="checkbox"/> | |
| 2. | Signs: | | | |
| 3. | Barriers | | | |
| 4. | Decontamination Facility Condition: | | | |
| 5. | Housekeeping Inside and Outside: | | | |
| 6. | Entry and Exit Procedures Followed: | | | |
| 7. | HEPA Exhaust Operating: | | | |
| 8. | Work Procedures Followed: | | | |
| 9. | Respiratory Protection Used: | Type _____ | | |
| 10. | Differential Pressure: | | | |
| 11. | Copy of Contractor's Air Sampling Reports | | _____ Received | |
| 12. | Copy of Contractor's Daily Logs | | _____ Received | |
| 13. | Signs of Heat Stress | | Present | Not Present |
| 14. | Unusual occurrences | | | |
| | <u>tear down of contractor adequately bagged and sealed all containment waste.</u> | | | |

Action taken

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: _____

Technician: Juan Gomez Log In: 8- Log Out: 10³⁰

ATTACHMENT C
PRE-ABATEMENT INSPECTION



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

Pre-Abatement Inspection Form

Client: Haverhill public schools
Work Area I.D.: Boiler room structure Area Description: Boiler room with large boiler

Demolition Required: none Estimated Days Required For Abatement: 3

Materials To Be Abated (Describe And Give Quantities): Boiler and Jackett 300 sqft
and debris in container

Critical Barriers In Place:

Windows ✓ Doors N/A HVAC Vents N/A
Electrical Switches ✓ Electrical Outlets ✓
Other holes in walls

	Yes	No
All Movable Equipment Removed From Containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Non - Movable Equipment Wrapped (*)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Decontamination Facilities (*)

Three Chamber PDF With Hot/Cold Water	<input checked="" type="checkbox"/>
Two Chamber EDF With Water In Wash Area	<input type="checkbox"/>
Other	<input type="checkbox"/>

Containment Type (indicate reasoning below)

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

Describe (*): _____

Surfactant Available

Type Of Respiratory Protection To Be Used

Number Of Negative Air Machines In Operation

Manometer Used and Pressure Reading

Containment Smoke Tested

Yes

Or

No

1/2 neg pressure

1041" w.c.

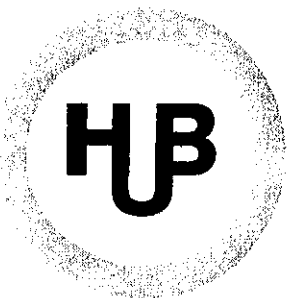
no

PM's Signature [Signature]

Date 4/5/08

(*) Indicate On Sketch

ATTACHMENT D
FINAL CLEARANCE FORMS



HUB TESTING LABORATORY, INC.

Environmental Testing Service

95 Beaver Street - Waltham, MA 02453

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

FINAL CLEARANCE FORM

Report for: Hewlett P.S.
Contractor: Compass Restoration
Job Site: Stadium Boiler Room
Date: 4/28/08

VISIBLE DEBRIS NOTED ON:		YES	NO
1.	FLOORS	<u> </u>	<u>X</u>
2.	WALLS	<u> </u>	<u>X</u>
3.	CEILING	<u> </u>	<u>X</u>
4.	PIPES	<u> </u>	<u>X</u>
5.	ELBOWS/FITTINGS	<u> </u>	<u>X</u>
6.	DUCTS	<u> </u>	<u>X</u>
7.	HORIZONTAL SURFACES	<u> </u>	<u>X</u>
8.	EQUIPMENT	<u> </u>	<u>X</u>

LOCKDOWN ENCAPSULANT APPLIED yes

SAMPLES COLLECTED USING AGGRESSIVE METHOD yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT yes 1200L min

DATE SAMPLING PUMPS CALIBRATION 4/28/08

FINAL AIR SAMPLE RESULTS PASS 136.2, 45.4, 45.4, 60.5, 30.3

FINAL AIR SAMPLES - PASS ✓

FINAL AIR SAMPLES - FAIL

CONTRACTOR NOTIFIED yes Victor Rodriguez called

PM'S
CHP'S SIGNATURE [Signature] DATE 4/28/08

PIH'S SIGNATURE DATE

AmeriSci Boston

8 SCHOOL STREET
WEYMOUTH, MA 02189

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

The logo for AmeriSci, featuring the company name in a bold, sans-serif font with a stylized swoosh above it.

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

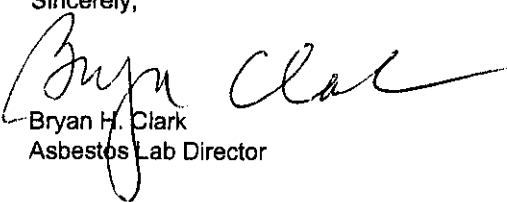
The 13 air samples were sent to AmeriSci via Hand Delivery. These samples were prepared according to AHERA Protocol.

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,

A handwritten signature in black ink, appearing to read "Bryan Clark".

Bryan H. Clark
Asbestos Lab Director

Table I
Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)
 Haverhill; Stadium

AmeriSci Sample #	Client Sample #	Dilution Factor	Air Filtered (liters)	Area * Analyzed (sq. mm.)	Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos
						0.5-5.0	>=5.0	>=5.0	Total	>=5.0	Total	
01 inside	12		1287	.066	0.0045	9.0	0.0	<15.1	136.2	<0.0045	0.0407	chrysotile
02 inside	13		1209	.066	0.0049	3.0	0.0	<15.1	45.4	<0.0049	0.0146	chrysotile
03 inside	14		1287	.066	0.0045	3.0	0.0	<15.1	45.4	<0.0045	0.0136	chrysotile
04 inside	15		1287	.066	0.0045	3.0	1.0	15.1	60.5	0.0045	0.0181	chrysotile
05 inside	16		1287	.066	0.0045	2.0	0.0	<15.1	30.3	<0.0045	0.0091	chrysotile
06 outside**	17		1209									
07 outside**	18		1209									
08 outside**	19		1209									
09 outside**	20		1209									
10 outside**	21		1209									
11 blank**	22		0									
12 blank**	23		0									
13 blank**	24		0									

* concentration represented by the detection of 1 structure

** not analyzed

NSD: No Asbestos Structures Detected

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

Reviewed By:  ; Analyzed By:  Date: 8/29/2008

Sandhya Gunasekara

TEM Asbestos (air) Count Sheet

sample area
analyzed



Client Name: HUB TESTING

Job #: 508081411

Lab Sample #: 01

Client Sample #: 12

Received: 08/28/08

Date Analyzed: 08/29/08

Scope #: H6

Volume (liters): 1 287.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

13:40:00

Analysis Performed by:

NQA

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ m	Width μ m	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"	\		
D2-4/4E	2	3	1.6	.06	Chrysotile	B/M	"Mg, Si, Fe"	/		
D2-4/4F	3	NSD								
D2-4/4G	4	1	.7	.05	Chrysotile	Matrix	"Mg, Si, Fe"	/		
D3-4/6C	5	1	.8	.04	Chrysotile	Bundle	"Mg, Si, Fe"	/		
D3-4/6C	5	2	.7	.02	Chrysotile	Fiber	"Mg, Si, Fe"	\		
D3-4/6E	6	1	.55	.06	Chrysotile	Matrix	"Mg, Si, Fe"	\		
D3-4/6E	6	2	.6	.04	Chrysotile	Matrix	"Mg, Si, Fe"	/		
D3-4/6F	7	1	.6	.02	Chrysotile	Matrix	"Mg, Si, Fe"	\		

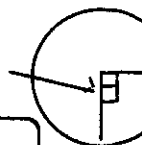
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 9	136.2	0.0407	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0045	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 9	136.2	0.0407	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0045	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area
analyzed



Client Name: HUB TESTING

Job #: 508081411

Lab Sample #: 02

Client Sample #: 13

Received: 08/28/08

Date Analyzed: 08/29/08

Scope #: H6

Volume (liters): 1 200.0

Filter Type / Filter Area: MCE 385 mm²

Grid Opening Size: 0.00944 mm²

Area Examined: 0.06608 mm²

Magnification: 20,000

Accelerating Voltage: 100 KeV

13:40:00

Analysis Performed by:

NR

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	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"	\		
D5-4/6C	5	2	.6	.03	Chrysotile	Fiber	"Mg, Si, Fe"	\		
D5-4/6E	6	1	.8	.06	Chrysotile	Fiber	"Mg, Si, Fe"	\		
D5-4/6F	7	NSD								

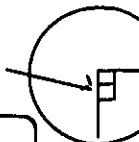
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm ²)	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 3	45.4	0.0146	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures \geq 5 microns: 0	<15.1	<0.0049	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 3	45.4	0.0146	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	15.1	0.0049	<input checked="" type="checkbox"/> Particulate Even

TEM Asbestos (air) Count Sheet

sample area
analyzed



Client Name: HUB TESTING

Job #: 508081411

Lab Sample #: 03

Client Sample #: 14

Received: 08/28/08

Date Analyzed: 08/29/08

Scope #: H6

Volume (liters): 1 287.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

13:40:00

Analysis Performed by:

NSA

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"	/		
E1-4/3G	4	NSD								
E2-4/4B	5	NSD								
E2-4/4C	6	NSD								
E2-4/4E	7	1	.7	.07	Chrysotile	Matrix	"Mg, Si, Fe"	/		
E2-4/4E	7	2	1	.06	Chrysotile	Bundle	"Mg, Si, Fe"	\		

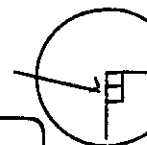
NSD: No Asbestos Structures Detected

Comments

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

TEM Asbestos (air) Count Sheet

sample area
analyzed



Client Name: HUB TESTING

Job #: 508081411

Lab Sample #: 04

Client Sample #: 15

Received: 08/28/08

Date Analyzed: 08/29/08

Scope #: H6

Volume (liters): 1 287.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

13:40:00

Analysis Performed by:

NOA

Sandhya Gunasekara

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

NSD: No Asbestos Structures Detected

Comments

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

TEM Asbestos (air) Count Sheet

sample area
analyzed



Client Name: HUB TESTING

Job #: 508081411

Lab Sample #: 05

Client Sample #: 16

Received: 08/28/08

Date Analyzed: 08/29/08

Scope #: H6

Volume (liters): 1 287.0

Filter Type / Filter Area: MCE 385 mm2

Grid Opening Size: 0.00944 mm2

Area Examined: 0.06608 mm2

Magnification: 20,000

Accelerating Voltage: 100 KeV

13:40:00

Analysis Performed by: N. Gunasekara

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length μ M	Width μ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
E5-4/6B	1	NSD								
E5-4/6C	2	NSD								
E5-4/6E	3	NSD								
E5-4/6F	4	NSD								
A6-4/6C	5	NSD								
A6-4/6E	6	NSD								
A6-4/6F	7	1	1.1	.03	Chrysotile	Matrix	"Mg, Si, Fe"	\		
A6-4/6F	7	2	3.3	.02	Chrysotile	Matrix	"Mg, Si, Fe"	\		

NSD: No Asbestos Structures Detected

Comments

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

AMERISCI

www.amerisci.com

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: <i>Hub Testing</i>		ADDRESS: <i>95 Brewer Street Waltham MA</i>						P.O.#:			
PROJECT INFORMATION		ANALYSIS TYPE	TURNAROUND TIME (X)						AIR FILTER INFORMATION:		
			6-8 HR	12 HR	24 HR	48 HR	72 HR	5 DAY	OTHER		
JOB NAME: <i>Haverhill</i>	TEM/AHERA				<i>X</i>					MCE	
JOB NUMBER:	TEM/LEVEL II									PC <i>X</i>	
JOB MANAGER:	TEM/BULK									25 mm <i>X</i>	
	TEM/DUST									37 mm	
	TEM/WATER									0.45 um	
JOB DESCRIPTION: <i>Stadium</i>	PCM	<i>RUSH</i>								0.80 um <i>X</i>	
	PLM	<i>RUSH</i>								TEMP:	
	OTHER:									OTHER:	
RESULTS TO: <i>fax 781 893 4414</i>						RETURN SAMPLES Yes <i>X</i> No					
EMAIL TO:						PHONE: <i>781 893 8730</i>					
INVOICE TO:						FAX: <i>781 893 4414</i>					
COMMENTS: <i>Please Fax</i>						SITE FAX:					
						PAGER/CELL:					
SAMPLE ID	SAMPLE LOCATION		START TIME	STOP TIME	TOTAL TIME X	LITERS /MIN.	TOTAL VOLUME	DATE COLLECTED			
<i>12</i>	<i>Inside</i>						<i>1257</i>	<i>8/25</i>			
<i>13</i>	<i>↓</i>						<i>200</i>	<i>↓</i>			
<i>14</i>	<i>↓</i>						<i>1257</i>	<i>↓</i>			
<i>15</i>	<i>↓</i>						<i>1257</i>	<i>↓</i>			
<i>16</i>	<i>↓</i>						<i>1257</i>	<i>↓</i>			
<i>17</i>	<i>Suburb</i>						<i>260</i>	<i>↓</i>			
<i>18</i>	<i>↓</i>						<i>↓</i>	<i>↓</i>			
<i>19</i>	<i>↓</i>						<i>↓</i>	<i>↓</i>			
<i>20</i>	<i>↓</i>						<i>↓</i>	<i>↓</i>			
<i>21</i>	<i>↓</i>						<i>1200</i>	<i>↓</i>			
<i>22</i>	<i>outside picnic</i>						<i>—</i>	<i>↓</i>			
<i>23</i>	<i>inside picnic</i>						<i>—</i>	<i>↓</i>			
<i>24</i>	<i>long picnic</i>						<i>—</i>	<i>↓</i>			
<i>Inside only</i>											
SAMPLED BY: <i>[Signature]</i>			DATE/TIME: <i>8/25/08</i>		RECEIVED BY: <i>[Signature]</i>			DATE/TIME: <i>8/28/08 1340</i>			
RELINQUISHED BY:			DATE/TIME:		RECEIVED IN LAB BY:			DATE/TIME:			

ATTACHMENT E

LABORATORY DOCUMENTATION
PROJECT MONITORING DOCUMENTATION



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

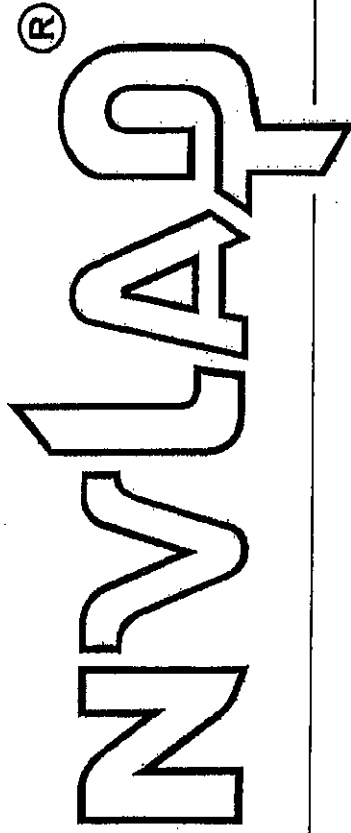
IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.08 THIS CERTIFICATE IS ISSUED BY THE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT, DIVISION OF OCCUPATIONAL
SAFETY TO PROVIDE THE ASBESTOS ANALYTICAL SERVICES SPECIFICALLY LISTED BELOW:

CLASS C CERTIFICATE

CLASS B CERTIFICATE

A handwritten signature in cursive script, reading "Laura M. Marlin", written over a horizontal line.
LAURA M. MARLIN, COMMISSIONER

United States Department of Commerce
National Institute of Standards and Technology



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,
listed on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
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).

2008-07-01 through 2009-06-30

Effective dates



Dolly S. Buce
For the National Institute of Standards and Technology



**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 dates

Sally A. Bruce
For the National Institute of Standards and Technology



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR

DIVISION OF OCCUPATIONAL SAFETY

19 STANFORD 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

A handwritten signature in cursive script, reading "Laura M. Marlin".

LAURA M. MARLIN, COMMISSIONER

Commonwealth of Massachusetts

Division of Occupational Safety

Laura M. Martin, Commissioner

Asbestos Project Monitor



MARK BIANCARDI

Eff. Date 05/13/08

Exp. Date 05/12/09

AM000118

Member of C.O.N.E.S

BO

09



BOSTON-NEW



INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.

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

IEE

IEE

This is to certify that
Mark L Biancardi

*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

November 02, 2007
Examination Date

07-2547-173-235349
Certificate Number

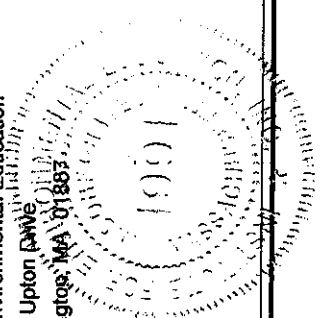
October 29-November 2, 2007
Course Dates

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

November 02, 2008
Expiration Date

Wentworth

Training Director



ATTACHMENT F
CONTRACTOR DOCUMENTATION

Contractor Documentation

[illegible]

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

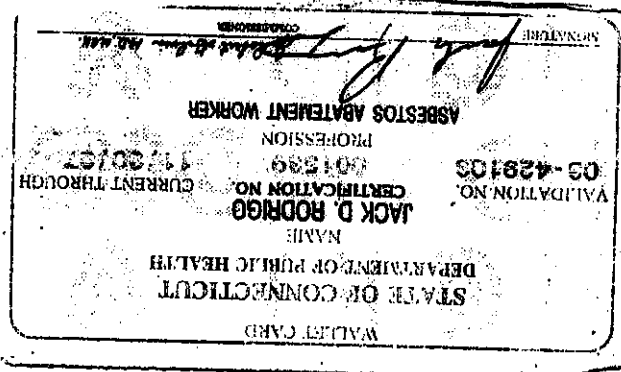
AS 61983

Member of C.O.N.E.S

NW001984



WN-REN



CERTIFICATE OF ACHIEVEMENT

This certifies that

Jack Rodrigo

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course**

**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**

Steven H. Sullivan
Principal Instructor

September 11, 2007
Date of Course

September 11, 2008
Expiration Date

Doreen J. Morach
Regional Manager

SAR-8188
Certificate Number

September 11, 2007
Examination Date



con-test®

WATER AND AIR ENGINEERING

39 Spruce Street
East Longmeadow, MA 01028

No. 32-0671

Jack Rodrigo

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

Thomas E. Veral

Thomas E. Veral, Vice President

Daniel M. Quinn

Expires 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: 09/21/2007

Employee Name:

Employee SSN: 017-50-8163

Rodrigo, Jack

Address:

307 Pochassic Road

WESTFIELD MA 01085

Employer: Safe Environment of America

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
☐ Have the following restrictions concerning respirator usage: _____
☐ ARE NOT qualified to wear a respirator.
☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (Mass) so that a final decision on your ability to wear a respirator can be made.
☐ Must wear Special prescription eye-wear needed to accommodate respirator.
☐ Must use an Eye glass conversion kit.
☒ May need to shave Facial hair to assure tight seal on certain face masks.
☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined for respirator fitness. The employee's medical evaluation is a general medical evaluation. The Respiratory Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

Sharon Jarmolowicz, PA-C

PLHCP Name (printed)

Employee's Signature

09-21-08

Expiration Date

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra 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 :

Employee Name: Rodrigo, Jack

Employer: Safe Environment of America

Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ☒ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Address:

307 Pochassic Road

WESTFIELD MA 01085

Employee SSN: 017-50-8163

Extent of Usage (Check ☒ ALL that apply)

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

1. This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ☒ ALL that apply)

☐ Employee must schedule a medical examination with Concentra Medical Centers (Mass) prior to respirator approval and usage.

☒ 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. ²

☐ Fit Test Required

☐ Fit Test Performed Satisfactorily

☐ Fit Test Performed Satisfactorily

☐ Fit Test NOT Performed

☐ 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.

¹ Physician or other Licensed Healthcare Professional

² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (Mass) of his/her findings to

(Check ☒ ALL that apply)

☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

Service ID: 1257139387
X-ray Number:

ncentra Medical Centers (Mass)

140 Corando Dr SPRINGFIELD, MA 01104
Phone: (413) 748-4008 Fax: (413) 748-3230

Service Date: 09/21/2007

Case Date: 09/21/2007

Non-Injury Flowsheet

nt: Rodrigo, Jack
SSN: 017-50-8163
Age: 48 DOB: 11/30/1958
Address: 307 Pochassic Road
WESTFIELD, MA 01085
Home: (413) 562-4488
Work: (413) 589-1882 Ext.:

Employer: Safe Environment of America Contact: Todd Sycocurka
Phone: (413) 589-1882 Ext.:
Employer Location: Safe Environment of America Contact: Todd Sycocurka
Address: 100 Moody Street Role:
LUDLOW, MA 01056 Phone: (413) 589-1882 Ext.:
Auth. by: Fax:

Examination Results

☒ No Status Required

☐ Recommend Further Evaluation

Medical Evaluation Results

☒ Medical Evaluation Within Normal Limits

☐ Medical Evaluation NOT Within Normal Limits

☐ Not Applicable

Medical Restrictions

☐ Medical Restrictions

☒ No Medical Restrictions

Pending Results

☐ Pending Results

☐ Pending Medical Hold

☐ Pending Medical Records

☐ Pending Process Completion

☐ No Pending

Remarks:

Medical Implications

☐ Cardiovascular

☐ Diabetes

☐ Hypertension

☐ Medications

☐ Myocardial Infarction

☐ Physical Impairment

☐ Other (Comments Required)

☐ Seizures

☐ Vision

☐ Unverified Medical Information

☐ Unresolved Medical Hold

☐ Certification less than 2 years

☐ Medication Allergy(s) (Comments Required)

Sharon Jamolowicz, PA-C

**RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT**

Name: JACK RODRIGUEZ
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: Date: 1-28-08



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.

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: JACK RODRIGUEZ

Signature: JACK RODRIGUEZ

Social Security Number: 017-50-8163

RESPIRATOR EMPLOYEE DATA SHEET

Name: Jack RodrigoDate: 1.28.08Employer: COMPASSList characteristics such as glasses, facial hair, dentures etc.,

_____Respirator Type: 1/2 FACEManufacturer: NORTHIRRITANT SMOKE TEST:REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. 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. Log in place.
- VII. Breathe normally.

✓

✓

✓

✓

✓

✓

✓

Comments: _____

_____COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

Commonwealth of Massachusetts
Division of Occupational Safety

Laura M. Marlin, Commissioner

Asbestos Worker



NATHAN ROZKUSZKA

Eff. Date 02/25/08

Exp. Date 02/24/09

AW074248

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

BO

09



BOSTON-RENEW

CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course
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**

Steven H. Sullivan
Principal Instructor

September 11, 2007
Date of Course

September 11, 2008
Expiration Date

Gregory J. Morach
Regional Manager

SAR-8189
Certificate Number

September 11, 2007
Examination Date

CERTIFICATE OF ACHIEVEMENT

This certifies that

Nathan Rozkuszka

has successfully completed the
40 Hour Asbestos Abatement Supervisor/Contractor Training
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

Steven H. Sullivan

Principal Instructor

Date of Course

Expiration Date

Gregory J. Morach

Regional Manager

46SS-3022

Certificate Number

October 20, 2006

Examination Date

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 748-4006 Fax: (413) 748-3230

Service Date: 02/19/2008

Respiratory Questionnaire And Examination Record

Patie. Rozkuszka, Nathan E Address: 12 Moody Street

SN: 022-76-9368

JOB: 06/16/1985

LUDLOW, MA 01056

Gender: M

Phone: (413) 583-6342

Race: ASIAN (Asiatico) BLACK (negro) HISPANIC (Hispano) INDIAN (Indio) WHITE (blanco) OTHER (otro)

OCCUPATIONAL HISTORY (ANTECEDENTES LABORALES)

Have you worked in:

(Ha trabajado anteriormente en:)

A foundry Yes ☒ No

(Una fundidora)

Stone or mineral mining, quarry, Yes ☒ No

or processing (Minas o excavaciones procesamiento de)

Asbestos milling or Yes ☒ No

processing (Molinos de minerales)

Gas or chemical Yes ☒ No

(Vapores o gases quimicos)

Length of exposure (years) of each "Yes"

(Periodo de tiempo por el cual estuvo usted expuesto)

MEDICAL HISTORY:

HISTORIA MEDICA)

Do You Wear:

Glasses

Yes ☒ No

Contacts

Yes ☒ No

Have you ever had:

(Ha tenido o padecido de:)

Epilepsy (Epilepsia) Yes ☒ No

Diabetes (Diabetes) Yes ☒ No

Cancer (Cancer) Yes ☒ No

Heat Exhaustion Yes ☒ No

(Exhausto debido a altas temperaturas)

Heart Disease Yes ☒ No

(Enfermedades del corazon)

CHEST COLD/CHEST ILLNESS

(ESFRIADOS/ENFERMEDADES DEL PECHO)

Have you ever had:

(Ha tenido o padecido de:)

Asthma (Asma) Yes ☒ No

Allergies (Alergias) Yes ☒ No

Chest Surgery (Cirugia en el pecho) Yes ☒ No

Tuberculosis (Tuberculosis) Yes ☒ No

Lung Problems Yes ☒ No

(Problemas en los pulmones)

If yes, name

(Si contestó afirmativamente, explique)

Do you:

Cough first thing in the morning Yes ☒ No

(Tos durante las primeras horas del día)

Cough during the day or night Yes ☒ No

(Tos durante el día o durante la noche)

Cough up phlegm (mucus) Yes ☒ No

first thing in the morning

(Tos con flemas durante las primeras horas del día)

Cough up phlegm (mucus) Yes ☒ No

during the day or night

(Tos con flemas durante el día o durante la noche)

Cough up phlegm (mucus)

like this on most days,

3+ months a year Yes ☒ No

(Tos con flemas la mayor parte del tiempo o más de)

(3 meses en el año)

SMOKING (FUMAR CIGARRILLOS)

Have you ever smoked

Yes ☒ No

(Ha fumado alguna vez)

Years

Packs/day

(Años)

(Cajetillas por día)

I hereby certify and have answered the above questions to the best of my knowledge and the the answers are complete and true.
(Por medio de la presente certifico que he contestado a estas preguntas en pleno uso de mis facultades y la información dada veraz.)

Employee signature (Firma del empleado)

RESPIRATOR:

Type ☒ Disposable

☒ Full Face / Half Mask with cartridge or canister

Other

Reason for wearing a respirator: Asbestos Abatement

Activity level Light % of use

Moderate

Heavy

EXAMINATION:

Height 5'7" Weight 222 Pulse 80

Blood Pressure 132/86 Respirations 12

Heart ☒ NL AB

Lungs ☒ NL AB

☒ NL AB

☒ NL AB

Ear Drums ☒ NL AB

Nose ☒ NL AB

Comments: No Hwning

Pulmonary Function Tests:

FVC FEV1 FEV1/FVC%

Predicted Predicted

Comments: Normal (See)

Chest X-Ray: # of views: X-Ray #:

Comments: No Prior Exposure

AS; Not Needed

Respirator Fit Test: ☒ Needed ☐ Pass ☐ Fail

RESULTS: (see attached documentation)

☒ Worker is medically qualified for respirator use

☐ Worker is not medically qualified for respirator use

☒ Worker should stop smoking

☐ Worker must shave beard

☐ Worker cannot wear contact lens with respirator,

must use glass conversion kit

Physician's signature Date 2/19/08

2/19/2009

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

Service Date: 02/19/2008

Patient: Rozkuszka, Nathan E.

SSN: 022-76-9368

DOB: 06/16/1985

Gender: M

Marital Status: S

Address: 12 Moody Street

LUDLOW, MA 01056

Home Phone: (413) 583-6342

Work Phone: (999) 999-9999 Ext.:

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/19/2008 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☐ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☐ Review of information from previous medical examinations if available. *one 2 yrs ago*
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☒ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☐ A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- ☒ NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required. *No Prior Exposure - No X-ray Needed*
- ☒ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. *Stop Smoking*

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Provider Signature

Date

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 748-4008 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
Home: (413) 583-6342
Work: (999) 999-9999 Ext.:

This Visit:

Time In: 11:06 am
Time Out: 12:48 pm
Treating Provider: Alan M. Smolinski, MD
Diagnosis (If any):

Items Performed:

Custom Protocol
Pulmonary Function Test
Asbestos Physical-PrePlacement

Patient Status:

Remarks: COMPLETED PHYSICAL AND PFT sm

Anticipated Date of MMI:

Next Visit(s):

**RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT**

Name: NATHAN RZKUSKA
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: NH RZKUSKA

Date: 6-1-08

RESPIRATOR EMPLOYEE DATA SHEET

Name: NATHAN ROZKUSKA Date: 6-1-08

Employer: Compass Restoration Service

List characteristics such as glasses, facial hair, dentures etc. N/A

Respirator Type: 1/2 FACE

Manufacturer: NORTH

IRRITANT SMOKE TEST:

REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. 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.
- VII. Breathe normally.

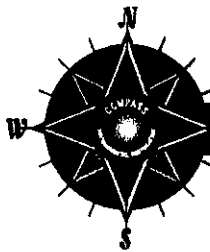
✓
✓
✓
✓
✓
✓
✓

Comments: _____

COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

✓



COMPASS

RESTORATION SERVICES L.L.C.

Restoring Homes, Buildings, & The Environment Within

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: NATHAN ROZKUSKA

Signature: Nathan Rozkuska

Social Security Number: 022-76-9368

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
(Trainer)

10/6/2007
(Date)

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

**8-Hour Asbestos Supervisor/Contractor Refresher
Training Course**

**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**

Steven H. Williams
Principal Instructor

September 11, 2007
Date of Course

September 11, 2008
Expiration Date

Gregory J. Morach
Regional Manager

SAR-8190
Certificate Number

September 11, 2007
Examination Date



TEMPORARY CERTIFICATE OF COMPLETION

This acknowledges that

ZACH NADAUD

Has successfully completed

OSHA 10 Hour

The course was developed by ClickSafety.
Official OSHA completion card to follow within 6 weeks

Serial Number: 1018447

Completed: 7/17/2006





**SAFE
ENVIRONMENT
OF AMERICA**

**SAFE ENVIRONMENT
OF
AMERICA, INC.
ENVIRONMENTAL TRAINING DIVISION**

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

ZACHARY M. NADDAUD

S.S. # 020-62-2594

HAS ATTENDED AN 40 HOUR ASBESTOS TRAINING COURSE FOR ASBESTOS SUPERVISOR/FOREMAN
ON 10/18/99-10/22/99 AND HAS PASSED A WRITTEN SEA EXAMINATION

DOB: 6/16/81

Serial Number: ASI99014

Score: 74%

Expiration Date: 10/22/00

COURSE TOPICS COVERED INCLUDED:

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

COURSE INSTRUCTORS

Christopher I. Scyocurka

CHRISTOPHER I. SCYOCURKA, PRESIDENT

[Signature]

TRAINING COORDINATOR

Concentra Medical Centers (Mass)

140 Garando Dr SPRINGFIELD, MA 01104
Phone: (413) 748-4008 Fax: (413) 748-3230

4137483230

P.004

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Nadaud, Zachary

Address:
229 Miller Street E-4

Employer: Safe Environment of America

LUDLOW MA 01056
Employee SSN: 020-82-2567

Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)

- ☐ Air-purifying (non-powered)
- ☐ Atmosphere supplying Respirator
- ☐ Combination air-line and SCBA
- ☐ Continuous-Flow Respirator
- ☐ Supplied Air Respirator
- ☐ Open Circuit SCBA
- ☐ Dust Mask
- ☐ 1/2 Face with Canisters
- ☐ Closed Circuit SCBA
- ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions
(Check ☒ ALL That Apply When Wearing Respirator)

- ☐ High Places
- ☐ Temperature Extremes
- ☐ Other: _____
- ☐ Enclosed Places
- ☐ Mostly Cold
- ☐ Protective Clothing
- ☐ Mostly Hot

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Extent of Usage (Check ☒ ALL that apply)

- ☐ On a daily basis _____ Total Hours
- ☐ Occasionally - but not more than twice a week _____ Total Hours
- ☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic
- ☐ Benzene
- ☐ Cadmium
- ☐ Cotton Seed / Dust
- ☐ Formaldehyde
- ☐ Lead
- ☐ Chromium
- ☐ Methylene Chloride
- ☐ Textiles
- ☐ Other(s): _____

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions: Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations. It aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ☒ ALL that apply)

- ☒ Employee must schedule a medical examination with Concentra Medical Centers (Mass) prior to respirator approval and usage.
- ☐ 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, 2
- ☐ Fit Test Required
- ☐ Fit Test Performed Unsuccessfully
- ☐ Fit Test Performed Satisfactorily
- ☐ Special prescription eyewear needed to accommodate respirator
- ☐ Facial hair needs to be shaved to assure tight seal on certain face masks.
- ☐ Physician or other Licensed Healthcare Professional
- ☐ Special prescription eyewear needed to accommodate respirator

Physician must post written medical evaluation by a private physician who must submit a report to Concentra Medical Centers (Mass)

Check ☒ ALL that apply)

The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134. The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134. In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

cp_stmt_resp_employer

Claim Number:

Concentra Medical Centers (Mass)

140 Carando Dr SPRINGFIELD, MA 01104
Phone: (413) 748-4006 Fax: (413) 748-3230

Service Date: 01/10/2008

Non-Injury Status Report

Patient: Nadaud, Zachary

SSN: 020-62-2597

Address: 229 Miller Street E-4
LUDLOW, MA 01056

Home: (413) 241-7503

Work: (413) 589-1882 Ext.:

Employer Location: Safe Environment of America Contact: Ted Scyocurka

Address: 100 Moody Street
LUDLOW, MA 01056

Auth. by:

Role: Primary Contact

Phone: (413) 589-1882 Ext.:

Fax: (413) 583-6833

This Visit:

Time In: 01:45 pm

Time Out: 03:37 pm

Visit Type: New

Asbestos Physical w/PFT
Pulmonary Function Test
Asbestos Physical

Result Status:

Able to perform essential functions
No medical restrictions

Remarks:

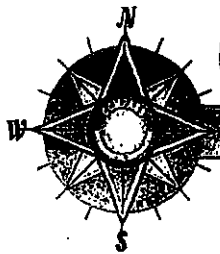
**RESPIRATOR ISSUANCE/TRAINING
AFFIDAVIT**

Name: ZAC NAJAVI
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 said respirator under conditions contrary to those outlined as appropriate in the training and fit-test session may not provide adequate respiratory protection.

Signature: [Signature]
Date: 1-23-08



COMPASS

RESTORATION SERVICES LLC

Restoring Homes, Buildings, & The Environment Within

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: ZAC NADAV

Signature: Jac. Mochar

Social Security Number: 020-62-2597

RESPIRATOR EMPLOYEE DATA SHEET

Name: ZAC NADANODate: 1-28-08Employer: COMPASSList characteristics such as glasses, facial hair, dentures etc....

_____Respirator Type: 1/2 FACEManufacturer: NORTHIRRITANT SMOKE TEST:REACTION:

- I. Breathe normally.
- II. Breathe deeply and regularly.
- III. Turn head completely from side to side. Inhale on each side. Do not bump the respirator or your shoulder.
- IV. 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.
- VII. Breathe normally.

✓

✓

✓

✓

✓

✓

✓

Comments: _____

_____COMFORT:

- A. Very comfortable
- B. Tolerable
- C. Uncomfortable
- D. Unacceptable

OSHA 001084767



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

Zach Nadaud

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

Construction Safety & Health

Pete Rice 66873
(Trainer)

7/17/2006
(Date)

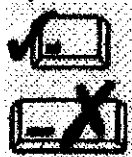


Asbestos Notification Form ANF-001

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 Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less? ☒ Yes ☐ No

b. Provide blanket decal number if applicable:

Blanket Decal Number

2. Facility Location:

HAVERHILL STADIUM

a. Name of Facility

Haverhill

c. City/Town

MA

d. State

LINCOLN AVENUE

b. Street Address

01830

e. Zip Code

f. Telephone Number

3. Worksite Location:

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

a. Name

BELCHERTOWN

c. City/Town

01007

d. Zip Code

AC000695

f. DOS License Number

SUSAN BOYLE

h. Facility Contact Person

VICTOR L RODRIGUES

a. Name of On-Site Supervisor/Foreman

SUSAN BOYLE

a. Name of Project Monitor

HUB TESTING

a. Name of Asbestos Analytical Lab

8/25/2008

a. Project Start Date (mm/dd/yyyy)

7-5

c. Work hours Mon-Fri.

16 PHEASANT RUN

b. Address

4132651569

e. Telephone Number

g. Contract Type: ☒ Written ☐ Verbal

HYGIENIST

i. Contact Person's Title

AS070692

b. Supervisor/Foreman DOS Certification Number

AM060770

b. Project Monitor DOS Certification Number

AA000013

b. Asbestos Analytical Lab DOS Certification Number

8/29/2008

b. End Date (mm/dd/yyyy)

d. Work hours Sat-Sun.

10. a. What type of project is this?

☐ Demolition

☒ Renovation

☒ Repair

☐ Other, please specify:

b. Describe

11. a. Check abatement procedures:

☐ Glove bag

☐ Encapsulation

☐ Enclosure

☐ Disposal only

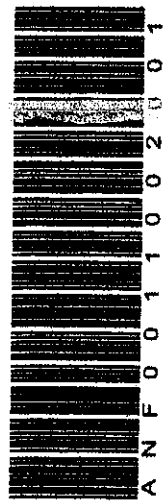
☐ Cleanup

☐ Other, specify:

☒ Full containment

b. Describe

12. Is the job being conducted: ☒ Indoors? ☐ Outdoors?





Asbestos Notification Form ANF-001

100076566

Decal Number

A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

50

a. Total pipes or ducts (linear ft)

c. Boiler, breaching, duct, tank surface coatings

e. Corrugated or layered paper pipe insulation

g. Spray-on fireproofing

i. Cloths, woven fabrics

k. Thermal, solid core pipe insulation

200

b. Total other surfaces (square ft)

200

Lin. ft. Sq. ft.

Lin. ft. Sq. ft.

Lin. ft. Sq. ft.

Lin. ft. Sq. ft.

Lin. ft. Sq. ft.

Lin. ft. Sq. ft.

d. Insulating cement

f. Trowel/Sprayer coatings

h. Transite board, wall board

j. Other, please specify:

PIPE INSUL

i. Specify

14. Describe the decontamination system(s) to be used:

3 CHAMBER CONTIGUOUS

15. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

WET REMOVAL DOUBLE WRAPPED IN 2 LAYERS OF 6 MIL POLY SEALED WITH DUCT TAPE,

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official

c. Date (mm/dd/yyyy) of Authorization

e. Name of DOS Official

g. Date (mm/dd/yyyy) of Authorization

b. Title

d. DEP Waiver #

f. DOS Official Title

h. DOS Waiver #

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

B. Facility Description

1. Current or prior use of facility:

STADIUM

2. Is the facility owner-occupied residential with 4 units or less?
- ☐
- Yes
- ☒
- No

3. CITY OF HAVERHILL

a. Facility Owner Name

HAVERHILL

c. City/Town

01830

d. Zip Code

4. MARK BIANCARDI

a. Name of Facility Owner's On-Site Manager

HAVERHILL

c. City/Town

01830

d. Zip Code

45 SUMMER STREET

b. Address

978-374-2300

e. Telephone Number (area code and extension)

45 SUMMER STREET

b. On-Site Manager Address

781-893-8330

e. Telephone Number (area code and extension)





Asbestos Notification Form ANF-001

100076566

Decal Number

B. Facility Description (cont.)

5. **COMPASS RESTORATION SERV**
a. Name of General Contractor
BELCHERTOWN **01007**
c. City/Town d. Zip Code
ATLANTIC CHARTER INS CO.
f. Contractor's Worker's Comp. Insurer
- 16 PHEASANT RUN**
b. Address
413-265-1569
e. Telephone Number (area code and extension)
WCV00808000 **12/4/2008**
g. Policy Number h. Exp. Date (mm/dd/yyyy)
200 **1**
a. Square Feet b. Number of floors
6. What is the size of this facility?

C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

a. Name of Transporter	b. Address
c. City/Town	e. Telephone Number
d. Zip Code	

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

RED TECHNOLOGIES	10 NORTHWOOD
a. Name of Transporter	b. Address
BLOOMFIELD 06002	8602182428
c. City/Town d. Zip Code	e. Telephone Number

3. **NA**
a. Refuse Transfer Station and Owner
b. Address
c. City/Town d. Zip Code
e. Telephone Number

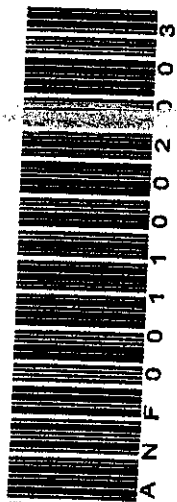
4. **MINERVA ENTERPRISES INC**
a. Final Disposal Site Location Name
9000 MINERVA ROAD
b. Final Disposal Site Location Owner's Name
c. Final Disposal Site Address
WAYNESBURG
d. City/Town
OH **44688**
e. State f. Zip Code
g. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

D. 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
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





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

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

1. Name

FIELD OP MNGR

2. Position/Title

COMPASS

4. Representing

16 PHEASANT RUN

6. Address

BELCHERTOWN

7. City/Town

Victor Rodrigues

Authorized Signature

08/27/2008

3. Date (mm/dd/yyyy)

4132651569

5. Telephone

01007

8. Zip Code



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

100076566

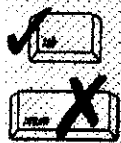
Decal Number

Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

Important:

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



INSTRUCTIONS

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.

A. Facility Location

HAVERHILL STADIUM

1. Name of Facility

LINCOLN AVENUE

2. Street Address

HAVERHILL

3. City

MA

4. State

5. Zip Code

6. Telephone Number

B. Project Cancelled

☐ Check here if this project is/was cancelled.

C. Project Dates

8/25/2008

1. Original Start Date (mm/dd/yyyy)

8/29/2008

2. Original End Date (mm/dd/yyyy)

3. Latest Revised Start Date (mm/dd/yyyy)

4. Latest Revised End Date (mm/dd/yyyy)

D. Revised Project Dates

1. Revised Start Date (mm/dd/yyyy)

9/2/2008

2. Revised End Date (mm/dd/yyyy)

E. Other Project Revisions

F. Revision History



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

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

1. Name

FIELD OP MNGR

2. Position/Title

COMPASS

4. Representing

16 PHEASANT RUN

6. Address

BELCHERTOWN

7. City/Town

Victor Rodrigues

Authorized Signature

08/27/2008

3. Date (mm/dd/yyyy)

4132651569

5. Telephone

01007

8. Zip Code

Control No: 25081



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY

19 STANFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

COMPASS RESTORATION SERVICE SERVICES, LLC
15 PHEASANT RUN
BELCHERTOWN MA 01007

AC000695

Saturday, January 10, 2009

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT, DIVISION OF OCCUPATIONAL SAFETY FOR THE PURPOSE OF ENTERING
INTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.

A handwritten signature in cursive script, reading "Laura M. Marlin".

LAURA M. MARLIN, COMMISSIONER



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: Huareston
(last 4 digits of SSN)

Sample ID#: 08-25-08-01
(DATE-SAMPLE NO.) ex. XXYZZZ-1

where XX-Month, YY-day, ZZ-year

SSN: _____

Sample Pump Serial Number: 007 8-Hr. TWA: ☒ (✓) 30 Min. EXC.: ☒ (✓)

ACM Type (1-11): 1 Activity (A-L): B
(enter only 1 type) (enter only 1 activity)

Flow Rate: Pre 1.64 Post 1.64
(between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 900 Time Off: _____ Total Time (minutes): _____ Respirator (1-3): 1

(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)	<u>Rodrigo</u>	<u>1</u>
2)	<u>Mad Rod</u>	<u>1</u>
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.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
(E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
(I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodrigo Company: Compass
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: Humston Sample ID#: 08-25-08-C2
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 2⁰⁰ Time Off: 2³⁰ Total Time (minutes): 30 Respirator (1-3): 1

(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)	<u>Rodriguez</u>	<u>1</u>
2)	<u>Undated</u>	<u>1</u>
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.

Activities: (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
(L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodriguez Company: Compass
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: _____
(last 4 digits of SSN)

Sample ID#: 08-25-08 -03
(DATE-SAMPLE NO.) ex. XXYYZZ-1

where XX-Month, YY-day, ZZ-year

SSN: _____

Sample Pump Serial Number: _____ 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): _____ Activity (A-L): _____ Flow Rate: Pre _____ Post _____
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: _____ Time Off: _____ Total Time (minutes): _____ 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) _____
- 2) _____
- 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.

Activities: (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
(L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: _____ Company: _____
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 08-27-08-02
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: ✓ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 11:20 Time Off: 11:50 Total Time (minutes): 30 Respirator (1-3): 1

(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) <u>5927</u>	<u>O'Neill</u>	<u>1</u>
2) <u>3873</u>	<u>Osbourne</u>	<u>1</u>
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 _____

Activities: (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
(L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: Jack Rodrigo Company: Compass
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 08-27-08 - 01
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: 007 8-Hr. TWA: ✓ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 7⁰⁰ Time Off: 15⁰⁰ Total Time (minutes): 420 Respirator (1-3): 1

(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) <u>5927</u>	<u>O'Neill</u>	<u>1</u>
2) <u>3873</u>	<u>Osbourne</u>	<u>1</u>
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.

Activities: (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
(L) = Other _____

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C" _____

Samples Collected By: Jack Rodriguez Company: Compass
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodriguez Sample ID#: 08-26-08 - 02
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ - 8163 where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: 007 8-Hr. TWA: _____ (✓) 30 Min. EXC.: _____ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 11:00 Time Off: 11:30 Total Time (minutes): 30 Respirator (1-3): 1

(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 ^{D.R.} Respirator (1-3)

1) 5927

(O'Neill) O'Neill 1

2) 3873

Osbourne 1

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.

Activities: (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
(L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodriguez Company: Compass
(Competent Person/Supervisor Name)



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

EMPLOYEE EXPOSURE DATA SHEET

Batch Number: _____ (For lab use only)

Job#: 08-123 Task No.: _____ Job Name: Haverhill Stadium
(Compass #) (if applicable) (location/site)

Employee ID#: 8163 Rodrigo Sample ID#: 08-26-08 -01
(last 4 digits of SSN) (DATE-SAMPLE NO.) ex. XXYYZZ-1

SSN: _____ where XX-Month, YY-day, ZZ-year

Sample Pump Serial Number: 007 8-Hr. TWA: ☒ (✓) 30 Min. EXC.: ☒ (✓)

ACM Type (1-11): 1 Activity (A-L): B Flow Rate: Pre 1.64 Post 1.64
(enter only 1 type) (enter only 1 activity) (between 0.50 to 2.50 LPM, - 2 decimal points)

Time On: 9:00 Time Off: 1:50 Total Time (minutes): 360 Respirator (1-3): 1

(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) <u>3873</u>	<u>O'Sbourne</u>	<u>1</u>
2) <u>5927</u>	<u>O'Neill</u>	<u>1</u>
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.

Activities: (A) = Prep/Pre-clean (B) = Gross Removal (C) = Final Clean (D) = Glovebag Prep
(E) = Glovebag Removal (F) = Patch/Repair (G) = Demolition (H) = O&M/cleaning
(I) = Wrapping (J) = Clean-up (K) = Enclosure (L) = Other

Respirators: (1) = Half-Face Neg. Press. HEPA (2) = PAPR (3) = Type "C"

Samples Collected By: Jack Rodrigo Company: Compass
(Competent Person/Supervisor Name)

Men

Compass Restoration Services, LLC

Daily Log

Harvard II Stadium

Date: 08-25-08

Job Name: ~~Harvard II Stadium~~

Job Number: ~~08-000000~~ 08-40

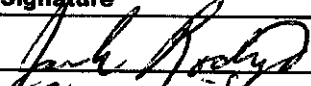
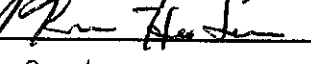
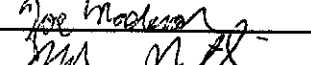
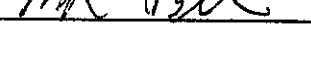
Site Supervisor: Jack Rodrigo

License Number: _____

Safety Topic: Electric & Ladder Safety

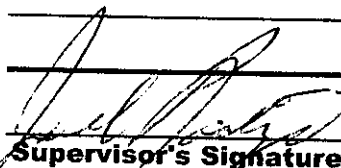
Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out
JACK Rodrigo		AS61983	9 ⁰⁰	3 ³⁰
Ken Hunter		AW074222	9 ⁰⁰	3 ³⁰
Zac Kadar		AS073240	9 ⁰⁰	3 ³⁰
Mark Biceard		AM000118	4:30	

Describe days activities and events:

500^A A Load Equipment AT Shop - Unload + Prep
 Work Area - Poly Walls + Run Negative Air
 Power problems - Meter Fell off No locked
 ON Power Company Called by School - Continue
 pre-clean - Load out Methyl was washed & Ingest-
 ed - Load out waste - Containers + checked
 everything OK - Continue Abatement - Manometer
 Reading .04 Load out - Waste To Trailer -
 Tag + labeled - Off site 3³⁰


 Supervisor's Signature

Tues

Daily Log

Date: 08-26-08

Job Name: Haverhill Stadium

Job Number: 08-123

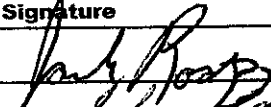
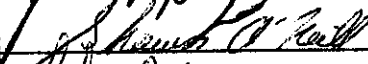

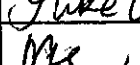
Site Supervisor: Jack Rodrig

License Number:

Safety Topic: Electric Safety

Lunch:

Employee Roster

Name	Signature	License #	Time In	Time Out
Jack Rodrig		AS61983	8:00	3:30pm
Shawn O'Neill		AW003224	8:00	
Luke Osborne		AW07364	8:00	
Mark Bal		AW00118	4:00	

Describe days activities and events:

Check Containment - OK - Set up Manometer
 Luke + Shawn suit up to Scrape boiler - Asbestos Caked
 on to boiler - Suit up + a help inside - Bag up +
 Drum All waste - Lunch - Try to split boiler sections
 rusted into place - Broke 3 pry bars - Wash
 sections - Load out All waste - Visual Containment
 OK - Manometer reading .06 Very good pressure.
 Call Shop to Notify Victor - Seal + pick up
 Area - All secured - off site

Supervisor's Signature

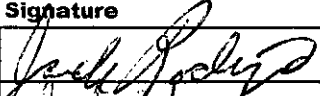
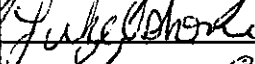
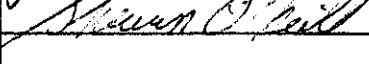
Daily LogDate: 08-27-08Job Name: Haverhill StadiumJob Number: 08-123Site Supervisor: Jack Rodero

License Number: _____

Safety Topic: Electric Safety

Lunch: _____

Employee Roster

Name	Signature	License #	Time In	Time Out	
Jack Rodero		AS66983	7:00 AM	3:00	6
Luke Osborne		AW073641	—	3:00	6
Shawn O'Neill		AW003224	—	3:00	6

Describe days activities and events:

Unload Equipment - Set Up Manometer - Begin to break boiler apart - Send out sections cleaner visual before they come out - All boiler sections out - Visual Containment - Start Final close of Containment - Get visual of Area Visual OK - Lock Down Area - Sprayer Not Working - Take Apart Totally Clean - Lock Down Area will run pumps in AM T.E.M. testing will call with results.


Supervisor's Signature

Daily LogHaverhill Stadium**Date:**9-2-08**Job Name:****Job Number:**08-123**Site Supervisor:**JL**License Number:****Safety Topic:****Lunch:****Employee Roster**

Name	Signature	License #	Time In	Time Out

Describe days activities and events:TEARDOWN + DEMOB
Supervisor's Signature

Forbes & Wheeler Laboratories

P.O. Box 1337, Holyoke, MA 01041 (413) 221-8233 - www.forbeswheeler.com

EMPLOYEE EXPOSURE SAMPLE ANALYTICAL LABORATORY REPORT

Contractor: Compass Restoration Services P.O. Box 384 Ludlow, MA 01056		Contractor Job #: 08-123 Job Name: HAVERHILL STADIUM Date Analyzed: 8/26/2008	
Quality Assurance/Quality Control Data Method: NIOSH 7400, Issue #2, 15 August 1991 LOQ: 78.5 fibers/100 fields (100 f/mm2) OL = Overloaded Sample		Interlaboratory Coefficient of Variation (Sr): 0.338 (2008-Round A) Intralaboratory Coefficient of Variation (Sr): 0.44 (2008 Round A) AIHA Lab ID: 152692 ERR = Concentration cannot be calculated because sample is either a Field Blank or sample time, volume, and/or flow rate was not reported on data sheet.	
Analysts: S. W. Nlec, AAR ID# 4830		Lab Director: R. Gorham, AAR ID# 8112	

A minus sign ("-") before the result indicates the fiber count is less than the limit of quantification for NIOSH 7400. These samples have greater than optimal variability and are probably biased.
* 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 number appearing are based upon a "0" recount entry as no recount was conducted on that sample (these results are to be ignored).

Batch-Smpl No.	Sample I.D. No.	Employee I.D. No.	Actual Repr.	TWA	STEL	Fiber Count	Conc. (f/mm2)	Recount (f/mm2)	Analyst CV	Recount Result *	Conc. (f/cc)	8-hr TWA (f/cc)
1879 01	082608-01	8163	X	X		-15	-19.11	0.00		4.371	-0.012	-0.009
1879 01	082608-01	3873		X		-15	-19.11	0.00		4.371	-0.012	-0.009
1879 01	082608-01	5927		X		-15	-19.11	0.00		4.371	-0.012	-0.009
1879 02	082608-02	8163	X		X	-6	-7.64	0.00		2.765	-0.060	-0.004
1879 02	082608-02	5927		X	X	-6	-7.64	0.00		2.765	-0.060	-0.004
1879 02	082608-02	3873		X	X	-6	-7.64	0.00		2.765	-0.060	-0.004
1879 03	082708-01	8163	X		X	-18.5	-23.57	28.03	0.2925	(1.616)	-0.013	-0.012
1879 03	082708-01	5927		X		-18.5	-23.57	28.03	0.2925	(1.616)	-0.013	-0.012
1879 03	082708-01	3873		X		-18.5	-23.57	28.03	0.2925	(1.616)	-0.013	-0.012
1879 04	082708-02	8163	X		X	-9	-11.46	0.00		3.386	-0.090	-0.006
1879 04	082708-02	5927		X	X	-9	-11.46	0.00		3.386	-0.090	-0.006
1879 04	082708-02	3873		X	X	-9	-11.46	0.00		3.386	-0.090	-0.006
1879 05	082508-01	HUM	X		X	-17	-21.66	0.00		4.654	-0.017	-0.011
1879 05	082508-01	8163		X	X	-17	-21.66	0.00		4.654	-0.017	-0.011
1879 05	082508-01	NAD		X	X	-17	-21.66	0.00		4.654	-0.017	-0.011
1879 06	082508-02	HUM	X		X	-7	-8.92	0.00		2.986	-0.070	-0.004
1879 06	082508-02	8163		X	X	-7	-8.92	0.00		2.986	-0.070	-0.004
1879 06	082508-02	NAD		X	X	-7	-8.92	0.00		2.986	-0.070	-0.004
1879 07	082508-03	BLANK	X			1	1.27	0.00		1.129	ERR	ERR
1879 08	082508-04	BLANK	X			0.5	0.64	0.00		0.798	ERR	ERR

Total Samples:

ATTACHMENT G
WASTE SHIPMENT RECORD

1. Name of the generator: *City of San Francisco* 2. Name of the transporter: *Waste Management* 3. Name of the receiver: *Waste Management* 4. Date of shipment: *10/1/2010*



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 | <u>Page 1</u> |
| 2. | Location and type of ACBM | <u>Page 1</u> |
| 3. | Amount of ACBM present (linear and/or square footage) | <u>Page 1</u> |
| 4. | Type of abatement activity: | |
| | Removal | <u>XX</u> |
| | Encapsulation | <u> </u> |
| | Enclosure | <u> </u> |
| | Repair | <u> </u> |
| 5. | Reason for activity | <u>Page 1</u> |
| 6. | Start/stop dates | <u>Aug. 25, 2008</u> |
| 7. | Personnel documentation (<u>all</u> involved personnel): | |
| | Workers, Supervisors | |
| | -Certificates/licenses | <u>Attachment F</u> |
| | -Health/Medical examination | <u>Attachment F</u> |
| | -Training documentation | <u>Attachment F</u> |
| | Project Monitors, Project Designers | |
| | -Certificates/licenses | <u>Attachment E</u> |
| | -Training documentation | <u>Attachment E</u> |
| 8. | Contractor documentation/MA license | <u>Attachment F</u> |
| 9. | Laboratory documentation: | |
| | -MA license | <u>Attachment E</u> |
| | -Certificate PCM/PLM/TEM | <u>Attachment E</u> |
| 10. | Contractor's Job documentation: | |
| | -Copies of Notifications to DLWD, DEP, EPA and applicable police, fire or safety authority | <u>Attachment F</u> |
| | -Daily sign-in sheets (verify workers, supervisors, project monitors, and visitors) | <u>Attachment F</u> |
| | -Contractor's submittal package, with abatement plan and standard operating procedure, respirator program, insurance, fire and emergency evacuation plan | <u>Attachment F</u> |
| | -Chain of Custody documents for waste | <u>Attachment G</u> |
| | -Disposal Manifest (Waste Shipment Record) | <u>Attachment G</u> |
| | -Name and location of disposal site | <u>Attachment G</u> |
| | -Name and Certification of disposal carrier | <u>Attachment G</u> |

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