

REMOVAL OF ASBESTOS  
MATERIALS & WET  
WRAPPING AT THE  
HUNKING, TILTON &  
WHITIER SCHOOLS,

HAVERTHILL,  
MASSACHUSETTS

PROJECT NO. :  
CH 0723-11

HUB TESTING LABORATORY, INC.

Environmental Testing Service

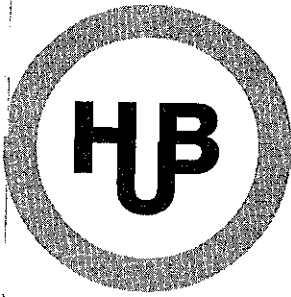
95 Beaver Street - Waltham, MA 02463  
(781) 898-8360 (781) 898-4414 (fax)



11. Consultants' Job Documentation:

- Daily checklists for work environment and/or conditions, with Commentary of unusual or noteworthy activities)..... Att. B
- Air monitoring data sheets showing location, date, type, and number samples collected and analyzed, indicate square footage and conformance to Appendix A, CMR 763.90(i) (2) (ii).. Att. A
- Name and title of person performing analysis..... Att. D
- Name and title of person performing final visual inspection and their certification..... Att. E

12. Checklist completed by: Jay Jits Date: 4/16/01



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

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

Prepared For: Haverhill School District  
4 Summer St.  
Haverhill, MA

Attention: Mr. Ed Dufresne  
LEA Designated Person

Project: Asbestos Abatement of the  
Boiler Jacket TSI at the

Whittier Middle School  
256 Concord St.  
Haverhill, MA

Submitted By:

  
Frederick T. Boyle  
President

Date: May 16, 2001

## CONTENTS

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

### ATTACHMENT A AIR MONITORING DATA

### ATTACHMENT B DAILY MONITORING CHECKLIST

### ATTACHMENT C PRE - ABATEMENT INSPECTION

### ATTACHMENT D LABORATORY DOCUMENTATION

### ATTACHMENT E FINAL CLEARANCE DOCUMENTATION

### ATTACHMENT F CONTRACTOR DOCUMENTATION

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

### ATTACHMENT G WASTE SHIPMENT RECORDS

## 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 boiler jacket TSI at the Whittier Middle School, 256 Concord Street, Haverhill, Massachusetts. Removal of boiler jacket TSI was conducted in full containment with a three chamber decontamination unit. Environmental Compliance Specialists Incorporated (ECSI), 111 Route 125, Kingston, NH 03848 performed the removal. The project consisted of the removal of approximately 400 sq. ft. of boiler jacket TSI from the boiler #2 in boiler room area, leaving the asbestos on the front face of the boiler only. Hub Testing Laboratory, Inc., established the air sampling program, a field laboratory was set up on the premises in order to analyze the air samples and to provide a prompt turn around time of the analyses.

## 2. SUMMARY REPORT

ECSI arrived on site March 15, 2001 and began set up of containment in the boiler room around boiler #2. After the pre-removal inspection by Hub, the removal of thermal system insulation from Boiler #2 began on March 16, 2001. Throughout the project air and work practices were monitored. Samples were collected inside and outside of the work area. Results were within specification. When removal was complete ECSI informed the on-site Project Industrial Hygienist that they were ready for a final visual inspection. At the successful completion of the visual inspection they were informed that they could "lock-down" the area. Aggressive clearance samples were collected the next day by Hub. The boiler containment was

subsequently released after TEM clearance air sample results were determined to be below the AHERA standard. ECSI was informed that they could dismantle the boiler containment.

### 3. SAMPLING PROCEDURES

All air asbestos baseline and during monitoring sampling and testing was performed under the guidelines specified in USPH/NIOSH Membrane Filter Method for Evaluating Airborne Asbestos Fibers. This procedure is used for area monitoring. The general procedure calls for drawing a known volume of air through a membrane filter using a calibrated sampling pump. After the duration, flow rates were re-checked to make sure that the loading of the filter had not restricted sample flow. The filter holders were capped, wiped, sealed with tape and labeled. Final clearance samples were collected using 40 CFR Part 763 Attachment A, TEM.

### 4. LABORATORY ANALYSIS

The daily air samples were examined using Phase Contrast Microscopy (PCM) per the National Institute of Occupational Safety and Health (NIOSH) method 7400, Asbestos and Other Fibers by PCM. This technique enhances the contrast of the optical system allowing detection and measurement of small particles. Polarized Light Methods, used for analysis of asbestiform, however are not simultaneously compatible with PCM methods, and hence, only morphological properties can be used to identify particles with phase contrast illumination. Accordingly, analysis done by this method can eliminate some materials from being "suspect" but will not

permit others, usually smaller, particles from being removed from this "suspect" category. As mentioned above, all air samples were examined using the prescribed NIOSH techniques. More specifically it consists of dissolving the filter using acetone vapor to render it absolutely transparent, and then counting the fibers in a carefully dictated fashion using PCM. This procedure defines asbestos as any particle greater than 0.005 mm (5 microns) in length and having an aspect ratio (length to width) of three to one or greater. This procedure includes all fibers regardless of their nature. Accordingly, in the reports included, the results are given as total count of fibers per cubic centimeter (f/cc) of air per NIOSH 7400 Method.

## 5. STEPS TAKEN TO PROTECT SCHOOL OCCUPANTS

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

### 5.1 BARRIER CONSTRUCTION

Construction of critical barriers over doors, separating the removal area from other inhabited areas. A barrier was constructed by placing one layer of six mil. thickness polyethylene plastic sheeting over doors, windows, lights and other non-moveable porous items in the work area. Additionally all walls and flooring (as necessary) within the containment were covered with two layers of six mil thickness polyethylene plastic sheeting. The containment was erected as a plastic room surrounding Boiler #2.

## 5.2 CONTINUOUS AIR MONITORING

Air monitoring was performed on the outside of the barriers on a regular basis to detect fiber penetration in the event of a containment failure.

## 5.3 WORKING IN WET CONDITIONS

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

## 5.4 FINAL INSPECTION

Visual inspections for residue were performed after final clean up of all abated surfaces. If residue was encountered the contractor re-cleaned until the hygienist was satisfied that the area was clean and complied with regulatory agencies. This was followed by aggressive TEM clearance air monitoring. The final clearance standard is  $<70$  s/mm<sup>2</sup> of air for TEM clearance air samples. In any instance where final clearance samples did not meet the applicable criteria, the contractor was notified, the work area was re-cleaned and a new set of clearance samples were collected. This procedure was repeated as necessary until results were found to be satisfactory.

## 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 a plastic sheet barrier, 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 under negative air pressure to prevent fibers from penetrating barriers to the outside.

Removal of asbestos and contaminated items in 6-mil labeled disposable bags (double bagged), properly tagged with the location of the waste generator, placed in a waste trailer and removed from the site to an approved landfill.

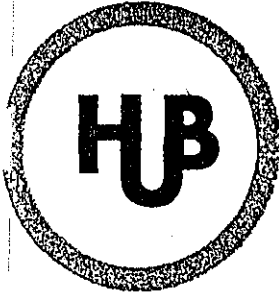
## 7. FINAL LEVEL OF ASBESTOS AFTER CLEANING

An inspection was made upon completion of final cleaning. Wherever visible suspect debris was found, it was removed. At the time of final inspection, no accumulation of visible, friable debris was found in the work area. Continuous 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**



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Hub ID 1334A

DAILY AIR MONITORING DATA SHEET

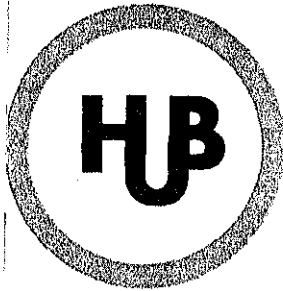
Report For: Whittier Middle School
Haverhill School District
Contractor: ECSI
Date: 3/15/01 Rota I.D. R-5 Date Calibrated 2-9-01
Project: Whittier Middle School - Boiler Room (Boiler #2)
Hub I. D. (if Known) 13342
Type of Sampling: Background (PCM)

Table with 4 columns: PUMP NUMBER, PRE-CALIB., POST-CALIB., AVERAGE FLOW. Values include 12, 22, 24.

BLDG. Main FLOOR Boiler Room WING -

Main data table with columns: SAMPLE I.D., SAMPLE LOCATION, PUMP #, START, STOP, TOTAL MIN., VOL. (L), FIBER COUNT, F/cc. Includes samples 0315-B1, 0315-B2, 0315-B3.

Technician's Signature [Signature] Date 3/15/01
Analyst Signature [Signature] Date 3-16-1



# HUB TESTING LABORATORY, INC.

## Environmental Testing Service

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

Hub ID  
13342

### DAILY AIR MONITORING DATA SHEET

Report For: Haverhill School District

Contractor: ECSI

Date: 3/16/01 Rota I.D. R-5 Date Calibrated 2-9-01

Project: Whittier Middle School - Boiler Room (Boiler #2)

Hub I. D. (If Known): 13342

Type of Sampling: Abatement (PCM)

PUMP NUMBER	22	12	24							
PRE-CALIB.	10	10	10							
POST-CALIB.	10	10	10							
AVERAGE FLOW	10	10	10							

BLDG. Main FLOOR Boiler Room WING -

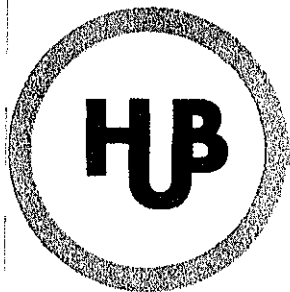
SAMPLE I.D.	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBER COUNT	F/cc
0316-A1	☉ Office Door - 1st Floor Corridor	22	5:15	7:30	135	1350	20	.007
0316-A2	☉ Sanitor Office Door - Hallway	12	5:20	7:30	130	1300	7	.002
0316-A3	☉ In Boiler Room Area - @ Bottom Stairs	24	5:25	7:35	130	1300	16	.006
	Field Blank 1							
	Field Blank 2							

Technician's Signature *[Signature]* Date 3-16-01

Analyst Signature *[Signature]* Date 3-16-01

# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

*Hub PD 13342*

## DAILY AIR MONITORING DATA SHEET

Report For: Haverhill School District

Contractor: ECSE

Date: 3-16-01 Rota I. D. R-5 Date Calibrated 2-9-01

Project: Whittier School - Boiler Room (Boiler #2)

Hub I. D. (If Known) 13342

Type of Sampling: Abatement PCM

PUMP NUMBER	22	12	24	21						
PRE-CALIB.	10	10	10	40						
POST-CALIB.	10	10	10	8						
AVERAGE FLOW	10	10	10	8						

BLDG. Main FLOOR Boiler Room WING —

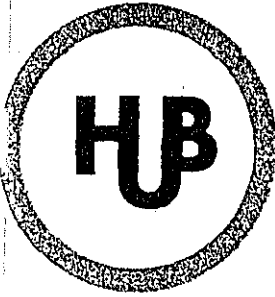
SAMPLE I. D.	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBER COUNT	F/cc
0316-A4	@ Office Door - 1st Floor Hall	22	7:40	10:40	180	1800	14	.004
0316-A5	@ Janitor Office Door	12	7:37	10:37	180	1800	18	.005
0316-A6	In Boiler Room - Base of Stairs	24	7:35	10:35	180	1800	8	.002
0316-A7	Inside Containment - By Neg Airs	21	7:45	10:45	180	1440	TDTG	
	Field Blank 1							
	Field Blank 2							

Technician's Signature *[Signature]* Date 3-16-01

Analyst Signature *Amanda Boffa* Date \_\_\_\_\_

# 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: Haverhill School Dept

Contractor: ECSI

Date: 3-17-1 Rota I. D. R-5 Date Calibrated 2-9-1

Project: Whittier Boiler #2

Hub I. D. (If Known) 13342

Type of Sampling: Final TEM, aggressive

PUMP NUMBER	21L	21R	1V-10L	1V-10R	XR	XL	24R	24L	12R	12L
PRE-CALIB.	7.4	7.4	6.5	6.5	7.4	7.4	7.4	7.4	6.9	6.9
POST-CALIB.	7.4	7.4	6.5	6.5	6.9	6.9	7.4	7.4	6.9	6.9
AVERAGE FLOW	7.4	7.4	6.5	6.5	7.15	7.15	7.4	7.4	6.9	6.9

BLDG. \_\_\_\_\_ FLOOR \_\_\_\_\_ WING \_\_\_\_\_

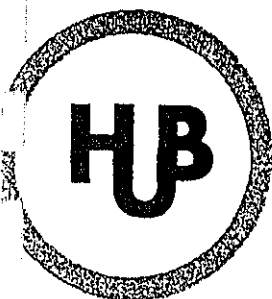
SAMPLE I. D	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBER COUNT	F/cc
I-1	Inside - front of boiler	21L	10:40	1:30	170	1258	.	
I-2	Inside - left of boiler	1V-10L	10:55	2:05	190	1235		
I-3	Inside - rear left of boiler	1V-10R	10:55	2:05	190	1235		
I-4	Inside - rear right of boiler	XR	10:58	1:53	175	1251.2		
I-5	Inside - right of boiler	XL	10:58	1:53	175	1251.2		
O-1	Outside - front of boiler	21R	10:40	1:30	170	1258		
O-2	Outside - R of decon	24R	11:10	2:23	193	1428.2		
O-3	Outside - R of decon	24L	11:10	2:23	193	1428.2		
O-4	Outside - front of decon	12R	11:20	2:25	185	1276.5		
O-5	Outside - front of decon	12L	11:20	2:25	185	1276.5		
B-I	Blank - inside							
B-O	Blank - outside							
B-L	Blank - lab							
	Field Blank 1							
	Field Blank 2							

Technician's Signature Andrew Boyle Date 3-17-1

Analyst Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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: Haverhill School District  
Whittier Middle School

Contractor: ECST

Date: 3/19/01 Rota I.D. Hub R-1 Date Calibrated 2/9/01

Project: Whittier Middle School – Boiler #2

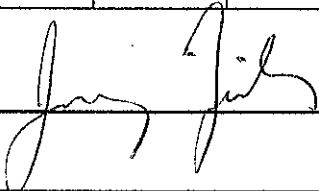
Hub I.D. (If Known) 1334Z

Type of Sampling: Ambient

PUMP NUMBER	12	24								
PRE-CALIB.	10 <sup>1</sup> /min	10 <sup>2</sup> /min								
POST-CALIB.	10	10								
AVERAGE FLOW	10	10								

BLDG. Main FLOOR Basement WING       

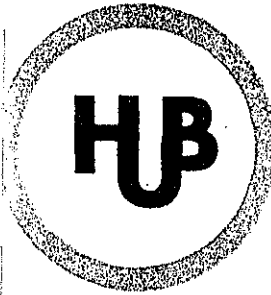
SAMPLE I.D.	SAMPLE LOCATION	PUMP #	START	STOP	TOTAL MIN.	VOL. (L)	FIBER COUNT	F/cc
0319-1B	@ Janitor's Office Door	12	4:30 <sup>pm</sup>	6:30 <sup>pm</sup>	120	1200	17	
1319-2B	In Boiler Rm. - @ Base of Stairs	24	4:37	6:37	120	1200	8	
	Field Blank 1							
	Field Blank 2							

Technician's Signature  Date 3/19/01

Analyst Signature \_\_\_\_\_ Date \_\_\_\_\_

# **ATTACHMENT B**





# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

### DAILY INSPECTION

REPORT FOR: Haverhill School District

PROJECT: Whittier Middle School  
- Boiler Room Area

CONTRACTOR: ECSI

DATE: 3/15/01

#### Checklist

	ADEQUATE	DEFICIENT
1. CONTRACTOR'S CREW SIZE	<input checked="" type="checkbox"/> (3)	<input type="checkbox"/>
2. WARNING SIGNS POSTED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. CONTAINMENT BARRIERS:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>
4. DECONTAMINATION FACILITIES:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>
5. HOUSEKEEPING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. ENTRY/EXIT PROCEDURES:	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>
7. HEPA OPERATING PROPERLY:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DIFFERENTIAL PRESSURE: 1ST _____ 2ND <input checked="" type="checkbox"/> N/A		<input type="checkbox"/>
9. CONTRACTOR'S AIR SAMPLING:	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
10. OBSERVED WORK PRACTICES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

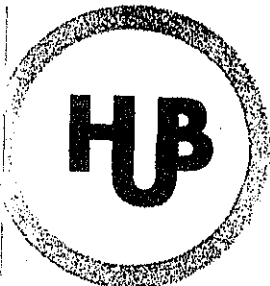
11. SIGNS OF HEAT STRESS      PRESENT      NOT PRESENT  
     

12. OBSERVATIONS/PROBLEMS:  
\* Containment not completely finished  
\* Spoke w/ Tom Tilton of ECSI concerning this situation

13. HUB TESTING'S AIR MONITORING TEST RESULTS: SEE AIR MONITORING DAILY SAMPLES FORM

14. WASTE LOADED OUT  NO  YES # OF BAGS \_\_\_\_\_

Technician: Jeremy Zimber Log In: 4:00 pm Log Out: 12:00 pm  
Aurora B. Sp *Serving our Clients since 1941 •*



# HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

## DAILY INSPECTION

REPORT FOR: Haverhill School District  
PROJECT: Whittier Middle School  
Boiler Room  
CONTRACTOR: ECSE  
DATE: 3-16-01

### Checklist

	ADEQUATE	DEFICIENT
1. CONTRACTOR'S CREW SIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. WARNING SIGNS POSTED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. CONTAINMENT BARRIERS:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. DECONTAMINATION FACILITIES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HOUSEKEEPING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. ENTRY/EXIT PROCEDURES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HEPA OPERATING PROPERLY:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DIFFERENTIAL PRESSURE: 1ST <u>0.03</u> 2ND <u>0.05</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. CONTRACTOR'S AIR SAMPLING:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. OBSERVED WORK PRACTICES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. SIGNS OF HEAT STRESS      PRESENT      NOT PRESENT  
     

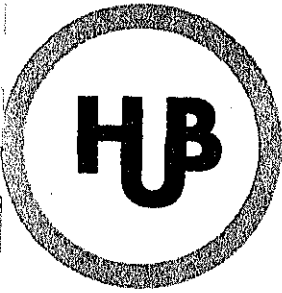
12. OBSERVATIONS/PROBLEMS:  
\* Will speak to Supervisor Tom Tilton concerning this issue.

13. HUB TESTING'S AIR MONITORING TEST RESULTS: SEE AIR MONITORING DAILY SAMPLES FORM

14. WASTE LOADED OUT NO  YES # OF BAGS           

Technician: Jeremy Zimber Log In: 5:00pm Log Out: 2:45 AM  
Anwar B. S.  
Serving our Clients since 1941

# ATTACHMENT C



# HUB TESTING LABORATORY, INC.

## Environmental Testing Service

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

### PRE-ABATEMENT INSPECTION FORM

WORK AREA I.D.: Containment around boiler WORK AREA DESCRIPTION: 2 layer plastic containment surround boiler in question. Pipes above + boiler base are outside containment.

DEMOLITION REQUIRED (describe) (\*):  
NONE

MATERIAL TO BE ABATED (describe, give quantities):  
boiler jacket. from front flange to back including back plate  
400 #

ESTIMATED DAYS REQUIRED FOR ABATEMENT: 2

#### CRITICAL BARRIERS IN PLACE:

Windows NA Doors NA HVAC Vents NA Electrical Switches NA  
Electrical Outlets NA Other plastic containment built around boiler. Ceiling put up to eliminate pipes from containment.

ALL MOVABLE EQUIPMENT OUT OF AREA YES X NO  
ALL NON MOVABLE EQUIPMENT WRAPPED (\*) X

#### DECONTAMINATION FACILITIES (\*):

FULL THREE CHAMBER PDF WITH HOT/COLD WATER X  
TWO CHAMBER EDF WITH WATER IN WASH CHAMBER 1 X  
IF OTHER DESCRIBE no space for EDF

TYPE OF RESPIRATORY PROTECTION TO BE USED: 1/2 face neg pressure

NUMBER OF NEGATIVE AIR MACHINES OPERATING (\*): 2

PRESSURE READING: .02 - .05

CONTAINMENT SMOKE TESTED: No

PIH'S SIGNATURE: [Signature] DATE 3-16-01

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

(\*) - Indicate on sketch

# **ATTACHMENT D**

Control No: 10501



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor and Workforce Development  
**Division of Occupational Safety**  
399 Washington Street, 5th Floor, Boston, Massachusetts 02108

**CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES**

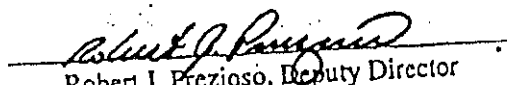
SCILAB BOSTON, INC.  
8 SCHOOL STREET  
EAST WEYMOUTH MA 02189

LICENSE AA000162

EXPIRES February 28 2001

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

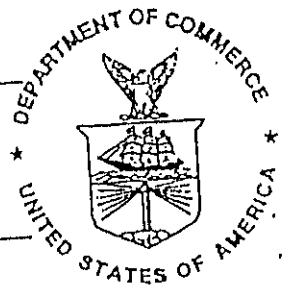
TEB - TRAN ELEC MICRO - BLK  
PLM - POLAR LGT MICRO - BLK  
TEM - TRAN ELEC MICRO - AIR  
PCM - PHS CONT MICRO - AIR

  
Robert J. Prezioso, Deputy Director

United States Department of Commerce  
National Institute of Standards and Technology

# NVLAP<sup>®</sup>

Certificate of Accreditation



IDE 25:1990  
1987

SCILAB BOSTON, INC.  
EAST WEYMOUTH, MA

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

**BULK ASBESTOS FIBER ANALYSIS**

June 30, 2000

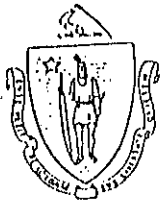
Effective through

A handwritten signature in black ink, appearing to read "James L. Galt".

For the National Institute of Standards and Technology

NVLAP Lab Code: 102079-0

Control No: 10515



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor and Workforce Development  
**Division of Occupational Safety**  
399 Washington Street, 5th Floor, Boston, Massachusetts 02108

**CERTIFICATION FOR ASBESTOS ANALYTICAL SERVICES**

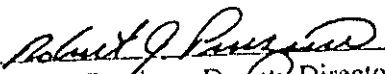
HUB TESTING LABORATORY, INC.  
95 BEAVER STREET  
WALTHAM MA 02154-

LICENSE AA000013

EXPIRES May 29 2001

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

CLASS A CERTIFICATE  
CLASS C CERTIFICATE

  
Robert J. Prezioso, Deputy Director



# **ATTACHMENT E**

# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

## FINAL CLEARANCE FORM

WORK AREA I.D. Containment surrounding boiler #2 Whittier School

CONTRACTOR EC SI

VISIBLE DEBRIS NOTED ON:	YES	NO
1. FLOORS		X
2. WALLS		X
3. CEILINGS		X
4. PIPES		X
5. ELBOW FITTINGS		X
6. DUCTS	NA	
7. HORIZONTAL SURFACES		X
8. EQUIPMENT		X

LOCKDOWN ENCAPSULANT APPLIED yes

SAMPLES COLLECTED USING AGGRESSIVE METHODS yes

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT >1200 liters

DATE SAMPLING PUMPS CALIBRATED 3-17-1 w/ Rotometer R-5  
calibrated 2-9-1

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

FINAL AIR SAMPLES - PASS

FINAL AIR SAMPLES - FAIL \_\_\_\_\_

CONTRACTOR NOTIFIED \_\_\_\_\_

MONITOR'S SIGNATURE *Anwar B...* DATE 3/17/11

*Jim J...*

3/17/01



FULL SERVICE ENVIRONMENTAL LABORATORIES

**SCILAB BOSTON, INC.**

8 SCHOOL STREET  
WEYMOUTH, MA 02189  
TEL: (781) 337-9334 • FAX: (781) 337-7642

March 17, 2001

HUB TESTING  
Attn: Ms. Boyle  
95 Beaver Street  
Waltham, MA 02453

RE: HUB TESTING  
Job Number 501031328  
P.O. # Whittier  
Whittier

Dear Ms. Boyle:

Enclosed are the results for TEM asbestos analysis of the following HUB TESTING samples received at Scientific Laboratories on Saturday, March 17, 2001, for a 24 hour turnaround:

I-1, I-2, I-3, I-4, I-5, O-1, O-2, O-3, O-4, O-5, B-I, B-O, B-L


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

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

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

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

Sincerely,

  
Todd Nardozi  
NVLAP Approved Signatory

Whittier  
Haverhill  
13342

SciLab Job #: 501031328

Client Name: HUB TESTING

**Table I**  
**Summary of Transmission Electron Microscopy (TEM) Results for Asbestos (air)**  
 Whittier

SciLab Sample #	Client Sample #	Air Filtered (liters)	Area Analyzed (sq. mm.)	* Analytical Sensitivity (struc/cc air)	Asbestos Structures Detected (Microns)		Structure Density (struc/sq. mm.)		Structure Concentration (struc/cc air)		Type of Asbestos	
					0.5-5.0	>5.0	Total	>5.0	Total	>5.0		Total
01 inside	I-1	1258	.070	0.0044	2.0	0.0	2.0	<14.2	28.5	<0.0044	0.0087	chrysotile
02 inside	I-2	1235	.070	0.0044	2.0	0.0	2.0	<14.2	28.5	<0.0044	0.0089	chrysotile
03 inside	I-3	1235	.070	0.0044	5.0	0.0	5.0	<14.2	71.2	<0.0044	0.0222	chrysotile
04 inside	I-4	1251	.070	0.0044	2.0	0.0	2.0	<14.2	28.5	<0.0044	0.0088	chrysotile
05 inside	I-5	1251	.070	0.0044	6.0	0.0	6.0	<14.2	85.5	<0.0044	0.0263	chrysotile
06 outside**	O-1	1258										
07 outside**	O-2	1428										
08 outside**	O-3	1428										
09 outside**	O-4	1276										
10 outside**	O-5	1276										
11**	B-I											
12**	B-O											
13 blank**	B-L											
	Blank-Inside											
	Blank-Outside											
	Blank-Lab											

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

NSD: No Asbestos Structures Detected

Mean Total Structure Density For Inside Samples: 48.4 structures/sq. mm.

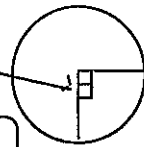
*Reviewers*

Reviewed By:

NVLAP#: 102079-0

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 258.0	
<u>Job #:</u> 501031328		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 01		<u>Grid Opening Size:</u> 0.01003	
<u>Client Sample #:</u> I-1		<u>Area Examined:</u> 0.07021 mm2	
<u>Received:</u> 03/17/2001	16:08:12	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 03/17/2001		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u>			

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B2-4/3E	1	1	5	.1	Chrysotile	Bundle	Mg, Si, Fe	-	<input checked="" type="checkbox"/>	
B2-4/3F	2	NSD							<input type="checkbox"/>	
B2-4/3G	3	1	1.7	.12	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
B2-4/3H	4	NSD							<input type="checkbox"/>	
B3-3/3E	5	NSD							<input type="checkbox"/>	
B3-3/3F	6	NSD							<input type="checkbox"/>	
B3-3/6G	7	NSD							<input type="checkbox"/>	

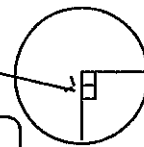
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 2	28.5	0.0087	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq 5$ microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 2	28.5	0.0087	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	14.2	0.0044	<input checked="" type="checkbox"/> Particulate Even

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 235.0	
<u>Job #:</u> 501031328		<u>Filter Type / Filter Area:</u> MCE 385 mm <sup>2</sup>	
<u>Lab Sample #:</u> 02		<u>Grid Opening Size:</u> 0.01003	
<u>Client Sample #:</u> I-2		<u>Area Examined:</u> 0.07021 mm <sup>2</sup>	
<u>Received:</u> 03/17/2001	16:08:12	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 03/17/2001		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u>			

Analysis Performed by: Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
B4-3/6E	1	NSD								
B4-3/6F	2	NSD								
B4-3/6G	3	NSD								
B4-3/4G	4	NSD								
B5-4/6C	5	NSD								
B5-4/6E	6	1	.5	.03	Chrysotile	Matrix	Mg, Si, Fe			
B5-4/6E	6	2	1.3	.04	Chrysotile	Matrix	Mg, Si, Fe			
B5-4/6F	7	NSD								

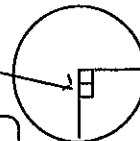
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	Grid Evaluation
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 2	28.5	0.0089	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq$ 5 microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 2	28.5	0.0089	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	14.2	0.0044	<input checked="" type="checkbox"/> Particulate Even

# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 235.0	
<u>Job #:</u> 501031328		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 03		<u>Grid Opening Size:</u> 0.01003	
<u>Client Sample #:</u> I-3		<u>Area Examined:</u> 0.07021 mm2	
<u>Received:</u> 03/17/2001	16:08:12	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 03/17/2001		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u>			

Analysis Performed by: Sandhya Gunasekara  
Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C1-4/1B	1	NSD								
C1-4/1C	2	1	1.1	.03	Chrysotile	Matrix	Mg, Si, Fe			
C1-4/1E	3	1	.7	.04	Chrysotile	Fiber	Mg, Si, Fe			
C1-4/1E	3	2	2.5	.05	Chrysotile	Matrix	Mg, Si, Fe			
C1-3/6E	4	NSD								
C2-4/6C	5	NSD								
C2-4/6E	6	NSD								
C2-4/6F	7	1	1.6	.03	Chrysotile	Fiber	Mg, Si, Fe			
C2-4/6F	7	2	5	.05	Chrysotile	Matrix	Mg, Si, Fe			

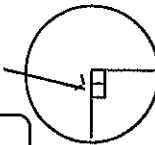
NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	<u>Grid Evaluation</u>
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 5	71.2	0.0222	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq 5$ microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 5	71.2	0.0222	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	14.2	0.0044	<input checked="" type="checkbox"/> Particulate Even

# TEM Asbestos (air) Count Sheet

sample area analyzed



Client Name: HUB TESTING

Job #: 501031328

Lab Sample #: 04

Client Sample #: I-4

Received: 03/17/2001

Date Analyzed: 03/17/2001

Scope #:

Volume (liters): 1 251.2

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

Grid Opening Size: 0.01003

Area Examined: 0.07021 mm<sup>2</sup>

Magnification: 20,000

Accelerating Voltage: 100 KeV

16:08:12

Analysis Performed by: R. Gunasekara

Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu$ M	Width $\mu$ M	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C3-4/6C	1	NSD								
C3-4/6E	2	NSD								
C3-4/6F	3	1	1	.03	Chrysotile	Matrix	Mg, Si, Fe			
C3-4/6F	3	2	4.3	.03	Chrysotile	Matrix	Mg, Si, Fe			
C4-4/6E	4	NSD								
C4-4/6F	5	NSD								
C4-4/6G	6	NSD								
C3-4/6G	7	NSD								

NSD: No Asbestos Structures Detected

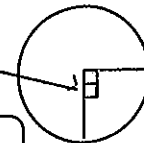
Comments

	Structure Density (str/mm <sup>2</sup> )	Concentration (str/cc air)	<u>Grid Evaluation</u>
Total Grid Openings: 7			
Chrysotile Asbestos Structures: 2	28.5	0.0088	<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Asbestos Structures $\geq$ 5 microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Folded Replica < 50%
Total Asbestos Structures: 2	28.5	0.0088	<input checked="" type="checkbox"/> Filter Loading < 10%
Analytical Sensitivity:	14.2	0.0044	<input checked="" type="checkbox"/> Particulate Even



# TEM Asbestos (air) Count Sheet

sample area analyzed



<u>Client Name:</u> HUB TESTING		<u>Volume (liters):</u> 1 251.2	
<u>Job #:</u> 501031328		<u>Filter Type / Filter Area:</u> MCE 385 mm2	
<u>Lab Sample #:</u> 05		<u>Grid Opening Size:</u> 0.01003	
<u>Client Sample #:</u> I-5		<u>Area Examined:</u> 0.07021 mm2	
<u>Received:</u> 03/17/2001	16:08:12	<u>Magnification:</u> 20,000	
<u>Date Analyzed:</u> 03/17/2001		<u>Accelerating Voltage:</u> 100 KeV	
<u>Scope #:</u>			

Analysis Performed by: *R. Muelken*  
 Sandhya Gunasekara

Location	Grid Opening	Fiber	Length $\mu\text{M}$	Width $\mu\text{M}$	Fiber Type	Morphology	EDS	Orient.	SAED	Photo
C5-3/6C	1	1	1.5	.2	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
C5-3/6C	1	2	.8	.06	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
C5-3/6E	2	1	.5	.04	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
C5-3/6E	2	2	1.25	.05	Chrysotile	Fiber	Mg, Si, Fe		<input type="checkbox"/>	
C5-3/6F	3	NSD							<input type="checkbox"/>	
C5-3/6G	4	1	2.7	.03	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
C5-4/6B	5	NSD							<input type="checkbox"/>	
C5-4/6C	6	1	.5	.04	Chrysotile	Matrix	Mg, Si, Fe		<input type="checkbox"/>	
C5-4/6E	7	NSD							<input type="checkbox"/>	

NSD: No Asbestos Structures Detected

Comments

	Structure Density (str/mm2)	Concentration (str/cc air)	<u>Grid Evaluation</u>
Total Grid Openings: 7			<input checked="" type="checkbox"/> Grid Openings Covered > 50%
Chrysotile Asbestos Structures: 6	85.5	0.0263	<input checked="" type="checkbox"/> Intact Grid Opening > 50%
Amphibole Asbestos Structures: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Undissolved Filter < 10%
Asbestos Structures $\geq$ 5 microns: 0	<14.2	<0.0044	<input checked="" type="checkbox"/> Folded Replica < 50%
Total Non-Asbestos Structures:			<input checked="" type="checkbox"/> Filter Loading < 10%
Total Asbestos Structures: 6	85.5	0.0263	<input checked="" type="checkbox"/> Particulate Even
Analytical Sensitivity:	14.2	0.0044	



FULL SERVICE ENVIRONMENTAL LABORATORIES

**SCILAB BOSTON, INC.**

8 SCHOOL STREET  
WEYMOUTH, MA 02189  
TEL: (781) 337-9334 • FAX: (781) 337-7642

Company: *Hub Testing Lab*  
Phone: *781 898 8330*  
Fax: *781 898 4414*

Address: *95 Beaver St Waltham 02453*

P.O.#:

Project Information	Analysis Type	Turnaround Time							Air Filter Info	
		6-8 hr	12 hr	24 hr	48 hr	72 hr	5 day	other		
Job Name: <i>Whittier</i>	TEM/AHERA			X					MCE	
Job No.:	TEM/LEVEL II								PC	
Job Desc.: <i>Boiler</i>	TEM/BULK								25mm	
	TEM/DUST								37mm	
Job Manager: <i>S Boyle</i>	TEM/WATER								0.45µm	
	PCM								0.80µm	
	PLM								Other:	
	LEAD									
	OTHER:									

Results to: *Hub*

Return Samples Yes \_\_\_ No X

Invoice to: *Hub*

Phone:

Written Report To: *Hub*

Fax:

Comments: *analyze inside samples only*

Pager:

Sample I. D.	Sample Location (I)nside/(O)utside/(B)lank/(P)ersonal/(E)xcursion	Start Time	Stop Time	Total Time X	Liters/Min. =	Liters/Min.	Date Collected
I-1	<i>Inside</i>					1258	
I-2	"					1235	
I-3	"					1235	
I-4	"					1251.2	
I-5	"					1251.2	
O-1	<i>Outside</i>					1258	
O-2	"					1428.2	
O-3	"					1428.2	
O-4	"					1276.5	
O-5	"					1276.5	
B-I	<i>Blank - inside</i>						
B-O	<i>Blank - outside</i>						
B-L	<i>Blank - lab</i>						

Relinquished By (Signature) *[Signature]* Date *3-17-1*

Received By (Signature) *[Signature]* Date *3/17 16:00*

# ATTACHMENT F

# Valley Regional Occupational Health Services

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

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

## ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: Ruben Fuentes Company Dec Tan

The following examination, tests, and procedures were performed on the above-named individual on 11/17/00:

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

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

- MAY USE Respiratory and Personal protective equipment without limitation.
- MAY USE Respiratory and Personal protective equipment for six months, when a repeat of the PFT and Physical is recommended.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings (see "Comments" below).
- Other \_\_\_\_\_

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

### RISK FACTOR NOTED

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

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

Sincerely,

Physician: P. Torres

Date: 11/17/00

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

# Valley Regional Occupational Health Services

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

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

030-80-5062

Date of Birth 9/3/69

Date: 11/17/00 Time in: 3:35 Time out: 4:22 Contact Person: \_\_\_\_\_

YOUR NAME: Ruben Fuentes SS #: \_\_\_\_\_ NAME OF COMPANY: Decon

HOME ADDRESS (Street, City, State, Zip): 59 Cross St Lowell MA COMPANY ADDRESS (Street, City, State, Zip): \_\_\_\_\_

HOME PHONE: 686-8344 COMPANY PHONE: \_\_\_\_\_

## PATIENT AUTHORIZATION

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

Signature of Patient: Ruben D Fuentes Signature of VROHS Witness: \_\_\_\_\_ Date: 11/17/00

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

Signature of Patient: Ruben D Fuentes Signature of VROHS Witness: \_\_\_\_\_ Date: 11/17/00

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

Signature of Patient: \_\_\_\_\_ Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: Ruben Fuentes Tel. No: 687-3471

## STATUS REPORT

### SERVICE PROVIDED

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

### FOLLOW-UP APPOINTMENT

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

### WORK STATUS

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

### RESTRICTED WORK AS INDICATED BELOW

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

DIAGNOSIS: Physical

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

Signature of Physician: R. Torres Date: 11/17/00

### PHONE CALL MADE TO COMPANY

COMMENTS: Last X-Ray 3 years ago

Rubén Fuentes

DEC-TAM CORPORATION  
FIT TEST AND RESPIRATOR TRAINING  
CHECKLIST

The following is a checklist which must be completed for each employee or Subcontractor required to wear a negative pressure respirator every 6 months. This form is required on all Dec-Tam Corp. job sites.

I CERTIFY THAT ON THE DATE BELOW I WAS FIT-TESTED IN THE RESPIRATOR TYPE AND MODEL LISTED, AND THAT I WAS GIVEN TRAINING REGARDING ITS PROPER USE AND MAINTENANCE PROCEDURES.

I FURTHER CERTIFY THAT I UNDERSTAND THE TRAINING PROVIDED TO ME AND KNOW THAT THE USE OF A RESPIRATOR UNDER CONDITIONS CONTRARY TO THOSE OUTLINED AS APPROPRIATE IN THE TRAINING AND FIT TEST SESSION MAY NOT PROVIDE ADEQUATE PROTECTION.

Employee/Subcontractor Signature: Rubén D Fuentes

Qualified Person Signature: [Signature]

Date: 12/14/00

1. Challenge substance: (Circle one) Irritant Smoke, Banana Oil, Saccharin

2. Fit Check Procedures:

- a. Negative Pressure Check Pass/Fail
- b. Positive Pressure Check Pass/Fail

3. Testing Procedure:

- a. Normal Breathing
- b. Deep Breathing
- c. Turn head from side to side
- d. Nod head up and down
- e. Talking and/or counting backwards from 100
- f. Jogging in-place
- g. Bend over and touch toes
- h. Grimace and frown
- i. Repeat Rainbow Passage
- j. Breathe normally

Reaction:

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Overall Evaluation - Pass/Fail

5. Respirator Approvals:

Manufacturer	Approval *	Type	Size
<u>North</u>	_____	<u>1/2 face</u>	<u>M</u>
<u>Racal</u>	_____	<u>PAPR</u>	<u>M</u>

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

16 Upton Drive, Wilmington, MA 01887

(978) 658-5272



This is to certify that

Ruben Fuentes

*has completed the requisite training, and has passed an examination for reaccreditation*

**Asbestos Worker Refresher: Spanish**

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

October 14, 2000

Examination Date

00302715219595

Certificate Number

October 14, 2000

Course Dates

Course Location

Institute for Environmental Education

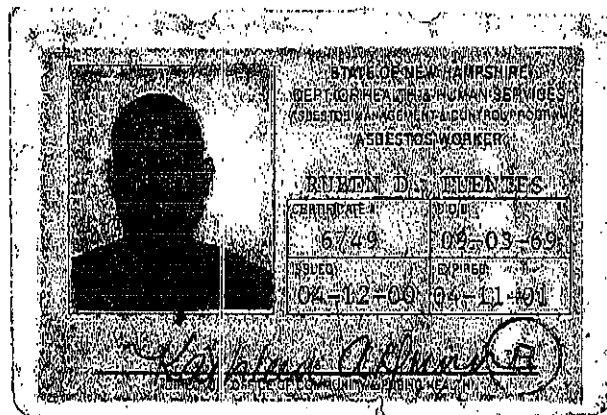
16 Upton Drive

Wilmington, MA 01887

October 14, 2001

Expiration Date

President/Director of Training





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



Asbestos Worker

**RUBEN D. FUENTES**

Eff. Date 11/09/2000

Exp. Date 11/08/2001

AW53520

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

BO 003522



BOSTON-RENEW

# Valley Regional Occupational Health Services

61 Main Street  
 Stoneham, MA 02130  
 (781) 438-9600  
 Fax (781) 438-9603

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

## PHYSICAL EXAMINATION

NAME Joaquín Jerez SOCIAL SECURITY NUMBER 106 108 5615 COMPANY SCST  
 HEIGHT 5' 3 1/2" WEIGHT 143# BLOOD PRESSURE 140/84 PULSE 80  
 VISION without glasses with glasses COLOR VISION true red/green/blue HEARING R 20/20  
 far R 20/50 L 20/50 R 20/30 L 20/30 PERIPHERAL VISION R 90 L 90  
 near R 20/50 L 20/50 BOTH 20/30

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

GENERAL	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
SKIN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
LYMPH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
HEENT	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
NECK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
BREAST	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
ABDOMEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
BACK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
EXTREMITIES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>
			Tinels	<input type="checkbox"/>
			Phalens	<input type="checkbox"/>
GENITAL	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
		<u>NE</u>		
RECTAL	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>
		<u>NE</u>		
NEUROLOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>

### IMPRESSION

Normal Exam

### URINALYSIS

GLUCOSE Neg  
 ALBUMIN Neg  
 SPG 1005

Specific Recommendations/Limitations

Signature of Examining Physician

P. Turo

Date

8/18/00

Print Name of Examining Physician

**ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.**

**QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION**

NAME: Jordan Jerez S.S.#: 104-68-5645

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.  
# 111 RTE. 125, KINGSTON, NH 03848

RESPIRATOR TYPE:

HALF- FACE NEGATIVE PRESSURE

RESPIRATOR MODEL

NORTH # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL:

TC-21C-530

TEST METHOD:

IRRITANT FUME PROTOCOL  
(APPENDIX C. 29 CFR 1926-58)

TEST RESULTS:

PASS

SIGNATURE ON TEST SUBJECT:

Jordan Jerez

TEST CONDUCTOR:

Yusef R. Kelly

TEST DATE:

2/15/00

# Valley Regional Occupational Health Services

□ 61 Main Street  
Stoneham, MA 02180  
(781) 438-9600\*  
Fax (781) 438-9603

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

## ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: Jordana Lopez Company SCST

The following examination, tests, and procedures were performed on the above-named individual on 8/18/00:

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

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

- MAY USE Respiratory and Personal protective equipment without limitation.
- MAY USE Respiratory and Personal protective equipment for six months, when a repeat of the PFT and Physical is recommended.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings (see "Comments" below).
- Other \_\_\_\_\_

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

### RISK FACTOR NOTED

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

These examinations have been performed in full compliance with OSHA standards set forth under 29 CFR 1910.1001 and 1926.58. The above named individual has been informed of the medical findings and recommendations. Only work-related medical findings were conveyed to the employer. If you have any questions, please do not hesitate to call.

Sincerely,

Physician: P. Turo

Date: 8/18/00

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



# LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01841  
Telephone: (978) 689-7370

This is to certify that

**Giordano F. Jerez**

has successfully completed the 8-hour course

## Asbestos Refresher for Workers - Spanish

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

AR0800-12-JJ5645

Certificate Number

AUG 12, 2000

Date of Training

AUG 12, 2001

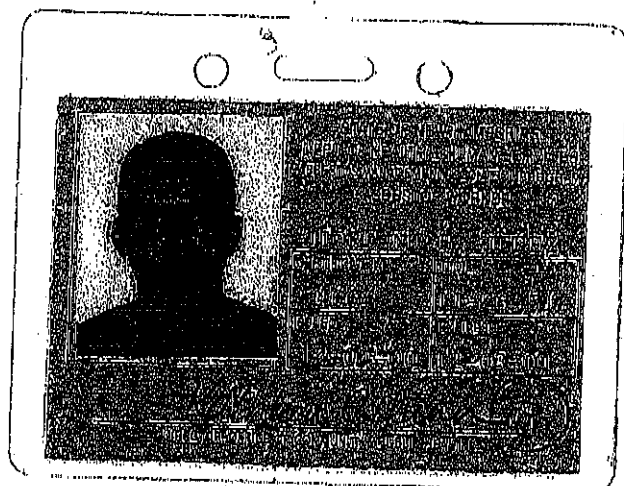
Expiration Date

AUG 12, 2000

Date of Examination

*Francisco Tolman*  
President/Director of Training





**Commonwealth of Massachusetts**  
**Division of Occupational Safety**

*Robert J. Prezioso, Deputy Director*

Asbestos Worker



**JORDANO F. JEREZ**

Eff. Date 08/18/2000

Exp. Date 08/17/2001

S-W 30854

Member of O.N.E.S.

W-10854



-VRN

Asbestos Abatement

Haz-Mat / Lead

Environmental  
Compliance  
Specialists

Incorporated

Selective Demolition

Tank Closure

Phone: 603-642-9200

Fax: (603) 642-9223

**QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION**

NAME: Manuel Gonzalez

S.S.# 675-78-0322

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.  
P.O. Box 1147 Atkinson, NH 03811  
III ROUTE 125 KINGSTON, NH 03848

RESPIRATOR TYPE: HALF FACE NEGATIVE PRESSURE

RESPIRATOR MODEL: NORHT # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL: TC-21C-530

TEST METHOD: IRRITANT FUME PROTOCOL (APPENDIX  
C.29 CFR 1926-58)

TEST RESULT: PASS

SIGNATURE OF TEST SUBJECT: Manuel Gonzalez

TEST CONDUCTOR: ESG TEST DATE: 5-23-00



# Valley Regional Occupational Health Services

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

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

## PHYSICAL EXAMINATION

Manuel Gonzalez      625-78-0328      E.C.S.T.  
 NAME      SOCIAL SECURITY NUMBER      COMPANY  
 HEIGHT 5'3"      WEIGHT 138#      BLOOD PRESSURE 100/70      PULSE 56  
 VISION without glasses      with glasses      COLOR VISION WNL      HEARING R 20/20  
 far      R 20/25 L 20/25      R \_\_\_\_\_ L \_\_\_\_\_      PERIPHERAL VISION      L 20/20  
 near      R 20/20 L 20/25      R \_\_\_\_\_ L \_\_\_\_\_      R 90 L 90

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

GENERAL	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
SKIN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LYMPH	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEENT	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
NECK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BREAST	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
LUNGS	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
HEART	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
ABDOMEN	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
BACK	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		
EXTREMITIES	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Tinels <input type="checkbox"/>	Phalens <input type="checkbox"/>
GENITAL	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	<u>NE</u>	
RECTAL	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	<u>NE</u>	
NEUROLOGIC	Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>		

IMPRESSION <u>Normal Exam</u>	URINALYSIS GLUCOSE <u>Neg</u> ALBUMIN <u>Trace</u>
Specific Recommendations/Limitations  	
Signature of Examining Physician <u>P. Tamm</u>	Date <u>6/6/00</u>
Print Name of Examining Physician _____	

# Valley Regional Occupational Health Services

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

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

## ASBESTOS PHYSICAL EXAMINATION LETTER OF INTERPRETATION

RE: MANUEL GONZALEZ Company E.C.S.I.

The following examination, tests, and procedures were performed on the above-named individual on 6/6/00

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

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

- MAY USE Respiratory and Personal protective equipment without limitation.
- MAY USE Respiratory and Personal protective equipment for six months, when a repeat of the PFT and Physical is recommended.
- MAY NOT USE Respiratory and Personal protective equipment due to abnormal findings (see "Comments" below).
- Other \_\_\_\_\_

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

### RISK FACTOR NOTED

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

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

Sincerely,

Physician: P. Tarr

Date: 6/12/00

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

# Valley Regional Occupational Health Services

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

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

Date: 6/6/00 Time in: 1:30 pm Time out: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 YOUR NAME: Manuel Gonzalez SS #: 0322 NAME OF COMPANY: SCST  
 HOME ADDRESS (Street, City, State, Zip): 69 Main Street Lowell MA COMPANY ADDRESS (Street, City, State, Zip): \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ COMPANY PHONE: \_\_\_\_\_

## PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.  
 Signature of Patient: Manuel Gonzalez Signature of VROHS Provider: [Signature] Date: 6/6/00  
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer, all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.  
 Signature of Patient: Manuel Gonzalez Signature of VROHS Witness: [Signature] Date: 6/6/00  
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.  
 Signature of Patient: \_\_\_\_\_ Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 In case of emergency contact: Gonzalez Tel. No. 978-3661

## STATUS REPORT

<b>SERVICE PROVIDED</b> <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Physical w/Laboratory <input type="checkbox"/> ICC/DOT Examination <input type="checkbox"/> Industrial Accident/Examination and Treatment <input type="checkbox"/> Follow-up Examination <input type="checkbox"/> Other: <u>PPT</u>	<b>WORK STATUS</b> <input type="checkbox"/> Return to Regular Work Date: _____ <input type="checkbox"/> Able to return to work with restrictions as indicated. <input type="checkbox"/> Unable to return to work for duration of disability. _____ days. <input checked="" type="checkbox"/> Capable of Full-Duty Work. <input type="checkbox"/> Pending X-Ray Report <input type="checkbox"/> Pending Lab Report <input type="checkbox"/> Other: _____	<b>RESTRICTED WORK AS INDICATED BELOW</b> Duration of modified work: _____ <input type="checkbox"/> 1. No prolonged standing or walking <input type="checkbox"/> 2. No climbing, bending or stooping <input type="checkbox"/> 3. Limited use of right/left hand <input type="checkbox"/> 4. Right/Left handed work only <input type="checkbox"/> 5. No work near moving machinery <input type="checkbox"/> 6. Weight lifting restriction: <input type="checkbox"/> 0-15 pounds <input type="checkbox"/> 15-35 pounds <input type="checkbox"/> 35-50 pounds <input type="checkbox"/> 7. Other: _____
---	--	--

FOLLOW-UP APPOINTMENT  
 DATE: 6/6/00  
 TIME: "B" Ride

DIAGNOSIS: Physical

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

Signature of Physician: [Signature] Date: 6/6/00  
 PHONE CALL MADE TO COMPANY: \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_ Initials: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

EMPLOYER COPY



# LAWRENCE TRAINING SCHOOLS, INC.

88 Franklin Street, Lawrence, MA 01841

Telephone: (978) 689-7370

This is to certify that

**Manuel Gonzalez**

has successfully completed the 8-hour course

## *Asbestos Refresher for Workers - Spanish*

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

AR0900-09-MG0322

Certificate Number

SEPT 09, 2000

Dates of Training

SEPT 09, 2000

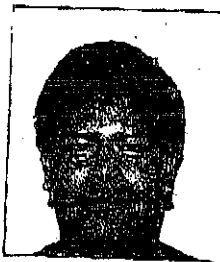
Date of Examination

SEPT 09, 2001

Expiration Date

*Francisco Tolana*  
President/Director of Training





STATE OF NEW HAMPSHIRE  
DEPT. OF HEALTH & HUMAN SERVICES  
ASBESTOS MANAGEMENT & CONTROL PROGRAM  
ASBESTOS WORKER

MANUEL GONZALEZ

CERTIFICATE #:	D.O.B.:
6965	05-22-75
ISSUED:	EXPIRES:
01-12-01	01-11-02

*Kathleen A. Plummer* (F)  
DIRECTOR, OFFICE OF COMMUNITY & PUBLIC HEALTH

**Commonwealth of Massachusetts**  
**Division of Occupational Safety**

*Robert J. Prezioso, Deputy Director*

Asbestos Worker

**MANUEL GONZALEZ**

Eff. Date 01/17/2001

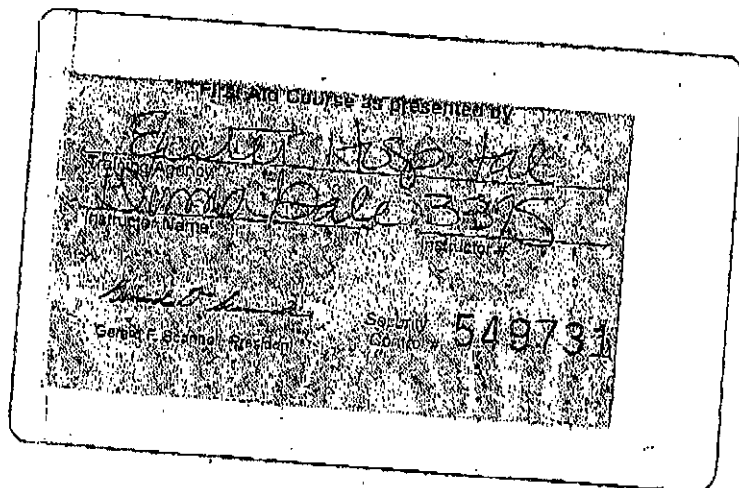
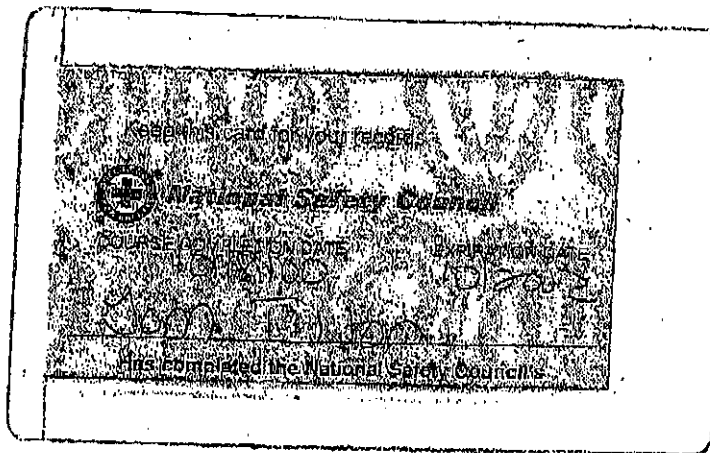
Exp. Date 01/16/2002


AW 33039

4V 001038



HVRN



<b>HEART SAVER</b>		American Heart Association <i>Right time. Right place. Right person.</i>	
<i>Tom Tilton</i>			
has participated in an American Heart Association Heartsaver Course.			
<b>OCT - 2000</b>		<b>OCT - 2002</b>	
<small>Issue Date</small>		<small>Recommended Renewal Date</small>	

Name of AHA Region	<b>WENHAT REGION</b>
Name of Community Training Center	<b>ENTER HOSPITAL</b>
Instructor's Name	<i>Dona Ball</i>
Instructor's I.D. No.	<b>3315</b>
Holder's Signature	
<small>© 1997, American Heart Association</small>	
<small>70-0163</small>	



Asbestos Abatement

Haz-Mat / Lead

Environmental  
Compliance  
Specialists

Incorporated

Selective Demolition  
Tank Closure

Phone: 603-642-9200

Fax: (603) 642-9223

**QUALITATIVE RESPIRATORY FIT TEST CERTIFICATION**

NAME: Tom Tilton

S.S.# 003-54-1742

COMPANY: ENVIRONMENTAL COMPLIANCE SPECIALISTS, INC.  
P.O. Box 1147 Atkinson, NH 03811  
III ROUTE 125 KINGSTON, NH 03848

RESPIRATOR TYPE: HALF FACE NEGATIVE PRESSURE

RESPIRATOR MODEL: NORHT # 7700 MEDIUM

RESPIRATOR NIOSH APPROVAL: TC-21C-530

TEST METHOD: IRRITANT FUME PROTOCOL (APPENDIX  
C.29 CFR 1926-58)

TEST RESULT: PASS

SIGNATURE OF TEST SUBJECT: [Signature]

TEST CONDUCTOR: [Signature] TEST DATE: 5/19/00

# Valley Regional Occupational Health Services

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

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

Date: 4Apr00 Time In: 2:15 Time out: 2:40 Date of Birth: 27 Jul 64  
 Contact Person: James Sluss  
 YOUR NAME: Thomas R. Tilton SS #: 003541742  
 NAME OF COMPANY: ECSI  
 HOME ADDRESS (Street, City, State, Zip): 24 Agent RD. Raymond NH. 03077  
 HOME PHONE: (603) 895-0767  
 COMPANY ADDRESS (Street, City, State, Zip): \_\_\_\_\_  
 COMPANY PHONE: 603-382-1895

## PATIENT AUTHORIZATION

I hereby authorize Valley Regional Occupational Health Services to examine and/or treat me medically.  
 Signature of Patient: \_\_\_\_\_ Date: 4/4/00  
 Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer or to any insurer of said employer all information regarding my examination, condition or treatment at Valley Regional Occupational Health Services.  
 Signature of Patient: \_\_\_\_\_ Date: 4/4/00  
 Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 I hereby authorize Valley Regional Occupational Health Services to release to my present or any prospective employer the results of my drug screen analysis.  
 Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of VROHS Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 In case of emergency contact: Vicki Palazzo Tel No: (603) 895-6572

## STATUS REPORT

<p><b>SERVICE PROVIDED</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Physical w/Letter</p> <p><input checked="" type="checkbox"/> IC/DOT Examination</p> <p><input type="checkbox"/> Industrial Accident/Examination and Treatment</p> <p><input type="checkbox"/> Follow-up Examination</p> <p><input type="checkbox"/> Other _____</p> <p><b>FOLLOW-UP APPOINTMENT</b></p> <p>DATE: _____</p> <p>TIME: _____</p>	<p><b>WORK STATUS</b></p> <p><input type="checkbox"/> Return to Regular Work</p> <p>Date: _____</p> <p><input type="checkbox"/> Able to return to work with restrictions as indicated.</p> <p><input type="checkbox"/> Unable to return to work for duration of disability. _____ days.</p> <p><input checked="" type="checkbox"/> Capable of Full-Duty Work</p> <p><input type="checkbox"/> Pending X-Ray Report</p> <p><input type="checkbox"/> Pending Lab Report</p> <p><input type="checkbox"/> Other _____</p>	<p><b>RESTRICTED WORK AS INDICATED BELOW</b></p> <p>Duration of modified work _____</p> <p><input type="checkbox"/> 1. No prolonged standing or walking</p> <p><input type="checkbox"/> 2. No climbing, bending or stooping</p> <p><input type="checkbox"/> 3. Limited use of right/left hand</p> <p><input type="checkbox"/> 4. Right/Left handed work only</p> <p><input type="checkbox"/> 5. No work near moving machinery</p> <p><input type="checkbox"/> 6. Weight lifting restriction:</p> <p><input type="checkbox"/> 0-15 pounds</p> <p><input type="checkbox"/> 15-35 pounds</p> <p><input type="checkbox"/> 35-50 pounds</p> <p><input type="checkbox"/> 7. Other _____</p>
---	--	---

**DIAGNOSIS:** DOT Physical

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

Signature: \_\_\_\_\_ Date: 4/4/00  
**PHONE CALL MADE TO COMPANY**  
 Person Contacted: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

EMPLOYER COPY

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

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



This is to certify that

Thomas R Tilton

DOB: 7/27/64

has completed the requisite training, and has passed an examination for recertification as:

**Asbestos Supervisor Refresher**

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

October 21, 2000  
Examination Date

0033031047489  
Certificate Number

October 21, 2000

Course Dates

Course Location

ECSI

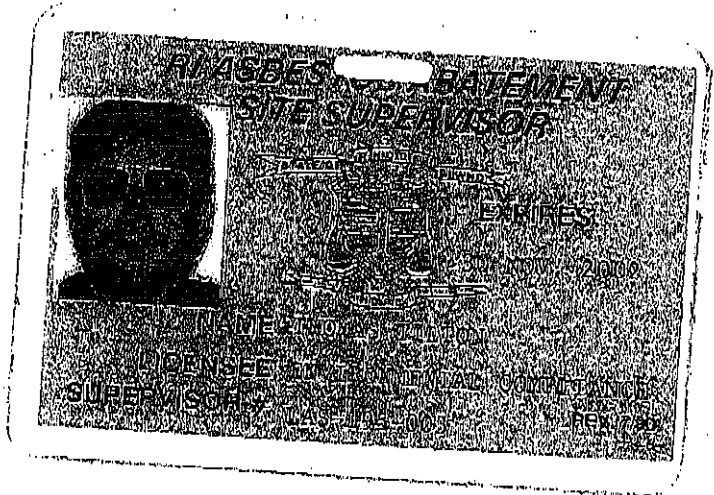
PO Box 1147

Atkinson, NH 03811

October 21, 2001

Expiration Date

President/Director of Training





STATE OF NEW HAMPSHIRE  
DEPT. OF HEALTH & HUMAN SERVICES  
ASBESTOS MANAGEMENT & CONTROL PROGRAM  
ASBESTOS SUPERVISOR

NAME: [REDACTED]  
ID: 1803  
ISSUE: 07-27-04  
EXPIRES: 10-27-06

*[Handwritten Signature]*  
STATE OF NEW HAMPSHIRE

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

Asbestos Supervisor



**THOMAS TILTON**

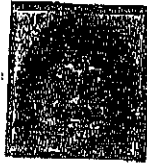
Eff. Date 04/22/2000

Exp. Date 04/21/2001

AS 30452

10/10/00 12:50:55

HV 00452

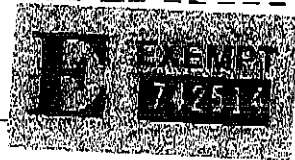


LVRN





Commonwealth of Massachusetts  
Asbestos Notification Form ANF-001

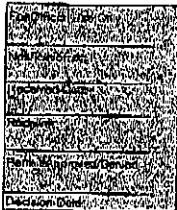


INSTRUCTIONS

All sections of this form must be completed in order to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.15 (ten working days prior notification is required of ANY abatement project) and the Department of Labor and Industries notification requirements of 453 CMR 8.12 (ten days prior notification is required of ANY abatement project greater than three linear or square feet).

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

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



A Asbestos Abatement Description

1. Facility location:

Whittier Middle School 25B Concord Ave  
Name Address

Haverhill 01830 878-374-5775  
City/Town Zip code Telephone

Bolter Room  
What is the worksite location? Building name, #, wing, floor, room

2. Is the facility occupied?  Yes  No

3. Asbestos Contractor:

ECSI 111 Route 125  
Name Address

Kingston, NH 03848 603-842-9200  
City/Town Zip code Telephone

AC 000 407 Written  
DLI License # Contract Type (written/verbal)

4. On-Site Project Supervisor/Foreman:

Tom Tilton AS 30452  
Name DLI Certification #

5. Project Monitor:

HUB M 60770  
Name DLI Certification #

6. Asbestos Analytical Lab:

PRO SCIENCE AA000156  
Name DLI Certification #

7. Project start date 3/15/01 end date 3/19/01 specific work hours (Mon-Fri) 4pm-12am (Sat/Sun)

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

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

10. Is the job being conducted  indoors  outdoors?

11. Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (linear ft) N/A  
surfaces (square ft) 400sqft

	linear/square feet	
boiler, breeching, duct, tank surface coatings...	400sqft	thermal, solid core pipe insulation.....
corrugated or layered paper pipe insulation...		insulating cement.....
spray-on fireproofing.....		trawls/sprayer coatings.....
cloths, woven fabrics.....		transite board, wall board.....
other (please describe).....		

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

three chamber decon

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

Double 6 mil poly, properly labeled and disposed of in an approved landfill

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:

Bill Zahoruiko Name of DEP Official	Inspector
3/14/2001 Date of Authorization	01-038-71 Waiver #
Gary Casper Name of DLI Official	Inspector Title
1-15-01 Date of Authorization	01-057-NB Waiver #

15. Do prevailing wage rates apply as per M.G.L. c. 149, 26, 27, or 27A - F to this project?

Yes  No

1. Current or prior use of facility:  
Middle School

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

3. Facility Owner:  
 Name City of Haverhill Address 4 Summer Wat  
 City/Town Haverhill Zip code 01830 Telephone 978-374-2355

4. Facility's Owner's On-Site Manager:  
 Name Roger Fuller Address 4 Summer Wat  
 City/Town Haverhill Zip code 01830 Telephone 978-374-5782

5. General Contractor:  
 Name N/A Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone \_\_\_\_\_  
 American Assurance Policy # 1027637 Exp Date 3/20/2001  
 Contractor's Workers Comp. Inurer \_\_\_\_\_

6. What is the size of the facility? 30,000 (sq ft) 1 (#of floors)

**C Asbestos Transportation and Disposal**

1. Transporter of asbestos-containing waste material from site to temporary storage site (if necessary) to final disposal site:  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

2. Transporter of asbestos-containing waste material from removal/temporary storage site to final disposal site:  
 Service Transport Group Name P.C. Box 2132 Address \_\_\_\_\_  
Bristol, PA Zip code 19007 Telephone 877-989-9559  
 City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

3. Refuse transfer station and owner (if applicable):  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ Zip code \_\_\_\_\_ Telephone \_\_\_\_\_

4. Final Disposal Site:  
 Location Name Greenedge Reclamation  
 Address R.D. #1, Box 716 Landfill Road  
 City/Town Scottsdale, PA Zip code 15383 Telephone (724)887-9400

Note: Transfer Stations must comply with the Solid Waste Division regulations 310 CMR 18.00

**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.

Print Name Patricia A. Cook Signature *Patricia A. Cook* Date 3/15/2001  
 Position/Title Project Administrator Representing EC:II Telephone (603) 842-9200  
 Address 111 Route 125 City/Town Kingston, NH Zip code 03848  
 Fee exempt (City, Town, district, municipal housing authority, owner-occupied residential of four units or less)?  Yes  No

Note: Contractor must sign this form for DLI notification purposes

Sticker # (from front of form): E 742516



**Commonwealth of Massachusetts**  
**Division of Occupational Safety**

*Robert J. Prezioso, Deputy Director*



**Asbestos Project Monitor**

**SUSAN BOYLE**

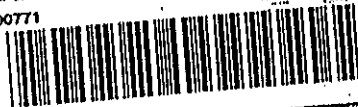
Eff. Date: 05/26/2000

Exp. Date 05/25/2001

AM 60770

Member of CONES

NW 000771



WN - REN

**INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.**

86 Cummings Park, Woburn, MA 01801  
(781)935-7370

*This is to certify that*

Susan Boyle

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

**Asbestos Project Monitor Refresher**

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

May 25, 2000

Course Dates

Course Location

Institute for Environmental Educ.  
86 Cummings Park  
Woburn, MA 01801

May 25, 2000

Expiration Date

May 25, 2000

Examination Date

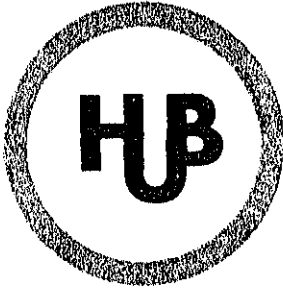
0025961743599

Certificate Number

President/Director of Training

# HUB TESTING LABORATORY, INC.

Environmental Testing Service



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

March 15, 2001

Mr. Jonathan Goldfield  
Purchasing Agent, City of Haverhill  
City Hall  
4 Summer Street  
Haverhill, MA

Jonathan:

I knew I had seen ECSI's DCAM certificate of eligibility but I couldn't remember where. I found it last night so I am forwarding it on to you for your records.

In addition as we discussed yesterday, and for your records, we contacted All State Asbestos Professionals (ASAP) for a price, they indicated that they were unable to help on this project due to the time constraints. As we discussed the boiler jacket was damaged and has fallen to the ground in piles. This is a situation that requires an immediate response. I spoke with Mr. John McCauley of the DEP and received an emergency waiver for this work, (# 0103971, authorized by Bill Zahoruiko). Once this waiver was secured we were able to contact the Department of Labor and Workforce Development and secure an emergency waiver from that department as well (# 01084-NB, Gary Gasper).

This work is scheduled to begin at 4:00 pm this evening and continue through the weekend with final air samples being collected. Depending upon the conditions we encounter when the jacket comes off we will either be able to break down containment over the weekend or on Monday evening after the students are released for the day. If you have any questions please do not hesitate to contact me.

Sincerely,

Susan Boyle

Vice President

C: Ed Dufresne, Frank DeStephano, Rick Reney

# **ATTACHMENT G**

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.

