

City of Haverhill, Massachusetts
Public School Department

Monitoring for Exposure During the
Removal of Asbestos Containing Thermal
Systems Insulation and Debris

at the

J.G. Whittier Middle School
256 Concord Street
Haverhill, Massachusetts 01830

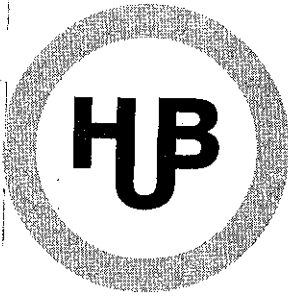
Prepared By:

Hub Testing Laboratory, Inc.

Environmental Testing Services

95 Beaver Street, Waltham, Massachusetts 02453

Phone: (781) 893-3330 Fax: (781) 893-4414



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report for:

Haverhill Public Schools
4 Summer Street
Haverhill, MA 01830

Project:

Operations and Maintenance Activity
Emergency Response Action
Crawl Space Below D-Building and Boys' Locker Room

John Greenleaf Whittier Middle School
256 Concord Street
Haverhill, MA 01830

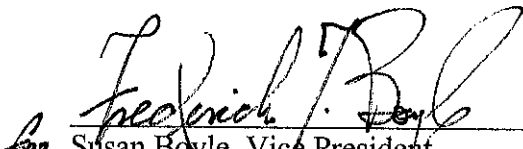
Date:

February 24, 2004

Prepared By:

Hub Testing Laboratory, Inc.
95 Beaver Street
Waltham, MA 02453

Submitted by:


Susan Boyle, Vice President
Hub Testing Laboratory, Inc.

CONTENTS

- | | | |
|----|----------------|------|
| 1. | INTRODUCTION | 1 |
| 2. | SUMMARY REPORT | 1, 2 |

ATTACHMENT A
AIR MONITORING RESULTS
FINAL CLEARANCE RESULTS

ATTACHMENT B
DAILY MONITORING CHECKLIST

ATTACHMENT C
PRE-ABATEMENT INSPECTION

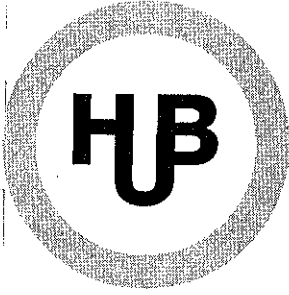
ATTACHMENT D
FINAL INSPECTION

ATTACHMENT E
LABORATORY DOCUMENTATION
PROJECT MONITOR DOCUMENTATION

ATTACHMENT F
CONTRACTOR DOCUMENTATION

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

ATTACHMENT G
DRAWINGS



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill Public Schools
4 Summer Street
Haverhill, MA 01830-5877

Attention: Mr. Jeff Dill

Hub ID: 15961

Project: J.G. Whittier Middle School
256 Concord Street
Haverhill, MA 01830

Date: December 22, 2003

Scope: Hub Testing Laboratory, Inc. was contracted to monitor the cleanup/removal of thermal systems insulation debris found in two of the crawl spaces in the Whittier School

Introduction: On December 19, 2003 an emergency waiver was granted by DEP for the cleanup/removal of pipe insulation and debris at the Whittier School in Haverhill. Brian Duffy, a MA certified asbestos Project Monitor, arrived on site on December 22, 2003.

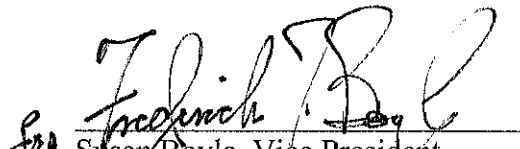
Summary: **D-Building Crawl Space**

The steam heating line in the D-Building crawl space (see attached drawing for exact location) was severed at the elbow creating the need for the emergency asbestos removal. On the same day, All State Abatement Professional, Inc., a Massachusetts licensed asbestos abatement company, performed the emergency cleanup by simply taking the debris and contaminated soil and disposing of it by hand in 6-mil polyethylene bags (double bagged). They also removed any insulation that would be in the path from the crawl space access to the steam leak. The project monitor set up air samples next to the access panel in the custodian's closet and next to the wall access panel in the hallway. Two samples were taken during the removal and two clearance samples were taken after the removal was completed.

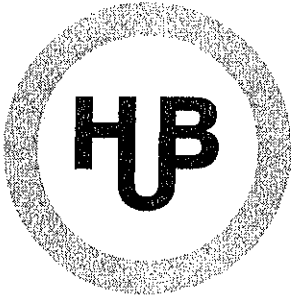
Boys' Locker Room Crawl Space

Due to the amount of water in the boys' locker room crawl space, a sub pump was needed to make the area accessible for removal. Removal began in this area on December 23, 2003. ASAP removed the debris and soil in the path to and in the immediate vicinity of the steam leak. Samples were set up during and after the removal, and were located in the boys' locker room (next to the wall duct that leads into the crawl space) and in the music room by the floor access panel to the crawl space.

All air monitoring and testing was performed under the guidelines specified in NIOSH Asbestos and Other Fibers Method 7400. This procedure is used for area monitoring.


for Susan Boyle, Vice President
Hub Testing Laboratory, Inc.

ATTACHMENT A



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 Public Schools
H Summer St.
Haverhill, MA

Contractor: ASAP

Job Site: Whittier School - Crawl Spaces - D Building

Date: 12/22/03

Type of Sampling: Baseline & During & Final

Pump Number	12A	2	1V-6					
Calib. Method	Roto	→						
Pre-Calibration	12/10	12/10	12/10					
Post-Calibration	12/10	12/10	12/10					
Average Flow	12/10	12/10	12/10					

Sample I.D.	Sample Location	Pump Number	Start	Stop	Total Minutes	Volume (liters)	Fibers	Fibers/cc
1-B	Rm. 3 (Baseline)	2	7:15	8:30	75	900	12/100	.006
2-D	Hallway Access	12A	7:15	8:30	75	900	10/100	.005
3-D	Janitor Access	1V-6	7:15	8:30	75	900	16/100	.009
4-F	Hallway Access	12A	8:30	10:30	120	1200	18/100	.007
5-F	Janitor Access	1V-6	8:30	10:30	120	1200	13/100	.005

Project Monitors Signature: B. M. Duffly Date 12/22/03



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 Public Schools
41 Summer St.
Haverhill, MA

Contractor: ASAP

Job Site: Whittier School Crawl Space - Boys Locker Rm

Date: 12/22/03

Type of Sampling: Baseline, During, and After

50
180
0
12
30
0

Pump Number	2								
Calib. Method	Roto								
Pre-Calibration	12								
Post-Calibration	12								
Average Flow	12								

Sample I.D.	Sample Location	Pump Number	Start	Stop	Total Minutes	Volume (liters)	Fibers	Fibers/cc
6-B	Down Hallway	2	8:30	10:00	90	1080	19/100	.008
7-D	Music Rm.		8: 30 ⁴⁵	9:15	45 30 ³⁰	450 ³⁶⁰	3/100	.004
8-D	Locker Rm.		8: 30 ⁴⁵	9:15	45 30 ³⁰	450 ³⁶⁰	6/100	.009
9-A	Music Rm.							
10-E	Locker Rm.							

Project Monitors Signature: [Signature] Date 12/22/03

INVOICE

HUB TESTING LABORATORY, INC.
95 Beaver Street
Waltham, MA 02453

DATE 3/9/2004
INVOICE # 2928

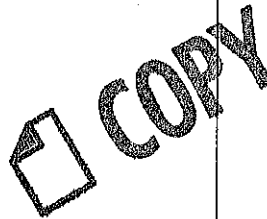
(781) 893-8330
Fax (781) 893-4414

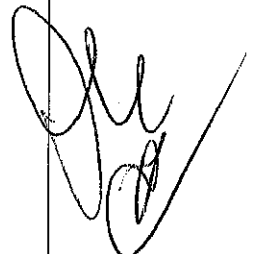
BILL TO:

MR. JEFF DILL
SUPERVISOR OF FACILITIES MAIN/ENER.
HAVERHILL SCHOOL DISTRICT
4 SUMMER ST.
HAVERHILL, MA 01830-5877

P.O. NUMBER	TERMS	PROJECT
	Net 30	

QUANTITY	DESCRIPTION	RATE	AMOUNT
12	PROJECT: WHITTIER SCHOOL-TSI REMOVAL CONTACT DEP FOR EMERGENCY WAIVER, ARRANGE WALK THRU, OBTAINED SERVICES OF LICENSED ASBESTOS REMOVAL CONTRACTOR MANDAY 12-22-04 MANDAY 12-23-04 PCM ANALYSIS	600.00 320.00 320.00 25.00	600.00 320.00 320.00 300.00
		TOTAL	\$1,540.00

 COPY



INVOICE

HUB TESTING LABORATORY, INC.
95 Beaver Street
Waltham, MA 02453

DATE 3/9/2004
INVOICE # 2928

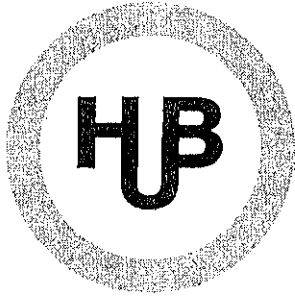
(781) 893-8330
Fax (781) 893-4414

BILL TO:

MR. JEFF DILL
SUPERVISOR OF FACILITIES MAIN/ENER.
HAVERHILL SCHOOL DISTRICT
4 SUMMER ST.
HAVERHILL, MA 01830-5877

P.O. NUMBER	TERMS	PROJECT
	Net 30	

QUANTITY	DESCRIPTION	RATE	AMOUNT
	PROJECT: WHITTIER SCHOOL-TSI REMOVAL CONTACT DEP FOR EMERGENCY WAIVER, ARRANGE WALK THRU, OBTAINED SERVICES OF LICENSED ASBESTOS REMOVAL CONTRACTOR	600.00	600.00
	MANDAY 12-22-04	320.00	320.00
	MANDAY 12-23-04	320.00	320.00
12	PCM ANALYSIS	25.00	300.00
TOTAL			\$1,540.00



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 Public Schools
4 Summer St.
Haverhill, MA

Contractor: ASAP

Job Site: Whittier - Boy's Locker Rm. Crawl Space

Date: 12/23/03

Type of Sampling: During Abatement, Final

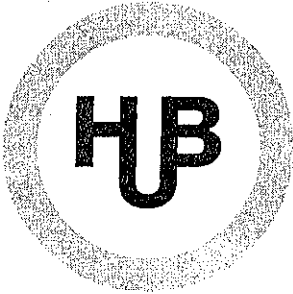
Pump Number	<u>VFFI</u>	<u>12A</u>						
Calib. Method	<u>Roto</u>	<u>Roto</u>						
Pre-Calibration	<u>12/23</u>	<u>12/20</u>						
Post-Calibration	<u>12/23</u>	<u>12/20</u>						
Average Flow	<u>12/20</u>	<u>12/20</u>						

Sample I.D.	Sample Location	Pump Number	Start	Stop	Total Minutes	Volume (liters)	Fibers	Fibers/cc
<u>9-D</u>	<u>Music Rm.</u>	<u>VFFI</u>	<u>9:25</u>	<u>10:55</u>	<u>90</u>	<u>1080</u>	<u>8/100</u>	<u>.003</u>
<u>10-D</u>	<u>Locker Rm</u>	<u>12A</u>	<u>9:25</u>	<u>10:55</u>	<u>90</u>	<u>1080</u>	<u>13/100</u>	<u>.005</u>
<u>11-F</u>	<u>Music Rm.</u>	<u>VFFI</u>	<u>11:10</u>	<u>12:05</u> 12:50	<u>115</u>	<u>1380</u>	<u>17/100</u>	<u>.006</u>
<u>12-F</u>	<u>Locker Rm.</u>	<u>12A</u>	<u>11:10</u>	<u>12:05</u> 12:50	<u>115</u>	<u>1380</u>	<u>9/100</u>	<u>.003</u>

5
12
20
03

Project Monitors Signature: *[Signature]* Date 12/23/03

ATTACHMENT B



HUB TESTING LABORATORY, INC.
Environmental Testing Service

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

Report For: Haverhill Public Schools
4 Summer St.
Haverhill, MA

Contractor: ASAP

Date: 12/22/03

Checklist

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

Action taken _____

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 12

Industrial Hygienist: R. Duffy Log In: 7:00 Log Out: _____



HUB TESTING LABORATORY, INC.

Environmental Testing Service

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

Report For: Haverhill Public Schools
4 Summer St.
Haverhill, MA

Contractor: ASAP

Date: 12/23/03

Checklist

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

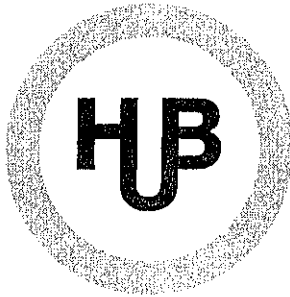
Action taken _____

Daily Air Sampling Results: See Daily Air Sampling Form

Number of bags removed from site: 9

Industrial Hygienist: B-M Duffly Log In: 7:00 Log Out: 1:20

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.: D Building Area Description: Crawl space

Demolition Required: None Estimated Days Required For Abatement: 1

Materials To Be Abated (Describe And Give Quantities): ~25 ft. insulation & debris leading to steam leak.

Critical Barriers In Place: NA

Windows _____ Doors _____ HVAC Vents _____
Electrical Switches _____ Electrical Outlets _____
Other _____

All Movable Equipment Removed From Containment NA Yes No
All Non - Movable Equipment Wrapped (*) NA

Decontamination Facilities (*) NA
Three Chamber PDF With Hot/Cold Water _____
Two Chamber EDF With Water In Wash Area _____
Other _____

Containment Type (indicate reasoning below) NA Yes No
Full Containment, 2 layers (6-mil poly) on all walls and floor _____
Same as above with additional poly on ceiling _____
2 layers on wall, no poly on floor _____
Single layer of poly on walls and floors _____
Critical barriers only, no poly on walls or floors _____
Other _____

Describe (*): _____

Surfactant Available Yes Or No
Type Of Respiratory Protection To Be Used 1/2 Face w/ HETA
Number Of Negative Air Machines In Operation NA
Manometer Used and Pressure Reading NA
Containment Smoke Tested NA

PIH's Signature Brian M. Duffy Date 12/22/08
Contractors Signature _____ Date _____

(*) Indicate On Sketch



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.: Boys Locker Rm. Area Description: Crawl space

Demolition Required: None Estimated Days Required For Abatement: 1

Materials To Be Abated (Describe And Give Quantities): ~20 ft. pipe insulation and debris

Critical Barriers In Place: NA

Windows _____ Doors _____ HVAC Vents _____
Electrical Switches _____ Electrical Outlets _____
Other _____

	Yes	No
All Movable Equipment Removed From Containment	_____	_____
All Non - Movable Equipment Wrapped (*)	_____	_____

Decontamination Facilities (*)
Three Chamber PDF With Hot/Cold Water NA
Two Chamber EDF With Water In Wash Area _____
Other _____

Containment Type (indicate reasoning below)	Yes	No
<u>NA</u> Full Containment, 2 layers (6-mil poly) on all walls and floor	_____	_____
Same as above with additional poly on ceiling	_____	_____
2 layers on wall, no poly on floor	_____	_____
Single layer of poly on walls and floors	_____	_____
Critical barriers only, no poly on walls or floors	_____	_____
Other	_____	_____

Describe (*): _____

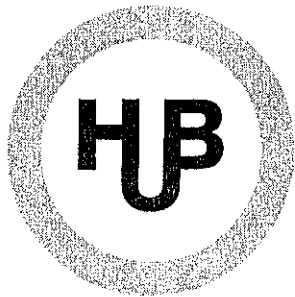
Surfactant Available	Yes	Or	No
Type Of Respiratory Protection To Be Used	_____		<u>1/2 Face w/ HEPA</u>
Number Of Negative Air Machines In Operation	_____		<u>NA</u>
Manometer Used and Pressure Reading	_____		<u>NA</u>
Containment Smoke Tested	_____		<u>NA</u>

PIH's Signature B. J. Duffy Date 12/22/05

Contractors Signature _____ Date _____

(*) Indicate On Sketch

ATTACHMENT D



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: _____
Contractor: ASAP
Job Site: Whittier School - Locker Rm. Crawl Space
Date: 12/23/03

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

LOCKDOWN ENCAPSULANT APPLIED NA

SAMPLES COLLECTED USING AGGRESSIVE METHOD NA

SAMPLE VOLUMES ADEQUATE FOR DETECTION LIMIT yes

DATE SAMPLING PUMPS CALIBRATION _____

FINAL AIR SAMPLE RESULTS * See Attachment A

FINAL AIR SAMPLES - PASS

FINAL AIR SAMPLES - FAIL _____

CONTRACTOR NOTIFIED _____

CIH'S SIGNATURE _____ DATE _____

PIH'S SIGNATURE [Signature] DATE 12/23/03

ATTACHMENT E



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

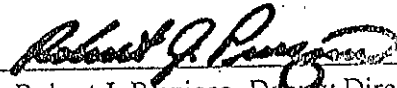
HUB TESTING LABORATORY, INC.
95 BEAVER STREET
WALTHAM MA 02154-

LICENSE: AA000013

EXPIRES: Thursday, July 01, 2004

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


Robert J. Ptezioso, Deputy Director

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

Asbestos Project Monitor



BRIAN M. DUFFY

Eff. Date 09/05/2003

Exp. Date 09/04/2004

AM 61131

Member of CONESA

NW001132



WN-REN



ATTACHMENT F

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

Asbestos Supervisor



HARD CROTEAU

Date 04/09/2003
Date 04/08/2004

0312
of CONES
0312

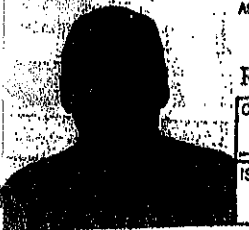


HVRN

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

RICHARD B. CROTEAU

CERTIFICATE #:	D.O.B.:
823	05-06-60
ISSUED:	EXPIRES:
11-27-03	11-26-04



Richard A. Puno
DIRECTOR, OFFICE OF COMMUNITY & PUBLIC HEALTH

Salem Family Practice
7 Stiles Road
Salem, NH 03079
Tel: 603 898 4000 Fax: 603 894 6591

ASBESTOS PHYSICAL EXAMINATION
LETTER OF INTERPRETATION

Richard Croteau Company *ASAP*

Following examination, tests, and procedures were performed on the above-named individual on March 7, 2003:

- 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

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 _____

Examinations have been performed in full compliance with OSHA standards set forth in 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.

By: *P. Tavares*
Date: 3/7/03
P. TAVARES, MD

After successful completion of a physical examination, the 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.

INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC.
16 Upton Drive, Wilmington, MA 01887
(978) 658-5272

IEE **IEE**

This is to certify that
Richard Croteau

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

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

February 8, 2003
Course Date

February 08, 2004
Expiration Date

February 08, 2003
Examination Date

February 08, 2004
Expiration Date

0351201047840
Certificate N

Institute for Environmental Education
16 Upton Drive
Wilmington, MA 01887

State of Maine
Asbestos Abatement Program
Richard B. Croteau
Supervisor

Cert No. AS-0263
Expiration Date 02/28/2004
Trn.Exp.Date 02/08/2004



All State Abatement Professionals, Inc.

60 Railroad Street
Haverhill, MA 01836

978-375-4347
Fax: 978-374-9336

RESPIRATOR TRAINING RECORD

Project Name: Vacians Job #: _____
Employee's Name: Richard Croteau S.S.#: 022-589997

Your signature on this Respirator Training Record will attest to your having received and understood the basic respirator training program which both ASAP and the Occupational Safety and Health Administration (OSHA) require as a part of their Respiratory Protection Standard.

The basic respirator training program consists of the following items:

- An explanation of the problems involved in misusing the respirator.
- A discussion of why engineering controls could not be used effectively, and as a result respiratory protection equipment is required.
- How and why this particular respirator was chosen for this specific job.
- The limitations of the respirator that has been selected.
- How to put on the respirator and properly adjust the facepiece and tension straps.
- How to wear the respirator.
- What the essential points of the care and maintenance program are.
- How to recognize and handle emergencies.
- How to inspect the respirator.
- When to use an Air Purifying Respirator.
- When a Type C Supplied-Air Respirator is required.
- The purpose of the medical evaluation.
- How ASAP conducts a proper-fit.
- A powered Air Purifying Respirator (PAPR) is available to you upon request, as long as it meets the protection factor for the hazard involved.

Employee's Signature: *Richard Croteau* S.S.#: 022 58 9997

RESPIRATOR TEST SUMMARY

Name of Employee: Richard Croteau S.S.#: 022 58 9997
Date of Testing: 3/7/03 Test Conducted By: Scott Curley

Respirator Selected: _____ Model: 7700 Series
Manufacturer: North

Respirator Size: (Circle One) S (M) L MSHA/NIOSH Approval No.: TC-23C-210

Type(s) of Test Conducted: Quantitative

Testing Agent (s) Used: Incert Smoke

State of Maine
Asbestos Abatement Program
Angel Perez



Cert No. AW-2354
Expiration Date
Trn. Exp. Date 08/15/2004



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

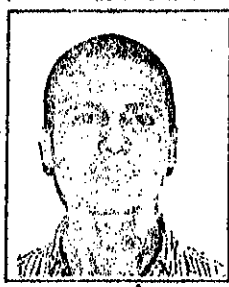


ANGEL PEREZ
Eff. Date 09/22/03
Exp. Date 09/04/04
AW061347
Member of C.C.N.E.S.
80

04



BOSTON-DUPLICATE



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

ANGEL PEREZ

CERTIFICATE #:	D.O.B.:
8894-DUP	10-22-79
ISSUED:	EXPIRES:
09-10-03	09-09-04

Kathleen A. Quinn
DIRECTOR, OFFICE OF COMMUNITY & PUBLIC HEALTH

ECT

ECT00 2057-00

Certificate Number

Environmental Compliance Training School

2 Charles Street, Methuen, MA 01844

Telephone (978) 975-4474 Fax (978) 975-7158

This is to certify that Name: ANGEL

PEREZ

SS#: 117-89-4985

DOB: 10/22/1979

has successfully completed the course
32 hours for asbestos Workers-Spanish

in accordance with the requirements for
Asbestos Accreditation of TSCA Title II

AUGUST 15, 2004

EXPIRATION DATE

AUGUST 12, — 15, 2003

DATE OF TRAINING

AUGUST 15, 2003 /82%

EXAM DATE/GRADE



DIRECTOR OF SCHOOL



ECT

2 Charles Street, Methuen, MA 01844
Tel. 978-975-4474

FIT TEST AND RESPIRATOR TRAINING CHECKLIST

The following is a checklist must be completed for each employee required to wear a negative pressure respirator every six months this form is required on all Asbestos or Lead job sites.

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

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

Employee/Subcontractor Signature: Angel Perez

Qualified Person Signature: [Signature]

Date: 8/15/03

1. Challenge substance: (Circle one) Irritant Smoke, Banana Oil, and 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: [Signature]

4. Overall Evaluation: Pass / Fail

5. Respirator Approvals:

Manufacture	Approval #	Type	Size
<u>[Signature]</u>	_____	<u>[Signature]</u>	<u>[Signature]</u>

NAME: Angel Perez SOCIAL SECURITY: 111-89-4985

ADDRESS: 1 Fitzgibbon St Lodi 34204 W. CA 95241

COMPANY: _____

*THE FOLLOWING PHYSICAL EXAMINATION, TESTS, AND PROCEDURES WERE PERFORMED ON THE ABOVE NAMED INDIVIDUAL ON: 8/29/03

- PHYSICAL EXAM WITH EMPHASIS ON CARDIO-RESPIRATORY SYSTEM.
- PULMONARY FUNCTION TEST PERFORMED BY A CERTIFIED TECHNICIAN.
- CHEST X-RAY

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 6 MONTHS, WHEN A REPEAT OF PFT AND PHYSICAL IS RECOMMENDED.
- MAY NOT USE RESPIRATORY AND PERSONAL PROTECTIVE EQUIPMENT DUE TO ABNORMAL FINDINGS.
- OTHER: _____

COMMENTS: NONE

RISK FACTORS NOTED

- HAS NO RISK FACTORS PLACING INDIVIDUAL AT A HIGHER RISK FROM ASBESTOS EXPOSURE.
- HAS THE FOLLOWING RISK FACTORS PLACING INDIVIDUAL AT HIGHER RISK FROM ASBESTOS EXPOSURE:
 - SMOKING, OR RECENT HISTORY OF SMOKING.
 - RESTRICTIVE LUNG DISEASE OR SYMPTOMS (EG. ASTHMA, EMPHYSEMA, ACTIVE ALLERGIES, ETC.)
 - OTHER: _____

NONE

SINCERELY,

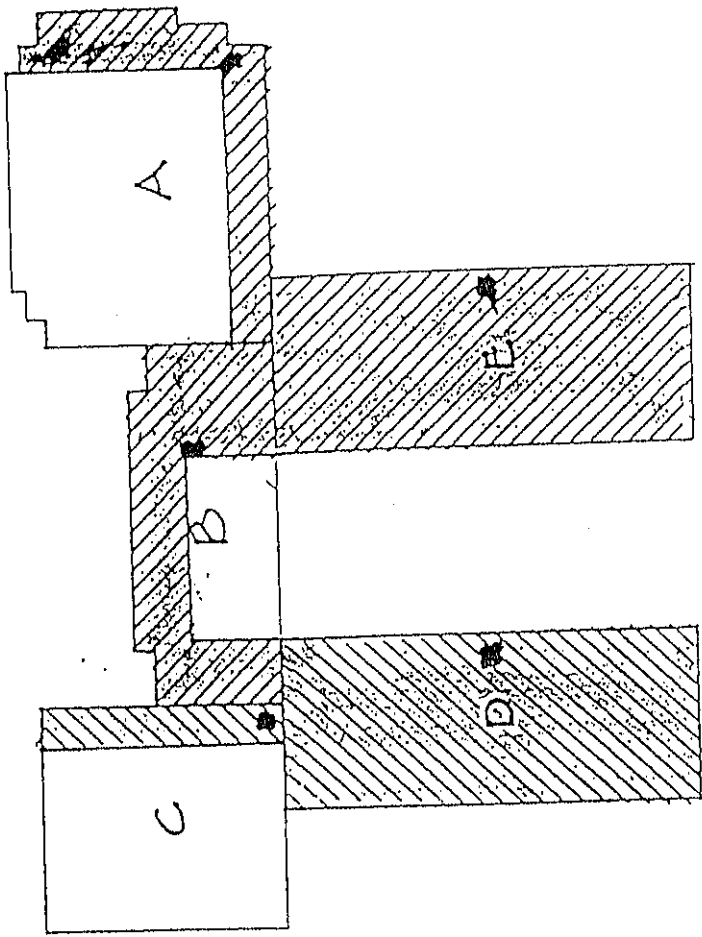
PHYSICIAN: George J. Mansueti DATE: 8/29/03

YES AFTER SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION, THIS CANDIDATE FOR EMPLOYMENT IS CONSIDERED FIT FOR WEARING RESPIRATORY EQUIPMENT, AND HAS BEEN ADVISED OF THE INCREASED RISK WHEN CIGARETTE SMOKING IS COMBINED WITH ASBESTOS. NO

X Angel Perez

DATE: 8/29/03

ATTACHMENT G



CRAWL SPACES ACCESS

THERMAL SYSTEM INSULATION

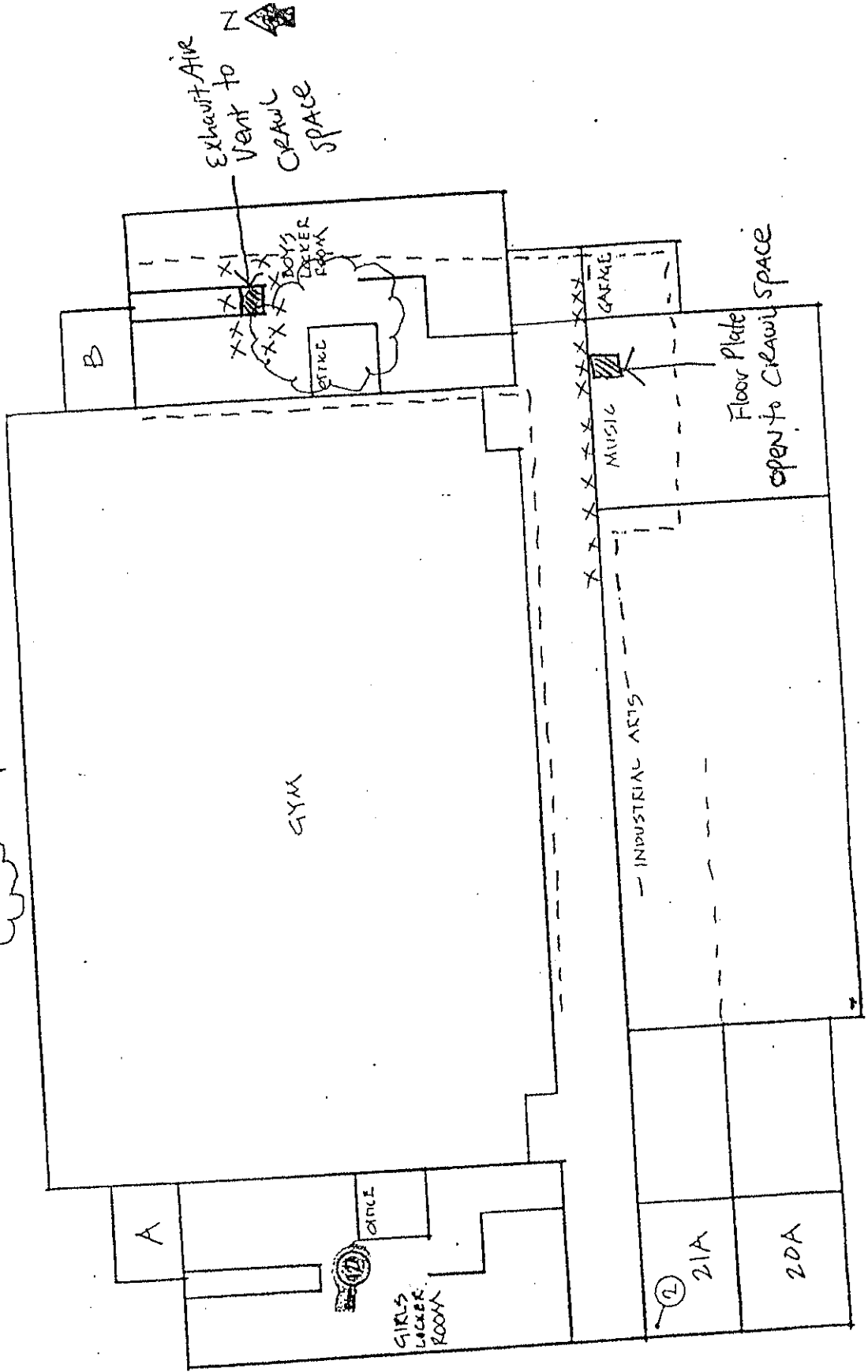
SAMPLED & FOUND TO CONTAIN ASBESTOS
 [Hatched Box] - FRIABLE
 [White Box] - NON-FRIABLE

WHITTIER SCHOOL

ROOF DRAIN INSULATION

ASSUMED TO CONTAIN ASBESTOS
 [Dotted Box] - FRIABLE [White Box] - NON-FRIABLE

- X = damaged Asbestos Insulation on pipes or ground
- - - = outline of crawl space
- ▨ = ENTRY POINTS TO CRAWL SPACE
- ☁ = presumed Area of Steam Leak



FLOOR PLAN BLD'G 'A'

