



PROJECT CLOSEOUT REPORT

5/12/2022

City of Covington, KY

Former IRS Building
200 W 4th Street
Covington, KY 41011

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Energy and Environment Cabinet

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY**

This Asbestos Abatement Certificate is Awarded to

ENVIROWORX SERVICES INC

in recognition that their personnel listed below have demonstrated proficiency and have fulfilled the training required in 401 KAR 58:040.

Jeff L Sunderhaus
Michele A ORourke
Jamie Davis
Erik John Niederkorn
Gary M Gayhart Jr

This certificate is issued subject to the following conditions:

This entity shall comply with 401 KAR 58:025 and 401 KAR 58:040.
A person listed hereon must be on site during asbestos abatement activities.

Emma Moreo

Emma Moreo
Field Support Section

CERTIFICATE NO. 160330

EFFECTIVE March 12, 2021

EXPIRES March 11, 2022

ANDY BESHEAR
GOVERNOR



REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

February 9, 2021

Michele ORourke
EnviroWorx Services Inc
660 Lunken Park Dr Ste B
Cincinnati, Ohio 45226

Certification: 160330
Effective: March 12, 2021
Expires: March 11, 2022

Dear Michele ORourke:

This is to inform you that the Kentucky Division for Air Quality has determined that all requirements for your asbestos abatement certification under 401 KAR 58:040 have been met. Your certificate, referenced above, is enclosed.

Please note the expiration date on your certificate. Be advised that 401 KAR 58:040, Section 7(3), requires that your application to renew your certificate be submitted to this Division 30 to 90 days prior to the expiration date to assure continuity. However, you may still apply for renewal up to one year after your certificate expires.

When submitting certification application packets, please note the following:

- do not staple any of the application materials
- complete the entire application
- include proof of training document for each person to be listed on the certification

If you have any questions regarding this matter, you may call me at 502-782-6717.

Sincerely,

A handwritten signature in cursive script that reads "Emma Moreo".

Emma Moreo
Field Support Section
Field Operations Branch

Enclosure



Energy and Environment Cabinet

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY**

This Asbestos Abatement Certificate is Awarded to

ENVIROWORX SERVICES INC

in recognition that their personnel listed below have demonstrated proficiency and have fulfilled the training required in 401 KAR 58:040.

**Jeff L Sunderhaus
Gary M Gayhart Jr
Michael D Wesler**

This certificate is issued subject to the following conditions:

**This entity shall comply with 401 KAR 58:025 and 401 KAR 58:040.
A person listed hereon must be on site during asbestos abatement activities.**

Emma Moreo

Emma Moreo
Field Support Section

CERTIFICATE NO. 160330

EFFECTIVE March 12, 2022

EXPIRES March 11, 2023

ANDY BESHEAR
GOVERNOR



REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

February 11, 2022

RECEIVED

FEB 25 2022

O'ROURKE

Michele ORourke
EnviroWorx Services Inc
660 Lunken Park Dr Ste B
Cincinnati, Ohio 45226

Certification: 160330
Effective: March 12, 2022
Expires: March 11, 2023

Dear Michele ORourke:

This is to inform you that the Kentucky Division for Air Quality has determined that all requirements for your asbestos abatement certification under 401 KAR 58:040 have been met. Your certificate, referenced above, is enclosed.

Please note the expiration date on your certificate. Be advised that 401 KAR 58:040, Section 7(3), requires that your application to renew your certificate be submitted to this Division 30 to 90 days prior to the expiration date to assure continuity. However, you may still apply for renewal up to one year after your certificate expires.

When submitting certification application packets, please note the following:

- do not staple any of the application materials
- complete the entire application
- include proof of training document for each person to be listed on the certification

If you have any questions regarding this matter, you may call me at 502-782-6717.

Sincerely,

Emma Moreo

Emma Moreo
Field Support Section
Field Operations Branch

Enclosure

ANDY BESHEAR
GOVERNOR



REBECCA W. GOODMAN
SECRETARY

RECEIVED

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

AUG 13 2021

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

August 9, 2021

O'ROURKE

Jeff L Sunderhaus
660 Lunken Park Dr Ste B
Cincinnati, Ohio 45226

Asbestos Abatement Supervisor
AI Number: 153515
License Number: 61938
Expires: August 3, 2022

Dear Jeff L Sunderhaus:

This is to acknowledge receipt of your application for accreditation as an asbestos abatement professional. Your application has been approved and the above-referenced card is enclosed.

Initial accreditation fee is \$100.00 per person per discipline, except for abatement worker (\$20.00). Renewal fees for accreditations within one year of the expiration date are one-half of the initial fees. Renewals for accreditations expired over one year require the initial fee. There is a \$10.00 duplication charge to replace a lost card. Please also note that the expiration date on your license is determined by the expiration date on the training certificate submitted with your application.

When submitting application packets, please note the following:

- do not staple any of the application materials;
- make sure to fill out the application completely, including your signature; and
- include current proof of training for the discipline(s) for which you are applying

If you have any questions regarding this matter, please call our office at (502) 782-6717.

Sincerely,

Emma Moreo
Field Support Section
Field Operations Branch

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Jeff L Sunderhaus

Has met the requirements of 401 KAR 58.005 and is accredited.

Asbestos Abatement Supervisor

Agency Interest Id: 153515
License Number: 61938
Issue Date: 08/09/2021
Expiration Date: 08/03/2022





THE
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Training Center

2300 East Kemper, Suite 14A • Cincinnati, Ohio 45241

513-821-7772

www.environmentaltraining.com

CERTIFIES THAT

Jeff Sunderhaus

SSN xxx-xx-2490

has successfully completed

The EPA-APPROVED AHERA ANNUAL REFRESHER COURSE for
CONTRACTOR/SUPERVISOR

and has passed the required examination in that discipline

This course complies with the requisite training for asbestos accreditation under
Toxic Substances Control Act (TSCA) Title II and State of Indiana requirements
Under 326 IAC 18-2

Course date 08/03/2021

No. of hours 8

Exam date 08/03/2021

Certificate No. CR080321-03

Expires 08/03/2022


Authorized Signature

Training Location: 2300 East Kemper, Suite 14A
Cincinnati, OH 45241

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: JEFF SUNDERHAUS

Address: 34 Sabine Dr

Telephone #: 513 505-4921

Email: _____

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD

Signature: _____

Company Name: Rivers Bend Urgent Care

Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: JEFF SUNDERHAUS

DATE: 12/17/2021


| RESPIRATOR INFORMATION | | |
|---|---|--------------------------------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|---|---|--------------------------------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>✓</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:



EMPLOYEE:



EXPIRES: 12/17/2022



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

November 8, 2021

RECEIVED

NOV 12 2021

O'ROURKE

Mark Wesler
660 Lunken Park Dr
Cincinnati, Ohio 45226

Asbestos Abatement Supervisor
AI Number: 152632
License Number: 68024
Expires: November 2, 2022

Dear Mark Wesler:

This is to acknowledge receipt of your application for accreditation as an asbestos abatement professional. Your application has been approved and the above-referenced card is enclosed.

Initial accreditation fee is \$100.00 per person per discipline, except for abatement worker (\$20.00). Renewal fees for accreditations within one year of the expiration date are one-half of the initial fees. Renewals for accreditations expired over one year require the initial fee. There is a \$10.00 duplication charge to replace a lost card. Please also note that the expiration date on your license is determined by the expiration date on the training certificate submitted with your application.

When submitting application packets, please note the following:

- do not staple any of the application materials;
- make sure to fill out the application completely, including your signature; and
- include current proof of training for the discipline(s) for which you are applying

If you have any questions regarding this matter, please call our office at (502) 782-6717.

Sincerely,

Emma Moreo

Emma Moreo
Field Support Section
Field Operations Branch

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Mark Wesler
Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Supervisor

Agency Interest Id: **152632**
License Number: **68024**
Issue Date: **11/04/2021**
Expiration Date: **11/02/2022**





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Training Center

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513-821-7772

www.environmentaltraining.com

CERTIFIES THAT

Mark Wesler

SSN xxx-xx-2670

has successfully completed
The EPA-APPROVED AHERA ANNUAL REFRESHER COURSE for
CONTRACTOR/SUPERVISOR
and has passed the required examination in that discipline

This course complies with the requisite training for asbestos accreditation under
Toxic Substances Control Act (TSCA) Title II and State of Indiana requirements
Under 326 IAC 18-2

Course date 11/02/2021
No. of hours 8
Exam date 11/02/2021
Certificate No. CR110221-08
Expires 11/02/2022


Authorized Signature

Training Location: 2300 East Kemper, Suite 14A
Cincinnati, OH 45241

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: MARK WESLER

Address: 5535 Greenwood Church Rd
Liberty Tn 37353

Telephone #: 765-580-2177

Email: _____

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

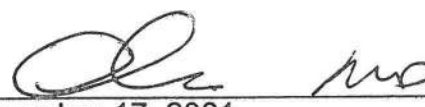
- This user is approved to wear a respirator.
- This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD
Company Name: Rivers Bend Urgent Care

Signature: 
Date: December 17, 2021

12/17/2021

LAST NAME WESLER

FIRST NAME MIKE

FIT TEST REPORT

ID NUMBER 2670
LAST NAME WESLER
FIRST NAME MARK
COMPANY ENVIROWORX
LOCATION
NOTE

CUSTOM1
CUSTOM2
CUSTOM3
CUSTOM4

TEST DATE 12/17/2021
TEST TIME 09:46
DUE DATE 12/17/2022

PORTACOUNT S/N 43305
N95-COMPANION N

RESPIRATOR NORTH 7700 HALF FACE [100%]
MANUFACTURER NORTH
MODEL 7700
MASK STYLE HALF FACE
MASK SIZE M

PROTOCOL OSHA 29CFR1910.134
PASS LEVEL 100

APPROVAL
EFFICIENCY <99% N

| <u>EXERCISE</u> | <u>DURATION (sec)</u> | <u>FIT FACTOR</u> | <u>PASS</u> |
|-------------------|-----------------------|-------------------|-------------|
| NORMAL BREATHING | 60 | 24500 | Y |
| DEEP BREATHING | 60 | 19600 | Y |
| HEAD SIDE TO SIDE | 60 | 35600 | Y |
| HEAD UP AND DOWN | 60 | 851 | Y |
| TALKING | 60 | 1770 | Y |
| GRIMACE | 15 | Excl. | |
| BENDING OVER | 60 | 585 | Y |
| NORMAL BREATHING | 60 | 4460 | Y |

OVERALL FIT FACTOR 1840 Y

FITTEST OPERATOR


SB

DATE

NAME


MARK WESLER

DATE



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

February 28, 2022

RECEIVED

MAR 04 2022

O'ROURKE

Clint Ailes
660 Lunken Park Dr
Cincinnati, Ohio 45226

Asbestos Abatement Supervisor
AI Number: 171773
License Number: 71342
Expires: February 8, 2023

Dear Clint Ailes:

This is to acknowledge receipt of your application for accreditation as an asbestos abatement professional. Your application has been approved and the above-referenced card is enclosed.

Initial accreditation fee is \$100.00 per person per discipline, except for abatement worker (\$20.00). Renewal fees for accreditations within one year of the expiration date are one-half of the initial fees. Renewals for accreditations expired over one year require the initial fee. There is a \$10.00 duplication charge to replace a lost card. Please also note that the expiration date on your license is determined by the expiration date on the training certificate submitted with your application.

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- make sure to fill out the application completely, including your signature; and
- include current proof of training for the discipline(s) for which you are applying

If you have any questions regarding this matter, please call our office at (502) 782-6717.

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Clint Ailes
Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Supervisor

Agency Interest Id: **171773**
License Number: **71342**
Issue Date: **02/22/2022**
Expiration Date: **02/08/2023**

Sincerely,

Emma Moreo
Field Support Section
Field Operations Branch

En





THE
ENVIRONMENTAL

Training Center

2300 East Kemper, Suite 14A • Cincinnati, Ohio 45241
513-821-7772

www.environmentaltraining.com

CERTIFIES THAT

Clint Ailes

SSN xxx-xx-8166

has successfully completed
**THE EPA-APPROVED AHERA ANNUAL REFRESHER COURSE for
CONTRACTOR/SUPERVISOR**
and has passed the required examination in that discipline

This course complies with the requisite training for asbestos accreditation under
Toxic Substances Control Act (TSCA) Title II and State of Indiana requirements
Under 326 IAC 18-2

Course date 02/08/2022
No. of hours 8
Exam date 02/08/2022
Certificate No. CR020822-02
Expires 02/08/2023


Authorized Signature

Training Location: 2300 East Kemper, Suite 14A
Cincinnati, OH 45241



Respirator Questionnaire

Employer Information

Employer Name: O'ROURKE WRECKING Phone Number: 513 871-1400

Employer Address: 660 LURKEN PARK DR. 45226

Authorized Contact: VICTORIA CURINGTON Fax: 513 871-1313

Employee Information

Employee Name: CHIT AILES Phone Number: 765-580-8886

Employee Birthdate: 4-1-1994 Employee SSN #: 307-15-8166

FOR OFFICE USE ONLY

Examination Requested:

- Respirator Medical Questionnaire
 Respirator Use Physical Exam

Examination Findings:

- He/She must call and schedule an appointment for a physical before decision can be made.
 He/She is **MEDICALLY APPROVED** to use a respirator.
 He/She is **NOT** medically approved to use a respirator.

William Dileo MD
Physicians Signature

2-15-2022
Date

Can you read (mark one box): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

RESPIRATOR FIT TEST

EMPLOYEE NAME: Clint Ailes

DATE: 2-16-22

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| <u>IRRITANT SMOKE:</u> | <u>PASS:</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| | | |
|----------------------------|-----------------------------|-------|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| <u>IRRITANT SMOKE:</u> | <u>PASS:</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: Murali Kumar

EMPLOYEE: Clint Ailes

EXPIRES: 2-16-23

ENVIROWORX SERVICES
660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500



(default.aspx)

KY Department for Environmental Protection

| | | |
|---------------------------------|----------------|--|
| Samuel Aguilar Rodriguez | | |
| Agency ID: | 169625 | Regulatory Status: Active |
| AI Type: | LICENSE-Person | Physical Address |
| County: | Out of State | 3114 Manning Ave Cincinnati, OH 45211 |

License(s)

| License Type | License ID | License Status | License Expiration Date | |
|---------------------------|------------|----------------|-------------------------|---|
| Asbestos Abatement Worker | 69231 | Active | 07/30/2022 | <u>Can not pay</u> (<u>Review Details.aspx?</u> <u>UQID=69231</u>). |

Training History: Arranged by License ID (descending)

| License Type | License ID | License Status | License Expiration Date |
|---------------------------|------------|----------------|-------------------------|
| Asbestos Abatement Worker | 69231 | Active | 07/30/2022 |

Active Environmental Training, LLC

Mailing Address: PO Box 707 - Loughman, Florida - 33858
Training Facility: 37828 Sky Rider Circle Dale City, Florida 33525
active@actortraining.com Ph #: 407-466-0369

Florida • Georgia • Tennessee • Alabama • Louisiana

Samuel Aguilar Rodriguez

***5523



Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 49 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Initial

AE1973-08021W3M

Certificate Authentication Number

Provider #: 0005086

Course #: 0006355

Attended Class

July 27-30, 2021

Exam Date

July 30, 2021

Expiration Date

July 30, 2022

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Stamp
For Verification Call 407-800-0369

This Certificate is not valid without
the authentication seal

Please visit www.actortraining.com for more information and verification of this certificate

440 State Route 28
440 State Route 28
Mason, OH 45040
613-671-0000

2731 Gateway Drive
2731 Gateway Drive
Springdale, OH 45228
613-671-0000

360 Glenavon Drive
360 Glenavon Drive
Springdale, OH 45228
613-671-0000

3290 Village Drive
3290 Village Drive
Franklin, OH 45030
613-652-7720

4301 Aava Drive
4301 Aava Drive
Mason, OH 45040
613-770-6133

Name: Agustín Rodríguez García
L.S.P. First
Address: 360 Glenavon Ave
Springdale OH 45211
Phone: 513-609-1125
SSN: 401-785323 Birthdate: 9/19/60

Company Name: _____
Address: _____
Phone: _____
Contact Person: _____

Date: 8/19/21

MEDICAL HISTORY: Have you ever had or do you now have: (Check YES or NO)

| | YES | NO | | YES | NO | | YES | NO |
|--------------------------------|-----|----|----------------------------------|-----|----|---|-----|----|
| 1. Allergies | | | 21. Head or neck | | | 37. Previously under a doctor's care | | |
| 2. Asthma | | | 22. Chest pain | | | 38. Been by a physician in the last year | | |
| 3. Anemia | | | 23. Thyroid problems | | | 39. Feeling fatigued | | |
| 4. Trichinosis | | | 24. Stomach problems | | | 40. Weight changes, gain or loss | | |
| 5. Chronic bronchitis | | | 25. Heart | | | 41. Chronic alcohol use (beer) | | |
| 6. Diabetes (type 1) | | | 26. High cholesterol | | | 42. Hospitalized for blood work only | | |
| 7. Parkinson's disease | | | 27. Rheumatoid arthritis | | | 43. Allergic to any medications | | |
| 8. Myocardial infarction | | | 28. Stroke | | | WORK/STRESS/EXERCISE/TOBACCO | | |
| 9. Pregnancy (date) | | | 29. Heart or lung | | | 44. Have you worked for long hours | | |
| 10. Heart pain | | | 30. Kidney problems | | | 45. Is doing your work for a long time? | | |
| 11. Stroke (date) | | | 31. Fertility or family planning | | | 46. Have you ever worked for a year | | |
| 12. High or low blood pressure | | | 32. Cancer (name) | | | 47. or more in any July 200? | | |
| 13. Head problems | | | 33. Diabetes (name) | | | 48. Have you ever been exposed to you | | |
| 14. Neck pain/rigidity | | | 34. Rheumatoid arthritis | | | 49. or chemical fumes in your work? | | |
| 15. Stomach (name) | | | 35. Osteoarthritis | | | 50. Have you ever worked in a mine, | | |
| 16. Pain in arm/leg | | | 36. Gonorrhea/syphilis | | | 51. quarry, gallery, laundry with asbestos | | |
| 17. Tuberculosis | | | 37. Venereal disease | | | 52. or in a factory, bus or train yard? | | |
| 18. TB test | | | 38. HIV/AIDS | | | 53. What has been your usual occupation in the | | |
| 19. Tuberculosis | | | 39. HIV/AIDS | | | 54. last that you have worked at (be specific)? | | |
| 20. AIDS/HIV/AIDS | | | 40. HIV/AIDS | | | Explain as follows: | | |
| 21. HIV/AIDS | | | 41. HIV/AIDS | | | <input checked="" type="checkbox"/> Respirator stress testing | | |
| 22. Tuberculosis | | | 42. HIV/AIDS | | | <input type="checkbox"/> Acceptable with restrictions | | |
| 23. Tuberculosis | | | 43. HIV/AIDS | | | <input type="checkbox"/> Acceptable to return to work | | |
| 24. Tuberculosis | | | 44. HIV/AIDS | | | <input type="checkbox"/> Later Funding further study | | |
| 25. Tuberculosis | | | 45. HIV/AIDS | | | <input type="checkbox"/> Incompletely - See Comments below | | |

Exam: BP 100/150 P 74 R 12 T 36.2 HR 110 Wt 201 lbs

Vision: Uncorrected - R 20/40 L 20/20 Both 20/20 Color pass

Vision: Corrected - R 20/20 L 20/20

| | YES | NO |
|--------|-----|----|
| Heart | | |
| Lung | | |
| Eye | | |
| Ears | | |
| Nose | | |
| Throat | | |
| Neck | | |
| Arms | | |
| Legs | | |

| Lab | Result | Time |
|---------------|--------|------|
| CBC | | |
| U/Li/Li/ure | | |
| Urea Nitrogen | | |
| Cr | | |
| Coag | | |
| ESR | | |
| Other | | |

- Respirator stress testing
- Acceptable with restrictions
- Acceptable to return to work
- Later Funding further study
- Incompletely - See Comments below

Steph M.D.

Steph
MD

Doctors' Urgent Care Office
360 Glenavon Drive
Springdale, OH 45228
Phone: 613-671-0000
Fax: 613-671-3012

RESPIRATOR USE ONLY

I have reviewed the examination of the above named individual per OSHA Regulations (29CFR 1910.120, 1910.134, 1926.1101, 1926.602) and in my opinion:

my history and physical examination indicate that the worker should be placed in a following respirator use class:

(Physician to check and initial appropriate classification)

see 1 No respirator or respirator use

see 2 Specific restrictions

- (Should NOT use the following)
- a) Powered Air Purifying Respirator (PAPR)
- b) Negative Pressure Air Purifying Respirator
- c) Self-contained breathing apparatus

see 3 No respirator use permitted

with conditions (see form and inform the employer of the results of the examination. Copy of this form must be retained in the Company's OSHA 3090 records.

1. Employee has a identifiable medical condition that would place the employee at an increased risk of serious health impairment from exposure to asbestos. Yes No, specify _____

2. Employee is physically fit to wear the following type of respirator(s):

- a) Negative Pressure Air Purifying Respirator
- b) Powered Air Purifying Respirator
- c) Self-Contained Breathing Apparatus

If any are "yes", is the worker fit to wear, please specify reason:

For worker's info: can or may be exposed to hazardous substances at work (specify: _____)

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Samuel Aguilar Rodriguez

DATE: 10/20/21

RESPIRATOR INFORMATION

| | |
|--------------------------------|--|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> |
| SIZE: <u>Large</u> | |
| TEST PERFORMED | |
| IRRITANT SMOKE: | PASS: <input checked="" type="checkbox"/> FAIL: <input type="checkbox"/> |
| SACCHARIN: | PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/> |

| | |
|----------------------------|--|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> |
| SIZE: <u>Large</u> | |
| TEST PERFORMED | |
| IRRITANT SMOKE: | PASS: <input checked="" type="checkbox"/> FAIL: <input type="checkbox"/> |
| SACCHARIN: | PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: [Signature]

EXPIRES: 10/20/22

ENVIROWORX SERVICES
660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky

Department for Environmental Protection
Division for Air Quality

Magdaleno Avila Estrada

Has met the requirements of 401 KAR 58:005 and is accredited as an

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 168367 |
| License Number: | 70902 |
| Issue Date: | 01/25/2022 |
| Expiration Date: | 12/03/2022 |

Metropolitan Laboratories, Inc.
1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Magdaleno Avila Estrada
1928 Westmont Lane, Apt. 909
Cincinnati, OH 45205
1986

Has Successfully Completed The
8 Hour Asbestos Worker Refresher
In Compliance with Section 206 TSCA 15 USC 2646

Training Director: Ron Morrison

Primary Instructor: Ron Morrison

Course Date: 12/03/2021
Course Number: 2021-0158-AWR
Certificate #: 012144

Exam Date: 12/03/2021
Expires: 12/03/2022

Doctors' Urgent Care Office

Work Evaluation / Respirator Use / Asbestos / Lead Exposure



846 State Route 28
Milford, OH 45150
513-831-8555

5915 North Main St.
Dayton, OH 45415
937-278-3826

2131 Gateway Drive
Fairborn, OH 45324
937-873-9500

3604 Wilmington Pike
Kettering, OH 45429
937-294-0066

360 Glensprings Drive
Springdale, OH 45246
513-671-5050

5920 Colerain Avenue
Cincinnati, OH 45239
513-741-7044

3290 Village Drive
Franklin, OH 45005
513-422-7703

650 Sprucewood Lane
Erlanger, KY 41018
859-282-6600

4201 Aero Drive
Mason, OH 45040
513-770-4122

- PRE-EMPLOYMENT
- POST OFFER/HIRE
- ANNUAL
- OTHER _____

Date: 3-5-21

Name: Avila magdalena
Last First MI
Address: 1928 Westmont LN
Cincinnati OH 45205
Phone: 513 254 1484
SSN: 156 23 1986 Birthdate: 03/07/1986

Company Name: _____
Address: _____
Phone: _____
Contact Person: _____

MEDICAL HISTORY: Have you ever had or do you now have: (Check YES or NO)

| | | YES | NO | | | YES | NO | | | YES | NO |
|--------------------------------|--|-----|----|--------------------------------------|--|-----|----|---|--|-----|----|
| 1. Allergies | | | | 24. Bowel problems | | | | 47. Presently under a doctors' care | | | |
| 2. Asthma | | | | 25. Hepatitis/jaundice | | | | 48. Seen by a physician in the last year | | | |
| 3. Anemia | | | | 26. Liver problems | | | | 49. Taking any medications | | | |
| 4. Emphysema | | | | 27. Stomach problems | | | | 50. Smoke cigarettes, cigars, pipe | | | |
| 5. Chronic bronchitis | | | | 28. Ulcers | | | | 51. Consume alcohol, how much? | | | |
| 6. Collapsed lung | | | | 29. Vomiting/black stool | | | | 52. Condition that limits your work ability | | | |
| 7. Persistent cough | | | | 30. Hemorrhoids | | | | 53. Allergic to any medications | | | |
| 8. Shortness of breath | | | | 31. Hernia or rupture | | | | OCCUPATIONAL HISTORY | | | |
| 9. Frequent colds | | | | 32. Kidney problems | | | | 54. Have you worked full time (30 hrs. or more per week) for 6 mos or more? | | | |
| 10. Chest pain | | | | 33. Painful or bloody urination | | | | 55. Have you ever worked for a year or more in any dusty job? | | | |
| 11. Heart trouble | | | | 34. Cancer/tumors | | | | 56. Have you ever been exposed to gas or chemical fumes in your work? | | | |
| 12. High or low blood pressure | | | | 35. Varicose veins | | | | 57. Have you ever worked in a mine, quarry, pottery, foundry with asbestos or in a cotton, flax or hemp mill? | | | |
| 13. Heart murmurs | | | | 36. Emotional problems | | | | 58. What has been your usual occupation or job (the one that you have worked at the longest): | | | |
| 14. Breast problems/disease | | | | 37. Deafness or impaired hearing | | | | Explanations (by item number) | | | |
| 15. Rheumatic Fever | | | | 38. Eye trouble/vision problems | | | | | | | |
| 16. Fainting or seizures | | | | 39. Glasses/contact lenses | | | | | | | |
| 17. Thyroid disease | | | | 40. Dentures | | | | | | | |
| 18. Diabetes | | | | 41. Frequent or severe headaches | | | | | | | |
| 19. Dizziness | | | | 42. Sensation of smothering | | | | | | | |
| 20. Arthritis/joint problems | | | | 43. Fear of tight or enclosed spaces | | | | | | | |
| 21. Skin disease | | | | 44. Heat exhaustion/heat stroke | | | | | | | |
| 22. Back problems/back pain | | | | 45. Drug or narcotic habit | | | | | | | |
| 23. Chronic diarrhea | | | | 46. Recent weight gain or loss | | | | | | | |

Exam: BP 120/70 P 80 R 16 T 98 HT 5'8 WT 206
 Vision: Uncorrected - R 20/20 L 20/20 Both 20/20 Color yes
 Vision: Corrected - R _____ L _____ Both _____

| | NL | Abnl |
|-------------|----|------|
| Heart | ✓ | |
| Neck | ✓ | |
| Heart | ✓ | |
| Lungs | ✓ | |
| Chest | ✓ | |
| Abdomen | ✓ | |
| Extremities | ✓ | |
| N/S | ✓ | |
| Neuro | ✓ | |
| G/U | ✓ | |

- Acceptable without restrictions
- Acceptable with restrictions
- Acceptable for Return to Work
- Defers Pending further study
- Unacceptable - See Comments Below

Robert Beggs D.D., M.D.
Date: 3/5/21

| Lab | Ordered | Done |
|----------------|---------|--|
| UA | | Sprg <u>0</u> Alb <u>0</u> Glucose <u>0</u> Other <u>0</u> |
| CXR | | |
| L/S Spine | | |
| Spirometry | | |
| Drug screen | | |
| Audiometry | | |
| Blood-Lead/ZPP | | |

Comments: _____



EDG
ENVIRONMENTAL DEMOLITION GROUP

RESPIRATOR FIT TEST

Employee Name: x Magdalena Avila

Respirator Information:

| | | | |
|------------------------------|-----------------------|----------|------------------|
| Type: | <u>Full Face PAPR</u> | Model: | <u>1080</u> |
| Manufacturer: | <u>Survive Air</u> | NIOSH #: | <u>TC21C-499</u> |
| Size: | <u>L</u> | | |
| <u>Test Performed</u> | | | |
| Irritant Smoke: | <u>X</u> | Pass: | <u>X</u> |
| Saccharin: | <u> </u> | Pass: | <u> </u> |
| | | Fail: | <u> </u> |
| | | Fail: | <u> </u> |

| | | | |
|------------------------------|------------------|----------|--------------------|
| Type: | <u>Half Face</u> | Model: | <u>7700</u> |
| Manufacturer: | <u>North</u> | NIOSH #: | <u>TC-84A-0590</u> |
| Size: | <u> </u> | | |
| <u>Test Performed</u> | | | |
| Irritant Smoke: | <u>X</u> | Pass: | <u>X</u> |
| Saccharin: | <u> </u> | Pass: | <u> </u> |
| | | Fail: | <u> </u> |
| | | Fail: | <u> </u> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

Certified Abatement Specialist: Nator Dony

X Employee: Magdalena Avila

Expires: 12-20-22

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Armando Bermudez

Has met the requirements of 401 KAR 58.005 and is accredited as an

Asbestos Abatement Worker

Agency Interest Id: **169328**

License Number: **71776**

Issue Date: **03/22/2022**

Expiration Date: **01/22/2023**

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

ARMANDO BERMUDEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES22/SWR 12961

Course Dates : 01/22/2022
Test Date: 01/22/2022 Expires: 01/22/2023



Not Valid Without Embossment

Veronica Roa
Instructor

Concentra Medical Centers (IN)

5940 Decatur Blvd INDIANAPOLIS, IN 46241
 Phone: (317) 856-2945 Fax: (317) 856-5122

Service Date: 06/26/2021

Respirator Clearance Examination

Patient: Bermudez, Armando P.
DOB: 11/03/2003

Address: 5360 gainsborough ct, INDIANAPOLIS
Phone: (512) 361-9519

Employer: Private Pay-Airport Indianapolis
Address: 5940 Decatur Blvd
 Indianapolis, IN 462419579

| Vitals: Height: <u>68</u> Weight: <u>140</u> | Distance vision: <table border="1"> <tr> <th>Uncorrected</th> <th>Corrected</th> </tr> <tr> <td>R <u>20/20</u></td> <td>R _____</td> </tr> <tr> <td>L <u>20/20</u></td> <td>L _____</td> </tr> <tr> <td>B <u>20/20</u></td> <td>B _____</td> </tr> </table> | Uncorrected | Corrected | R <u>20/20</u> | R _____ | L <u>20/20</u> | L _____ | B <u>20/20</u> | B _____ |
|---|---|--------------------|-----------|----------------|--------------------|----------------|--------------------|----------------|--------------------|
| Uncorrected | | Corrected | | | | | | | |
| R <u>20/20</u> | | R _____ | | | | | | | |
| L <u>20/20</u> | L _____ | | | | | | | | |
| B <u>20/20</u> | B _____ | | | | | | | | |
| T°: _____ BP: <u>122/04</u> Repeat BP: _____ | | | | | | | | | |
| Pulse: <u>59</u> Resp: <u>14</u> SaO2: _____ | | | | | | | | | |

EXAMINATION

As indicated by the medical evaluation questionnaire. Check each item in appropriate column if performed:

| Focus Area | NL | AB | N/A | Remarks |
|---|----|----|-----|-----------|
| Head/Face (deformities, facial hair) | | | | <u>Dm</u> |
| Ears (note perforated TM) | | | | |
| Eyes | | | | |
| Mouth (note dentures, deformity) | | | | |
| Nose (note deformity, patency) | | | | |
| Skin (note lesions) | | | | |
| Lungs | | | | |
| Heart | | | | |
| Abdomen (if indicated) | | | | |
| Spine (if indicated by history) | | | | |
| ROM | | | | |
| Squat | | | | |
| SLR | | | | |
| Neurologic grossly intact (or describe) | | | | |
| Other (if indicated, document) | | | | |

DIAGNOSTIC TESTING:

As indicated by authorization or examination findings. Check each item in appropriate column if performed:

| Diagnostic Test | NL | AB | N/A | Remarks |
|--------------------------------------|----|----|-----|--|
| EKG | | | | |
| Spirometry (PFT) | | | | |
| Chest X-ray | | | | Peripheral _____ Depth _____ |
| Vision Screening (peripheral, depth) | | | | Test used: Ishihara _____ Hardy Rand Rittler _____ |
| Color vision screening | | | | |
| Other: | | | | |
| Other: | | | | |

Additional comments: _____

Clinician Name Printed: Diane Moore
 Clinician Signature: Diane Moore

Date: 6-26-2021

Concentra Medical Centers (IN)

5940 Decatur Blvd INDIANAPOLIS, IN 46241
Phone: (317) 856-2945 Fax: (317) 856-5122

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

12. Yes No Have you ever had an injury to your ears, including a broken ear drum?

13. Do you currently have any of the following hearing problems?
a. Difficulty hearing
b. Wear a hearing aide
c. Any other hearing or ear problems

14. Yes No Have you ever had a back injury?

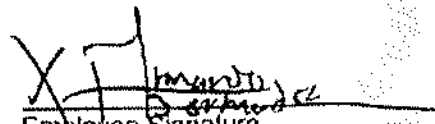
15. Do you currently have any of the following musculoskeletal problems?
a. Weakness in any of your arms, hands, legs, or feet
b. Back pain
c. Difficulty fully moving your arms and legs
d. Pain or stiffness when you lean forward or backward at the waist
e. Difficulty fully moving your head up or down
f. Difficulty fully moving your head side to side
g. Difficulty bending at your knees
h. Difficulty squatting to the ground
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
j. Any other muscle or skeletal problem that interferes with using a respirator.

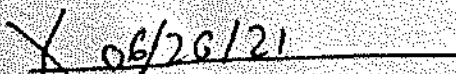
TO THE PLHCP

Check the ONE that applies

- I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.
- I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.
- I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.
- I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.


PLHCP Signature


Employee Signature
(When Available)


Date

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

RESPIRATOR FIT TEST

EMPLOYEE NAME: Armando Bermudez

DATE: 1-4-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

Mark Wesler

EMPLOYEE:

Armando Bermudez

EXPIRES:

1-4-23

ENVIROWORX SERVICES

660 LINKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500



(default.aspx)

KY Department for Environmental Protection

| | | |
|---------------------|----------------|---|
| Jose Blandon | | |
| Agency ID: | 169594 | Regulatory Status: Active |
| AI Type: | LICENSE-Person | Physical Address |
| County: | Out of State | 5610 Crawfordsville Rd Ste 1103 Speedway, IN 46224 |

License(s)

| License Type | License ID | License Status | License Expiration Date | |
|---------------------------|------------|----------------|-------------------------|---|
| Asbestos Abatement Worker | 69208 | Active | 07/29/2022 | <u>Can not pay</u> <u>(Review Details.aspx?</u> <u>UQID=69208).</u> |

Training History: Arranged by License ID (descending)

| License Type | License ID | License Status | License Expiration Date |
|---------------------------|------------|----------------|-------------------------|
| Asbestos Abatement Worker | 69208 | Active | 07/29/2022 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sandler Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

JOSE BLANDON

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

INITIAL ASBESTOS WORKER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SIW5778

Course Dates : 07/26, 27, 28 & 07/29/2021
Test Date: 07/29/2021 Expires: 07/29/2022



Edwin Reyes
Edwin Reyes/ Instructor

MEDICAL SURVEILLANCE-ASBESTOS

Service Date: 7/30/21

Patient: Blandon, Jose
 SSN: *** ** 2631
 DOB: 11/3/91
 Gender: Male
 Marital Status: Single
 Address: 5360 Gainsborough Court
Indianapolis, IN 46224
 Home Phone: (463) 701-4995
 Work Phone: _____

Job Title: Laborer
 Employer: 0
 Address: 0
0
 Job Contact: 0
 Role: 0
 Phone: 0
 Fax: 0
 Race: Asian _____ Black _____ Hispanic _____
 Indian _____ White _____ Other _____

The above individual was seen on 7/30/21 in accordance with 29 CFR 1926.1101
 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101
- Review of the employer's description of the employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, the personal protection equipment to be utilized by the employee
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926.1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any) _____


 Provider Signature

7/30/2021
 Date

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Jose Bordon

DATE: 6-10-21

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: FR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: X PASS: X FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: Medium

TEST PERFORMED

IRRITANT SMOKE: X PASS: X FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: [Signature]

EXPIRES: 6-10-22

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

active@activeet.com

Ph #: 407-860-0369

Florida *

Georgia *

Tennessee *

Alabama *

Louisiana *

Ohio

Certifies that:

Mirta Lorena Borjas Euceda

***-**-2832



Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Refresher

AET04022022WR10

Certificate Authentication Number

Roberto Morales
Course Administrator

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Seal
For verification Call 407-860-0369

Provider #: 0005086

Course #: 0006350

Attended Class

Apr 2, 2022

Exam Date

Apr 2, 2022

Expiration Date

Apr 2, 2023

This Certificate is not valid without
the authentication seal

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: BORJA EUCEDA, MIRTA LORENA
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- N95 particulate respirator Without restrictions With restrictions _____
- Half-mask, air purifying respirator Without restrictions With restrictions _____
- Full-face, air purifying respirator Without restrictions With restrictions _____
- Powered air purifying respirator Without restrictions With restrictions _____

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
- This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD
Company Name: Rivers Bend Urgent Care

Signature: 
Date: December 17, 2021

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Manuel Castillo Jarquin

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

Agency Interest Id: 171681

License Number: 71209

Issue Date: 02/16/2022

Expiration Date: 01/20/2023

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

MANUEL I. CASTILLO JARQUIN

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

INITIAL ASBESTOS WORKER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES22/SIW5911

Course Dates : 01/17, 18, 19 & 01/20/2022
Test Date: 01/20/2022 Expires: 01/20/2023



Not Valid Without Embossment

Veronica Roa
Veronica Roa
Instructor

Concentra Medical Centers (IN)
5604 W74th Street INDIANAPOLIS, IN 46278
Phone: (317) 290-1551 Fax: (317) 280-2052

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 02/19/2022

Employee SSN: XXX-XX-7557

Employee Name:
Manuel I. Castillo Jarquin

Address:
7141 Hatteras Ln Apt 1A
INDIANAPOLIS, IN 46254

Employer: Asbestos Physical-Patient Pay

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

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

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

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

(Check ALL that apply)

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

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

LARRY TUNNELL MD
PLHCP Signature
LARRY TUNNELL MD
PLHCP Name (printed)

Employee's Signature
02/19/2022
Expiration Date

¹Physician or other Licensed Healthcare Professional

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

Print Date: 02/19/2022
Revision Date: 04/06/2000

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Manuel Castillo Tarquin

DATE: 2-28-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR

MODEL: PR-500

MANUFACTURER: Honeywell

NIOSH #: TC21C-499

SIZE: M

TEST PERFORMED

IRRITANT SMOKE:

PASS:

FAIL:

SACCHARIN:

PASS:

FAIL:

TYPE: Half Face

MODEL: 7700

MANUFACTURER: North

NIOSH #: TC-84A-0590

SIZE: M

TEST PERFORMED

IRRITANT SMOKE:

PASS:

FAIL:

SACCHARIN:

PASS:

FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

Manuel Castillo

EMPLOYEE: H I C T

EXPIRES: 2-28-23

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Norlan Artola Castillo

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 165017 |
| License Number: | 71599 |
| Issue Date: | 03/10/2022 |
| Expiration Date: | 01/14/2023 |

SWC Institute

Occupational Safety – Environmental Health Training and Consulting

Certificate of Completion

Awarded to

NORLAN E. ARTOLA CASTILLO

Training also meets the requirements of the State of Missouri Section 643.228. Authorized by both AHERA and ASHARA. Training was in accordance with U.E. E.P.A. 40 CFR 763 Subpart E, Appendix C, and Asbestos Containing Materials in Schools: Model Accreditation Plan, TSCA II.

has successfully completed the 32-hours Initial Asbestos Abatement Worker, and has passed the final exam with a score

INITIAL ASBESTOS ABATEMENT WORKER (SPANISH)

Accredited by the State of Illinois Department of Public Health and the Missouri Department of Natural Resources

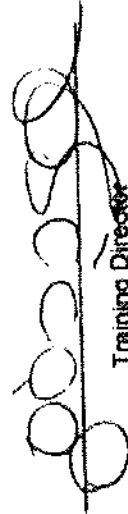
Certificate No: AWR0322511252022

Exam Date: JANUARY 14

Course Date: JANUARY 10,11,12,13

Class Conducted at: 3850 Eagle View Dr. Indianapolis, IN 46254

2022



Training Director

Expires on: JANUARY 14, 2023

Main Office: 2819 S. Archer Ave. Chicago Illinois. 60608

Email Address: swcinstitute@gmail.com -- Website: www.swcinstitute.com -- Phone# 1.312.421.4505 -- Fax # 1.312.421.4505

Patient: Norian E. Artola Castillo
SSN: XXX-XX-2808
DOB: 05/11/2000
Gender: M
Marital Status: S
Address: 2641 Springfield Dr
INDIANAPOLIS, IN 46228
Home Phone: 317-919-0584
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Asbestos Physical-Patient Pay
Address: 6920 Gatwick Dr Ste 100
Indianapolis, IN 462419506
Job Contact: Karen Smith
Role: Local Contact
Phone: (317) 856-2945 Ext.: _____
Fax: (317) 856-5122
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/19/2022 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any): _____

[Signature]
Provider Signature

02/19/2022
Date

Revision Date: 07/21/

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 02/19/2022

Employee SSN: XXX-XX-2808

Employee Name:
Norlan E. Artola Castillo

Address:
2641 Springfield Dr
INDIANAPOLIS, IN 46228

Employer: Asbestos Physical-Patient Pay

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

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

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

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

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1010.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1010.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1010.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1010.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

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

Larry Tunnell
PLHCP Signature

LARRY TUNNELL, MD
PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

Employee's Signature
02/19/20
Expiration Date

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

Print Date: 02/19/2022
Revision Date: 04/06/2000

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Norlan E. Artola Castillo

Address: 2641 Springfield Dr
INDIANAPOLIS, IN 46228

Employer: Asbestos Physical-Patient Pay

Employee SSN: XXX-XX-2808

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

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

Make: _____ Model: _____ Cartridge: _____

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

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

Questionnaire will be: HAND CARRIED MAILED OTHER

Extent of Usage (Check ALL that apply)

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

Expected Physical Effort Required (Check ALL that apply)

- Light
- Moderate
- Heavy

Exposure to Hazardous Materials (Check ALL that apply)

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

Other(s): _____

EVALUATION AUTHORIZATION BY _____
Signature of Employer Representative
DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

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

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

Based upon my findings, I have determined that this individual (Check ALL that apply) _____ prior to respirator approval and usage.

- Employee must schedule a medical examination with Concentra Medical Centers (IN)
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required ²
- Fit Test Required
- Fit Test Performed Satisfactorily
- Fit Test NOT Performed at Concentra Medical Centers (IN)
- Fit Test Performed Unsatisfactorily
- Special prescription eyewear needed to accommodate respirator
- Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks
- Physician or other Licensed Healthcare Professional
- Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (IN) of his/her findings to

(Check ALL that apply)

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

Physician's Signature _____
Physician's License Number (Optional in Most States) _____

LARRY TUNNELL MD
Physician's Name (Printed)
Date of Exam 02/19/2022
Expires On 02/19/2023

Print Date: 02/19/2022
Revision Date: 06/29/1999

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Norlan Artola Castillo

DATE: 1-4-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: Large

TEST PERFORMED
IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: Large

TEST PERFORMED
IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

Mark Weeber

EMPLOYEE: Norlan Artola Castillo

EXPIRES: 1-4-23

Metropolitan Laboratories, Inc.

1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744


Certificate Of Completion

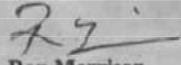
This Certifies That

Adonis Castro

3122 Westwood Northern Blvd.
Cincinnati, OH. 45211
5275

Has Successfully Completed The
8 Hour Asbestos Worker Refresher
In Compliance with Section 206 TSCA 15 USC 2646


Training Director: Ron Morrison


Primary Instructor: Ron Morrison

Course Date: 03/19/2021
Course Number: 2021-0043-AWR
Certificate #: 011359

Exam Date: 03/19/2021
Expires: 03/19/2022

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

active@activet.com Ph #: 407-860-0369

Florida * Georgia * Tennessee * Alabama * Louisiana * Ohio

Certifies that:

Adonis Castro

***.**-5275



Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Refresher

AE104092022WR09

Certificate Authentication Number

Merrisa Oquid
Course Administrator

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Stamp
For verification Call 407-860-0369

This Certificate is not valid without the authentication seal

Provider #: 0005086
Course #: 0006350

Attended Class Apr 9, 2022
Exam Date Apr 9, 2022
Expiration Date Apr 9, 2023

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: CASTRO, ADONIS
7212 N Shadeland Ave
Address: Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

I have performed a respirator medical evaluation, including review of the Individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- N95 particulate respirator Without restrictions With restrictions _____
- Half-mask, air purifying respirator Without restrictions With restrictions _____
- Full-face, air purifying respirator Without restrictions With restrictions _____
- Powered air purifying respirator Without restrictions With restrictions _____

If applicable, the following workplace conditions will result in additional physiological burden: _____

- o Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - o a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - o the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
- This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD
Company Name: Rivers Bend Urgent Care

Signature: [Signature]
Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Adonis Castro

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|---|---|--------------------------------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|---|---|--------------------------------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: Adonis Castro

EXPIRES: 12/17/2022

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Mangel Castro

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 172031 |
| License Number: | 71596 |
| Issue Date: | 03/10/2022 |
| Expiration Date: | 01/14/2023 |

SWC Institute
Occupational Safety – Environmental Health Training and Consulting

Certificate of Completion

Awarded to
MANGEL CASTRO

Training also meets the requirements of the State of Missouri Section 643.228. Authorized by both AHERA and ASHARA. of least 70%. Training was in accordance with U.E. E.P.A. 40 CFR 763 Subpart E, Appendix C, and Asbestos Containing Materials in has successfully completed the 32-hours Initial Asbestos Abatement Worker, and has passed the final exam with a score

INITIAL ASBESTOS ABATEMENT WORKER (SPANISH)

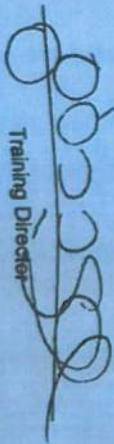
Accredited by the State of Illinois Department of Public Health and the Missouri Department of Natural Resources

Course Date: JANUARY 10,11,12,13

Exam Date: JANUARY 14

Certificate No: AWR0322511232022

Class Conducted at: 3850 Eagle View Dr. Indianapolis, IN. 46254



Training Director

2022

Expires on: JANUARY 14, 2023

Main Office: 2819 S. Archer Ave. Chicago Illinois. 60608
Email Address: swcinstitute@gmail.com – Website: www.swcinstitute.com – Phone# 1.312.421.4505 – Fax # 1.312.421.4505

Concentra Medical Centers (IN)

5604 W 74th Street INDIANAPOLIS, IN 46278
Phone: (317) 290-1551 Fax: (317) 290-2052

Medical Surveillance - Asbestos

Service Date: 02/26/2022

Patient: Mangel Castro
SSN: XXX-XX-3103
DOB: 01/04/2001
Gender: M
Marital Status: S
Address: 3031 Georgetown Rd
INDIANAPOLIS, IN 46224
Home Phone: 317-935-1961
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Asbestos Physical-Patient Pay
Address: 6920 Gatwick Dr Ste 100
Indianapolis, IN 462419506
Job Contact: Karen Smith
Role: Local Contact
Phone: (317) 856-2945 Ext.: _____
Fax: (317) 856-5122
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/26/2022 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any): _____

[Signature]
Provider Signature

02/26/2022
Date

EMPLOYEE NAME: MANGEL CASTRO

DATE: 3-28-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: Mangel Castro

EXPIRES: 3-28-23

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Marely Cubas

Has met the requirements of 401 KAR 58.005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 148196 |
| License Number: | 71041 |
| Issue Date: | 02/03/2022 |
| Expiration Date: | 04/24/2022 |

ALLIANCE ENVIRONMENTAL TRAINING INSTITUTE

1700 1st street . Salisbury, NC 28144

www.globenviro.com

This Certifies that

Marely Cubas

xxx-xx-9441

Has completed the course, passed the examination, and the requisite training for Asbestos accreditation under Section 206 TSCA Title II, 15 646 of the Toxic Substance Control Act for Discipline.

Asbestos Worker Refresher Spanish Training Course

Training Location

1700 1st street, . - Salisbury, NC 28144

Office (704)-603-6155 / Fax (704)-603-6154

April, 24 2021

Course Date:

April, 24 2022

Expires:



Instructor:

Alexis I. Nunez

Alexis I. Nunez, Course Administrator

Exam Date: April, 24 2021

Course Numbers: R0421204 / Certificate Number: 21-049441

144

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: CUBA, MARELY E
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____


- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Marelt Cubas

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>S</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|----------------------------|-----------------------------|-------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>Small</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: 

EMPLOYEE: Marelt Cubas

EXPIRES: 12/17/2022

Commonwealth of Kentucky

Department of Environmental Protection
Division for Air Quality

Maria Dabila

Has met the requirements of 401 KAR 58.005 and is accredited as an:

Asbestos Abatement Worker

169486

Agency Interest Id.

69053

License Number

07/19/2021

Issue Date:

05/21/2022

Expiration Date

SWC Institute

Occupational Safety – Environmental Health Training and Consulting

Certificate of Completion

Awarded to

MARIA DABILA

Training also meets the requirements of the State of Missouri Section 643.228. Authorized by both AHERA and ASHARA, of least 70%. Training was in accordance with U.E.E.P.A. 40 CFR 763 Subpart E, Appendix C, and Asbestos Containing Materials in Schools: Model Accreditation Plan, TSCA II. has successfully completed the 32-hours Initial Asbestos Abatement Worker, and has passed the final exam with a score

INITIAL ASBESTOS ABATEMENT WORKER (SPANISH)

Accredited by the State of Illinois Department of Public Health and the Missouri Department of Natural Resources

Course Date: MAY 17,18,19,20

Exam Date: MAY 21

Certificate No. AWR0322412021

Class Conducted at: 3850 Eagle View Dr. Indianapolis, IN. 46254



Training Director

2021

Expires on: MAY 21, 2022

Main Office: 2819 S. Archer Ave. Chicago Illinois. 60608

Email Address: swcinstitute@gmail.com – Website: www.swcinstitute.com – Phone# 1.312.421.4505 – Fax # 1.312.421.4505

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: DABILA, MARIA
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- Without restrictions With restrictions _____
- Without restrictions With restrictions _____
- Without restrictions With restrictions _____
- Without restrictions With restrictions _____

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
- This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: [Handwritten Signature]
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Maria Dabila

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>S</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|----------------------------|-----------------------------|-------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>Small</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Maria Dabila

EXPIRES: 12/17/2022

State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Abatement Worker

Nahun Espinal

1921 Westmont Lane Apt 809, Cincinnati, OH 45205

Certification Number: **WKS43730** Expiration Date: **3/14/23**

DOB: 3/8/77



Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Nahun Espinal

Asbestos Abatement Worker

Agency Interest Id: **164778**

License Number: **69030**

Issue Date: **01/25/2022**

Expiration Date: **01/15/2023**

HAs meet the requirements of 401 KAR 58.005 and is accredited as an

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

active@activeset.com

Ph #: 407-860-0369

Florida * Georgia * Tennessee * Alabama * Louisiana * Ohio

Certifies that:

Nahun Espinal

--3218



Has Successfully met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A., 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Refresher (Spanish)

Provider #: 0005086

Course #: 0006350

Attended Class: January 15, 2022

Exam Date: January 28, 2022

Expiration Date: July 15, 2023

AET01152022WR04

Certificate Authentication Number

Roberto Morales
Course Administrator

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Stamp
For verification Call 407-860-0369

This Certificate is not valid without the authentication seal

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

148

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: ESPINAL, NAHUN
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- N95 particulate respirator Without restrictions With restrictions
- Half-mask, air purifying respirator Without restrictions With restrictions
- Full-face, air purifying respirator Without restrictions With restrictions
- Powered air purifying respirator Without restrictions With restrictions

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - o a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - o the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 12-17-21
 This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: [Signature]
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

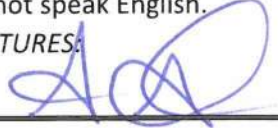
EMPLOYEE NAME: Nathan Espinoza

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|---|---|--------------------------------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>Medium</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

| | | |
|---|---|--------------------------------|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES: 

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Nathan Espinoza

EXPIRES: 12/17/2022

0

office of your medical status related to your physical capability to wear a respirator
findings that would hamper your ability to perform your job duties while wearing a respirator
below were not related to wearing a respirator but should be reported to your personal
ion.

evaluation it is my opinion that you: (Check all that apply)

tor
concerning
pirator
private phys
tions

Commonwealth of Kentucky
 Department for Environmental Protection
 Division for Air Quality

Tania Espinal Alvarado
 Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 171469 |
| License Number: | 70913 |
| Issue Date: | 01/26/2022 |
| Expiration Date: | 01/06/2023 |

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t.
sure tight

wear a respirator c

ined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation
evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

ed by me for respirator fitness. The employees medical evaluation consisted of a
Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this
for use only.

rt any difficulties in using respirators or change in any physical status to their

ents, I have informed the above named
n exposure that

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

active@activeet.com

Ph #: 407-860-0369

Florida * Georgia * Tennessee * Alabama * Louisiana * Ohio

Certifies that:

Tania Yadelix Espinal Alvarado

ACTIVE

***-3622



Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Initial (Spanish)

Provider #: 0005086

Course #: 0006355

Attended Class Jan. 3-6, 2022

Exam Date Jan 6, 2022

Expiration Date Jan 6, 2023

AET01062021W104

Certificate Authentication Number

Maritza Ospina
Course Administrator

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Stamp
For verification Call 407-860-0369

This Certificate is not valid without the authentication seal

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

MHS EMPLOYER SERVICES
9302 N Meridian Ste 235
Indianapolis, IN 46260 (317) 975-3945

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 2/5/22
Employee Name: Espinal Alvarado, Tania Yadelis
Address: 4315 Harding Ave
Cincinnati, OH 45211
Employer: 0

Employee SSN: *** ** 3622

You were evaluated in this office of your medical status related to your physical capability to wear a respirator
(Check all that apply)

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

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

- ARE Qualified to wear a respirator
 Have the following restrictions concerning respirator usage _____
 ARE NOT qualified to wear a respirator
 Require further testing by your private physician who must submit a written report of his/her findings to
Men's Health Solutions so that a final decision on your ability to wear a respirator can
be made.

- Special Prescription Eyewear needed to accommodate respirator
 Must use an eyeglass conversion kit.
 Facial Hair needs to be shaved to assure tight seal on certain face masks
 Need to stop smoking

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

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

[Signature]
PLHCP Signature

PLHCP Name (printed)

Tania Espinal
Employee Signature

2/5/2023
Expiration Date

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Tana Espinal

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: Medium

TEST PERFORMED


IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES: 

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Tania ESPINAL

EXPIRES: 12/17/2022

Commonwealth of Kentucky

Department for Environmental Protection

Division for Air Quality

Joel Gonzales

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 171504 |
| License Number: | 70978 |
| Issue Date: | 01/31/2022 |
| Expiration Date: | 11/04/2022 |

Metropolitan Laboratories, Inc.

1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Joel Gonzales

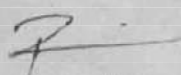
2979 Westknolls Lane

Cincinnati, OH 44211

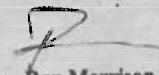
2983

Has Successfully Completed The
32 Hour Asbestos Worker Initial Course

In Compliance with Section 206 TSCA 15 USC 2646



Training Manager: Ron Morrison



Primary Instructor: Ron Morrison

Course Dates: 11/01/2021 to 11/04/2021
Course Number: 2021-0146-AWI-S
Certificate #: 012062

Exam Date: 11/04/21
Expires: 11/04/22

MHS EMPLOYER SERVICES
9302 N Meridian Ste 235
Indianapolis, IN 46260 (317) 975-3945

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 1/17/22 Employee SSN: *** ** 2983
Employee Name: Gonzales, Joel
Address: 2979 Westknolls Lane
Cincinnati, OH 45211
Employer: 0

You were evaluated in this office of your medical status related to your physical capability to wear a respirator
(Check all that apply)

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

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

- ARE Qualified to wear a respirator
 Have the following restrictions concerning respirator usage _____
 ARE NOT qualified to wear a respirator
 Require further testing by your private physician who must submit a written report of his/her findings to
Men's Health Solutions so that a final decision on your ability to wear a respirator can be made.

- Special Prescription Eyeware needed to accommodate respirator
 Must use an eyeglass conversion kit.
 Facial Hair needs to be shaved to assure tight seal on certain face masks
 Need to stop smoking

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

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

[Signature]
PLHCP Signature

PLHCP Name (printed)

Joel Gonzalez
Employee Signature

1/17/2023
Expiration Date

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Joel Gonzales

DATE: 1-17-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

Mark Wheeler

EMPLOYEE:

[Signature]

EXPIRES:

1-17-23

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Abatement Worker

Carolina E
Guido Lopez



Ohio Environmental
Protection Agency

4621 Thrush Drive
Indianapolis IN 46222



DOB: 5/29/88

Certification Number: **WK544748** Expiration Date: **1/4/23**

Card not valid
if Altered

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Carolina E Guido Lopez

Has met the requirements of 401 KAR 58.005 and is accredited as an

Asbestos Abatement Worker

Agency Interest Id: **167472**

License Number: **70488**

Issue Date: **12/01/2021**

Expiration Date: **11/20/2022**

ENVIRONMENTAL LIABILITY ASSURANCE INSTITUTE
1435 Sadtler Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

CAROLINA E. GUIDO LOPEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SWR 12860

Course Dates : 11/20/2021
Test Date: 11/20/2021 Expires: 11/20/2022



Not Valid Without Embossment

Veronica Roa
Veronica Roa
Instructor

MHS EMPLOYER SERVICES
 3002 N. Hamilton St. Ste. 210
 Indianapolis, IN 46206 (317) 975-3445

Service Date: 11/22/21

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Guido Lopez, Carolina E
 SSN: ***-**-8817
 DOB: 5/22/68
 Gender: Female
 Marital Status: Single
 Address: 4825 Turlock Dr
Indianapolis, IN 46222
 Home Phone: (317) 960-9753
 Work Phone: _____

Job Title: Laborer
 Employer: 0
 Address: 0
0
 Job Contact: 0
 Role: 0
 Phone: 0
 Fax: 0
 Race: Asian Ethnic: Hispanic
 Indian: _____ White: _____ Other: _____

The above individual was seen on 11/22/21 in accordance with _____

V 29 CFR 1926.1101
 40 CFR 763.101

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Agency D in 1926.1101
- Review of the employer's description of job employee's duties as they relate to the employer's exposure, the employee's representative or assigned equipment used, the personal protection equipment to be used by the employee
- Review of previous medical examinations, if available
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and AHS standards.
- A chest radiograph per 29 CFR 1926.1101 and 40 CFR 763.101 (see the description of the Physician whether or not a chest x-ray is required).
- 29 CFR 1926.1101
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer associated to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any): _____

Provider Signature: [Signature] Date: 11/22/2021

ENVIROWORKX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Carlynn Gault

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR

MODEL: PR-500

MANUFACTURER: Honeywell

NIOSH #: TC21C-499

SIZE: Small

TEST PERFORMED

IRRITANT SMOKE: X

PASS: X FAIL:

SACCHARIN: X

PASS: FAIL:

TYPE: Half Face

MODEL: 7700

MANUFACTURER: North

NIOSH #: TC-84A-0590

SIZE: Small

TEST PERFORMED

IRRITANT SMOKE: X

PASS: X FAIL:

SACCHARIN: X

PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

[Signature]

CERTIFIED ABATEMENT SPECIALIST:

EMPLOYEE:

Carlynn Gault

EXPIRES: 12/17/2022

ENVIROWORKX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Mauricio Hernandez

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Supervisor

| | |
|---------------------|------------|
| Agency Interest Id: | 171977 |
| License Number: | 71552 |
| Issue Date: | 03/08/2022 |
| Expiration Date: | 02/26/2023 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669
www.asbestostrainingindiana.com

MAURICIO HERNANDEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS SUPERVISOR REFRESHER

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SR 5632

Course Dates : 03/13/2021
Test Date: 03/13/2021 Expires: 03/13/2022



Edwin Reyes

Edwin Reyes
Manager/Instructor

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669
www.asbestostrainingindiana.com

MAURICIO HERNANDEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS SUPERVISOR REFRESHER

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES22/SR 5765

Course Dates : 02/26/2022
Test Date: 02/26/2022 Expires: 02/26/2023



Not Valid Without Embossment

Gregory B. Gamblin
Gregory Bruce Gamblin
Instructor

160

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: HERNANDEZ, MAURICIO
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____


- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021



RESPIRATOR FIT TEST

EMPLOYEE NAME: Mauricio Hernandez

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|----------------------------|-----------------------------|-------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

[Signature]

EMPLOYEE:

Mauricio Hernandez

EXPIRES: 12/17/2022

Commonwealth of Kentucky

Department for Environmental Protection
Division for Air Quality

Ramon Jarquin

Has met the requirements of 401 KAR 58.005 and is accredited as an:

Asbestos Abatement Worker

Agency Interest Id: 169596

License Number: 69205

Issue Date: 08/02/2021

Expiration Date: 07/29/2022

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

RAMON JARQUIN

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

INITIAL ASBESTOS WORKER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SIW5788

Course Dates : 07/26, 27, 28 & 07/29/2021
Test Date: 07/29/2021 Expires: 07/29/2022



Not Valid Without Embossment

Edwin Reyes
Edwin Reyes/ Instructor

Service Date: 7/30/21

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Jarquín, Ramon
 SSN: *** ** 2564
 DOB: 11/20/97
 Gender: Male
 Marital Status: Single
 Address: 5360 Gainsborough Court
Indianapolis, IN 46224
 Home Phone: (317) 965-9431
 Work Phone: _____

Job Title Laborer
 Employer 0
 Address 0
0
 Job Contact 0
 Role 0
 Phone 0
 Fax 0
 Race Asian Black Hispanic
Indian White Other

The above individual was seen on 7/30/21 in accordance with 29 CFR 1926.1101
 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, the personal protection equipment to be utilized by the employee.
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926.1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any) _____



Provider Signature

7/30/2021

Date

Environmental Safety Assurance Institute
1435 Sadler Cir. W. Dr.
Indianapolis, Indiana 46239
Office: (317) 352-1270
Fax: (317) 375-0983
E-mail: Envirosafetyindy1@gmail.com



DATE: 07/15/2021

RESPIRATOR USER: **RAMON JARQUIN**

RESPIRATOR TYPE(S): HALF-FACE, NEGATIVE PRESSURE, AIR PURIFYING

MANUFACTURER: NORTH MODEL: 7700 SIZE: LARGE

ANY FACTORS AFFECTING THE FIT OF RESPIRATOR:

| | | | |
|----------------|-----------|------------------|-----------|
| FACIAL HAIR | <u>NO</u> | FACIAL SCARRING | <u>NO</u> |
| DENTAL CHANGES | <u>NO</u> | WEIGHT GAIN/LOSS | <u>NO</u> |
| EYEGLASSES | <u>NO</u> | OTHER | <u>NO</u> |

USER SEAL CHECKS PERFORMED (POSITIVE & NEGATIVE) YES

QUALITATIVE TESTING AGENT USED:

| | |
|-----------------------------------|------------|
| IRRITANT SMOKE (STANNIC CHLORIDE) | <u>YES</u> |
| BANANA OIL | <u>NO</u> |
| SACCHARIN | <u>NO</u> |

I ATTEST THAT I HAVE BEEN QUALITATIVELY FIT TESTED FOR THE ABOVE RESPIRATOR AND AM AWARE OF THE REQUIREMENTS FOR THE FIT TEST PROTOCOL AND RESPIRATOR USE, PER OSHA 1910.134 AND 1926.1101 REGULATION.

RESPIRATOR USER SIGNATURE: _____

TEST ADMINISTRATOR: _____

(Edwin Reyes, Veronica Roa, and/or Gregory B. Gamblin)

Environmental Safety Assurance Institute
1435 Sadlier Cir. W. Dr.
Indianapolis, Indiana 46239
Office: (317) 352-1270
Fax: (317) 375-0983
E-mail: Envirosafetyindy1@gmail.com



DATE: 07/15/2021

RESPIRATOR USER: **RAMON JARQUIN**

RESPIRATOR TYPE(S): HALF-FACE, NEGATIVE PRESSURE, AIR PURIFYING

MANUFACTURER: NORTH MODEL: 7700 SIZE: LARGE

ANY FACTORS AFFECTING THE FIT OF RESPIRATOR:

| | | | |
|----------------|-----------|------------------|-----------|
| FACIAL HAIR | <u>NO</u> | FACIAL SCARRING | <u>NO</u> |
| DENTAL CHANGES | <u>NO</u> | WEIGHT GAIN/LOSS | <u>NO</u> |
| EYEGLASSES | <u>NO</u> | OTHER | <u>NO</u> |


USER SEAL CHECKS PERFORMED (POSITIVE & NEGATIVE) YES

QUALITATIVE TESTING AGENT USED:

| | |
|-----------------------------------|------------|
| IRRITANT SMOKE (STANNIC CHLORIDE) | <u>YES</u> |
| BANANA OIL | <u>NO</u> |
| SACCHARIN | <u>NO</u> |

I ATTEST THAT I HAVE BEEN QUALITATIVELY FIT TESTED FOR THE ABOVE RESPIRATOR AND AM AWARE OF THE REQUIREMENTS FOR THE FIT TEST PROTOCOL AND RESPIRATOR USE, PER OSHA 1910.134 AND 1926.1101 REGULATION.

RESPIRATOR USER SIGNATURE: 

TEST ADMINISTRATOR: 
(Edwin Reyes, Veronica Roa, and/or Gregory B. Gamblin)

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Elyin J Jimenez

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 161823 |
| License Number: | 66747 |
| Issue Date: | 01/26/2022 |
| Expiration Date: | 12/11/2022 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

ELYIN J. JIMENEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SWR 12898

Course Dates : 12/11/2021
Test Date: 12/11/2021 Expires: 12/11/2022



Not Valid Without Embossment

Veronica Roa
Veronica Roa
Instructor

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Jimenez, Elyin J
SSN: *** ** 8775
DOB: 10/29/80
Gender: Male
Marital Status: Single
Address: 3235 Milan St
Indianapolis, IN 46222
Home Phone: (317) 946-3832
Work Phone: _____

Job Title Laborer
Employer 0
Address 0
0
Job Contact 0
Role 0
Phone 0
Fax 0
Race Asian Black Hispanic
Indian White Other

The above individual was seen on 3/5/22 in accordance with 29 CFR 1926.1101
 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1928.1101
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employees representative or anticipated exposure level, the personal protection equipment to be utilized by the employee.
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926 1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or Limitations (if any) _____

[Signature]
Provider Signature

3/5/2022
Date

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Elyin Jimenez

DATE: 10-10-21

RESPIRATOR INFORMATION

TYPE: Full Face PAPR
MANUFACTURER: Honeywell
SIZE: medium

MODEL: PR-500
NIOSH #: TC21C-499

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face
MANUFACTURER: North
SIZE: Medium

MODEL: 7700
NIOSH #: TC-84A-0590

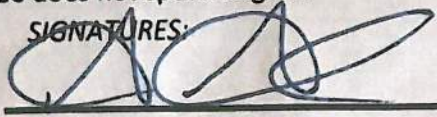
TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:



EMPLOYEE:

Elyin Jimenez

EXPIRES:

10-10-22



(default.aspx)

KY Department for Environmental Protection

| | | |
|-----------------------------|----------------|---|
| Eduardo Loza Mendoza | | |
| Agency ID: | 170216 | Regulatory Status: Active |
| AI Type: | LICENSE-Person | Physical Address |
| County: | Out of State | 4307 Wedgewood Ct Indianapolis, IN 46254 |

License(s)

| License Type | License ID | License Status | License Expiration Date | |
|---------------------------|------------|----------------|-------------------------|---|
| Asbestos Abatement Worker | 69927 | Active | 09/23/2022 | <u>Can not pay</u> <u>(Review Details.aspx?</u> <u>UQID=69927).</u> |

Training History: Arranged by License ID (descending)

| License Type | License ID | License Status | License Expiration Date |
|---------------------------|------------|----------------|-------------------------|
| Asbestos Abatement Worker | 69927 | Active | 09/23/2022 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

EDUARDO F. LOZA MENDOZA

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

INITIAL ASBESTOS WORKER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SIW5826

Course Dates : 09/20, 21, 22 & 09/23/2021
Test Date: 09/23/2021 Expires: 09/23/2022



Not Valid Without Embossment

Claudia Morales
Claudia Morales / Manager

MHS EMPLOYER SERVICES
 9302 N Meridian St. Ste 235
 Indianapolis, IN 46206 (317) 975-3945

Service Date: 10/5/21

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Loza Mendoza, Eduardo F
 SSN: *** ** 2017
 DOB: 6/22/92
 Gender: Male
 Marital Status: Single
 Address: 4307 Wedgewood Ct
Indianapolis, IN 46254
 Home Phone: (317) 363-3343
 Work Phone: _____

Job Title Laborer
 Employer 0
 Address 0
0
 Job Contact 0
 Role 0
 Phone 0
 Fax 0
 Race Asian Black Hispanic
 Indian White Other

The above individual was seen on 10/5/21 in accordance with 29 CFR 1926.1101
 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1928.1101
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, the personal protection equipment to be utilized by the employee.
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926.1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure

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

Comments or limitations (if any) _____

[Handwritten Signature]

Provider Signature

[Handwritten Signature]

10/5/2021
 Date



3636 N High School Rd Indianapolis, IN 46224
TEL. 317.328.4685 FAX. 317.642.0888

RESPIRATOR TRAINING AND FIT TESTING QUESTIONNAIRE

(This Respiratory Fit Test is Valid for the Period of 1 Year from the date of test.)

NAME: EDUARDO F. LOZA MENDOZA

EMPLOYEE I.D. (Last 4 Digits of SSN) 2017

RESPIRATOR TYPE: MAKE: NORTH MODEL: 7700 HALF FACE

SIZE: Small Medium Large XLarge

TYPE OF TEST: Qualitative Test – Irritant Smoke

RESULTS: Pass

| | YES | NO |
|--|-------------------------------------|--------------------------|
| Were you trained on the uses and restrictions of respirator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were you trained on the limitations of respirators? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were you trained on the care and maintenance of respirators? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did your training cover the restrictions on beards, glasses, and contact lenses? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did your training cover the inspection and storage of your respirator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Test Conductor Signature: 

Date: 10/05/2021

Employee Signature: Eduardo Loza Me.

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Maria Osorio

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 153229 |
| License Number: | 64800 |
| Issue Date: | 06/28/2021 |
| Expiration Date | 06/12/2022 |

| | | | | | | | | | | | | | | |

Active Environmental Training, LLC

Mailing Address: PO Box 707 - Loughman, Florida - 33858
Training Facility: 37826 Sky Ridge Circle Dade City, Florida 33525
active@activesect.com Ph #: 407-860-0369

Florida * Georgia * Tennessee * Alabama * Louisiana



Maria Osorio
Active Environmental Training

--6217

Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Refresher (Spanish)

Provider #: 0005086
Course #: 0006350

Attended Class: Jun 12, 2021
Exam Date: Jun 12, 2021
Expiration Date: Jun 12, 2022

Active Environmental Training
Certificate Authentication Seal
Not Valid Without This Stamp
For verification Call 407-860-0369

AET06122021WR06
Certificate Authentication Number
[Signature]
Maritza Ospina
Course Administrator

This Certificate is not valid without the authentication seal

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

182

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: OSORIO, MARIA
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions |

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

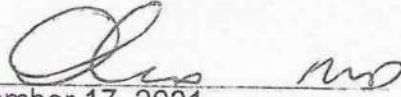
- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD
Company Name: Rivers Bend Urgent Care

Signature: 
Date: December 17, 2021

EMPLOYEE NAME: maria Osorio

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: maria Osorio

EXPIRES: 12/17/2022

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Pedro Osorto

Has met the requirements of 401 KAR 58.005 and is accredited as an

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 150989 |
| License Number: | 64799 |
| Issue Date: | 06/28/2021 |
| Expiration Date | 06/12/2022 |

Active Environmental Training, LLC

Florida * Georgia * Tennessee * Alabama * Louisiana

Mailing Address: PO Box 707 - Loughman, Florida - 33858
Training Facility: 37826 Sky Ridge Circle Dade City, Florida 33525
active@actived.com Ph #: 407-860-0369

Certifies that:

Pedro Quintero
Active

***-**-9786

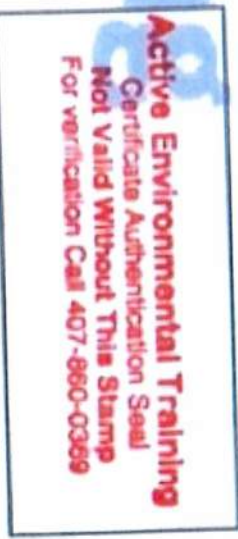


Has Successfully Met the Requirements, Training and Passed the Exam for Asbestos Accreditation as Required by AHERA, Section 206 TSCA Title II, E.P.A. 40 CFR part 763, Appendix C to Subpart E, In the Discipline of:

AHERA Asbestos Worker Refresher (Spanish)

Provider #: 0005086
Course #: 0006350
Attended Class: Jun 12, 2021
Exam Date: Jun 12, 2021
Expiration Date: Jun 12, 2022

AET06122021WR05
Certificate Authentication Number
Martiza Espina
Course Administrator



This Certificate is not valid without the authentication seal

Please avoid fraudulent activities by calling 407-860-0369 for authentication of this certificate

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: OSORTO, PEDRO
Address: 7212 N Shadeland Ave Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- N95 particulate respirator Without restrictions With restrictions _____
- Half-mask, air purifying respirator Without restrictions With restrictions _____
- Full-face, air purifying respirator Without restrictions With restrictions _____
- Powered air purifying respirator Without restrictions With restrictions _____

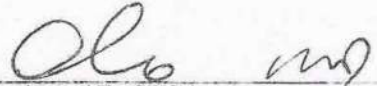
If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 12-17-21
 This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Pedro Osorto

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Pedro Osorto

EXPIRES: 12/17/2022

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Yojana Padilla

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 169474 |
| License Number: | 71038 |
| Issue Date: | 02/03/2022 |
| Expiration Date: | 11/05/2022 |

Metropolitan Laboratories, Inc.
1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Yojana Padilla

1916 Westmont Lane, Apt 1509
Cincinnati, OH. 45205
9737

Has Successfully Completed The
8 Hour Asbestos Worker Refresher
In Compliance with Section 206 TSCA 15 USC 2646

Training Director: Ron Morrison

Primary Instructor: Ron Morrison

Course Date: 11/05/2021
Course Number: 2021-0148-AWR
Certificate #: 012068

Exam Date: 11/05/2021
Expires: 11/05/2022

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: PADILLA, YOJANA
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____

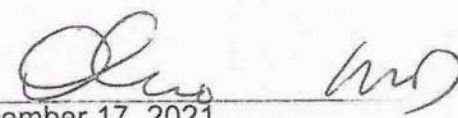
- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Yojana Padilla

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: 5

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: 

EMPLOYEE: Yojana Padilla

EXPIRES: 12/17/2022

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Polet Perez

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 153477 |
| License Number: | 65580 |
| Issue Date: | 09/28/2021 |
| Expiration Date: | 08/06/2022 |

Metropolitan Laboratories, Inc.

1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

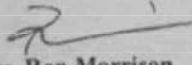
This Certifies That

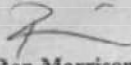
Polet Perez

2979 Westknolls Lane
Cincinnati, OH. 45211
4147

Has Successfully Completed The
8 Hour Asbestos Worker Refresher

In Compliance with Section 206 TSCA 15 USC 2646


Training Director: Ron Morrison


Primary Instructor: Ron Morrison

Course Date: 08/06/2021
Course Number: 2021-0104-AWR
Certificate #: 011768

Exam Date: 08/06/2021
Expires: 08/06/2022

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: PEREZ PACHOT, POLET
7212 N Shadeland Ave
Address: Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____

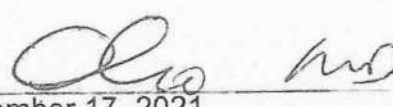
- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
 This user is not approved to wear a respirator.

Approval date: 12/17/20

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD
Company Name: Rivers Bend Urgent Care
Signature: 
Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Polet Perez

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>S</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|----------------------------|-----------------------------|-------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>S</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:

[Signature]

EMPLOYEE:

Polet Perez

EXPIRES: 12/17/2022

Commonwealth of Kentucky

**Department for Environmental Protection
Division for Air Quality**

Jose Portillo

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 145979 |
| License Number: | 64336 |
| Issue Date: | 03/16/2022 |
| Expiration Date: | 03/04/2023 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

JOSE PORTILLO

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SWR 12465

Course Dates : 03/13/2021
Test Date: 03/13/2021 Expires: 03/13/2022



Not Valid Without Embossment

Edwin Reyes
Edwin Reyes
Instructor / Administrator

Metropolitan Laboratories, Inc.

1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Jose Portillo

2979 Westknolls Lane
Cincinnati, OH 45211
0579

Has Successfully Completed The

8 Hour Asbestos Worker Refresher

In Compliance with Section 206 TSCA 15 USC 2646



Training Director: Ron Morrison

Primary Instructor: Ron Morrison



Course Date: 03/04/2022
Course Number: 2022-0035-AWR
Certificate #: 012445

Exam Date: 03/04/2022
Expires: 03/04/2023

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Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: PORTILLO, JOSE
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

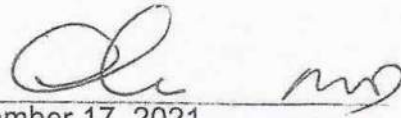
If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 12/17/21
 This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021



RESPIRATOR FIT TEST

EMPLOYEE NAME: Jose Portillo

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|---|---|--------------------------------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
|---|---|--------------------------------|
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>M</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: 

EMPLOYEE: Jose Portillo

EXPIRES: 12/17/2022



(default.aspx)

KY Department for Environmental Protection

| | | |
|------------------------|----------------|---|
| Eduardo Ramirez | | |
| Agency ID: | 172770 | Regulatory Status: Active |
| AI Type: | LICENSE-Person | Physical Address |
| County: | Out of State | 15 Barbara Ct Indianapolis, IN 46222 |

License(s)

| License Type | License ID | License Status | License Expiration Date | |
|---------------------------|------------|----------------|-------------------------|---|
| Asbestos Abatement Worker | 72058 | Active | 02/24/2023 | <u>Can not pay</u> <u>(Review Details.aspx?</u> <u>UQID=72058).</u> |

Training History: Arranged by License ID (descending)

| License Type | License ID | License Status | License Expiration Date |
|---------------------------|------------|----------------|-------------------------|
| Asbestos Abatement Worker | 72058 | Active | 02/24/2023 |

Metropolitan Laboratories, Inc.



1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Eduardo Ramirez
15 Barbara Ct
Indianapolis, IN 46222
5099

Has Successfully Completed The
32 Hour Asbestos Worker Initial Course (Spanish)
In Compliance with Section 206 TSCA 15 USC 2646

 **Training Manager: Ron Morrison**  **Primary Instructor: Ron Morrison**

Course Dates: 2/21/2022 to 2/24/2022
Course Number: 2022-0008-AWI
Certificate #: 022401

Exam Date: 2/24/2022
Expires: 2/24/2023

MHS EMPLOYER SERVICES

9302 N Meridian St. Ste 235
Indianapolis, IN 46206 (317) 975-3945

Service Date: 3/12/22

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Ramirez, Eduardo
SSN: *** ** 5099
DOB: 1/17/90
Gender: Male
Marital Status: Single
Address: 15 Barbara Ct
Indianapolis, IN 46222
Home Phone: (463) 710-5759
Work Phone: _____

Job Title Laborer
Employer 0
Address 0
0
Job Contact 0
Role 0
Phone 0
Fax 0
Race Asian Black Hispanic
Indian White Other

The above individual was seen on 3/12/22 in accordance with 29 CFR 1926.1101
 40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1928.1101
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employees representative or anticipated exposure level, the personal protection equipment to be utilized by the employee.
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926.1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any) _____

[Signature]
Provider Signature

3/12/2022
Date

EMPLOYEE NAME: Eduardo Ramirez

DATE: 01/04/22

| RESPIRATOR INFORMATION | | |
|--------------------------------|---|--------------------------------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

| | | |
|----------------------------|---|--------------------------------|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: | PASS: <input checked="" type="checkbox"/> | FAIL: <input type="checkbox"/> |
| SACCHARIN: | PASS: <input type="checkbox"/> | FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: Eduardo Ramirez

EXPIRES: 01/04/22

Commonwealth of Kentucky

Department for Environmental Protection

Division for Air Quality

Miguel A Rodriguez Zamora

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 169184 |
| License Number: | 68673 |
| Issue Date: | 06/18/2021 |
| Expiration Date: | 04/30/2022 |



Certificate #P5233991MW7MW

Miguel A Rodriguez Zamora

3286 Tara Ln, Indianapolis IN 46224

has on 04/30/2021, in Indianapolis, IN
completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 USC
2646

Initial Asbestos Worker (Spanish)

as approved by AL and the US EPA under 40 CFR 763 (AHERA) from
4/26/2021 to 4/29/2021 and passed the associated exam on
4/30/2021
with a score of at least 70%

Training Site
Crown Plaza 440 Hancock St, Indianapolis, IN 46222



SSN: XXX-XX-2891

Expiration: 4/30/2022

P.O. Box 786 - Lawrence, KS. 66044 - 800.444.6382

www.metaenvironmental.net

Jaime Maldonado
Instructor

Thomas Mayhew
President



ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

MIGUEL A. RODRIGUEZ ZAMORA

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

INITIAL ASBESTOS WORKER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES22/SIW6119

Course Dates : 05/02, 03, 04 & 05/05/2022
Test Date: 05/05/2022 Expires: 05/05/2023



Not Valid Without Embossment

Veronica Roa

Veronica Roa
Instructor

Iowa Division of Labor
 Asbestos Abatement
 150 Des Moines Street
 Des Moines, IA 50309-1836
 Phone: 515-281-6175
 Fax: 515-725-2427
asbestos@iwd.iowa.gov
asbestos.iowa.gov

| FOR OFFICE USE ONLY | |
|-----------------------------------|---------------------------------|
| Date Received: _____ | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |

Physician's Certification

Instructions

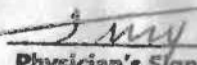
Return the original completed form with an application for contractor/supervisor or worker asbestos license to the Iowa Division of Labor at the above address. The medical questionnaire from 29 CFR 1926.1101, Appendix D, is for the use of the physician and is not to be returned to the Iowa Division of Labor. The accuracy of this certification may be verified by the Iowa Division of Labor. Falsification of a physician's signature or other attempts to fraudulently obtain an asbestos license may result in criminal charges, denial of your application, forfeiture of your application fee, denial of any future applications for asbestos licenses and a civil penalty of up to \$5,000.00

| | | | |
|-----------------------|----------------------------------|---------------|-------------------|
| Applicant's full name | Miguel A Rodriguez Zamora | Date of birth | 11/28/1981 |
|-----------------------|----------------------------------|---------------|-------------------|

| Physician Information | | | |
|-----------------------|--------------------------|------------------------|----------------------------------|
| Name | LARRY TUNNEL, MD. | Clinic name | Concentra Medical Centers |
| Address | City | 5604 W 74th St | State |
| | | Indianapolis, IN 46278 | Zip |
| Phone number | | Fax number | 317-290-1551 |

I certify that I have performed a physical examination of the above applicant on the date indicated. I have read the mandatory OSHA guidelines for this physical in 29 CFR 1910.134 and 1926.1101 and the examination I conducted was in accordance with the OSHA guidelines. I performed a physical examination of the applicant focused on the pulmonary and gastrointestinal systems, including tests of forced vital capacity and forced expiratory volume at one second. I interpreted and classified the applicant's chest in accordance with 29 CFR 1926.1101, Appendix E. The applicant was informed of the result of the examination and of any medical conditions which require further explanation or treatment. The applicant was informed of the increased risk of lung cancer attributed to the combined effects of smoking and asbestos exposure. I have determined that the applicant is capable of working while wearing a negative pressure respirator without restriction.

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

| | | | |
|--|------|----------------|-------------------|
|  | | | 06/05/2021 |
| Physician's Signature | Date | License Number | Date of Exam |

STATE OF _____ COUNTY OF _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by **LARRY TUNNEL, MD.**
 (name of physician)

NOTARY PUBLIC in and for the State of _____
 My commission expires _____

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Miguel Zamora

DATE: 10-10-21

RESPIRATOR INFORMATION

TYPE: Full Face PAPR
MANUFACTURER: Honeywell
SIZE: Large

MODEL: DP-500
NIOSH #: TC21C-499

TEST PERFORMED

| | | | |
|-----------------|-------------------------------------|---|-------|
| IRRITANT SMOKE: | <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: |
| SACCHARIN: | | PASS: | FAIL: |

TYPE: Half Face
MANUFACTURER: North
SIZE: Large

MODEL: 7700
NIOSH #: TC-84A-0590

TEST PERFORMED

| | | | |
|-----------------|-------------------------------------|---|-------|
| IRRITANT SMOKE: | <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> | FAIL: |
| SACCHARIN: | | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST:



EMPLOYEE: Miguel Zamora

EXPIRES: 10-10-22

ENVIROWORX SERVICES INC.

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226

Concentra Medical Centers (IN)

5604 W 74th Street INDIANAPOLIS, IN 46278
Phone: (317) 290-1551 Fax: (317) 290-2052

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Miguel A Rodriguez Zamora

Address: 3286 Tara Ln
INDIANAPOLIS, IN 46224

Employer: Asbestos Physical-Patient Pay

Employee SSN: XXX-XX-2891

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

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

Extent of Usage (Check ALL that apply)

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

Expected Physical Effort Required (Check ALL that apply)

- Light Moderate Heavy

Exposure to Hazardous Materials (Check ALL that apply)

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

Other(s): _____

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

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

Questionnaire will be: HAND CARRIED MAILED OTHER

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

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

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

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

- Employee must schedule a medical examination with Concentra Medical Centers (IN) prior to respirator approval and usage.
- Class I - No Restrictions on Respirator Use
- Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other: _____
- Class III - Respirator Use is NOT PERMITTED
- Further Testing / Evaluation is Required. ²
- Fit Test Required Fit Test Performed Satisfactorily
- Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: Concentra Medical Centers (IN)
- Special prescription eyewear needed to accommodate respirator Special prescription eyewear needed to accommodate respirator
- Facial hair needs to be shaved to assure tight seal on certain face masks.
- Physician or other Licensed Healthcare Professional
- Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (IN) of his/her findings to

(Check ALL that apply)

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

Physician's Signature _____

Physician's License Number (Optional in Most States) _____

LARRY TUNNEL, MD.
Physician's Name (Printed)
06/05/2021 06/05/2022
Date of Exam Expires On

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Mario Rojas

as met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 146645 |
| License Number: | 71247 |
| Issue Date: | 02/17/2022 |
| Expiration Date: | 02/05/2023 |

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

MARIO ROJAS

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES22/SWR 12984

Course Dates : 02/05/2022
Test Date: 02/05/2022 Expires: 02/05/2023



Not Valid Without Embossment

Veronica Roa
Veronica Roa
Instructor

MHS EMPLOYER SERVICES
9302 N Meridian St. Ste 235
Indianapolis, IN 46206 (317) 975-3945

Service Date: 4/19/21

MEDICAL SURVEILLANCE-ASBESTOS

Patient: Rojas, Mario
SSN: *** ** 5867
DOB: 1/15/71
Gender: Male
Marital Status: Divorced
Address: 4468 Vinewood Ave
Indianapolis, IN 46254
Home Phone: (317) 629-8594
Work Phone: _____

Job Title Laborer
Employer 0
Address 0
0
Job Contact 0
Role 0
Phone 0
Fax 0
Race Asian Black
Indian White Hispanic
Other

The above individual was seen on 4/19/21 in accordance with 29 CFR 1926.1101

40 CFR 763.121

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1928.1101
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, the personal protection equipment to be utilized by the employee.
- Review of previous medical examinations, if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) interpretation in accordance with 29 CFR 1926.1101
- NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest x-ray is required.
- The employee was informed by the physician of the results of the exam and any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any) _____

Provider Signature

Date

4/19/2021

EMPLOYEE NAME: Mario Rojas

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: Medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: Medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: [Signature]

EXPIRES: 12/17/2022

Commonwealth of Kentucky

Department for Environmental Protection
Division for Air Quality

Jose Sequeira Suazo

Has met the requirements of 401 KAR 58 005 and is accredited as an

Asbestos Abatement Worker

| | |
|---------------------|-------------------|
| Agency Interest Id: | 172168 |
| License Number: | 71779 |
| Issue Date: | 03/22/2022 |
| Expiration Date: | 01/14/2023 |

SWC Institute

Occupational Safety – Environmental Health Training and Consulting

Certificate of Completion

Awarded to

JOSE ESTEBAN SEQUEIRA SUAZO

Training also meets the requirements of the State of Missouri Section 643.228. Authorized by both AHERA and ASHARA of least 70%. Training was in accordance with U.E. E.P.A. 40 CFR 763 Subpart E, Appendix C, and Asbestos Containing Materials in Schools: Model Accreditation Plan, TSCA II.

has successfully completed the 32-hours Initial Asbestos Abatement Worker, and has passed the final exam with a score

INITIAL ASBESTOS ABATEMENT WORKER (SPANISH)

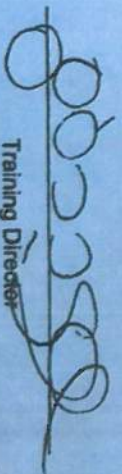
Accredited by the State of Illinois Department of Public Health and the Missouri Department of Natural Resources

Course Date: JANUARY 10,11,12,13

Exam Date: JANUARY 14

Certificate No: AWR0322511252022

Class Conducted at: 3850 Eagle View Dr, Indianapolis, IN, 46254



Training Director

2022

Expires on: JANUARY 14, 2023

Main Office: 2819 S. Archer Ave. Chicago Illinois. 60608

Email Address: swcinstitute@gmail.com – Website: www.swcinstitute.com – Phone# 1.312.421.4505 – Fax # 1.312.421.4505

Concentra Medical Centers (IN)

5604 W74th Street INDIANAPOLIS, IN 46278
Phone: (317) 290-1551 Fax: (317) 290-2052

Medical Surveillance - Asbestos

Service Date: 02/26/2022

Patient: Jose E. Sequeira Suazo
SSN: XXX-XX-3678
DOB: 04/25/1987
Gender: M
Marital Status: S
Address: 3031 Georgetown Rd
INDIANAPOLIS, IN 46224
Home Phone: 317-778-0470
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Asbestos Physical-Patient Pay
Address: 6920 Gatwick Dr Ste 100
Indianapolis, IN 462419506
Job Contact: Karen Smith
Role: Local Contact
Phone: (317) 856-2945 Ext.: _____
Fax: (317) 856-5122
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/26/2022 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

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

Comments or limitations (if any): _____

[Signature]
Provider Signature

02/26/2022
Date

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: VASE ESTEBAN SEQUEIRA

DATE: 3-28-22

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: [Signature]

EMPLOYEE: [Signature]

EXPIRES: 3-28-23

ENVIROWORX SERVICES

660 LUNKEN PARK DRIVE, SUITE B, CINCINNATI, OH 45226 (513) 871-2500

Commonwealth of Kentucky

Department for Environmental Protection

Division for Air Quality

Nelson Sotelo Sanchez

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

Agency Interest Id: **166182**

License Number: **68937**

Issue Date: **07/12/2021**

Expiration Date: **07/03/2022**

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

NELSON SOTELO SANCHEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SWR 12636

Course Dates : 07/03/2021
Test Date: 07/03/2021 Expires: 07/03/2022



Edwin Reyes

Edwin Reyes
Instructor / Administrator

Not Valid Without Embossment

210 7

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

To be completed by a Physician or Other Licensed Health Care Professional:

Name: Nelson Sotelo

Address: 10-27-1975

Telephone #: _____

Email: _____

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

- This user is approved to wear a respirator.
- This user is not approved to wear a respirator.

Approval date: 12-17-21

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD

Signature: [Signature]

Company Name: Rivers Bend Urgent Care

Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Nelson Sotelo Sanchez

DATE: 12/17/2021

RESPIRATOR INFORMATION

| | |
|---|--|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> |
| SIZE: <u>M</u> | |
| TEST PERFORMED | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/> |

| | |
|---|--|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> |
| SIZE: <u>medium</u> | |
| TEST PERFORMED | |
| IRRITANT SMOKE: <input checked="" type="checkbox"/> | PASS: <input checked="" type="checkbox"/> FAIL: <input type="checkbox"/> |
| SACCHARIN: <input type="checkbox"/> | PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/> |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Nelson Sanchez

EXPIRES: 12/17/2022

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Has met the requirements of 401 KAR 58:005 and is accredited as an:

Glenda X Valdez

Asbestos Abatement Worker

Agency Interest Id:

138652

License Number:

71046

Issue Date:

02/03/2022

Expiration Date:

07/03/2022

ENVIRONMENTAL SAFETY ASSURANCE INSTITUTE
1435 Sadlier Circle West Drive
Indianapolis, Indiana 46239
(317) 352-1270 / (317) 352-0669

GLEND A X. VALDEZ

Has Successfully Completed The Course
Required Under TSCA Title II
And Passed The Written Examination
With a Score of 70% or Better
For

ASBESTOS WORKER REFRESHER (Spanish)

Accredited by the
Indiana Department of Environmental Management
and the
Illinois Department of Public Health

Certificate # ES21/SWR 12638

Course Dates : 07/03/2021
Test Date: 07/03/2021 Expires: 07/03/2022



Edwin Reyes
Edwin Reyes
Instructor / Administrator

Not Valid Without Embossment

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This forms allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: VALDEZ, GLENDA XIOMARA
Address: 7212 N Shadeland Ave Suite 230 Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- N95 particulate respirator Without restrictions With restrictions
- Half-mask, air purifying respirator Without restrictions With restrictions
- Full-face, air purifying respirator Without restrictions With restrictions
- Powered air purifying respirator Without restrictions With restrictions

If applicable, the following workplace conditions will result in additional physiological burden:

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 12-17-21
 This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: [Signature]
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Glenda X valdez

DATE: 12/17/2021

RESPIRATOR INFORMATION

TYPE: Full Face PAPR MODEL: PR-500
MANUFACTURER: Honeywell NIOSH #: TC21C-499
SIZE: M

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

TYPE: Half Face MODEL: 7700
MANUFACTURER: North NIOSH #: TC-84A-0590
SIZE: medium

TEST PERFORMED

IRRITANT SMOKE: PASS: FAIL:
SACCHARIN: PASS: FAIL:

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: _____

EMPLOYEE: Glenda X valdez

EXPIRES: 12/17/2022



(default.aspx)

KY Department for Environmental Protection

| | | |
|--------------------------------|----------------|--|
| Nelsi Velasquez Ordonez | | |
| Agency ID: | 172311 | Regulatory Status: Active |
| AI Type: | LICENSE-Person | Physical Address |
| County: | Out of State | 2604 Knorr Ave Cincinnati, OH 45214 |

License(s)

| License Type | License ID | License Status | License Expiration Date | |
|---------------------------|------------|----------------|-------------------------|---|
| Asbestos Abatement Worker | 72007 | Active | 01/06/2023 | <u>Can not pay</u> (<u>Review Details.aspx?</u> <u>UQID=72007</u>). |

Training History: Arranged by License ID (descending)

| License Type | License ID | License Status | License Expiration Date |
|---------------------------|------------|----------------|-------------------------|
| Asbestos Abatement Worker | 72007 | Active | 01/06/2023 |

Metropolitan Laboratories, Inc.
1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Nelsi Xiomara Velasquez Ordonez
2604 Knorr Avenue
Cincinnati, OH 45214
2657

Has Successfully Completed The
32 Hour Asbestos Worker Initial Course
In Compliance with Section 206 TSCA 15 USC 2646

Training Manager: Ron Morrison

Primary Instructor: Ron Morrison

Course Dates: 01/03/2022 to 01/06/2022
Course Number: 2022-0001-AWI
Certificate #: 012195

Exam Date: 01/06/22
Expires: 01/06/23

CareFirst Urgent Care

Work Evaluation /

- PRE-EMPLOYMENT
- POST OFFER/HIRE
- ANNUAL
- OTHER

Name: Nelson Velazquez

Address: 2604 Kinner Ave Cincinnati OH

Phone: 513-576-5524

SSN: 155 672607

Birth Date: 11/22/67

Company Name: Moyce Leber

Address: 1712 Shadeland Ave Suite #250

Phone: 513-845-0497

Contact Person: _____

MEDICAL HISTORY: Have you ever had or do you have: (Check YES or NO)

| | YES | NO | | YES | NO | | YES | NO |
|------------------------------|-----|----|--------------------------------------|-----|----|---|-----|----|
| 1. Allergies | | | 24. Bowel Problems | | | 47. Presently under a doctor's care | | |
| 2. Asthma | | | 25. Hepatitis/Jaundice | | | 48. Seen by a physician in the last year | | |
| 3. Anemia | | | 26. Liver Problems | | | 49. Taking any medication | | |
| 4. Emphysema | | | 27. Stomach Problems | | | 50. Smoker | | |
| 5. Chronic Bronchitis | | | 28. Ulcers | | | 51. Consume alcohol | | |
| 6. Collapsed Lung | | | 29. Vomiting/Black stool | | | 52. Condition that limits work ability | | |
| 7. Persistent Cough | | | 30. Hemorrhoids | | | 53. Allergic to medications | | |
| 8. Shortness of Breath | | | 31. Hernia or rupture | | | OCCUPATIONAL HISTORY | | |
| 9. Frequent Colds | | | 32. Kidney Problems | | | 54. Have you ever worked full time (>30 hrs/week) for \$ mo or more? | | |
| 10. Chest Pain | | | 33. Painful or blood urination | | | 55. Have you ever worked for a year or more in any dusty job? | | |
| 11. Heart Trouble | | | 34. Cancer/Tumors | | | 56. Have you ever been exposed to gas or chemical fumes in your work? | | |
| 12. High/Low Blood Pressure | | | 35. Varicose Veins | | | 57. Have you ever worked in a mine, quarry, pottery, foundry with asbestos or in a cotton, flax or hemp mill? | | |
| 13. Heart murmurs | | | 36. Emotional Problems | | | 58. What has been your usual occupation or job [the one that you have worked at the longest]? | | |
| 14. Breast problems/disease | | | 37. Deafness or impaired hearing | | | Explanations (by item number): | | |
| 15. Rheumatic Fever | | | 38. Eye trouble/vision problems | | | | | |
| 16. Fainting or seizures | | | 39. Glasses/Contact lenses | | | | | |
| 17. Thyroid disease | | | 40. Dentures | | | | | |
| 18. Diabetes | | | 41. Frequent or severe headaches | | | | | |
| 19. Dizziness | | | 42. Sensation of smothering | | | | | |
| 20. Arthritis/joint problems | | | 43. Fear of tight or enclosed spaces | | | | | |
| 21. Skin disease | | | 44. Heat exhaustion | | | | | |
| 22. Back problems/pain | | | 45. Drug or narcotic habit | | | | | |
| 23. Chronic diarrhea | | | 46. Recent weight gain/loss | | | | | |

Exam: BP 122/80 P 84 R 12 T 98 HT 5'6" WT 190

Vision Uncorrected R 20/25 L 20/25 Both 20/25 Color

Vision Corrected R _____ L _____ Both _____ Color _____

- Acceptable without restrictions
- Acceptable with restrictions
- Acceptable for Return to Work
- Defer pending further study
- Unacceptable - See Comments Below

Signature: R. Mendenhall

Date: 03/01/2022

Comments: Normal physical for today.

| | NL | ABNL | |
|-------------|-------------------------------------|------|----------------------------------|
| HEENT | <input checked="" type="checkbox"/> | | |
| Neck | <input checked="" type="checkbox"/> | | |
| Heart | <input checked="" type="checkbox"/> | | |
| Lungs | <input checked="" type="checkbox"/> | | FEV1/FVC 80.86 |
| Chest | <input checked="" type="checkbox"/> | | |
| Abdomen | <input checked="" type="checkbox"/> | | |
| Extremities | <input checked="" type="checkbox"/> | | |
| Skin | <input checked="" type="checkbox"/> | | |
| Neuro | <input checked="" type="checkbox"/> | | |
| LABS | ORDERED | DONE | SPGR 1020 ALB N GLU N OTHER N |
| URINE | | | |
| IMETRY | | | |
| SCREEN | | | |
| IMETRY | | | |
| LEAD/ZPP | | | |

OFFICE STAMP:
CAREFIRST URGENT CARE
360 GLENSPRINGS DR
SPRINGDALE OH 45246
P: (513) 671-5050
F: (513) 671-3012

State of Ohio
Environmental Protection Agency
Asbestos Program

Asbestos Hazard Abatement Worker

**Elmer
Zepeda**



3208 Midway Ave, Apt. 2
Cincinnati OH 45238

| Certificate Number | Expiration Date |
|--------------------|-----------------|
| WK528706 | 6/21/22 |

DOB: 7/8/79
Card not Valid
if Altered

Commonwealth of Kentucky

Department for Environmental Protection
Division for Air Quality

Elmer Zepeda

Has met the requirements of 401 KAR 58.005 and is accredited as an

Asbestos Abatement Worker

| | |
|---------------------|------------|
| Agency Interest Id: | 150113 |
| License Number: | 70809 |
| Issue Date: | 01/19/2022 |
| Expiration Date: | 01/07/2023 |

Metropolitan Laboratories, Inc.

1429 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744

Certificate Of Completion

This Certifies That

Elmer Zepeda

3208 Midway Avenue, Apt. 2


Cincinnati, OH. 45238

1432

Has Successfully Completed The
8 Hour Asbestos Worker Refresher

In Compliance with Section 206 TSCA 15 USC 2646

Training Director:  Ron Morrison

Primary Instructor:  Ron Morrison

Course Date: 01/07/2022
Course Number: 2022-0004-AWR
Certificate #: 012201

Exam Date: 01/07/2022
Expires: 01/07/2023

208

Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by the Respirator User:

Name: ZEPEDA MONTOYA, ELMER I
Address: 7212 N Shadeland Ave
Suite 230
Indianapolis IN 46250
Telephone #: (317) 845-0457
Email: moyerlabormanage@att.net

To be completed by a Physician or Other Licensed Health Care Professional:

I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

- | | | |
|-------------------------------------|--|--|
| N95 particulate respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Half-mask, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Full-face, air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |
| Powered air purifying respirator | <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> With restrictions _____ |


If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
 - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
 - the initial medical examination demonstrates the need for a follow-up medical examination.

This user is approved to wear a respirator. Approval date: 12.17.21
 This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form: Yes No

Physician or Other Licensed Health Care Professional:

Printed name: William Danko MD Signature: 
Company Name: Rivers Bend Urgent Care Date: December 17, 2021

RESPIRATOR FIT TEST

EMPLOYEE NAME: Elmer Zepeda

DATE: 12/17/2021

| RESPIRATOR INFORMATION | | |
|--------------------------------|---------------------------|-------|
| TYPE: <u>Full Face PAPR</u> | MODEL: <u>PR-500</u> | |
| MANUFACTURER: <u>Honeywell</u> | NIOSH #: <u>TC21C-499</u> | |
| SIZE: <u>L</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

| | | |
|----------------------------|-----------------------------|-------|
| TYPE: <u>Half Face</u> | MODEL: <u>7700</u> | |
| MANUFACTURER: <u>North</u> | NIOSH #: <u>TC-84A-0590</u> | |
| SIZE: <u>Large</u> | | |
| TEST PERFORMED | | |
| IRRITANT SMOKE: <u>X</u> | PASS: <u>X</u> | FAIL: |
| SACCHARIN: | PASS: | FAIL: |

I certify that the above tested employee has been properly instructed on how to use and maintain his/her respirator. An individual was available to interpret this information in the event that the above employee does not speak English.

SIGNATURES:

CERTIFIED ABATEMENT SPECIALIST: 

EMPLOYEE: Elmer Zepeda

EXPIRES: 12/17/2022

Initial Submittal Date 2/8/2022

Revision Date _____

Notification # _____

File Form with Regional Office in Region Where Project will be Performed
Phone 502-564-3999; Fax 844-213-033

NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

(Instructions for completing form on back)

Contractor(demo)ORourke Wrecking / (abatement) Enviroworx Services

Address 660 Lunken Park Drive

City Cincinnati State OH Zip 45226

Phone 513-871-1400/871-2500 Contact Person Annette Wiest

Owner City of Covington Kentucky

Address 20 West Pike Street

City Covington State KY Zip 41011

Phone 513-668-7947 Contact Person Bo Hubbard, JS Held LLC

Project Location Former IRS Building

Address 200 West 4th Street

City Covington County Kenton Zip 41011

Facility Age (yrs.) 60 Size of Facility or Affected Part (sq. ft.) 362,900

#Floors Affected 1 Present and Prior Use of Facility Vacant/Office

TYPE OF PROJECT (CHECK ONLY ONE):
Renovation Demolition Ordered Demolition Emergency Long-term

PROJECT DATES: Start Removal 2/22/22 End Removal 4/30/22

Start Renovation/Demolition 2/28/22 End Renovation/Demolition 10/31/22

Amount of ACM to be Removed: n/a

| | Regulated ACM (RACM) | Category II nonfriable ACM (optional) | Category I nonfriable ACM (optional) |
|------------|----------------------|---------------------------------------|--------------------------------------|
| linear ft. | 4,024 | | |
| square ft. | 1,650 | 20,493 | |
| cubic ft. | | | |

Description of planned renovation/demolition, including abatement methods & demo/reno methods. Demolition of former IRS building
mechanical and manual methods.

| | |
|------------------------|-------|
| OFFICE USE ONLY | |
| ID # _____ | _____ |
| LOG # _____ | _____ |

Description of affected facility components _____
Fittings, Plaster, doors, transite, gaskets

Asbestos detection technique PLM

Amount of Cat. I & II nonfriable ACM involved but will not be removed:
149,940 SF Flooring

Describe physical characteristics that make it nonfriable and **methods** to keep it nonfriable (optional): n/a

Describe contingency plan should nonfriable ACM become friable or additional ACM be uncovered during renovation/ demolition: Contain area and material, wet thoroughly, contact owner and KDAQ.

Transporter O'Rourke Wrecking Transport (C&D only)

Address 660 Lunken Park Drive

City Cincinnati State OH Zip 45226

Phone 513-871-1400

Disposal Site Whitewater Reclamation (C&D)

Address 4250 Hooven Road

City Cleves State OH Zip 45002

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)

Submitted by: Annette Wiest *AWiest*

Company Name: O'Rourke Wrecking Company

300 Sower Boulevard, 2nd Floor

Frankfort, KY 40601

Phone 502-564-3999; Fax 844-213-033

File Form with Regional Office in Region Where Project will be Performed

NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

| |
|-----------------|
| OFFICE USE ONLY |
| ID # _____ |
| LOG # _____ |

(Instructions for completing form on back)

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Address 660 Lunken Park Drive

City Cincinnati **State** OH **Zip** 45226

Phone513-871-1400/871-2500 **Contact Person** Annette Wiest

Owner City of Covington Kentucky

Address 20 West Pike Street

City Covington **State** KY **Zip** 41011

Phone 513-668-7947 **Contact Person** Bo Hubbard, JS Held LLC

Project Location Former IRS Building

Address 200 West 4th Street

City Covington **County** Kenton **Zip** 41011

Facility Age (yrs.) 60 **Size of Facility or Affected Part (sq. ft.)** 362,900

#Floors Affected 1 **Present and Prior Use of Facility** Vacant/Office

TYPE OF PROJECT (CHECK ONLY ONE):

Renovation Demolition Ordered Demolition Emergency Long-term

PROJECT DATES: Start Removal 3/7/22 End Removal 5/31/22

Start Renovation/Demolition 3/7/22 End Renovation/Demolition 10/31/22

Amount of ACM to be Removed: n/a

| | Regulated ACM (RACM) | Category II nonfriable ACM (optional) | Category I nonfriable ACM (optional) |
|------------|----------------------|---------------------------------------|--------------------------------------|
| linear ft. | 4,024 | | |
| square ft. | 1,650 | 20,493 | |
| cubic ft. | | | |

Description of planned renovation/demolition, including abatement methods & demo/reno methods. Demolition of former IRS building
mechanical and manual methods.

Description of affected facility components _____

Fittings, Plaster, doors, transite, gaskets

Asbestos detection technique PLM

Amount of Cat. I & II nonfriable ACM involved but will not be removed:

149,940 SF Flooring

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Transporter O'Rourke Wrecking Transport (C&D only)

Address 660 Lunken Park Drive

City Cincinnati **State** OH **Zip** 45226

Phone 513-871-1400

Disposal Site Whitewater Reclamation (C&D)

Address 4250 Hoover Road

City Cleves **State** OH **Zip** 45002

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)
Submitted by: Annette Wiest *AWiest*

Company Name: O'Rourke Wrecking Company

Initial Submittal Date 2/8/2022

Revision Date 4/8/22

Notification # -

Phone 502-564-3999; Fax 844-213-033
File Form with Regional Office in Region Where Project will be Performed

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|-----------------|-------|
| OFFICE USE ONLY | |
| ID # | _____ |
| LOG # | _____ |

(Instructions for completing form on back)

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City Cincinnati

State OH Zip 45226

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TYPE OF PROJECT (CHECK ONLY ONE):
Renovation Demolition Ordered Demolition Emergency Long-term

PROJECT DATES:
Start Removal 3/7/22/hold 4/8/22 End Removal 5/31/22

Start Renovation/Demolition 3/7/22 End Renovation/Demolition 10/31/22

Amount of ACM to be Removed: n/a

| | Regulated ACM (RACM) | Category II nonfriable ACM (optional) | Category I nonfriable ACM (optional) |
|------------|----------------------|---------------------------------------|--------------------------------------|
| linear ft. | <u>4,024</u> | | |
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Fittings, Plaster, doors, transite, gaskets

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City Cleves State OH Zip 45002

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)

Submitted by: Annette Wiest *AWiest*

Company Name: O'Rourke Wrecking Company

Description of planned renovation/demolition, including abatement methods & demo/reno methods. Demolition of former IRS building

mechanical and manual methods.

Job Name: OWC - Former IRS BuildingDate: 3-7-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 125Crew Size: 13

Work Performed Today:

700 on site - Sign in - Go over scope of work with Jamie Davis. Unload equipment & materials into Bldg.

830 Start to prep Containment for Plaster Ceiling removal
Hang Glovebags & wrap fittings 2nd Level Mechanical Room

930 No problems - Continue to prep Containment for Plaster ceiling demo. Do Non ACM demo needed, pull carpet.
Hang Glovebags & wrap fittings in the 2nd Level Mechanical room.

1200 to 1230 Lunch

1230 Back to work - Continue to prep the contain. for plaster ceiling demo. Hang Glovebags & wrap fittings
JS Held rep on site to check work. No problems.

130 Send in List of material & equipment needed to Louis

230 Start to cut out fittings, continue to wrap fittings.
Still prepping the South Lobby entrance Containment.

330 Move to the clock & start to wrap fittings on the 2nd Level North side of Bldg.

445 Clean up - move bags to Lock up room to be stored
put tools away - secure site.

550 End of shift.

Job Name: OWC - Former IRS BuildingDate: 3-8-22Job Number: E22-021Supervisor: Mark Wesler

Man Hours: _____

Crew Size: 12

Work Performed Today:

630 on site - Sign in - Suit up - wrap & cut fittings by the Loading dock. Continue to prep South lobby entrance Containment for ceiling demo. Open ceilings to expose transite & fittings above lay in ceilings & pull bulbs.
900 Still wrap & cut fittings by Loading dock. Open lay in ceilings North east end of Building. Containment is prepped - waiting on water meter to start removal & glove bags.

10:00 Louis on site - unload equipment & materials.

Go hook up water meter to Fire Hydrant & run hoses
Get Containment ready to remove & ready to glove bag.

1100 Ball valve split for meter - No water. Call to get new Ball valve to hook up fire hose to $\frac{3}{4}$ water Hose. Send crews back to what they were doing

1200 to 1230 Lunch

1230 Still wrap & cut fittings - Remove Transite pannels North East end of Bldg. Pull bulbs & open ceilings to expose pipe

230 Continue to wrap & cut, glove bag & Hang Glovebags

Continue to remove transite. Remove & Box Light bulbs.

300 Have new reducer for water on site

400 Bring waste & tools back from South East end of Bldg

440 Stop Glovebag & wrap & cut. Secure site.

500 End of day.

Job Name: OWC - Former IRS BuildingDate: 3-9-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 245.5Crew Size: 25

Work Performed Today:

630 on site sign in. Set up water meter & run water. Suit up. Start to demo plaster ceiling in Containment. Glovebag & wrap & cut fittings in Mechanical Rooms South West end of Bldg. Open ceilings to expose Fire Carton

900 Continue to Demo plaster ceiling in containment Glovebag & wrap & cut Fittings in Mechanical rooms Open ceilings to expose fire carton.

1100 Jeff on site with material needed - unblock & bring in

1130 Stop ceiling demo in containment, clean up - Start to critical above ceiling. Neg pressure Low.

1200 to 1230 Lunch

1230 Suit up. Continue to prep above ceiling in Containment to get Neg pressure. Wrap & Cut and glovebag fittings in Mechanical rooms. Open ceilings through out to expose Fire carton & transite carton.

300 No problems continue to prep above ceilings in Contain. Wrap & Cut & glovebag Fittings. open ceilings to expose transite carton's.

440 Stop removal, clean up. put all waste in Lock up Secure site.

500 End of day.

Job Name: OWC - Former IRS BuildingDate: 3-10-22Job Number: E22-021Supervisor: Mark Westler

Man Hours: _____

Crew Size: 21

Work Performed Today:

630 on site - Sign in - Hook up water meter
Suit up. Continue to demo & prep above ceiling in Containment
to get neg pressure back. Glovebag & wrap & cut Fittings
South West end of Bldg Mech Rooms. Expose transite curtain
900 Continue to Demo & prep above ceiling in Containment
Glovebag & wrap & cut Fittings South West Mech Rooms. Demo Lay
in ceilings to expose Asb. Fittings South West end of Bldg.
1145 Stop removing - Clean up - Decon out of Containment
1200 to 1230 Lunch
1230 Back to work - Suit up. Continue to open ceiling & put up
critical poly above ceiling space. Glovebag & wrap & cut,
South West mech. Rooms & open lay in ceilings to access fittings
130 Dumpster dropped on site.
230 No problems - Continue to GLBG, Wrap & Cut Fittings, open Ceilings
to expose Fittings South West end of Bldg. Demo Asb ceiling & put
critical poly above. Line Dumpster & Load bags from Lock up
to Dumpster.
430 Stop removing, clean up & Decon out. Pull water meter
Secure site.
500 End of day.

Job Name: OWC - Former IRS BuildingDate: 3-11-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 134Crew Size: 17

Work Performed Today:

645 on site - open Bldg.630 Crew on site - Sign in - Hook up Water meter - Suit up - Demo walls & ceilings to access fittings Area #1 South West end of Bldg.Remove Ash plaster ceilings & bulk heads in Containment, critical above ceilings - Glovebag & wrap & cut fittings in Mech. Rooms.900 No problems continue to Demo to access fittings. Load bags in Dumpster. Glovebag & wrap & cut fittings in Mech Rooms. DemoAsh. Ceilings & Bulkheads, critical above ceilings in Containment.1140 Stop & Clean up - Decon out1200 to 1230 Lunch1230 Back to work. Suit up - Continue to load dumpster. Demowalls & Ceilings to access fittings. Glovebag & Suit & wrap fittings Area #1South West end of Bldg - Demo Ash. Ceilings, Bulkheads in So Lobby Containment. Critical above ceiling space to Get Neg pressure.200 Dumpster full - Call for Switch out. Continue to Remove in Containment & GLBG & wrap & cut.240 Stop & Clean up - Decon out - Pull water meter & Secure site. Bags & Tools in Lock up300 Crew off site.315 Lock up & Leave site.

Job Name: OWC - Former IRS BuildingDate: 3-15-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 196Crew Size: 20

Work Performed Today:

630 on site. Sign in - Hook up water Meter
Set up. Remove Lusin ceilings, Demo openings in walls &
Ceilings to expose fittings. GLBG * wrap * cut Asbestos fittings
Mechanical Rooms & Area #1

700 Tear down on site - Visual So Lobby Containment
720 Set up * Run Final Aivs So Lobby Containment.
900 No problems - Drop Ship of Materials on site, unload &
move in bldg. Continue Non Asb demo to expose fittings
GLBG, wrap * Cut Fittings.

10:00 Finals Pass So Lobby Containment - Tear down. Move Decou
to Area #1 * Set up.

1200 to 1230 Lunch - One worker off site for the day
1230 Set up - Continue to demo wall * ceiling openings to access
Fittings. Continue to Blwebag * wrap * cut fittings in Area #1 &
Mechanical Rooms.

230 No problems. Continue to demo to access fittings area #1 - GLBG &
wrap * cut fittings in Mech room & Area #1

Job Name: OWC - Former IRS BuildingDate: 3-16-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 160.5Crew Size: 16

Work Performed Today:

615 on site - open gate # Bldg - Get paperwork ready

630 Crew on site sign in - Hook up water meter - Set up.

Final Clean in the South Lobby Containment. Glovebag # wrap # Cut Fittings in Area 2 Mech Rooms.

900 No problems. Neg pressure is -028 So Lobby Containment Continue to final Clean. Glovebag # Wrap # Cut Fittings Area 2 Mech Rooms.

1200 to 1230 Lunch

1230 Set up. Glovebag # Wrap # Cut Fittings Area 2 Mech Rooms. Final Clean So Lobby Containment

230 Finish final Cleaning So Lobby Containment. Go in # disucal

300 Encapsulate So Lobby Containment. Regulate Area #1 # Start to wrap # Cut fittings throughout ceiling space, pipe chases

Demol Chases to expose fittings in Area #1. Move to last 2nd Level Mech Room # Glovebag large fittings.

440 Stop removing - Disconnect water meter. put tools in Lock up Secure Bldg.

500 The crew is off site.

515 Bldg Secure, Close gate. # Leave for the day

Job Name: OWC - Former IRS BuildingDate: 3-16-22Job Number: E22-021Supervisor: Mark WesleyMan Hours: 146.5Crew Size: 15

Work Performed Today:

600 on site - open gate & Bldg. Get paperwork ready

630 Crew on site - Sign in - Hookup water meter - Suit up

Continue to Gluebug-wrap & Cut fittings in Mechanical Room

Wrap & Cut fittings & demo openings to access fittings Area #1

915 Set up & Start to remove five curtain in Area #1

1030 one move worker arrived on site. Continue to GLRB

wrap & Cut Fittings & Demo to access fittings Mech Room Area 1

1200 to 1230 Lunch - Dumpster pulled & going to dump.

1230 Back to work - Suit up. GLRB wrap & Cut fittings in Mech Rooms & Area #1. Removing five curtain in Area #1

230 No problems - Continue to Remove fittings by GLRB & wrap & cut. Remove five curtain. Dumpster back on site.

400 Move All bags to tool room to be stored. Call Louis to order move scaffold. will be getting move workers.

435 Stop removing - Decon out & clean up. Pull water meter

Gather up tools & ext cords, take them to tool room & Lock up

500 End of shift.

Job Name: OWC - Former IRS BuildingDate: 3-17-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 157Crew Size: 16

Work Performed Today:

615 on site - open gate & unlock Building. Get paper work

630 Crew on site - Sign in - Hook up water meter & suit up. Continue to do non asbestos demo to access fittings area #1. Glove bag & wrap & cut fittings in Area #1 & mech Rooms.

930 no problems - continue to demo to access fittings. wrap & cut fittings in Area #1 & mech Rooms. Remove five curtain in Area #1

10:00 one sawzall stop working. Load asbestos bags in dumpster

1140 Stop removing - Clean up & Decon out. Finish Mech Rooms

1200 to 1230 Lunch. Sizzor Lift dropped off

1230 Suit up - continue to wrap & cut fittings in Area #1

Start to remove five curtain in Area #2 & open ceilings to expose fittings.

230 No problems - Continue to wrap & cut fittings in Area #1. Remove five curtain in Area #2. Load bags in the dumpster.

440 Stop removing - Clean up. Take bags to lock up decon out. pull water meter. take tools to lock up.

500 Crew off site. Jamie wants me to put tools in dumpster due to brake in of Bldg. Secure Bldg & Gates put tools in the dumpster

545 off site.

Job Name: OWC - Former IRS BuildingDate: 3-18-22Job Number: E22-021Supervisor: Mark WesleyMan Hours: 220.5Crew Size: 23

Work Performed Today:

615 on site - Unlock Gate & Bldg630 Crew on site - Sign in - Check new worker's paperwork.Hook up water meter - Set up Scaffolds & move Lift toArea #1, Start to wrap & cut fittings. Remove Fivecurton Area #2, Demo ceiling & wall openings to accessfittings in offices of Area #2. Pull bulbs & box up in offices900 No problems - continue to wrap & cut fittings, RemoveFive curton. Non Asbestos demo to access fittings1100 Louis on site with tools & Scaffold - Unblock & move in1200 to 1230 Lunch1230 Remove Five blanket Area #2 wrap up small fittingshang Gluebags on Lurge, Demo bottom of columns onprimer to expose fittings215 Stop & Clean up put tools & ext cords in DumpsterDisconnect water meter & Secure site300 Crew off site. Start to Lock up315 off site.

Job Name: OWC - Former IRS BuildingDate: 3-21-22Job Number: E22-021Supervisor: Mark Wesler

Man Hours: _____

Crew Size: 20

Work Performed Today:

615 on site, open gate, unlock building

630 Crew on site. Sign in, Suit up - Hook up water meter
Start to wrap & cut fittings & Glovebag large fittings in area
#2. Remove fire curtain Area #2. Pull florescent bulbs Area #1
Do non Asbestos demo of walls & ceilings to expose fittings.

Area #2 & #3

830 Area #1 all the asbestos fittings has been removed & the
Fire Curtain. Everyone in Area #2 & #3 wrap & cut & Glovebag
fittings. Remove florescent bulbs in offices

930 Load bags in dumpster to finish filling. Call for Switch out.

1145 Stop removing & Decon out.

1200 to 1230 Lunch

1230 Continue to wrap & cut fittings, glovebag large
fittings, remove fire curtain in Area #2 & #3. Pull florescent
bulbs & box them Area #1230 no problems. continue to glovebag & wrap & cut
fittings. Remove fire curtain Area #2 & #3. Pull florescent
bulbs and box up in offices of Area #1 & #2430 Stop removing. Clean up, move bags to Lock up
Pull water meter.445 take extension cords, GFCI's & tools to Lock up
500 crew off site. Load up power tools in my truck
Secure & Lock up building

515 End of day

| | |
|---|---------------------------------|
| Job Name: <u>OWC - Former IRS Building</u> | Date: <u>3-22-22</u> |
| Job Number: <u>E22-021</u> | Supervisor: <u>Mark Westler</u> |
| Man Hours: _____ | Crew Size: <u>23</u> |
| Work Performed Today: | |
| 615 on site - Unlock gate = open building. | |
| 630 Crew on site. Sign in. Hook up water meter to Hydrant. Continue to wrap & cut * Glovebag large fittings in Area's #2 & #3. Remove Fire curtain in Area's #2 & #3 | |
| Pull Florescent bulbs and box them up. Area #1 | |
| 830 Dumpster pulled, on the way to the dump. Line # Start to load bags in the dumpster. Send crews back to recover Florescent bulbs * box them. | |
| 1130 Finish Fire curtain in Area #2. wrap & cut fittings in the last hallway of Area #2. Stop removing, Clean up floors | |
| 1200 to 1230 Lunch | |
| 1230 Suit up. Continue to Glovebag * wrap & cut fittings in Area 2 Hallway and offices. Remove Fire curtain in Area #3. Recover Florescent bulbs * box them up Area #1 and offices. Load bags from the lock up out to dumpster. | |
| 230 No problems. Continue to Glovebag * wrap & cut fittings fittings. | |
| 400 - Finish Fire curtain in Area #2 & #3. Finish fittings in Area #2. Still working on fittings Area #3 Pull Florescent Bulbs Area #1 | |
| 430 Stop Removing. Clean up. Pull water meter * put tools in dumpster | |
| 500 Crew off site. Secure site * Lock gate | |
| 515 off site | |

Job Name: OWC - Former IRS BuildingDate: 3-23-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 232.5Crew Size: 23

Work Performed Today: 645 on site. Open Gate + Building. unlock Dumpster

630 Crew on site. sign in. Hook up water meter. Start up. Continue to Glovebag Large fittings, wrap & cut small fittings in the front offices of area #2 & 3 & connectors of area 3 to 4. Remove transite five curtain area #4. Recover Bulbs Area #2 on raised floor & associated rooms.

930 no problems. Continue to Glovebag & wrap & cut fittings Area #2 & 3. Remove transite five curtain Area #4. Pull Bulbs & Box Area #1 & 2

1145 Stop removing. clean up. Decan out

1200 to 1230 Lunch.

1230 Start up. Continue to GLBG, wrap & cut offices Area #2 & 3
Remove Transite five curtain Area #4. Pull Bulbs Area #2

300 No problems Continue to GLBG & wrap & cut. Remove Transite Five Curtain. Recover florescent bulbs, smoke detectors & other PCUs

440 Stop removing. Clean up. Move bags to lock up. put power tools & Ext coavels in Dumpster. Pull water meter

500 Crew off site. Lock up & Secure Site

515 End of day

Job Name: OWC - Former IRS BuildingDate: 3-24-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 230-5Crew Size: 23

Work Performed Today:

615 on site - Unlock gate & Building

630 Crew on site - sign in - Hook up water meter - suit up
 Continue to glovebag large fittings, wrap & cut small
 fittings. Remove transite fire curtain. Non Asbestos
 demo to access Area #3 & #4. Remove Universal waste
 in Areas #1 #2 & #3 & Box up, move to storage. Load Asbestos
 bags into dumpster

930 No problems - Continue to remove transite Fire curtain
 Area #4. Glovebag & wrap & cut fittings. Non Asbestos demo to
 access fittings & transite areas #3 & #4. Remove Universal
 waste areas #1 #2 & #3

1140 Stop removing. Clean up. decon out.

1200 to 1230 Lunch

1230 Suit up Glovebag & wrap & cut fittings North Side Area #1 & #2
 Remove Remove transite fire curtain & around perimeter. GLBG
 wrap & cut fittings Area #4. Recover Universal waste from
 Areas #1, #2 & #3. Call for Dumpster switch

440 Stop removing fittings - Clean up - pull drops. move bags
 to lock up. Pull water meter. Lock tools in Dumpster

500 Crew off site. Make sure doors are Locked

Lock gate.

515 off site.

Job Name: OWC - Former IRS BuildingDate: 3-25-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 184.5Crew Size: 23

Work Performed Today:

615 on site unlock & open Gate and Building
630 Crew on site - Sign in - Hook up water meter and
suit up. Remove Transite Five Carton. Glovebag - wrap n cut
fittings. Do Non asbestos demo to access fittings & Transite
in Area #4. All asbestos fittings, Five carton finished
in Area #1, #2 & #3. Recover Universal Waste in Area #1
#2 & #3; move Asbestos waste & Universal waste to
Storage Area

930 No problems. Continue to remove Transite five carton &
fittings Area #4. Recover Universal waste Area's #1, #2, & #3. Move
waste to storage.

1145 Stop removing - clean up - Decon out.

1200 to 1230 Lunch.

1230 Suit up Continue to Remove Transite five carton.
Remove fittings, Glovebag or wrap n cut Area #4. Recover
universal waste Area's #1, #2 & #3

230 Stop removing - Clean up, pull drop cloths - Decon
out. Disconnect water meter. Take Bags to Lock up
put power tools & ext cords in Dumpster.

300 Crew off site. Secure Site, Lock Building &
gate

315 off site.

| | | | |
|--|----------------------------------|-------------|--------------------|
| Job Name: | <u>OWC - Former IRS Building</u> | Date: | <u>3-28-22</u> |
| Job Number: | <u>E22-021</u> | Supervisor: | <u>Mark Wesler</u> |
| Man Hours: | <u>129.5</u> | Crew Size: | <u>13</u> |
| Work Performed Today: | | | |
| 615 on site unlock gate & building. get out Sign in sheets. Power on to job trailer | | | |
| 630 Crew on site. Sign in. Hook up water meter suit up. Continue to remove fire curtain. Wrap & cut fittings in Area #4. Recover universal waste North side of Area #1 & #2. Take universal waste to lock up to be stored | | | |
| 930 No problems. Continue to remove Transite fire curtain and fittings throughout walls & ceilings in Area #4. Remove universal waste North side of Area #1 & #2 | | | |
| 1100 Louis on site with Generator. Drop it at the north connector. Unload materials ordered. Finish fire curtain north side of Area #4. Remove transite panels from the perimeter of Building. | | | |
| 1200 to 1230 Lunch | | | |
| 1230 Remove transite panels from the perimeter Area #4 and remove fittings throughout by GLBG & Wrap & Cut. Remove universal waste from Area #1 & #2 north side. | | | |
| 230 Find on Mechanical Room 2nd Level in Area #2 north Continue to remove universal waste, package up & move to storage. Remove Transite from the perimeter and remove fittings GLBG & Wrap & Cut Area #4 | | | |
| 440 Stop removing. Clean up. Decom out. Pull water meter 500 waste in storage - Tools in Dumpster. Crew off site | | | |
| 515 Bldg secure & Locked. Close & Lock gate. off site. | | | |

Job Name: OWC - Former IRS BuildingDate: 3-29-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 130.5Crew Size: 13

Work Performed Today:

615 on site - Unlock and open Gate & Building
630 Crew on site - Sign in - Hook up water meter - Remove
Transite pannels from the perimeter of the Building & Remove
Five curton. GLBG & wrap n cut fittings throughout Area #4
Recover Universal waste Areas #1, #2 & #3
930 No problems, Continue to remove Transite, Fittings
Recover universal waste - Store Asb bags & universal
waste in Lock up by loading dock.
1145 Stop removing - Clean up - Decon out
1200 to 1230 Lunch
1230 Suit up - Remove Transite five curton - Glove bag &
wrap n cut fittings Area #4. Recover Universal waste
in Areas #1, #2 & #3. Store bags & Universal waste in cage
at Loading Dock. Dumpster switched out.
300 No problems - Continue to Remove transite curton - GLBG
& Wrap-N-cut fittings throughout Area #4. Recover Universal
waste Area #1, #2 & #3
440 Stop removing - Clean up & pull drop cloths. Decon out
Pull water meter - Put water meter & Tools in
the Dumpster. Put bags in Lock up
500 Crew off site - Secure site & lock up
515 End of shift. off site.

Job Name: OWC - Former IRS BuildingDate: 3-30-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 130-5Crew Size: 13

Work Performed Today:

615 on site unlock & open gate & Building
630 Crew on site - Sign in - Suit up. Glovebag - Wrap & cut
Area #2 Mechanical Room Upper Level. Wrap & cut fittings
Area #4. Remove Transite five carton & around the
primer walls Area #4. Recover universal waste north
side Areas #1, #2 & #3.
830 Load Transite in Dumpster & Make Bundles - Load
bags on top of transite. Continue to GLBG, Wrap & Cut
fittings. Remove Transite and Recover Universal Waste
930 Finish Loading transite in dumpster. Still removing
transite & fittings. Recover universal waste.
1145 Stop removing - clean up - Decon out
1200 to 1230 Lunch
1230 Suit up - GLBG & wrap & cut fittings - Remove transite
Area #4. Recover universal waste Area #1, #2 & #3 North.
Move waste to Loading dock to be stored.
230 No problems - continue to GLBG, wrap & cut. Remove
Transite Five Carton Area #4. GLBG & wrap & cut fittings
2nd Level Mech. Room Area #2. Recover universal waste &
box up Areas #1, #2 & #3
440 Stop removing - clean up - Decon out - Pull water Meter
Put waste in Lock up, Tools in dumpster
500 Crew off site - secure site & Lock up.
515 End of shift

Job Name: OWC - Former IRS BuildingDate: 3-31-22Job Number: E22-021Supervisor: Mark Wesler

Man Hours: _____

Crew Size: 13

Work Performed Today:

630 on site-sign in - Hook up water meter
Sent up - Continue to remove Transite Fire curtain
pinched between sheet rock. Wrap & cut fittings Area #4
GLBG & wrap & cut fittings 2nd Level Mech Room Area #2
Recover Universal waste & package Area #1, #2 & #3.
900 No problems - Continue to remove Transite fire curtain
Remove fittings by wrap & cut & GLBG. Recover universal
waste & box up.
1100 finish GLBG & wrap & cut fitting 2nd Level Mech room
clean up & Load out bags & tools
1200 to 1230 Lunch
1230 Sent up - Continue to remove Transite fire curtain &
fittings. Area #4. Recover Universal waste & box up in
Areas #1, #2 & #3. Load bags in dumpster
230 finish loading out bags. Finish fittings in Area #4
still remove transite fire curtain between Drywall - Recover
universal waste north side of Areas #1, #2 & #3
400 Finish 2nd Level Mechanical Room, Move down to 1st
floor rest rooms
440 Stop removing. Clean up - Pull water meter - put tools
in Dumpster. Secure site & Lock up
500 off site

Job Name: OWC - Former IRS BuildingDate: 4-1-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 95Crew Size: 12

Work Performed Today:

615 on site - unlock & open Gate & Building

630 Crew on site - sign in - suit up - Remove Transite fire curtain & Transite around the perimeter of Building Area #4. Demo to access fittings & wrap & cut fittings Area #2 Rest Room's. Recover universal waste & Box up Areas #2 & #3.

930 No problems - Continue to remove Transite & Transite fire curtain, Remove fittings & Recover Universal waste, box up and store at Loading dock in cage.

1130 finish removing fittings men's Rest Room, move to Womens Rest Room Area #2

1200 to 1230 Lunch

1230 Suit up - Remove Transite from perimeter, North wall & Last section of fire curtain Area #4. Remove fittings Womens Rest Room Area #2. Recover Universal waste Area #3 South

230 Finish Fittings Area #2. Finish Transite Fire Curtain & North & South Perimeter Transite Area #4. Stop removing
Clean up - Pull water meter. put tools in Dumpster
waste in Lock up at Dock.

300 Crew off site. Lock up Building - Close & Lock up Gate

315 End of week.

Job Name: OWC - Former IRS BuildingDate: 4-4-22Job Number: E22-021Supervisor: Mark Westler

Man Hours: _____

Crew Size: 12

Work Performed Today:

615 on site unlock & open Gate & Building

630 Crew on site - Sign in - Hook up water meter to Hydrant. Setup & Remove Transite from the perimeter of the Building in Area #4. Demo openings in pipe chases in Rest Rooms & remove fittings Area #4. Recover Universal waste and box up through out North side of Area #3

930 Eric on site to drop off Boxes & Skids. Continue to remove transite & fittings Area #4. Recover Universal waste north side of area #3

1130 finish fittings in Rest Rooms Area #4. Move to Area #3 Rest Rooms & Demo openings to Remove fittings

1200 to 1230 Lunch

1230 Continue to remove transite panels from West perimeter wall. Demo & Remove fittings Area #3 North Rest Rooms. Recover Universal waste Area #3 north side.

230 Finish Transite on west wall of area #4. Move to east wall, set up & Remove transite panels. Remove fittings in Rest Rooms Area #3 north. Recover Universal waste Area #3 North

440 Clean up, pull drop cloths, Decom out. Pull water Meter & put meter & tools in Dumpster.

500 Crew off site. Secure Site & Lock up Building

515 Close Gate & Lock up. off site.

Job Name: OWC - Former IRS BuildingDate: 4-5-22Job Number: E22-021Supervisor: Mark Wesler

Man Hours: _____

Crew Size: 12

Work Performed Today:

615 on site - unlock & open Gate & Building
630 Crew on site - Sign in - Hook up water meter to
fire Hydrant. Suit up - Demo openings in Rest Room
wet walls & Remove Fittings Area 2 north - Remove
Transite Panels from East wall Area #1 & Load in the
dumpster. Recover Universal waste & Box up Area 3
930 finish removing transite - Continue to Load it out to
dumpster & Bundle. Still wrap & Cut fittings Area #2
north. Recover Universal waste Area #3 north
1100 finish Transite. Start to Recover Universal
waste Area #4
1200 to 1230 Lunch
1230 Continue remove fittings, wrap & cut Area #3
Recover & box up Universal waste Areas #3 & #4
300 finish removing fittings. Every one Recovering
Universal waste Area #3 & #4
430 Pull water meter, Clean up, put tools in lockup
Dumpster is full.
500 Crew off site. Secure Building & Lock up the
Building & Gate.
515 End of day

Job Name: OWC - Former IRS BuildingDate: 4-6-22Job Number: E22-021Supervisor: Mark WeslerMan Hours: 120Crew Size: 12

Work Performed Today:

615 on site unlock & open Gate & Building
630 Crew on site. Sign up. Set up temp lights & start
to Recover universal waste - Bulbs, Smoke Heads, Battery's -
Box up & move to loading dock.
730 No problems - Continue to Recover universal waste
Pull bulbs, check Ballasts. Pull Smoke heads, Battery's
Check exit signs. Box up Items & Move to Dock area
Put on skids. Areas #3 & #4.
1200 to 1230 Lunch.
1230 Back to work - Finished Recovering Universal
waste in Area #3 - Every one working in Area #4
and the Connector Recovering Universal waste, Box
it up & Move it to the Loading dock & put it on skids.
300 No problems - Finish the Connectors - Every one in
Area #4 Recovering Universal Waste & Box up; move to
Loading Dock.
445 Stop & Clean up - Put equipment away
in Lock up.
500 Crew off site. - Secure & Lock up Building
Close & Lock Gate.
515 End of Day - off site.

Job Name: OWC - Former IRS BuildingDate: 4-7-22Job Number: E22-021Supervisor: Mark WesleyMan Hours: 120Crew Size: 12

Work Performed Today:

615 on site unlock & open Gate & Building

630 Crew on site - Sign in. Set up temp lights & start to recover bulbs & check ballasts. remove smoke heads & emergency lights. Box up & move to loading dock to be put on skids.

830 Louis on site to drop off trailer - Start to load out equipment not needed.

930 Continue to Recover Universal waste & box up load equipment on trailer.

1200 to 1230 Lunch

1230 Continue to Recover Universal Waste Area #4, Box up & move Universal waste to Loading dock. Load the equipment not needed on trailer. Load materials not used on trailer.

230 Trailer Loaded. Continue to Recover Universal waste in Area #4

300 No problems - Continue to Recover Universal Waste Area #4
Louis pick up Trailer

430 Finish Universal Waste Area #4. Move Boxes to Loading Dock.

500 Crew off site. Secure Site & Lock Bldg; Close & Lock Gate.

515 End of day

| | |
|--|--------------------------------|
| Job Name: <u>OWC - Former IRS Building</u> | Date: <u>4-8-22</u> |
| Job Number: <u>E22-021</u> | Supervisor: <u>Mark Wesler</u> |
| Man Hours: _____ | Crew Size: <u>11</u> |

Work Performed Today:

630 on site - unlock Gate & Building - Sign in

645 Set up in Small Building next to Area #4

Recover Universal waste. Set up & Recover Universal waste by Dock area & Lock up

900 Move Boxes to Loading Dock, put on skids & Shrink wrap. Continue to Recover Universal Waste By Loading dock & Small Building.

1100 Finish Recovering Universal waste. Start to Shrink Wrap Skids & Count Items.

1200 to 1230 Lunch

1230 finish counting & Shrink wrap Skids.

100 Louis on site - Start to Load out equipment

200 Truck is Loaded - finish Packaging Universal waste & Chemicals. Off Site Job finished

Job Name: OWC - Former IRS BuildingDate: 4-15-22Job Number: E22-021Supervisor: Mark WestlerMan Hours: 24Crew Size: 3

Work Performed Today:

700 on site - Sign in - Unload equipment & Material needed. Locate fittings that were missed when Teracore did the visual inspection.

815 Move equipment & material back to Area #3
Set up & wrap up fittings that get cut out.

1050 finish in Area #3 - Bring Equipment & Waste Back
Put equipment in Area #8 & waste at Loading dock
1100 to 1130 Lunch

1130 Back to work - Suit up - Regulate & Lay Drop cloth

1210 Start to Demo ceiling needed to access fittings & wrap up fittings

1:00 Cut out fittings - Final 2 remove fittings

1:30 Demo ceiling to access the fittings & wrap up the fittings.

215 Cut out the fittings & bag them up

230 Set up Area #9 - Hang Glovebag & Remove Roof
Drain with Asbestos insulation.

315 Finish Scope of work - Clean up. Put bags in
the Dock area with Generators on them

330 End of Day.

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3.7.22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time In | Time Out | Time In | Time Out | Time In | Time Out | List type of protection: |
|---------------------------------|---------------------------|------------|-------------|------------|-------------|------------|-------------|--|
| Jeff Surentraw | | 7:00 | 12:00 | 12:30 | 5:30 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Mark Wesley | 2670 | | | | | | | |
| SARCA Hill | 2248 | | | | | | | |
| Manuel Small Castillo | 7557 | | | | | | | |
| Morgan Coati | 1234 | | | | | | | |
| Marta Borjas | 2832 | | | | | | | |
| Miguel Casta | 5130 | | | | | | | |
| Robert Perez | 4144 | | | | | | | |
| Sosa Portillo | 0579 | | | | | | | |
| Sosa Gonzalez | 2983 | | | | | | | |
| Elmer Lopez | 1023 | | | | | | | |
| Glenda X Valdez | 5312 | | | | | | | |
| Elym Jimenez | 8775 | 7:00 | 12:00 | 12:30 | 5:30 | | | |
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* individual is being monitored
 Supervisor Signature: Mark Wesley

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 5-8-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | Time | | List type of protection: |
|---------------------------------|---------------------------|------|-------|-------|------|------|-----|------|--|---|
| | | In | Out | In | Out | In | Out | | | |
| <i>Mark Wessler</i> | 2670 | 6:50 | 12:00 | 12:30 | 5:00 | | | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| <i>Sosa Castillo</i> | 2248 | | | | | | | | | |
| <i>Norlan Castillo</i> | 1234 | | | | | | | | | |
| <i>Manuel Castillo Sarguich</i> | 7557 | | | | | | | | | |
| <i>Sosa Partillo</i> | 0579 | | | | | | | | | |
| <i>Soel Gonzales</i> | 2983 | | | | | | | | | |
| <i>Elmer Zepeda</i> | 1093 | | | | | | | | | |
| <i>Dolal Perez</i> | 4147 | | | | | | | | | |
| <i>Mista Burgos</i> | 2832 | | | | | | | | | |
| <i>Glenda Valdez</i> | 5312 | | | | | | | | | |
| <i>Enrique Lopez Prados</i> | 2617 | | | | | | | | | |
| <i>Miguel Castro</i> | 5130 | | | | | | | | | |
| <i>Elyin Jimenez</i> | 8795 | | | | | | | | | |
| <i>Adonis Castro</i> | 5275 | 6:30 | 12:00 | 12:30 | 5:00 | | | | | |
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* individual is being monitored
 Supervisor Signature: *Mark Wessler*

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: _____ OWC - Former IRS Building
 Project #: _____ E22-021
 Date: 3-9-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | Time | | List type of protection: |
|---------------------------------|---------------------------|------|------|------|-----|------|-----|------|--|---|
| | | In | Out | In | Out | In | Out | | | |
| Mauricio Hernandez | 9174 | 630 | 1200 | 1230 | 500 | | | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input checked="" type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Glenda X vander | 5312 | | | | | | | | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Paull Perce | 4147 | | | | | | | | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Sosa Portillo | 0579 | | | | | | | | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Sobel Gonzalez | 2983 | 630 | 1200 | 1230 | 500 | | | | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| | | | | | | | | | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
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* individual is being monitored
 Supervisor Signature: Mark W. ...

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-9-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|---------------------------------|------------------------|------|------|------|-----|------|-----|---|
| | | In | Out | In | Out | In | Out | |
| Mark Alesler | 2670 | 630 | 1200 | 1230 | 330 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses |
| Mike Alesler | 8851 | | | | 330 | | | <input checked="" type="checkbox"/> Safety Glasses |
| Liat Ailes | 8166 | | | | 330 | | | <input checked="" type="checkbox"/> Suits |
| Yessanderson | 2490 | | | | 500 | | | <input checked="" type="checkbox"/> Half-Face Respirators |
| Elmer Cepeda | 1023 | | | | | | | <input type="checkbox"/> Full-Face Respirators |
| Sosé Blandón | 2651 | | | | | | | <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| EDUARDO IAGN MENDOZA | 0927 | | | | | | | <input type="checkbox"/> |
| Carolina Guido | 1095 | | | | | | | <input type="checkbox"/> |
| Nelson Sobilo | 1234 | | | | | | | <input type="checkbox"/> |
| Harvel Escobedo Sorquin | 7557 | | | | | | | <input type="checkbox"/> |
| MISAIL CASIBO | 5130 | | | | | | | <input type="checkbox"/> |
| MMA BOJAS | 2832 | | | | | | | <input type="checkbox"/> |
| Miguel A Rodriguez | 2891 | | | | | | | <input type="checkbox"/> |
| Elym Jimenez | 8975 | | | | | | | <input type="checkbox"/> |
| Ramon Jarquin | 2564 | | | | | | | <input type="checkbox"/> |
| ADAMIS LURKI | 4715 | | | | | | | <input type="checkbox"/> |
| José Ricardo | 2248 | | | | | | | <input type="checkbox"/> |
| Adonis Castro | 5275 | 630 | 1200 | 1230 | 500 | | | <input type="checkbox"/> |

* individual is being monitored

Supervisor Signature: Mark Alesler

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-10-22

WORK AREA ENTRY LOG

| * | EMPLOYEE SIGNATURE | Social Security Number | Time | Time | Time | Time | Time | List type of protection: |
|---|--------------------------|------------------------|------|------|------|------|------|--|
| | VISITOR | | In | Out | In | Out | In | |
| | Mark Webster | 2670 | 630 | 1200 | 1230 | 500 | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| | Novlan Costilla | 1234 | | | | | | |
| | Maribel Teasilla Savarin | 4557 | | | | | | |
| | Sara R Casillas | 2248 | | | | | | |
| | Rougero Costa Mena | 2017 | | | | | | |
| | Ramon Jarguin | 2504 | | | | | | |
| | Misael A Rodriguez | 2891 | | | | | | |
| | Jose Blomdon | 2631 | | | | | | |
| | Mica Botas | 2832 | | | | | | |
| | Adriis Lumbi | 4715 | | | | | | |
| | Emer Zepeda | 1023 | | | | | | |
| | Elyin Jmenez | 8775 | | | | | | |
| | Adonis Castro | 5275 | | | | | | |
| | NELSI XIMARA VELAZQUEZ | 2657 | | | | | | |
| | Maria Dabila | 3921 | | | | | | |
| | Glendax Valdez | 5312 | | | | | | |
| | Alfred Perez | 4147 | | | | | | |
| | Sosa Portillo | 0579 | | | | | | |
| | Sosa Gonzalez | 2983 | 630 | 1200 | 1230 | 500 | | |

* individual is being monitored

Supervisor Signature: Mark Webster

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-11-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|---------------------------------|---------------------------|------|------|------|-----|------|-----|--|
| | | In | Out | In | Out | In | Out | |
| Mary Alesler | 2670 | 630 | 1200 | 1230 | 300 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Jose Portillo | 0579 | | | | | | | |
| Soel Gonzalez | 2983 | | | | | | | |
| Rolod Perez | 4147 | | | | | | | |
| Mauricio Llanusa | 9114 | | | | | | | |
| Jose Blanton | 2631 | | | | | | | |
| EDUARDO LOPEZ MENDOZA | 2017 | | | | | | | |
| MITIA ROSAS | 2832 | | | | | | | |
| Ramon Davquin | 2654 | | | | | | | |
| MAHUEL T CASILLA TORO | 7557 | | | | | | | |
| NERSTI XIMARRA VELASQUEZ | 2657 | | | | | | | |
| Minuel A Rodriguez | 2891 | | | | | | | |
| ADRIAS LUMBI | 4715 | | | | | | | |
| Jose Riosillo | 2248 | | | | | | | |
| Elym Fuentes | 2245 | | | | | | | |
| Norlan Casilla | 1234 | 630 | | | | | | |
| Glenda X Valdez | 5312 | 930 | 1200 | 1230 | 300 | | | |

* individual is being monitored

Supervisor Signature: Mary Alesler

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-14-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time In | Time Out | Time In | Time Out | Time In | Time Out | List type of protection: |
|------------------------------|------------------------|---------|----------|---------|----------|---------|----------|--|
| Mark Mesler | 2670 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Adrian Castro | 5275 | | | | | | | |
| Gerda X Valdez | 5312 | | | | | | | |
| Sosa Rios / 110 | 2248 | | | | | | | |
| Edgardo Lopez Mendez | 2017 | | | | | | | |
| Adalis Lumbi | 4115 | | | | | | | |
| Marta Rojas | 2832 | | | | | | | |
| Ramon Jarama | 2564 | | | | | | | |
| Armando Bermudez | 7244 | | | | | | | |
| Miguel A Rodriguez | 2891 | | | | | | | |
| Elyin Jimenez | 8775 | | | | | | | |
| Nora An Costa / 110 | 8808 | | | | | | | |
| Manuel I castillo Sarguin | 7557 | | | | | | | |
| Sosa Rios / 110 | 0579 | | | | | | | |
| Sosa Rios / 110 | 4147 | | | | | | | |
| Sosa Rios / 110 | 2983 | 630 | 1200 | 1230 | | | | |
| Manuel Castro | 4454 | | | | | | | |
| Manuel Castro | 3103 | | | | | | | |
| José Esteban Seguelra | 3678 | | | | | | | |
| Mario Bellan | 6879 | | 330 | 330 | 500 | | | |

* individual is being monitored

Supervisor Signature: Mark Mesler

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-15-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|------------------------------------|---------------------------|------|------|------|-----|------|-----|--|
| | | In | Out | In | Out | In | Out | |
| Mark Aleser | 2670 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Jose R Castillo | 2248 | | | | | | | |
| Nolan Castillo | 808 | | | | | | | |
| Adonis Castro | 5275 | | | | | | | |
| Mrs A Bastas | 2832 | | | | | | | |
| Manuel Castillo Sanchez | 4557 | | | | | | | |
| Glenda Y Valdez | 5312 | | | | | | | |
| Rolando Perez | 4147 | | | | | | | |
| Jose Parillo | 0579 | | | | | | | |
| Jose Gonzalez | 2983 | | | | | | | |
| Eduardo Lopez Mendez | 2017 | | | | | | | |
| Adalis Lumbi | 4715 | | | | | | | |
| Zygin Jimenez | 8735 | | | | | | | |
| Ramon Jaquez | 2564 | | | | | | | |
| Nemendo Hernandez | 7208 | | | | | | | |
| Mariano Garka | 9454 | | | | | | | |
| Jose Esteban Segueiras | 3628 | | | | | | | |
| MISURI A RODRIGUEZ | 2891 | | | | | | | |
| MARIA DEL CASTRO | 3103 | | | | | | | |

Mark Aleser 630 1200 1230 500

* individual is being monitored
 Supervisor Signature: Mark Aleser

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-15-22

WORK AREA ENTRY LOG

| * | EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|---|-------------------------------|---------------------------|------|------|------|-----|------|-----|--|
| | | | In | Out | In | Out | In | Out | |
| | Marta Wessler | 2670 | 630 | 1200 | 1230 | 500 | | | <input type="checkbox"/> Hard Hats <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Suits <input type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input type="checkbox"/> Steel-Toe Boots |
| | Tosirca Castillo | 2248 | | | | | | | |
| | Mmanuel + castillo Jorguin | 7557 | | | | | | | |
| | Morlan E Arfala Castillo | 2808 | | | | | | | |
| | Adnys Luyhi | 4415 | | | | | | | |
| | Eduardo Lopez mendoza | 2612 | | | | | | | |
| | Armando mendoza | 748 | | | | | | | |
| | Ramon Jorguin | 2564 | | | | | | | |
| | Josel Perez | 4147 | | | | | | | |
| | Sosa Portillo | 0579 | | | | | | | |
| | Elyin Juvener | 8975 | | | | | | | |
| | Miguel A Rodriguez | 2891 | | | | | | | |
| | Socel Gonzalez | 2983 | | | | | | | |
| | Adonis Castro | 5275 | 630 | | | | | | |
| | Glenda X Valdez | 5312 | 1030 | 1200 | 1230 | 500 | | | |
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* individual is being monitored

Supervisor Signature: Marta Wessler

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-17-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE | VISITOR | Social Security Number | Time | | Time | | List type of protection: |
|---------------------------------|---------|------------------------|------|------|------|-----|---|
| | | | In | Out | In | Out | |
| Mark Mosher | | 2670 | 630 | 1200 | 1230 | 500 | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| JOSÉ R COSTILLO | | 2848 | | | | 1 | |
| Marta Bostas | | 2832 | | | | 500 | |
| Rael Perez | | 4147 | | | | 300 | |
| Sosi Partillo | | 0579 | | | | 300 | |
| Sol Gonzalez | | 2983 | | | | 500 | |
| EDUARDO LOPEZ MORALES | | 2017 | | | | | |
| Elynn Jimenez | | 8745 | | | | | |
| NOVIAH COSTILLO | | 2808 | | | | | |
| MARIEL CASTILLO SORR | | | | | | | |
| Adonis COSTO | | 5275 | | | | | |
| Adriana Lopez | | 4115 | | | | | |
| Ramon Jaquez | | 2564 | | | | | |
| Glenda X Valdez | | 5312 | | | | | |
| Armenis Hernandez | | 7741 | | | | | |
| Miguel A Rodriguez | | 2891 | 630 | 1200 | 1230 | 500 | |
| XXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXX | | | | | |
| XXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXX | | | | | |
| XXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXX | | | | | |
| XXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXX | | | | | |

* individual is being monitored

Supervisor Signature: [Signature]

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: _____ OWC - Former IRS Building
 Project #: E22-021
 Date: 3-18-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|---------------------------------|------------------------|------|------|------|-----|------|-----|---|
| | | In | Out | In | Out | In | Out | |
| Mark Westley | 2670 | 630 | 1200 | 1230 | 315 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| JOSÉ R CASTILLO | 2248 | | | | 300 | | | |
| Marta Bozas | 2892 | | | | | | | |
| MAREY CUBAS | 9441 | | | | | | | |
| MARLENE AVILA | 1986 | | | 1250 | 300 | | | |
| Tonia Espinal | 3622 | | | | | | | |
| Pedro Osorio | 9786 | | | | | | | |
| Ramon Jarquin | 2564 | | | 1230 | 300 | | | |
| Alexis Beckmeyer | 7718 | | | | | | | |
| Peter Perez | 4147 | | | | | | | |
| Sonia Parilla | 0519 | | | | | | | |
| Sara Campales | 2983 | | | | | | | |
| Samuel Aguilar | 5593 | | | | | | | |
| Miguel Robriguez | 2891 | | | | | | | |
| Miguel I. Castillo | 7557 | | | | | | | |
| FARIS UMBI | 4715 | | | | | | | |
| NORLANE DE CASTILLO | 2808 | | | | | | | |
| Adonis Castro | 5275 | | | | | | | |
| EDUARDO LOZA MORALES | 2017 | | | | | | | |

Elyin Jimenez
 *Miguel ESPINAL
 Individual is being monitored
 JOSEAN RODRIGUEZ 9737
 Glenda X Valdez 5312630

Supervisor Signature: Shane White

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-21-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|------------------------------------|---------------------------|------|------|------|-----|------|-----|--|
| | | In | Out | In | Out | In | Out | |
| Mark Aester | 2670 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Gleno X Valdez | 5312 | | | | | | | |
| Mirta Borsas | 2892 | | | | | | | |
| Samuel Aguilar | 5523 | | | | | | | |
| Manuel + castillo Sardin | 4552 | | | | | | | |
| Tania Espinal | 3622 | | | | | | | |
| Pedro Oporto | 9786 | | | | | | | |
| Mareit CuBas | 9441 | | | | | | | |
| Magdalena Davila | 1986 | | | | | | | |
| Martín Espinal | 3218 | | | | | | | |
| Yolana Padilla | 9737 | | | | | | | |
| Jose Parilla | 0579 | | | | | | | |
| Miguel A Rodriguez | 2871 | | | | | | | |
| Rafael Ramirez Gutierrez | 4379 | | | | | | | |
| Ramon Jarama | 2564 | | | | | | | |
| Ramondo Bermudez | 7716 | | | | | | | |
| Narlan E Artola castillo | 8898 | | | | | | | |
| Marika Osorio | 6217 | | | | | | | |
| Maria Rojas | 6957 | 630 | 1200 | 1230 | 500 | | | |
| Adonis Castro | 5275 | 630 | 1200 | 1230 | 500 | | | |

* individual is being monitored

Supervisor Signature: Michael A. [Signature]

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3.22.22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE | VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|----------------------|---------|------------------------|------|------|------|-----|------|-----|--|
| | | | In | Out | In | Out | In | Out | |
| Mark Webster | | 2670 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input type="checkbox"/> Steel-Toe Boots |
| Samuel Castillo | | 7557 | | | | | | | |
| Samuel Aguilar | | 5523 | | | | | | | |
| Pedro Perez | | 4147 | | | | | | | |
| Jose Portillo | | 0579 | | | | | | | |
| José Gonzalez | | 8983 | | | | | | | |
| M. Ra Rosas | | 2832 | | | | | | | |
| Barbara Ramirez | | 4379 | | | | | | | |
| Miguel Rodriguez | | 2891 | | | | | | | |
| Larria Espinal | | 3622 | | | | | | | |
| Pedro Osorio | | 9786 | | | | | | | |
| Monica Osorio | | 6217 | | | | | | | |
| Glenda X Valdez | | 5312 | | | | | | | |
| Nathan Espinal | | 3218 | | | | | | | |
| Yolana Padilla | | 9237 | | | | | | | |
| María Rojas | | 6957 | | | | | | | |
| Ramon Vergara | | 2564 | | | | | | | |
| Ramón Bermudez | | 7744 | | | | | | | |
| Norlan E. Artoledo | | 8808 | | | | | | | |
| Magdalena Autila | | 1986 | | | | | | | |
| Aaronis Castro | | 5275 | | | | | | | |

* individual is being monitored
 Elyin Jimenez 8775
 Eduardo Lopez Navarro 2017

Supervisor Signature: Mark Webster

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-28-22

Over →

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE | VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|-------------------------|---------|------------------------|------|------|------|-----|------|-----|---|
| | | | In | Out | In | Out | In | Out | |
| Miguel A. Rodriguez | | 2620 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Bridna Ramirez Leikner | | 4379 | | | | | | | |
| Padro Osorio | | 9786 | | | | | | | |
| Tania Espinal | | 3622 | | | | | | | |
| nathum Espinal | | 3218 | | | | | | | |
| Yajana Padilla | | 9737 | | | | | | | |
| MARA Bortas | | 2832 | | | | | | | |
| Celesta X Valdez | | 5312 | | | | | | | |
| Mario Rojas | | 6957 | | | | | | | |
| Edardo Mendosa | | 2017 | | | | | | | |
| Riel Perez | | 4472 | | | | | | | |
| JOSÉ PORTILLO | | 0529 | | | | | | | |
| Samuel Aguilar | | 5523 | | | | | | | |
| Soel Gonzales | | 2983 | | | | | | | |
| Paqueline AVILA | | 1982 | | | | | | | |
| Mandel Castillo Sanchez | | | | | | | | | |
| Aracelis Hernandez | | 748 | | | | | | | |
| MARVA OSORIO | | 6217 | 630 | 1200 | 1230 | 500 | | | |

* individual is being monitored

Supervisor Signature: Mandel Castillo

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-21-22

WORK AREA ENTRY LOG

| * | EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|---|-------------------------------|------------------------|------|-------|-------|------|------|-----|---|
| | | | In | Out | In | Out | In | Out | |
| | <i>Mark W. P. S. E. V.</i> | 2670 | 6:50 | 12:00 | 12:30 | 5:00 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input checked="" type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| | <i>Miguel Espinal</i> | 3218 | | | | | | | |
| | <i>Yasmina Padilla</i> | 9737 | | | | | | | |
| | <i>Marta Bortas</i> | 2832 | | | | | | | |
| | <i>Elyin Jimena</i> | 8945 | | | | | | | |
| | <i>Samuel Aguilar</i> | 5523 | | | | | | | |
| | <i>Tania Espina</i> | 3622 | | | | | | | |
| | <i>Pedro Osorio</i> | 9786 | | | | | | | |
| | <i>Glenda Ycaja</i> | 5312 | | | | | | | |
| | <i>Marta Osorio</i> | 6217 | | | | | | | |
| | <i>Miguel A. Rodriguez</i> | 2891 | | | | | | | |
| | <i>Briana Ramirez</i> | 4379 | | | | | | | |
| | <i>Magdalena Avila</i> | 1986 | | | | | | | |
| | <i>Agnes Castro</i> | 5275 | | | | | | | |
| | <i>Mario Rojas</i> | 6957 | | | | | | | |
| | <i>Maribel Castillo</i> | 7557 | | | | | | | |
| | <i>Patricia Perez</i> | 4147 | | | | | | | |
| | <i>José Portillo</i> | 0599 | | | | | | | |
| | <i>Sol Gonzalez</i> | 2983 | 6:30 | 12:00 | 12:30 | 5:00 | | | |

* individual is being monitored

Supervisor Signature: *Mark W. P. S. E. V.*

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-25-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|------------------------------------|---------------------------|------|------|------|-----|------|-----|---|
| | | In | Out | In | Out | In | Out | |
| Mark Lopez | 2870 | 650 | 1200 | 1230 | 315 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input checked="" type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Walter Espinal | 3218 | | | | 300 | | | |
| Edgardo Rodriguez | 737 | | | | | | | |
| Mauro Osorio | 717 | | | | | | | |
| Margelena Avila | 1986 | | | | | | | |
| Tania Espinal | 362a | | | | | | | |
| Padro Osorio | 9786 | | | | | | | |
| Briana Ramirez | 4379 | | | | | | | |
| Miguel Rodriguez | 2891 | | | | | | | |
| MMA BONES | 2832 | | | | | | | |
| Manuel J. Castillo Torquib | 4557 | | | | | | | |
| Mario Rojas | 6957 | | | | | | | |
| Samuel Aguilar | 8523 | | | | | | | |
| Pell Perez | 4147 | | | | | | | |
| Sosa Partillo | 0579 | | | | | | | |
| José Barrios | 2983 | | | | | | | |
| Glenda X Valderr | 5812 | | | | | | | |
| Elynn Jimenez | 8775 | | | | | | | |
| Edgardo Mendosa | 2019 | 650 | 1200 | 1230 | 300 | | | |

* individual is being monitored

Supervisor Signature: Mark Lopez

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: _____ OWC - Former IRS Building
 Project #: E22-021
 Date: 3-28-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|------------------------------------|---------------------------|------|------|------|-----|------|-----|---|
| | | In | Out | In | Out | In | Out | |
| Mark Lester | 26570 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input checked="" type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Sandra Garcia | 5523 | | | | | | | |
| Yoiana Padilla | 9734 | | | | | | | |
| Miguel Castillo | 7448 | | | | | | | |
| Ramon Jarrova | 1557 | | | | | | | |
| Norman Castillo | 2564 | | | | | | | |
| Glenda X Valdez | 0808 | | | | | | | |
| Maria Bortas | 5312 | | | | | | | |
| Adrian Cortez | 2832 | | | | | | | |
| Rafael Perez | 5225 | | | | | | | |
| Sora Gonzalez | 4447 | | | | | | | |
| Sora Padilla | 2983 | | | | | | | |
| | 0579 | 630 | 1200 | 1230 | 500 | | | |
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* individual is being monitored

Supervisor Signature: Mark Lester

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: OWC - Former IRS Building
 Project #: E22-021
 Date: 3-31-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time | | Time | | Time | | List type of protection: |
|------------------------------------|---------------------------|------|------|------|-----|------|-----|---|
| | | In | Out | In | Out | In | Out | |
| Mark Webster | 2820 | 630 | 1200 | 1230 | 500 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input checked="" type="checkbox"/> Full-Face Respirators <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| José Portillo | 0579 | | | | | | | |
| Sofía Benzaes | 2983 | | | | | | | |
| Galé Pérez | 4149 | | | | | | | |
| Samuel Aguilar | 5023 | | | | | | | |
| Nata Bozas | 2832 | | | | | | | |
| Yolana Padilla | 9737 | | | | | | | |
| Glenda X Vandez | 5312 | | | | | | | |
| Manuel Castillo | 1557 | | | | | | | |
| Norlan A C | 2898 | | | | | | | |
| Amanda Barrocas | 7748 | | | | | | | |
| Ramon Jorjain | 2546 | 630 | | | | | | |
| Alexis Castro | 5275 | | 1200 | 1230 | 500 | | | |
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| | | | | | | | | |

* individual is being monitored

Supervisor Signature: Mark Webster

Enviroworx Services, Inc
 660 Lunken Park Drive, Suite B
 Cincinnati, Ohio 45226

Project Name: _____ OWC - Former IRS Building
 Project #: E22-021
 Date: 4-1-22

WORK AREA ENTRY LOG

| * EMPLOYEE SIGNATURE VISITOR | Social Security Number | Time In | Time Out | Time In | Time Out | Time In | Time Out | List type of protection: |
|---------------------------------|---------------------------|------------|-------------|------------|-------------|------------|-------------|---|
| Marye Costello | 26270 | 630 | 1200 | 1230 | 300 | | | <input checked="" type="checkbox"/> Hard Hats <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Suits <input checked="" type="checkbox"/> Half-Face Respirators <input type="checkbox"/> Full-Face Respirators <input type="checkbox"/> Gloves <input checked="" type="checkbox"/> Steel-Toe Boots |
| Wojana Padilla | 9739 | | | | | | | |
| Mira Rojas | 2832 | | | | | | | |
| [Redacted] | | | | | | | | |
| Paul Perez | 4147 | | | | | | | |
| Saul Lopez | 2983 | | | | 300 | | | |
| Samuel Aguilar | 5028 | | | | 130 | | | |
| Gloria Xardes | 5312 | | | | 300 | | | |
| Adonis Costas | 5275 | | | | | | | |
| Naylan E A Castillo | 2808 | | | | | | | |
| Ramon Targin | 2564 | | | | | | | |
| Miranda Bernaldez | 7748 | | | | | | | |
| Manuel Castillo Sardin | 7557 | 630 | 1200 | 1230 | 300 | | | |
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| | | | | | | | | |

* individual is being monitored

Supervisor Signature: Marcus A. [Signature]

KC/52540-

- 6010997

E22-021

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: IRS Building Owner's Name: City of Covington
Address: 200 West 4th Street Address: 20 West Pike Street
City: Covington State: KY Zip Code: 41011 City: Covington State: KY Zip Code: 41011
Telephone: (513) 871-2500 Telephone: (513) 871-2500

2. Operator's Name: Enviroworx Services
Address: 660 Lunken Park Drive, Suite B
City: Cincinnati State: OH Zip Code: 45226 Telephone: (513) 871-2500

3. Waste Disposal Site (WDS) Name: Rumpke "On-site" disposal Yes X No
Physical Location: Address: 10795 Hughes Road Mailing Address: Address: Same
City: Cincinnati State: OH Zip Code: 45251 City: State: Zip Code:
Telephone: (800) 828-8171 Fax: Telephone:

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)
Name: KDAQ
Address: 300 Sower Blvd, 2nd Floor City: Frankfort State: KY Zip Code: 40601

Table with 3 columns: 5. Description of Materials, 6. Containers, 7. Total Quantity (Cu. Yds.)
ACM Plaster Ceiling 450 Bags
ACM Fittings 299 Bags
42
R. Q. ASBESTOS, NA2212
Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III

8. Special Handling Instructions and Additional Information:
*** Please send signed manifest to: Annette Wiest, O'Rourke Wrecking, 660 Lunken Park, Cincinnati, OH 45226
Emergency Response Phone Number: 513-871-1400

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Signature: [Signature] Date: 3/15/22 Type or Print Name and Title: Annette Wiest, Supervisor

TRANSPORTER SECTION (Acknowledgement of receipt of materials)

Table with 2 columns: 10. Transporter 1, 11. Transporter 2
Name: O'Rourke Wrecking Transport Name:
Address: 660 Lunken Park Drive Address:
City: Cincinnati State: OH Zip Code: 45226 City: State: Zip Code:
Telephone: (513) 871-1400 Telephone:
Signature: [Signature] Date: 3-16-22 Type/Print Name and Title: Bobby Smith Driver Signature Date Type/Print Name and Title

DISPOSAL SITE SECTION

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Signature: [Signature] Date: 3-16-22 Print/Type Name and Title: Andrew Williams - operator

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: IRS Building **Owner's Name:** City of Covington
Address: 200 West 4th Street **Address:** 20 West Pike Street
City: Covington **State:** KY **Zip Code:** 41011 **City:** Covington **State:** KY **Zip Code:** 41011
Telephone: (513) 871-2500 **Telephone:** (513) 871-2500

2. Operator's Name: Enviroworx Services
Address: 660 Lunken Park Drive, Suite B
City: Cincinnati **State:** OH **Zip Code:** 45226 **Telephone:** (513) 871-2500

3. Waste Disposal Site (WDS) Name: Rumpke **"On-site" disposal** Yes No
Physical Location: **Mailing Address:**
Address: 10795 Hughes Road **Address:** Same
City: Cincinnati **State:** OH **Zip Code:** 45251 **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: (800) 828-8171 **Fax:** () **Telephone:** ()

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)
Name: KDAQ
Address: 300 Sower Blvd, 2nd Floor **City:** Frankfort **State:** KY **Zip Code:** 40601

| 5. Description of Materials: | 6. Containers | 7. Total Quantity (Cu. Yds.) |
|---|---------------|------------------------------|
| <u>ACM Transite</u> | 42 Bags | 42 |
| <u>ACM Fittings</u> | 660 Bags | |
| <small>R. Q. ASBESTOS, NA2212 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III</small> | | |

8. Special Handling Instructions and Additional Information:
 *** Please send signed manifest to: Annette Wiest, O'Rourke Wrecking, 660 Lunken Park, Cincinnati, OH 45226
Emergency Response Phone Number: 513-871-1400

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

A. Wiest 3/22/22 Annette Wiest, Supervisor
 Signature Date Type or Print Name and Title

TRANSPORTER SECTION (Acknowledgement of receipt of materials)

| 10. Transporter 1 | 11. Transporter 2 |
|--|--|
| Name: <u>O'Rourke Wrecking Transport</u> Address: <u>660 Lunken Park Drive</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip Code: <u>45226</u> Telephone: <u>(513) 871-1400</u> | Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: <u>()</u> _____ |
| <u><i>Bobby Smith</i></u> <u>3-22-22</u> <u>Bobby Smith owner</u> Signature Date Type/Print Name and Title | Signature _____ Date _____ Type/Print Name and Title _____ |

DISPOSAL SITE SECTION

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

A. Ellows 3-22-22 Anette Ellows rep
 Signature Date Print/Type Name and Title

KE 5/300 | 16021789

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: IRS Building
 Address: 200 West 4th Street
 City: Covington State: KY Zip Code: 41011
 Telephone: (513) 871-2500

Owner's Name: City of Covington
 Address: 20 West Pike Street
 City: Covington State: KY Zip Code: 41011
 Telephone: (513) 871-2500

2. Operator's Name: Enviroworx Services
 Address: 660 Lunken Park Drive, Suite B
 City: Cincinnati State: OH Zip Code: 45226 Telephone: (513) 871-2500

3. Waste Disposal Site (WDS) Name: Rumpke "On-site" disposal Yes No

Physical Location: Address: 10795 Hughes Road
 City: Cincinnati State: OH Zip Code: 45251
 Telephone: (800) 828-8171 Fax: ()

Mailing Address: Address: Same
 City: State: Zip Code:

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)
 Name: KDAQ
 Address: 300 Sower Blvd, 2nd Floor City: Frankfort State: KY Zip Code: 40601

| 5. Description of Materials: | 6. Containers | 7. Total Quantity (Cu. Yds.) |
|------------------------------|---------------|------------------------------|
| ACM Transite | 14 Bags | 42 |
| ACM Fittings | 753 Bags | |

R. Q. ASBESTOS, NA2212
 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III

8. Special Handling Instructions and Additional Information:
 *** Please send signed manifest to: Annette Wiest, O'Rourke Wrecking, 660 Lunken Park, Cincinnati, OH 45226
Emergency Response Phone Number: 513-871-1400

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

A. Wiest 3/29/22 Annette Wiest, Supervisor
 Signature Date Type or Print Name and Title

TRANSPORTER SECTION (Acknowledgement of receipt of materials)

| 10. Transporter 1 | 11. Transporter 2 |
|--|---|
| Name: O'Rourke Wrecking Transport Address: 660 Lunken Park Drive City: Cincinnati State: OH Zip Code: 45226 Telephone: (513) 871-1400 | Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: () _____ |
| <i>Bobby Smith</i> 3-29-22 <i>Bobby Smith driver</i> Signature Date Type/Print Name and Title | Signature Date Type/Print Name and Title |

DISPOSAL SITE SECTION

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

A. Williams 3-29-22 *Ande Williams - Oper*
 Signature Date Print/Type Name and Title

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: IRS Building **Owner's Name:** City of Covington
 Address: 200 West 4th Street Address: 20 West Pike Street
 City: Covington State: KY Zip Code: 41011 City: Covington State: KY Zip Code: 41011
 Telephone: (513) 871-2500 Telephone: (513) 871-2500

2. Operator's Name: Enviroworx Services
 Address: 660 Lunken Park Drive, Suite B
 City: Cincinnati State: OH Zip Code: 45226 Telephone: (513) 871-2500

3. Waste Disposal Site (WDS) Name: Rumpke "On-site" disposal Yes No
Physical Location: Address: 10795 Hughes Road **Mailing Address:** Address: Same
 City: Cincinnati State: OH Zip Code: 45251 City: _____ State: _____ Zip Code: _____
 Telephone: (800) 828-8171 Fax: () Telephone: ()

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)
 Name: KDAQ
 Address: 300 Sower Blvd, 2nd Floor City: Frankfort State: KY Zip Code: 40601

| 5. Description of Materials: | 6. Containers | 7. Total Quantity (Cu. Yds.) |
|---|--------------------------------|------------------------------|
| <u>ACM Transite</u> | <u>32 Bags & 3 bundles</u> | <u>42</u> |
| <u>ACM Fittings</u> | <u>687 Bags</u> | |
| <small>R. Q. ASBESTOS, NA2212 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III</small> | | |

8. Special Handling Instructions and Additional Information:
 *** Please send signed manifest to: Annette Wiest, O'Rourke Wrecking, 660 Lunken Park, Cincinnati, OH 45226
Emergency Response Phone Number: 513-871-1400

9. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

A. Wiest 4/7/22 Annette Wiest, Supervisor
 Signature Date Type or Print Name and Title

TRANSPORTER SECTION (Acknowledgement of receipt of materials)

| 10. Transporter 1 | 11. Transporter 2 |
|--|--|
| Name: <u>O'Rourke Wrecking Transport</u> Address: <u>660 Lunken Park Drive</u> City: <u>Cincinnati</u> State: <u>OH</u> Zip Code: <u>45226</u> Telephone: <u>(513) 871-1400</u> | Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: <u>()</u> |
| <u><i>Bobby Smith</i></u> <u>4-7-22</u> <u><i>Bobby Smith Driver</i></u> Signature Date Type/Print Name and Title | Signature _____ Date _____ Type/Print Name and Title _____ |

DISPOSAL SITE SECTION

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

A. Williams 4.7.22 *Anne Williams - owner*
 Signature Date Print/Type Name and Title



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count
Analysis Report **RECEIVED**

APR 15 2022

O'ROURKE

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Report Number: 22-04-01228

Received Date: 04/06/2022

Analyzed Date: 04/07/2022

Reported Date: 04/08/2022

Project/Test Address: EW.166 - E22-021

Client Number:
36-6195

Laboratory Results

Fax Number:
513-542-6653

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-01228-001 | 8-1 | 600 | 8.0 / 100 | 10.2 | 0.007 | |
| 22-04-01228-002 | 8-2 | 60.0 | 3.5 / 100 | <7.6 | <0.050 | |
| 22-04-01228-003 | 8-3 | 630 | 4.0 / 100 | <7.6 | <0.005 | |
| 22-04-01228-004 | 9-1 | 882 | 103.5 / 80 | 164.8 | 0.072 | |
| 22-04-01228-005 | 9-2 | 63.0 | 1.5 / 100 | <7.6 | <0.047 | |
| 22-04-01228-006 | 9-3 | 840 | 0.0 / 100 | <7.6 | <0.005 | |
| 22-04-01228-007 | 10-1 | 720 | 101.0 / 85 | 151.4 | 0.081 | |
| 22-04-01228-008 | 10-2 | 60.0 | 0.0 / 100 | <7.6 | <0.050 | |
| 22-04-01228-009 | 10-3 | 882 | 104.5 / 80 | 166.4 | 0.073 | |
| 22-04-01228-010 | 11-1 | 756 | 39.5 / 100 | 50.3 | 0.026 | |
| 22-04-01228-011 | 11-2 | 63.0 | 1.5 / 100 | <7.6 | <0.047 | |
| 22-04-01228-012 | 11-3 | 840 | 105.5 / 30 | 448.0 | 0.21 | |
| 22-04-01228-013 | 14-1 | 600 | 7.0 / 100 | 8.9 | 0.006 | |
| 22-04-01228-014 | 14-2 | 60.0 | 3.0 / 100 | <7.6 | <0.050 | |
| 22-04-01228-015 | 14-3 | 756 | 80.5 / 100 | 102.5 | 0.052 | |
| 22-04-01228-016 | 15-1 | 756 | 4.5 / 100 | <7.6 | <0.005 | |
| 22-04-01228-017 | 15-2 | 63.0 | 0.0 / 100 | <7.6 | <0.047 | |

Environmental Hazards Services, L.L.C

Client Number: 36-6195
Project/Test Address: EW.166 - E22-021

Report Number: 22-04-01228

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-01228-018 | 15-3 | 840 | 4.0 / 100 | <7.6 | <0.005 | |
| 22-04-01228-019 | 16-1 | 756 | 25.0 / 100 | 31.8 | 0.016 | |
| 22-04-01228-020 | 16-2 | 63.0 | 3.0 / 100 | <7.6 | <0.047 | |

Method: NIOSH 7400, Issue 3, 14 June 2019
Analyst: Howard Varner

Reviewed By Authorized Signatory: *Melissa Kanode*

 Melissa Kanode
 QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.284, 0.255, 0.266.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm2.

AIHA LAP, LLC (100420)

LEGEND L = liters fibers/mm² = fibers per square millimeter
 fibers/cc = fibers per cubic centimeter



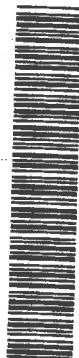
EHS Laboratories

Environmental Hazards Services, LLC

www.leadlab.com 7469 Whitepine Rd
(800)347-4010 Richmond, VA 23237
(804)275-4907 (fax)

Asbestos Chain-of-Custody

22-04-01228



Due Date: 04/11/2022
(Monday)

AE M Inv

SI 2DPCM

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street

City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323

Fax: ()

E-mail:

Acct Number: 36-6195

Project Name / Testing Address:

EW. 166 - E22-021

City/State (Required):

Collected by: M. Walker

Purchase Order Number:

Turn Around Times: 1 - Day 2 - Day 3 - Day 2 - Day 3 - Day
If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.
Same Day (Must Call Ahead) Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | Volume (Total Liters) | COMMENTS | |
|-----|------------------|----------------|----------|---------------------|----------------------|-----------------|-----|----------------------|----------------|---------|-----------------------|----------|----------|
| | | | PLM | PLM Point Count 400 | PLM Point Count 1000 | PLM NY Protocol | PCM | TEM Chatfield (Bulk) | TEMAHERA (Abr) | Time On | | | Time Off |
| 1 | 8-1 | 3-8-3-11 | | | | | | | | | | 660 | |
| 2 | 8-2 | | | | | | | | | | | 60 | |
| 3 | 8-3 | | | | | | | | | | | 630 | |
| 4 | 9-1 | | | | | | | | | | | 882 | |
| 5 | 9-2 | | | | | | | | | | | 63 | |
| 6 | 9-3 | | | | | | | | | | | 840 | |
| 7 | 10-1 | | | | | | | | | | | 20 | |
| 8 | 10-2 | | | | | | | | | | | 60 | |
| 9 | 10-3 | | | | | | | | | | | 882 | |
| 10 | 11-1 | | | | | | | | | | | 756 | |

Released by: T. TATL

Signature: [Signature]

Date/Time:

Received by: Tina Bloom

Signature: [Signature]

Date/Time: 4/12/08 1:57PM



Laboratories

Environmental Hazards Services, LLC

www.ehsdlab.com 7469 Whitepine Rd
(800)347-4010 Richmond, VA 23237
(804)275-4907 (fax)

Asbestos Chain-of-Custody

01998

~ For Lab Use Only ~

City/State/Zip: Cincinnati, OH 45214

Address: 1041 Straight Street

Company Name: Sierra Environmental Group, Inc.

Acct. Number: 36-6195

E-mail:

Fax: ()

City/State (Required):

EW 166 - E22-021

Project Name / Testing Address:

Purchase Order Number:

Collected by: M. Wesley

Turn Around Times : If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.

Weekend (Must Call Ahead)

Same Day (Must Call Ahead)

3 - Day

2 - Day

1 - Day

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | COMMENTS | | |
|-----|------------------|----------------|----------|-------------------|--------------------|-----------------|-----|-----------------|---------------|---------|----------|----------|------------------|-------------------|
| | | | PLM | PLM/PCN Count 400 | PLM/PCN Count 1000 | PLM NY Protocol | PCN | TEM/CRIBD (P/B) | TEM/AFR (A/B) | Time On | Time Off | | FlowRate (L/min) | Total Time (mins) |
| 1 | 11-2 | 3-11-3-16 | | | | | | | | | | | | 63 |
| 2 | 11-3 | | | | | | | | | | | | | 840 |
| 3 | 14-1 | | | | | | | | | | | | | 600 |
| 4 | 14-2 | | | | | | | | | | | | | 60 |
| 5 | 14-3 | | | | | | | | | | | | | 756 |
| 6 | 15-1 | | | | | | | | | | | | | 756 |
| 7 | 15-2 | | | | | | | | | | | | | 63 |
| 8 | 15-3 | | | | | | | | | | | | | 840 |
| 9 | 16-1 | | | | | | | | | | | | | 756 |
| 10 | 16-2 | | | | | | | | | | | | | 63 |

Released by: T. TAYLOR

Signature: [Signature]

Date/Time: 4/16/88

Received by: T. TAYLOR

Signature: [Signature]

Date/Time: 4/16/88

PROJECT NUMBER: F22-021
 PROJECT NAME: Furner IRS Bldg
 PROJECT ADDRESS: Zoo West 4th St
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Wesley
 WORK AREA: Through out

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA:
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

Attn: ASBESTOS LEAD AIR SAMPLE DATA SHEET
 Date Collected: 3-8-22/3-9-22/3-10-22/3-11-22

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. Ficc | TWA 8 Hr TWA |
| 8-1 | #1 | Pvs Through out wrap out | 900 | 200 | 300 | 2.0 | 2.0 | 600. | | | | |
| 8-2 | #1 | Joel Gonzales 2983 Ex Through out wrap out | 205 | 235 | 30 | 2.0 | 2.0 | 60. | | | | |
| 8-3 | #2 | Joel Gonzales 2983 Pvs Through out Transit | 910 | 210 | 300 | 2.1 | 2.1 | 630 | | | | |
| 9-1 | #2 | Elmer Zepeda 1023 Pvs Through out GLBG | 800 | 300 | 420 | 2.1 | 2.1 | 882. | | | | |
| 9-2 | #2 | Palet Perez 4147 Ex Through out GLBG | 305 | 335 | 30 | 2.1 | 2.1 | 63. | | | | |
| 9-3 | #1 | Palet Perez 4147 Pvs South Lobby Plestrv Demo | 810 | 310 | 420 | 2.0 | 2.0 | 840 | | | | |
| 10-1 | #1 | Eduardo Mendez 2017 Pvs So Lobby Ceiling Demo | 915 | 315 | 360 | 2.0 | 2.0 | 720. | | | | |
| 10-2 | #1 | Melson Sotilo 1075 Ex So Lobby Ceiling Demo | 320 | 350 | 30 | 2.0 | 2.0 | 60. | | | | |
| 10-3 | #2 | Melson Sotilo 1075 Pvs Mech Room GLBG | 900 | 400 | 420 | 2.1 | 2.1 | 882. | | | | |
| 11-1 | #2 | Jose Portullo 0579 Pvs So Lobby Ceiling Demo Miguel Rodriguez 2891 | 730 | 130 | 360 | 2.1 | 2.1 | 756. | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Cowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form

PROJECT NUMBER: EZZ-021
 PROJECT NAME: Former IRS Bldg
 PROJECT ADDRESS: 200 W 4th St.
 CALIBRATION EQUIP: Kotometer
 SAMPLES TAKEN BY: M. V. W. W. W.
 WORK AREA: Area #1 Throughout

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA: 2
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

ASBESTOS / LEAD AIR SAMPLE DATA SHEET
 Date Collected: 3-11-22/3-14-22/3-15-22/3-16-22

| Sample ID. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|-----------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|---------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. F/cc | TWA 8 Hr TWA |
| 11-2 | #2 | Ex So Lobby Ceiling Demo Miguel Rodriguez 2891 | 135 | 205 | 30 | 2.1 | 2.1 | 63.0 | | | | |
| 11-3 | #1 | Prs Mech Room GLRB Adonis Castro 5275 | 740 | 240 | 420 | 2.0 | 2.0 | 840.0 | | | | |
| 14-1 | #1 | Prs So Lobby Final Clean Adolis Lumbi 4715 | 800 | 100 | 300 | 2.0 | 2.0 | 600.0 | | | | |
| 14-2 | #1 | Ex So Lobby Final Clean Adolis Lumbi 4715 | 105 | 135 | 30 | 2.0 | 2.0 | 60.0 | | | | |
| 14-3 | #2 | Prs Mech Room GLRB Marta Barrios 2832 | 810 | 210 | 360.0 | 2.1 | 2.1 | 756.0 | | | | |
| 15-1 | #2 | Prs Area #1 wrap ment Ramon Jarquin 2564 | 830 | 230 | 360 | 2.1 | 2.1 | 756 | | | | |
| 15-2 | #2 | Ex Area #1 wrap ment Ramon Jarquin 2564 | 235 | 305 | 30 | 2.1 | 2.1 | 63 | | | | |
| 15-3 | #1 | Prs Mech Room GLRB Jose Castillo 2248 | 840 | 340 | 470 | 2.0 | 2.0 | 840 | | | | |
| 16-1 | #1 | Prs Area #1 wrap ment Norlan Castillo 2808 | 900 | 300 | 360 | 2.1 | 2.1 | 756 | | | | |
| 16-2 | #1 | Ex Area #1 wrap ment Norlan Castillo 2808 | 305 | 335 | 30 | 2.1 | 2.1 | 63 | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Cowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count Analysis Report **RECEIVED**
APR 15 2022

Report Number: 22-04-01289 O'ROURKE

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Received Date: 04/06/2022

Analyzed Date: 04/07/2022

Reported Date: 04/08/2022

Project/Test Address: EW.166-E22-021

Client Number:
36-6195

Laboratory Results

Fax Number:
513-542-6653

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-01289-001 | 16-3 | 840 | 48.5 / 100 | 61.8 | 0.028 | |
| 22-04-01289-002 | 17-1 | 840 | 37.5 / 100 | 47.8 | 0.022 | |
| 22-04-01289-003 | 17-2 | 60.0 | 0.0 / 100 | <7.6 | <0.050 | |
| 22-04-01289-004 | 17-3 | 882 | 10.0 / 100 | 12.7 | 0.006 | |
| 22-04-01289-005 | 18-1 | 756 | 4.0 / 100 | <7.6 | <0.005 | |
| 22-04-01289-006 | 18-2 | 63.0 | 0.0 / 100 | <7.6 | <0.047 | |
| 22-04-01289-007 | 18-3 | 840 | 5.0 / 100 | <7.6 | <0.005 | |
| 22-04-01289-008 | 21-1 | 720 | 0.0 / 100 | <7.6 | <0.005 | |
| 22-04-01289-009 | 21-2 | 60.0 | 6.0 / 100 | 7.6 | 0.049 | |
| 22-04-01289-010 | 21-3 | 882 | 0.0 / 100 | <7.6 | <0.005 | |

Environmental Hazards Services, L.L.C

Client Number: 36-6195

Report Number: 22-04-01289

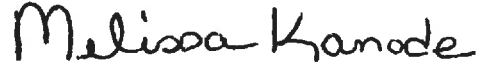
Project/Test Address: EW.166-E22-021

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm ² | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------------------|-----------|--------------|
|-------------------|----------------------|-------------------|---------------|------------------------|-----------|--------------|

Method: NIOSH 7400, Issue 3, 14 June 2019

Analyst: Howard Varner

Reviewed By Authorized Signatory:



Melissa Kanode
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.284, 0.255, 0.266.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm².

AIHA LAP, LLC (100420)

LEGEND

L = liters

fibers/mm² = fibers per square millimeter

fibers/cc = fibers per cubic centimeter



Asbestos Chain-of-Custody

Environmental Hazards Services, LLC

www.leadlab.com 7469 Whitepine Rd
 (800)347-4010 Richmond, VA 23237
 (804)275-4907 (fax)

22-04-01289



Due Date:
 04/11/2022
 (Monday)
 AE M Inv

10PCM

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street

City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323

Fax: ()

E-mail:

Acct. Number: 36-6195

Project Name / Testing Address:

Ew. 166 - E22-021

City/State (Required):

Collected by: *M. Wesler* Purchase Order Number:

Turn Around Times :

If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.

1 - Day

2 - Day

3 - Day

Same Day (Must Call Ahead)

Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | COMMENTS | | |
|-----|------------------|----------------|----------|---------------------|----------------------|-----------------|-----|-------------------|----------------|---------|----------|----------|-------------------|----------------------|
| | | | PLM | PLM Potor Count 400 | PLM Potor Count 1000 | PLM NY Protocol | PCM | TEM Chilled (BID) | TEM AHERA (AP) | Time On | Time Off | | Flow Rate (L/min) | Total Time (minutes) |
| 1 | 16-3 | 3-16-3-21 | | | | | | | | | | | | 840 |
| 2 | 17-1 | | | | | | | | | | | | | 840 |
| 3 | 17-2 | | | | | | | | | | | | | 60 |
| 4 | 17-3 | | | | | | | | | | | | | 882 |
| 5 | 18-1 | | | | | | | | | | | | | 756 |
| 6 | 18-2 | | | | | | | | | | | | | 63 |
| 7 | 18-3 | | | | | | | | | | | | | 840 |
| 8 | 21-1 | | | | | | | | | | | | | 720 |
| 9 | 21-2 | | | | | | | | | | | | | 60 |
| 10 | 21-3 | | | | | | | | | | | | | 882 |

Released by: *T. Thak*

Signature: *[Signature]*

Signature: *[Signature]*

Signature: *[Signature]*

Date/Time:

Received by: *HUMPHREY*

Signature: *[Signature]*

Signature: *[Signature]*

Date/Time:

4-6-22 2:22pm

PROJECT NUMBER: E22-021
 PROJECT NAME: Former IRS Bldg
 PROJECT ADDRESS: 200 W 4th Street
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Wesley
 WORK AREA: Mech Rooms - Area 1

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA: 2
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

ASBESTOS / LEAD AIR SAMPLE DATA SHEET
 Date Collected: 3-16-22/3-17-22/3-18-22/3-21/22

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|---------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. Ficc | TWA 8 Hr TWA |
| 16-3 | #2 | Prs Mech Room GIBG Jose Portillo OS79 | 915 | 915 | 420 | 2.0 | 2.0 | 840 | | | | |
| 17-1 | #2 | Prs Area #1 Fire Curton Jose Castillo 2248 | 730 | 230 | 420 | 2.0 | 2.0 | 840. | | | | |
| 17-2 | #2 | Ex Area #1 Fire Curton Jose Castillo 2248 | 240 | 310 | 30 | 2.0 | 2.0 | 60. | | | | |
| 17-3 | #1 | Prs Area #1 GIBG wrap n cut Adonis Custod 5225 | 745 | 245 | 420 | 2.1 | 2.1 | 882 | | | | |
| 18-1 | #1 | Prs Area #1 Z wrap n cut | 700 | 100 | 360 | 2.1 | 2.1 | 756 | | | | |
| 18-2 | #1 | Ex Area #1 Z wrap n cut | 105 | 135 | 30 | 2.1 | 2.1 | 63 | | | | |
| 18-3 | #2 | Prs Area #2 Fire Curton | 715 | 215 | 420 | 2.0 | 2.0 | 840 | | | | |
| 21-1 | #2 | Prs Area #2 Fittings Ramon Jarquin 2564 | 830 | 230 | 360 | 2.0 | 2.0 | 720 | | | | |
| 21-2 | #2 | Ex Area #2 Fittings Ramon Jarquin 2564 | 235 | 305 | 30 | 2.0 | 2.0 | 60 | | | | |
| 21-3 | #1 | Prs Area #2 Fire Curton Samuel Aguilar 5523 | 840 | 340 | 420 | 2.1 | 2.1 | 882. | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Bowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form



Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count
Analysis Report
RECEIVED

Report Number: 22-04-01284
Received Date: 04/06/2022
Analyzed Date: 04/08/2022
Reported Date: 04/11/2022
APR 15 2022
O'ROURKE

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Project/Test Address: EW.166-E22-021

Client Number:
36-6195

Fax Number:
513-542-6653

Laboratory Results

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-01284-001 | 22-1 | 630 | 17.0 / 100 | 21.7 | 0.013 | |
| 22-04-01284-002 | 22-2 | 63.0 | 3.0 / 100 | <7.6 | <0.047 | |
| 22-04-01284-003 | 22-3 | 720 | 24.5 / 100 | 31.2 | 0.017 | |
| 22-04-01284-004 | 23-1 | 840 | 0.0 / 100 | <7.6 | <0.005 | |
| 22-04-01284-005 | 23-2 | 60.0 | 23.0 / 100 | 29.3 | 0.19 | |
| 22-04-01284-006 | 23-3 | 756 | 14.5 / 100 | 18.5 | 0.009 | |
| 22-04-01284-007 | 24-1 | 420 | 41.0 / 100 | 52.2 | 0.048 | |
| 22-04-01284-008 | 24-2 | 63.0 | 0.0 / 100 | <7.6 | <0.047 | |
| 22-04-01284-009 | 24-3 | 840 | 16.0 / 100 | 20.4 | 0.009 | |
| 22-04-01284-010 | 25-1 | 720 | 24.0 / 100 | 30.6 | 0.016 | |

Environmental Hazards Services, L.L.C

Client Number: 36-6195

Report Number: 22-04-01284

Project/Test Address: EW.166-E22-021

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm ² | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------------------|-----------|--------------|
|-------------------|----------------------|-------------------|---------------|------------------------|-----------|--------------|

Method: NIOSH 7400, Issue 3, 14 June 2019

Analyst: Mark Case

Reviewed By Authorized Signatory:



Melissa Kanode
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.262, 0.218, 0.250.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm².

AIHA LAP, LLC (100420)

LEGEND L = liters fibers/mm² = fibers per square millimeter
fibers/cc = fibers per cubic centimeter



Asbestos Chain-of-Custody

Environmental Hazards Services, LLC
 www.leadlab.com 7469 Whitepine Rd
 (800)347-4010 Richmond, VA 23237
 (804)275-4907 (fax)

22-04-01284



Due Date:
 04/11/2022
 (Monday)
 AE M Inv

10PCM

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street City/State/Zip: Cincinnati, OH 45214
 Phone: (513) 542-5323 Fax: () E-mail: Acct. Number: 36-6195

Project Name / Testing Address: EW.166 - E22-021 City/State (Required):
 Collected by: M. Wesker Purchase Order Number:

Turn Around Times : If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.
 1 - Day 2 - Day 3 - Day Same Day (Must Call Ahead) Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | COMMENTS | | |
|-----|------------------|----------------|----------|------------------|-------------------|-----------------|-----|----------------------|---------------|---------|----------|----------|-------------------|-------------------|
| | | | PM | PLM/PLM Cans 400 | PLM/PLM Cans 1000 | PLM NY Protocol | PCM | TEM Certified (Bulk) | TEM/HERA (AP) | Time On | Time Off | | Flow Rate (L/min) | Total Time (mins) |
| 1 | 22-1 | 3-22-3-25 | | | | | | | | | | | | 630 |
| 2 | 22-2 | ↓ | | | | | | | | | | | | 63 |
| 3 | 22-3 | | | | | | | | | | | | | 720 |
| 4 | 23-1 | | | | | | | | | | | | | 840 |
| 5 | 23-2 | | | | | | | | | | | | | 60 |
| 6 | 23-3 | | | | | | | | | | | | | 756 |
| 7 | 24-1 | | | | | | | | | | | | | 420 |
| 8 | 24-2 | | | | | | | | | | | | | 63 |
| 9 | 24-3 | | | | | | | | | | | | | 840 |
| 10 | 25-1 | | | | | | | | | | | | | 720 |

Released by: T. Tark
 Received by: H. Humphrey
 Signature: [Signature] Date/Time: 4-6-22 2:35pm

PROJECT NUMBER: 22-021
 PROJECT NAME: Fournier IRS Bldg
 PROJECT ADDRESS: 200 West 4th St. Con.
 CALIBRATION EQUIP: Kotometer
 SAMPLES TAKEN BY: Marie Westler
 WORK AREA: Through out Area #2 & #3

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA:
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

ASBESTOS / LEAD-AIR SAMPLE DATA SHEET

Date Collected: 3-22-22/3-23-22/3-24-22/3-24-25

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. F/cc | TWA 8 Hr TWA |
| 22-1 | #1 | Prs Area #2 Glovebag Merlan Castillo 2808 | 830 | 130 | 300 | 2.1 | 2.1 | 630. | | | | |
| 22-2 | #1 | Ex Area #2 Glovebag Norlan Castillo 2808 | 135 | 265 | 30 | 2.1 | 2.1 | 63. | | | | |
| 22-3 | #2 | Prs Area #3 Fire Cutoff Rigniel Rodriguez 2891 | 840 | 240 | 360 | 2.0 | 2.0 | 720. | | | | |
| 23-1 | #2 | Prs Area #4 Transit | 730 | 230 | 420 | 2.0 | 2.0 | 840. | | | | |
| 23-2 | #2 | Pedro Osorio 9786 Ex Area #4 Transit | 235 | 305 | 30 | 2.0 | 2.0 | 60. | | | | |
| 23-3 | #1 | Pedro Osorio 9786 Prs Area #3 GGG Impunit | 740 | 240 | 420 | 2.1 | 2.1 | 756 | | | | |
| 24-1 | #1 | Glenda Valdez 5312 Prs Area 3 GLBE | 760 | 100 | 360 | 2.1 | 2.1 | 420. | | | | |
| 24-2 | #1 | Joel Gonzales 2983 Ex Area #3 GLBE | 105 | 135 | 30 | 2.1 | 2.1 | 63. | | | | |
| 24-3 | #2 | Prs Area #4 Transit | 710 | 210 | 420 | 2.0 | 2.0 | 840. | | | | |
| 25-1 | #2 | Samuel Aguilar 5523 Prs Area #4 Transit Magdalena Buila 1986 | 700 | 100 | 360 | 2.0 | 2.0 | 720. | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Cowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

**Fiber Count
Analysis Report**

RECEIVED

Report Number: 22-04-01216 APR 15 2022

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Received Date: 04/06/2022
Analyzed Date: 04/07/2022
Reported Date: 04/07/2022
O'ROURKE

Project/Test Address: EW.166 - E22-021

Client Number:
36-6195

Laboratory Results

Fax Number:
513-542-6653

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-01216-001 | 25-2 | 60.0 | 2.5 / 100 | <7.6 | <0.050 | |
| 22-04-01216-002 | 25-3 | 882 | 48.0 / 100 | 61.1 | 0.027 | |
| 22-04-01216-003 | 28-1 | 756 | 15.5 / 100 | 19.7 | 0.010 | |
| 22-04-01216-004 | 28-2 | 63.0 | 3.0 / 100 | <7.6 | <0.047 | |
| 22-04-01216-005 | 28-3 | 840 | 17.0 / 100 | 21.7 | 0.010 | |
| 22-04-01216-006 | 29-1 | 840 | 101.0 / 70 | 183.8 | 0.084 | |
| 22-04-01216-007 | 29-2 | 60.0 | 3.0 / 100 | <7.6 | <0.050 | |
| 22-04-01216-008 | 29-3 | 792 | 103.5 / 55 | 239.7 | 0.12 | |
| 22-04-01216-009 | 30-1 | 882 | 8.0 / 100 | 10.2 | <0.005 | |
| 22-04-01216-010 | 30-2 | 63.0 | 1.5 / 100 | <7.6 | <0.047 | |

Environmental Hazards Services, L.L.C

Client Number: 36-6195

Report Number: 22-04-01216

Project/Test Address: EW.166 - E22-021

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|

Method: NIOSH 7400, Issue 3, 14 June 2019

Analyst: Howard Varner



Reviewed By Authorized Signatory:

Tasha Eaddy
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.284, 0.255, 0.266.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm2.

AIHA LAP, LLC (100420)

LEGEND L = liters fibers/mm² = fibers per square millimeter
fibers/cc = fibers per cubic centimeter



Asbestos Chain-of-Custody

Environmental Hazards Services, LLC
 www.leadlab.com 7469 Whitepine Rd
 (800)347-4010 Richmond, VA 23237
 (804)275-4907 (fax)

22-04-01216



Due Date:
 04/11/2022
 (Monday)
 AE M Inv

10 PM

ST

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street

City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323

E-mail:

Acct. Number: 36-6195

Project Name / Testing Address: EW. 166 - E22-021

City/State (Required):

Purchase Order Number:

Turn Around Times: If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.

1 - Day 2 - Day 3 - Day Same Day (Must Call Ahead) Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | COMMENTS | | | |
|-----|------------------|----------------|----------|------------------|-------------------|----------------|-----|----------------------|----------------|---------|----------|----------|-------------------|-------------------|-----------------------|
| | | | PM | PM/PCr Count 400 | PM/PCr Count 1000 | PM NV Protocol | PCM | TEM Certified (Bulk) | TEM/HERA (Air) | Time On | Time Off | | Flow Rate (L/min) | Total Time (mins) | Volume (Total Liters) |
| 1 | 25-2 | 3-25-3-30 | | | | | | | | | | | | 60 | |
| 2 | 25-3 | | | | | | | | | | | | | 882 | |
| 3 | 28-1 | | | | | | | | | | | | | 756 | |
| 4 | 28-2 | | | | | | | | | | | | | 63 | |
| 5 | 28-3 | | | | | | | | | | | | | 840 | |
| 6 | 29-1 | | | | | | | | | | | | | 840 | |
| 7 | 29-2 | | | | | | | | | | | | | 60 | |
| 8 | 29-3 | | | | | | | | | | | | | 792 | |
| 9 | 30-1 | | | | | | | | | | | | | 882 | |
| 10 | 30-2 | | | | | | | | | | | | | 63 | |

Released by: T. TAT
 Received by: Tracy Bloom
 Signature: [Signature]
 Signature: [Signature]
 Date/Time: 4/10/22 12:49 PM

PROJECT NUMBER: E 22-021
 PROJECT NAME: Festner IRS Bldg.
 PROJECT ADDRESS: 200 West 4th St. Coving
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Wesley
 WORK AREA: Area #4

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA: 1
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

Attn: ASBESTOS/ LEAD AIR SAMPLE DATA SHEET
 Date Collected: 3-25-77/3-28-77/3-29-77/3-30-77

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|--------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc Ficc | TWA 8 Hr TWA |
| 25-2 | #2 | Ex Area #4 Transitc Magdalena Avila 1986 | 105 | 135 | 30 | 2.0 | 2.0 | 60. | | | | |
| 25-3 | #1 | Prs Area #4 GLBG Jose Portillo 0579 | 710 | 210 | 420 | 2.1 | 2.1 | 882. | | | | |
| 28-1 | #1 | Prs Area #4 Transitc Ramon Jarquin 2564 | 730 | 130 | 360 | 2.1 | 2.1 | 756. | | | | |
| 28-2 | #1 | Ex Area #4 Transitc Ramon Jarquin 2564 | 135 | 205 | 30 | 2.1 | 2.1 | 63. | | | | |
| 28-3 | #2 | Prs Area #4 Fittings Pallet Perez 4147 | 740 | 240 | 420 | 2.0 | 2.0 | 840. | | | | |
| 29-1 | #2 | Prs Area #4 Transitc Norlan Castillo 2808 | 800 | 300 | 420 | 2.0 | 2.0 | 840. | | | | |
| 29-2 | #2 | Ex Area #4 Transitc Norlan Castillo 2808 | 305 | 335 | 30 | 2.0 | 2.0 | 60. | | | | |
| 29-3 | #1 | Prs Area #4 Fittings Mirta Boviias 2832 | 810 | 210 | 360 | 2.2 | 2.2 | 792. | | | | |
| 30-1 | #1 | Prs Area #4 GLBG Jose Portillo 0579 | 730 | 230 | 420 | 2.1 | 2.1 | 882. | | | | |
| 30-2 | #1 | Ex Area #4 GLBG Jose Portillo 0579 | 235 | 305 | 30 | 2.1 | 2.1 | 63. | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Bowl
 Pink Copy - Job Site

- Accuracy of Analysis
 Methods Located On
 Laboratory Report Form



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count Analysis Report

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Report Number: 22-04-03121

Received Date: 04/14/2022

Analyzed Date: 04/18/2022

Reported Date: 04/19/2022

Project/Test Address: EW.168; E22-021

Client Number:
36-6195

Laboratory Results

Fax Number:
513-542-6653

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-03121-001 | 30-3 | 720 | 7.5 / 100 | 9.6 | 0.005 | |
| 22-04-03121-002 | 31-1 | 840 | 55.5 / 100 | 70.7 | 0.032 | |
| 22-04-03121-003 | 31-2 | 60.0 | 0.0 / 100 | <7.6 | <0.050 | |
| 22-04-03121-004 | 31-3 | 756 | 42.0 / 100 | 53.5 | 0.027 | |
| 22-04-03121-005 | 1-1 | 756 | 50.0 / 100 | 63.7 | 0.032 | |
| 22-04-03121-006 | 1-2 | 63.0 | 1.5 / 100 | <7.6 | <0.047 | |
| 22-04-03121-007 | 1-3 | 720 | 42.0 / 100 | 53.5 | 0.029 | |
| 22-04-03121-008 | 4-1 | 720 | 24.0 / 100 | 30.6 | 0.016 | |
| 22-04-03121-009 | 4-2 | 60.0 | 0.0 / 100 | <7.6 | <0.050 | |
| 22-04-03121-010 | 4-3 | 882 | 22.0 / 100 | 28.0 | 0.012 | |

Environmental Hazards Services, L.L.C

Client Number: 36-6195

Report Number: 22-04-03121

Project/Test Address: EW.168; E22-021

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|

Method: NIOSH 7400, Issue 3, 14 June 2019

Analyst: Howard Varner

Reviewed By Authorized Signatory:



Melissa Kanode
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.284, 0.255, 0.266.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm2.

AIHA LAP, LLC (100420)

LEGEND

L = liters

fibers/mm² = fibers per square millimeter

fibers/cc = fibers per cubic centimeter



Asbestos Chain-of-Custody

Environmental Hazards Services, LLC
 www.leadlab.com 7469 Whitepine Rd
 (800)347-4010 Richmond, VA 23237
 (804)275-4907 (fax)

ZZ-U4-U3121



Due Date:
 04/19/2022
 (Tuesday)
 AE M Inv

SR

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323 Fax: () E-mail: Acct. Number: 36-6195

Project Name / Testing Address: EW.168 - E22-021 City/State (Required):

Collected by: M. Wisker Purchase Order Number:

Turn Around Times : **If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.**
 1 - Day 2 - Day 3 - Day Same Day (Must Call Ahead) Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | Volume (Total Liters) | COMMENTS | |
|-----|------------------|----------------|----------|---------------------|----------------------|-----------------|-----|----------------------|-----------------|---------|----------|-----------------------|----------|-------------------|
| | | | PLM | PLM Point Count 400 | PLM Point Count 1000 | PLM NY Protocol | PCM | TEM Certified (Bulk) | TEM AHERA (Air) | Time On | Time Off | | | Flow Rate (L/min) |
| 1 | 30-3 | 3-30-4-1 | | | | | | | | | | | 720 | |
| 2 | 31-1 | ↓ | | | | | | | | | | | 840 | |
| 3 | 31-2 | | | | | | | | | | | | 60 | |
| 4 | 31-3 | | | | | | | | | | | | 756 | |
| 5 | 1-1 | | | | | | | | | | | | 756 | |
| 6 | 1-2 | | | | | | | | | | | | 63 | |
| 7 | 1-3 | | | | | | | | | | | | 720 | |
| 8 | 4-1 | | | | | | | | | | | | 720 | |
| 9 | 4-2 | | | | | | | | | | | | 60 | |
| 10 | 4-3 | | | | | | | | | | | | 882 | |

Released by: T. TAYLOR Signature: *[Signature]* Date/Time: 4/14/22 12:30
 Received by: T. TAYLOR Signature: *[Signature]* Date/Time: 4/14/22 12:30

PROJECT NUMBER: E22-021
 PROJECT NAME: Former IPS Bldg.
 PROJECT ADDRESS: 200 West 4th St.
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Westler
 WORK AREA: Area #4

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA: 1 2 3 4 5
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

Atm: **ASBESTOS/ LEAD AIR SAMPLE DATA SHEET**
 Date Collected: 3-30-22/3-31-22/4-1-22

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. Ficc | TWA 8 Hr TWA |
| 30-3 #2 | | Prs Area #4 Transite Marta Borjas 2832 | 740 | 140 | 360 | 2.0 | 2.0 | 720 | | | | |
| 31-1 #2 | | Prs Area #4 Transite Remon Turquin 2564 | 800 | 300 | 420 | 2.0 | 2.0 | 840 | | | | |
| 31-2 #2 | | Ex Area #4 Transite Remon Turquin 2564 | 305 | 335 | 30 | 2.0 | 2.0 | 60 | | | | |
| 31-3 #3 | | Prs Area #4 Fitting Morlean Casfillo 2808 | 810 | 210 | 360 | 2.1 | 2.1 | 756 | | | | |
| 1-1 #1 | | Prs Area #2 Fittings Joel Gonzales 2983 | 730 | 130 | 360 | 2.1 | 2.1 | 756 | | | | |
| 1-2 #1 | | Ex Area #2 Fittings Joel Gonzales 2983 | 135 | 205 | 30 | 2.1 | 2.1 | 63 | | | | |
| 1-3 #2 | | Prs Area #4 Transite Manuel Jarquin 7557 | 740 | 140 | 360 | 2.0 | 2.0 | 720 | | | | |
| 4-1 #2 | | Prs Area #4 Fittings Joel Gonzales 2983 | 700 | 100 | 360 | 2.0 | 2.0 | 720 | | | | |
| 4-2 #2 | | Ex Area #4 Fittings Joel Gonzales 2983 | 105 | 135 | 30 | 2.0 | 2.0 | 60 | | | | |
| 4-3 #1 | | Prs Area #4 Transite Samuel Aguiloir 5523 | 710 | 210 | 420 | 2.1 | 2.1 | 882 | | | | |

COMMENTS

Instructions to Lab - Accuracy of Analysis
 Please Analyze using NIOSH 7400 Methods Located On
 Method unless specified otherwise Laboratory Report Form
 - Sampling Medium - 25MM Diameter Cassette with an Open Faced
 - Collection Device - 50MM (Carbon Impregnated) Extension Bowl
 - Sampling Medium - Mixed Cellulose Ester Filter Membrane
 - Collection Device - 25MM Diameter Cassette with an Open Faced
 - Sampling Medium - With Pore Size of 0.80 Micron
 - Collection Device - 50MM (Carbon Impregnated) Extension Bowl
 White Copy - Lab Copy Yellow Copy - Office Pink Copy - Job Site



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count Analysis Report

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Report Number: 22-04-03116
Received Date: 04/14/2022
Analyzed Date: 04/18/2022
Reported Date: 04/19/2022

Project/Test Address: EW.168; E22-021

Client Number:
36-6195

Laboratory Results

Fax Number:
513-542-6653

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm2 | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------|-----------|--------------|
| 22-04-03116-001 | 5-1 | 756 | 0.0 / 100 | <7.6 | <0.005 | |
| 22-04-03116-002 | 5-2 | 63.0 | 5.0 / 100 | <7.6 | <0.047 | |
| 22-04-03116-003 | 5-3 | 360 | 2.0 / 100 | <7.6 | <0.009 | |

Method: NIOSH 7400, Issue 3, 14 June 2019
Analyst: Howard Varner

Reviewed By Authorized Signatory:

Melissa Kanode

Melissa Kanode
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.284, 0.255, 0.266.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm2.

AIHA LAP, LLC (100420)

LEGEND

L = liters

fibers/mm² = fibers per square millimeter

fibers/cc = fibers per cubic centimeter



Environmental Hazards Services, LLC

www.leadlab.com 7469 Whitepine Rd
(800)347-4010 Richmond, VA 23237
(804)275-4907 (fax)

Asbestos Chain-of-Custody

22-U4-03116



Due Date:
04/19/2022
(Tuesday)
AE M Inv

53

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street

City/State/Zip: Cincinnati, OH 45214

Phone: (513) 542-5323

E-mail:

Acct. Number: 36-6195

Project Name / Testing Address:

EW.168 - E22-021

City/State (Required):

Collected by: M. Wesler Purchase Order Number

Turn Around Times: If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.

1 - Day

2 - Day

3 - Day

Same Day (Must Call Ahead)

Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | COMMENTS | | |
|-----|------------------|----------------|------------------|-------------------|--------------------|-----------------------|--------------------|------------|-------------|-------------------|----------------------|----------|-----------------------|--|
| | | | PLM Count 400 | PLM Count 1000 | PLM NV Protocol | TEM Counted (Bulk) | TEM AHERA (Air) | Time On | Time Off | Flow Rate (L/min) | Total Time (minutes) | | Volume (Total Liters) | |
| 1 | S-1 | 4-5-22 | | | | | | | | | | | | |
| 2 | S-2 | ↓ | | | | | | | | | | | | |
| 3 | S-3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |

Released by: T. TAYLOR

Signature: [Signature]

Date/Time: 4/14/22 12:30

Received by: [Signature]

Signature: [Signature]

Date/Time: 4/14/22 12:30

PROJECT NUMBER: EZZ-021
 PROJECT NAME: Former IRS
 PROJECT ADDRESS: 200 W 4th St.
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Wesley
 WORK AREA: Area # 2 # 4

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500



NUMBER OF PERSONNEL IN WORK AREA: 1
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

ASBESTOS/ LEAD AIR SAMPLE DATA SHEET

Attn:

Date Collected: 4-5-22

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | LAB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|---------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. F/cc | TWA 8 Hr TWA |
| 5-1 #1 | | P/S Area #2 Fittings Mutg Borjas 2832 | 730 | 130 | 360 | 2.1 | 2.1 | 756 | | | | |
| 5-2 #1 | | Ex Area #2 Fittings Mirta Borjas 2852 | 135 | 205 | 30 | 2.1 | 2.1 | 63 | | | | |
| 5-3 #2 | | P/S Area #3 Transit Manuel Jarquin 7557 | 740 | 1040 | 120 | 2.0 | 2.0 | 360 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Cowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form



EHS
Laboratories

Environmental Hazards Services, L.L.C.
7469 Whitepine Rd
Richmond, VA 23237
Telephone: 800.347.4010

Fiber Count Analysis Report

Client: Sierra Environment Group Inc.
1041 Straight Street
Cincinnati, OH 45214

Report Number: 22-04-05723

Received Date: 04/27/2022

Analyzed Date: 04/27/2022

Reported Date: 04/28/2022

Project/Test Address: EW.173 - E22-021

Client Number:
36-6195

Fax Number:
513-542-6653

Laboratory Results

| Lab Sample Number | Client Sample Number | Volume Liters (L) | Fibers/Fields | Fibers/mm ² | Fibers/CC | Narrative ID |
|-------------------|----------------------|-------------------|---------------|------------------------|-----------|--------------|
| 22-04-05723-001 | 15-1 | 600 | 2.0 / 100 | <7.6 | <0.005 | |
| 22-04-05723-002 | 15-2 | 60.0 | 3.0 / 100 | <7.6 | <0.050 | |

Method: NIOSH 7400, Issue 3, 14 June 2019

Analyst: Mark Case

Reviewed By Authorized Signatory:

Melissa Kanode

Melissa Kanode
QA/QC Clerk

Intralaboratory Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.338, 0.325, 0.307.

Individual Analyst Sr for fiber count ranges 5-20, >20-50, and >50-100 respectively are 0.262, 0.218, 0.250.

New York State requires a minimum sample volume of 1000L for PCM clearance samples.

NOTE: The condition of the samples analyzed was acceptable upon receipt per laboratory protocol unless otherwise noted on this report. Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Results listed above in Fibers/CC are based on air volume supplied by the client. The submission of blank samples is required by sampling methodologies. EHS sample results are blank corrected, per NIOSH 7400, when the client submits blank samples. If the report does not contain the result for a field blank, it is because the client did not include a field blank with their samples. This report shall not be reproduced except in full, without the written consent of the Environmental Hazards Services, L.L.C.

Method Level of Detection: 7.64 fibers/mm².

AIHA LAP, LLC (100420)

LEGEND

L = liters

fibers/mm² = fibers per square millimeter

fibers/cc = fibers per cubic centimeter



Environmental Hazards Services, LLC

www.leadlab.com 7469 Whitepine Rd
 (800)347-4010 Richmond, VA 23237
 (804)275-4907 (fax)

Asbestos Chain-of-Custody

22-04-05723



Due Date:
 05/02/2022
 (Monday)
 AE M Inv

2 PCM

Company Name: Sierra Environmental Group, Inc. Address: 1041 Straight Street City/State/Zip: Cincinnati, OH 45214
 Phone: (513) 542-5323 Fax: () E-mail: Acct Number: 36-6195

Project Name / Testing Address: EW.173 - E22-021 City/State (Required):
 Collected by: M. Wesler Purchase Order Number:

Turn Around Times: If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.
 1 - Day 2 - Day 3 - Day Same Day (Must Call Ahead) Weekend (Must Call Ahead)

| No. | Client Sample ID | Date Collected | ASBESTOS | | | | | | AIR | | | Volume (Total Liters) | COMMENTS | |
|-----|------------------|----------------|----------|---------------------|----------------------|-----------------|-----|-----------------------|-----------------|---------|----------|-----------------------|----------|-------------------|
| | | | PLM | PLM/Point Count 400 | PLM/Point Count 1000 | PLM NY Protocol | PCM | TEM (Controlled Bulk) | TEM/AHERA (Air) | Time On | Time Off | | | Flow Rate (L/min) |
| 1 | 15-1 | 4-15-22 | | | | | | | | | | | 600 | |
| 2 | 15-2 | ↓ | | | | | | | | | | | 60 | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |

Released by: T. Tark Signature: [Signature] Date/Time: 4/27/22 1:42pm
 Received by: A. Walker Signature: [Signature] Date/Time: 4/27/22 1:42pm

3

NUMBER OF PERSONNEL IN WORK AREA:
 PERSONAL PROTECTION USED
 FULL BODY SUIT
 HALF FACE RESPIRATOR
 FULL FACE RESPIRATOR
 PAP R
 TYPE C RESPIRATOR
 OTHER:

ENVIROWORX

PO Box 30531
 Cincinnati, OH 45230
 513-871-2500

PROJECT NUMBER: E22-021
 PROJECT NAME: Former IRS Building
 PROJECT ADDRESS: 200 West 4th Cincinnati
 CALIBRATION EQUIP: Rotometer
 SAMPLES TAKEN BY: Mark Welter

Attn:

ASBESTOS LEAD AIR SAMPLE DATA SHEET

Date Collected: 4-15-22

WORK AREA:

| Sample I.D. Code | Pump I.D. Nos. | Sample Description Type/Location/Activity If Personal - Need Name & S.S.N. | Sampling Period | | | Pump Flow Rates (LPM) | | | Sample Volume Tot. Min. X Average Flow Rate | L-AB | | |
|------------------|----------------|--|-----------------|------|-----------|-----------------------|-----------|--------------|--|---------------------|------------------------|-----------------|
| | | | Start | Stop | Total Min | Start Flow | Stop Flow | Average Flow | | Lead Conc. Ug/M3 | Asbestos Conc. Ficc | TWA 8 Hr TWA |
| 15-1 | #1 | Prs Through out Fittings Jose Portillo 0579 | 900 | 200 | 300 | 2.0 | 2.0 | 2.0 | 600 | | | |
| 15-2 | #1 | Ex Through out Fittings Jose Portillo 0579 | 210 | 240 | 30 | 2.0 | 2.0 | 2.0 | 60 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

COMMENTS

- Instructions to Lab -
 Please Analyze using NIOSH 7400
 Method unless specified otherwise
 White Copy - Lab Copy

- Sampling Medium -
 Mixed Cellulose Ester Filter Membrane
 With Pore Size of 0.80 Micron
 Yellow Copy - Office

- Collection Device -
 25MM Diameter Cassette with an Open Faced
 50MM (Carbon Impregnated) Extension Cowl
 Pink Copy - Job Site

Accuracy of Analysis
 Methods Located On
 Laboratory Report Form

Transmittal



611 Lunken Park Drive
Cincinnati, OH 45226
[513] 321 5816

To: Enviroworx Services, Inc.
660 Lunken Park Drive, Suite B
Cincinnati, OH 45226

From: Terracon Consultants, Inc.
611 Lunken Park Drive
Cincinnati, OH 45226

Date: April 19, 2022

Subject: POST ABATEMENT VISUAL INSPECTION
Project Site: Former IRS Building - Covington, Kentucky
Work Area: Throughout Building
Asbestos-Containing Materials Removed: Mudded Pipe Fittings, Fire Curtains, and Cementitious (Transite™) Wall Panels

Terracon Project No.: N1227161
Attachment: Credential

REMARKS:

Asbestos abatement was completed by Enviroworx prior to April 12, 2022 at the above-referenced building. Enviroworx provided Terracon with an asbestos inspection inventory document prepared by ATC Environmental and Enviroworx indicated that their scope of abatement pertained to the removal of all friable identified asbestos-containing mudded pipe fitting insulation, fire curtains, and cementitious (Transite™) wall panels. Enviroworx retained Terracon to conduct a final visual inspection within the building to verify that the aforementioned asbestos-containing materials (ACM) were removed as indicated in the ATC inventory document provided by Enviroworx.

Terracon representative Mr. Lem Weyer initially visited the site on April 12, 2022 to conduct the post-abatement verification of removal site visit. During this site visit, Mr. Weyer observed asbestos-containing mudded insulation fittings on fiberglass lines at three separate locations with a total of approximately 18 fittings. Enviroworx was subsequently notified of these remaining asbestos-containing mudded insulation fittings which needed to be removed. Enviroworx reportedly returned to the site to remove these remaining fittings after Terracon left the site. On April 19, 2022, Mr. Weyer returned to the site to re-evaluate the locations where Enviroworx abated the previously found remaining fittings. Terracon verified that these fitting insulation materials had been removed. As a result of Terracon's post-abatement visual inspection, Terracon did not readily observe remaining ACM listed in the provided inventory or apparent resulting waste or debris.

Mr. Weyer is a Commonwealth of Kentucky licensed asbestos management planner. A copy of his license is attached.

Distribution List:

Enviroworx: Jamie Davis
Terracon: Joe Tussey, Lem Weyer, Joshua Vogel



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

June 15, 2021

Lemuel Weyer
3818 Virginia Ct
Cincinnati, Ohio 45248

Asbestos Management Planner
AI Number: 159668
License Number: 61040
Expires: May 28, 2022

Dear Lemuel Weyer:

This is to acknowledge receipt of your application for accreditation as an asbestos abatement professional. Your application has been approved and the above-referenced card is enclosed.

Initial accreditation fee is \$100.00 per person per discipline, except for abatement worker (\$20.00). Renewal fees for accreditations within one year of the expiration date are one-half of the initial fees. Renewals for accreditations expired over one year require the initial fee. There is a \$10.00 duplication charge to replace a lost card. Please also note that the expiration date on your license is determined by the expiration date on the training certificate submitted with your application.

When submitting application packets, please note the following:

- do not staple any of the application materials;
- make sure to fill out the application completely, including your signature; and
- include current proof of training for the discipline(s) for which you are applying

If you have any questions regarding this matter, please call our office at (502) 782-6717.

Sincerely,

Emma Moreo
Field Support Section
Field Operations Branch

Commonwealth of Kentucky
Department for Environmental Protection
Division for Air Quality

Lemuel Weyer
Has met the requirements of 401 KAR 58.005 and is accredited as an:

Asbestos Management Planner

Agency Interest Id: **159668**
License Number: **61040**
Issue Date: **06/15/2021**
Expiration Date: **05/28/2022**

