

PROJECT CLOSEOUT REPORT

5/12/2022

City of Covington, KY

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

Table of Contents

- 1. State of Kentucky Asbestos Contractor License
- 2. License, Training Certifications, Physical and Fit Tests
- 3. KDAQ Notifications
- 4. Project Daily Logs
- 5. Work Area Entry Logs
- 6. Waste Manifests
- 7. Air Monitoring Reports
- 8. Post Abatement Visual Inspection

ENVIROWORX Services Inc. | 660 Lunken Park Drive, Suite B, Cincinnati, OH 45226 | 513-871-2500



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 Moruo

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

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,

Emma Morcio

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 Morco

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

300 Sower Boulevard Frankfort, Kentucky 40601

February 11, 2022

ANTHONY R. HATTON COMMISSIONER

FEB 2 5 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 Morcio

Emma Moreo Field Support Section Field Operations Branch

Enclosure



ANDY BESHEAR GOVERNOR



300 SOWER BOLLEVARD

FRANKFORT, KENTUCKY 40601

August 9, 2021

REBECCA W. GOODMAN Secretary

RECEVED DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON COMMISSIONER

AUG 13 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.

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 a

Asbestos Abatement Supervisor

Agency Interest Id: License Number: Issue Date: Expiration Date:

ent Superv 153515 61938 08/09/2021 08/03/2022 Sincerely,

Emma Moruo

Emma Moreo Field Support Section Field Operations Branch





NVIRONMENTAT

2300 East Kemper, Suite 14A • Cincinnati, Ohio 45241 www.environmentaltraining.com **Training Center** 513-821-7772

CERTIFIES THAT

ala

3

Jeff Sunderhaus

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

33

•)(•

613

-ЭC-

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

Expires No. of hours **Course date** Certificate No. Exam date CR080321-03 08/03/2022 08/03/2021 08/03/2021

Training Location:

Authorized Signature

2300 East Kemper, Suite 14A

Cincinnati, OH 45241

Sum

 $\|\phi\|$

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: Licensed Health Care Professional:
Name: UEFF SUNDERHAUS I have performed a respirator medical evaluation, including review Address: <u>34 Sabare pro</u> of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: <u>JJJ JOJ 4941</u> Email: The identified individual is approved to wear (check all that apply):
N95 particulate respirator Without restrictions Half-mask, air purifying respirator Without restrictions Full-face, air purifying respirator Without restrictions Powered air purifying respirator Without 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 <u>is approved</u> to wear a respirator. Approval date: <u>12-17-21</u> This user <u>is not approved</u> 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 Company Name: Rivers Bend Urgent Care Signature: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME:

VEFF SUNDER HAUS

DATE: 12/17/2021

	RESPIRATOR INF	ORMATIC	N	
	3.			
TYPE:	Full Face PAPR		ODEL:	PR-500
MANUFACTURER:	Honeywell	NIC)SH #: _	TC21C-499
SIZE:	L			
	TEST PERFO	DRMED		
IRRITANT SMOKE:	\checkmark	PASS:	\checkmark	FAIL:
SACCHARIN:		PASS:		FAIL:
TYPE:	Half Face	M	ODEL:	7700
MANUFACTURER:	North	NIC)SH #:	TC-84A-0590
SIZE:	V	=		
		=		
	TEST PERFO	ORMED		
IRRITANT SMOKE:		PASS:	\checkmark	FAIL:
SACCHARIN:		PASS:		FAIL:
I certify that the	above tested employee has been p	roperly instruct	ted on ho	w to use and maintain
his/her respirator.	An individual was available to inter employee does not		nation in t	the event that the above
	SIGNATU	· · · /	-)	
CERTIFIED ABATEM		AD 1	\square	
		1		
	EMPLOYEE:			
	1	1	Contraction of the second seco	
	EXPIRES: 12/17/2	022		
	ENVIROWORX	SERVICES		

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

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

NOV 12 2021

O'ROURKE

RECEIVED

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.

 Commonwealth of Kentucky Department for Environmental Protection Division for Air Quality

 Mark Wesler

 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

Sincerely,

Emma Morao

Emma Moreo Field Support Section Field Operations Branch





THE

STERNE S

KNVIRONMENTA

Training Center 2300 East Kemper, Suite 14A • Cincinnati, Ohio 45241 513-821-7772 <u>www.environmentaltraining.com</u>

CERTIFIES THAT

22

34.

X

-)(-

Mark Wesler SSN XXX-XX-2670

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

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

2¢

Course date11/02/2021No. of hours8Exam date11/02/2021Certificate No.CR110221-08

æ

Sall

5

ř

Expires

11/02/2022

Authorized Signature

S.

S.

36

Training Location: 2300 East

2300 East Kemper, Suite 14A Cincinnati, OH 45241

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.

	Includes review of the OSHA Respirator Medical Evaluation
To be completed by the Respirator User:	ory) Appendix C of 29 CFR 1910.134. <u>To be completed by a Physician or Other</u>
Name: MARK WESLER	Licensed Health Care Professional:
Address: 5535 Green wood Church Rd	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Liberty In 47353	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: <u>765-580-2177</u> Email:	The identified individual is approved to wear (check all that apply):
N95 particulate respirator Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator If applicable, the following workplace conditions will resu	strictions With restrictions
Medical Evaluation Questionnaire Appen	of the following occur prior to approval: ong questions 1 through 8 in Section 2, Part A of the OSHA Respirator dix C was provided by the above identified individual; or, crates the need for a follow-up medical examination.
This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respirator.	Approval date:
I have provided the above identified individual a copy of t	his form: Kes No
Physician or Other Licensed Health Care Professional:	
Printed name: William Danko MD Signa Company Name: Rivers Bend Urgent Care Date:	December 17 2021

12/17/2021

LAST NAME	WESLER
FIRST NAME	MIKE

FIT TEST REPORT

ID NUMBER	2670		
LAST NAME	WESLER	CUSTOM1	
FIRST NAME	MARK	CUSTOM2	
COMPANY	ENVIROWORX	CUSTOM3	
LOCATION		CUSTOM4	
NOTE			
TEST DATE	12/17/2021	PORTACOUNT S/N	43305
TEST TIME	09:46	N95-COMPANION	N
DUE DATE	12/17/2022		
RESPIRATOR	NORTH 7700 HALF FACE [10	PROTOCOL	OSHA 29CFR1910.134
MANUFACTURER	NORTH	PASS LEVEL	100
MODEL	7700		
MASK STYLE	HALF FACE	APPROVAL	
MASK SIZE	M	EFFICIENCY <99%	N
EXERCISE	DURATION (sec)	FIT FACTOR	PASS
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

FITTEST OPERATOR

DATE

Y

NAME

Sto Bun Mark Wesler MARK WESLER

DATE

ANDY BESHEAR GOVERNOR



REBECCA W. GOODMAN Secretary

ENERGY AND ENVIRONMENT CABINET DEPARTMENT FOR ENVIRONMENTAL PROTECTION

> 300 Sower Boulevard Frankfort, Kentucky 40601

February 28, 2022

ANTHONY R. HATTON COMMISSIONER

RECEIVED

MAR 0 4 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.

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.

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

Sincerely,

Emma Morcio

Emma Moreo Field Support Section Field Operations Branch





THE

Training Center 2300 East Kemper, Suite 14A • Cincinnati, Ohio 45241 513-821-7772 <u>www.environmentaltraining.com</u>

CERTIFIES THAT

ala

.Ж.

36.

Clint Ailes SSN xxx-xx-8166

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

B

36

.)(.

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

Course date02/08/2022No. of hours8Exam date02/08/2022Certificate No.CR020822-02Expires02/08/2023

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: <u>660 LUNKIN PARK OR. 45226</u>
Authorized Contact: Ulicronin Curingrow Fax: 515 971-1313
Employee Information
Employee Name: Chint Ailes Phone Number: 765-580-5886
Employee Birthdate: <u>4-1-1994</u> Employee SSN #: <u>307-15-8166</u>
A WAR BEITER WEITER WEITER WITE DER STATE AUS
Examination Requested: FOR OFFICE USE ONLY
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.
<u>Wieliams</u> Dileo un <u>2-(5.2022</u> Physicians Signature <u>Date</u>
Can you read (mark one box): Dryes D 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.

87 E. US 22/3 MAINEVILLE, OH 45039 • PHONE: (513) 677-9117 • FAX: (513) 677-0045

MPLOYEE NAME: ClinT	
APPOTEE NAME: Clint	Ailes
ATE: 2-16-22	
RESPIRATOR	INFORMATION
TYPE: Full Face PAPR	MODEL: PR-500
IANUFACTURER: Honeywell	NIOSH #: TC21C-499
SIZE:	
RITANT SMOKE: TEST PER	RFORMED
SACCHARIN:	PASS: FAIL: PASS: FAIL:
APPROVE TO CONCERN AND AND AND AND AND AND AND AND AND AN	PASS: FAIL:
TYPE: Half Face	MODEL: 7700
ANUFACTURER: North	NIOSH #: TC-84A-0590
SIZE:	
RITANT SMOKE:) TEST PER	
SACCHARIN:	PASS: FAIL:
I certify that the above tested amplying the	PASS: FAIL: properly instructed on how to use and maintain
CICHIAN	The search chightsh
ERTIFIED ABATEMENT SPECIALIST:	al color
EMPLOYEE:	1000
CMPLOYEE:	t Cleken
EXPIRES:	
	-16-23



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	Annal Stores 191	License Status	License Expiration Date	
Asbestos Abatement Worker	69231	Active	07/30/2022	<u>Can not pay</u> (Review Details.aspx? UQID=69231)

Training History: Arranged by License ID (descending)

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

X This Certificate is not valid without 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 Es or version can extraor com SAND BUT ANOTHER DERV TON the authentication scal Intraticontrol on X and Louisiana Active Environmental Training, LLC at the party print of mation of this configure Aguilar Rodrigues AHERA Asbestos Worker Initial Mailing Address: PO Box 707 - Longhenes, Florida - 33858 framing Facility, 37826 Stoy Ridge Circle Dade City, Florida 33323 Alabama ACONGRACINEE.com 75 4: 407-860-0369 • In the Discipline of ABT07302021980 Certifies that: Tennessee entition ÷ Georgia Parane which Presentations and Samuel July 30, 2021 こころん つろうろう 「日本の」の「日本ない」 . Florida Provider #: 0005086 Course #: 0006355 Attended Class Expiration Dwte Exam Date

	\$101-127 B-2010	Sector Street Barry			
545 State Strate	20 2031 0	RM-Yok-GRON	813-341-7944		
Coll State Procte	120 2151 Galaxies Teles	MO Charapping Colors	SPHI Missis Per-	NEP 245 4900	
W Consider and	Colds and the second second second	Still Chempfriege Crise Barbestelle, (21 dilling 913-011-0000	Practices (25 allows Bibless, 125 allows	All Ant Rich Manuel Old Ables 915-775-6133	
me Preview Balriq 1	(Same)	Brees		8190121	
Som Lite and	NITE M	- Crange	ny Name		
Sizen in	OH YOU	Achires			
W YOI- TYSS23	CallPlle andress			and the second second	
and the second se	- and during	Contag	I Preisces		
Long Long Long Martin Martin P	the ever had or do you row	heve: (Ghock VEIS or It	10)		
Aller des Paller g	The Party of the P	(MUL 197		CHETHON	
the second se	IR Hayadd Lough	•	 Farmerig ment & Santari Source in a spectrum to the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the	11 P	
To provide the second states			All " thing we want at		
C.A. Harrison	THE NUMBER OF TAXABLE PARTY.		C. Committy should be a	G	
	The Standard State	the second second the second se	12 Turbling Bar Bridg prof in 17 Margin 19 arg starbards og	and the second se	
Frequerdauth	The Shares of saids	1	C 10 10 10 10 10 10 10 10 10 10 10 10 10		
Propert with		alland .	First, Frementh sprint, Sprint Sum P Kind Street,	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	
- Safe of the Stand proseness	M. Chronikanay		in casing our nexest [\$10.00 calls [10]. There you doop marked for a	N MART	
Name of Street Street	The second se		the entering lift from the same to the	A REAL PROPERTY AND A REAL	
Differences and a first for some of the	- Destant of by		M. Third you seed (near sequent	A Sector	
Press surgery line have been a surgery and the surgery surgery and the surgery surgery and the surgery	B Part or diaries	a poster of	T.F. Manual as in straint specificated Dr. of	A A A A A A A A A A A A A A A A A A A	
There of Annual a	ST. The line and	Statement of the second s	interin friftern besteht und ter bir fe triften, finn in bering	And and a second s	
The shares	dt Propost of an	the land and the state of the s	STOR Division France Committy and and and	the state of the lot of the state of the sta	No.
Awardin Salar Jacobiana	ALL THE REPORT	the second se	mith Ball pay faces serviced at	fie tingest)	
The la paraleles and and	A Part and a second	Paral division	Same about 1 a last survival		
THE REPUBLIC P	A Tong is caused	11, 2023			11. 22. 2
aton Corrected - in 2442	101200		Summer and	ni matudaraj matudaraj	
Lub (1	Shorte	g	A AND	A A A A A A A A A A A A A A A A A A A	
Lub	Shorte	g-019-019	A AND	A A A A A A A A A A A A A A A A A A A	
Lab (1)	Shorte	g-019-019	A AND	A A A A A A A A A A A A A A A A A A A	
Lab Care	Shorte	g	A AND	A A A A A A A A A A A A A A A A A A A	
	Searce - 100 - N		And	Ta' Urgent Care Office Insprings Drive Idale, OH 45246	
Lab	RESPIRE	TOH USE ONLY	And		
Lab	RESPIRA	TOH USE ONLY	A A A A A A A A A A A A A A A A A A A	Ta' Urgent Care Office Insprings Drive Idale, OH 45246	
A construction of the second s	RESPIR	TOH USE ONLY	A A A A A A A A A A A A A A A A A A A	The same and th	
A construction of the second s	RESPIRA (2007R SPIG 120, PSIG 124 (2007R SPIG 120, PSIG 124 (2007R SPIG 120, PSIG 124 (2007R SPIG 120, PSIG 124) (2007R SPIG 120, PSIG 124) (2007R SPIG 120, PSIG 124, PSIG 124) (2007R SPIG 124, PSIG 124, PSIG 124, PSIG 124) (2007R SPIG 124, PSIG	TOP USE ONLY	Constant of the second of the	Annual terms	
every ev		TOM USE ONLY	Annument of a Annument	Annual terms	
	RESPIRU Contract to an and to plan RESPIRU Contract to an and to plan Contract to an an an and to plan Contract to an	TOOR USE ONLY	Annument of a Annument	Annual and Annual Annua	
		TTOH USE ONLY	Armanian etc A	And a state of the	
		TTOH USE ONLY	Annument of a Annument	And a state of the	
		TTOH USE ONLY	Armanian etc A	And a state of the	
		ATOM USE ONLY	Accuracy of a Accuracy	And the second laws	
Lab L		ATOM USE ONLY	Constraints of a constraint of	And the second laws	

ENVIROWO		FIT	RATOR	
EMPLOYEE NAME: Samuel	Another D. 1			
DATE: 10	Light Bole	guez_		
DATE: 10/20/21				
RESPI	ATOR INFORMA	TION		
TYPE: Full Face PAP				
MANUFACTURER: Honeywell	And a state of the	MODEL:	PR-500	
SIZE: Lace	P	NOSH #: TC:	21C-499	
Lacge				
T	EST PERFORMED			The U
RRITANT SMOKE:	PASS:	- FI	AIL:	25
SACCHARIN:	PASS:	F,	AIL:	STR.
TYPE: Half Face		10.0.0		Cart -
AANUFACTURER: North	and the second se	MODEL: 770	and the second se	William and
SIZE: Large		IOSH #: TC-I	\$4A-0590	
-elije				
	ST PERFORMED			
RRITANT SMOKE:	PASS:		IL:	
SACCHARIN: I certify that the above tested employee	PASS:		IL:	
his/her respirator. An individual was avail	able to interpret this infor	mation in the eve	on that the above	
employ	ee does not speak English SIGNATURES:			
CERTIFIED ABATEMENT SPECIALIST:	auto			
	1-45	and the loss	No alter	
EMPLOYEE:	Abel			
EXPIRES:	10 10 - 10 -			
Enr HER.	10/20/22			1.14
ENIO	OWORX SERVICES	24		Sall's

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: License Number: Issue Date: Expiration Date

168367 70902 01/25/2022 12/03/2022

1 10.1

-			- //-		
Course Date: 12/03/2021 Course Number: 2021-0158-AWR Certificate #: 012144	Training Director: Ron Morrison	Has Successfully 8 Hour Asbestos In Compliance with Sectio	Magdaleno Avila Estra 1928 Westmont Lane, Apt. 9 Cincinnati, OH 45205 1986	Netropolitan Laboratorie 1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 ff Certificate Of Completion This Certifies That	
Exam Date: 12/03/2021 Expires: 12/03/2022	Primary Instructor: Ron Morrison	Has Successfully Completed The 8 Hour Asbestos Worker Refresher In Compliance with Section 206 TSCA 15 USC 2646	Magdaleno Avila Estrada 1928 Westmont Lane, Apt. 909 Cincinnati, OH 45205 1986	Metropolitan Laboratories, Inc. 1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744 Certificate Of Completion This Certifics That	

Work Evaluation /	Doctors' Urgent C Respirator Use /	are Office Asbestos /	Lead	Exposure	PRE-EI POST C ANNU OTHER	OFFER AL	/HIRE
URGENT	5915 North Main St. Dayton, OH 45415 937-278-3826	3604 WilmIngton Kettering, OH 45 937-294-0066	429	5920 Colerain Avenue Cincinnati, OH 45239 513-741-7044	650 Sprucewoo Erlanger, KY 4 859-282-66	41018	2
846 State Route 28 Milford, OH 45150 513-831-8555	2131 Gateway Drive Fairborn, OH 45324 937-873-9500	360 Glensprings I Springdale, OH 4 513-671-5050	5246	3290 Village Drive Franklin, OH 45005 513-422-7703 Date:	4201 Aero D Mason, OH 4 3 513;770-41 3 · 5 -	5040 22	
Name: <u>Avila</u> <u>Ma</u> Last First Address: <u>1928</u> . We	agdalerio MI	Ce	ompan	y Name:			
Cin Cinnati	OH USZOS	Ao	dress:				
Phone: 513 254 14	84	Pt		·····			
SSN: 1.5.6 23 1984Bir				Person:			
MEDICAL HISTORY: Have you e	NO		NO 1))		YES	NO
1. Allergies 2. Acthma	24. Bowel problems 25. Hepatitis/jaundice		f 14	 Presently under a doctors' can 8. Seen by a physician in the la 	e voor		Z
3. Anemia 4. Emphysema	26. Liver problems		4	9. Taking any medications		1	5
5. Chronic bronchitis	27. Stomach problems		5	 Smoka cigarettes, cigars, pipe Consume alcohol, how much? 			4
6. Collapsed lung 7. Persistent cough	29. Vomiting/black sto	lool	5	2. Condition that limits your work	ablility	-	4
8. Shortness of breath	30. Hemonholds		5	3. Allergic to any medications OCCUPATIONA	DISTING	1	1
9. Frequent colds	32. Kidney problems		1 5	4. Have you worked full time (30	hra.	17	
10. Chest pain 11. Heart frouble	33. Painful or bloody u	urination	11	or more per week) for 6 mos o	mona?	17	
12. High or low blood pressure	34. Cancer/tumors		15	Have you ever worked for a ye or more in any dusty job?	par	1/	
13. Heart murmurs	36. Emotional problem	ns	15	6. Have you ever been exposed	to mas	1	
14. Breast problems/disease	/ 37. Deafness or impai	Ined hearing	T	or chemical fumes in your work	k7		1
15. Rheumatic Fever 16. Fainting or seizures	38. Eye trouble/vision 39. Glasses/contact is	problems	5	7. Have you ever worked in a rai			7
17. Thyroid disease	40. Dentures	911585	-+-	quarry, pottery, foundry with a or in a cotton, flex or hemp mil	acteria de		
18. Diabetes	41. Frequent or seven		5	8. What has been your usual opp	station or ico the	÷	
19. Dizziness 20. Arthritis/joint problems	42. Sensation of smot 43. Fear of tight or en			one that you have worked at the	e longest):		1
21. Skin disease	144. Heat exhaustion/h	eal stroke	E	planations (by item number)			
22. Back problems/back pain	45. Drug or narcotic h	abit					
23. Chronic diamea	1 146. Recent weight gal	n or loss					
Exam: BP 20 70 P 00 Vision: Uncorrected - R 0 20L 20L	A Both 20/20 Color	r_Yes			- Comp		-
Vision: Corrected - R L	Both			Acceptable without	trictions		
Neck				Defer Pending furm			1
Heart	1			🗌 Unacceptable – Ser			
Chest V							
Abdomen				ROXD	12 120		1
Extremities	·			Sover to	09411:1	M.D.	
Neuro				212/21	V		
avu j				Date: // //			
Lab Ordered	Done 1615 H	17	1)L				
UA	spgr C DAlb O	Gucose Other	40	Comments:			
CXR L/S Spine				G			
Spirometry				~			
Drug screen		······					1
Audiometry							
Blood-Lead/ZPP							
		1 14 m / 4 m					ł



RESPIRATOR FIT TEST

Employee Name: X Magdaleno AU:1a

Respirator Information:

Type: Manufacturer: Size:	Full Face Survive		Model: NIOSH #:	1080 TC21C-499
		Test Perf	ormed	
Irritant Smoke: Saccharin:	X	Pass: _ Pass: _	X	Fail: Fail:
Туре:	Half Fa	ice		
Manufacturer: Size:	Nort	h	Model: NIOSH #:	7700 TC-84A-0590
		Test Perf	ormed	
Irritant Smoke: _ Saccharin: _	X	Pass: Pass:	X	Fail: 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.

Certified Abatement Specialist: //utor Dony L'Employee: Magdolens Auila Expires: 12-20-22

3520 Turfway Road, Erlanger, KY 41018 Phone (859) 363-4863 Fax (859) 363-4864 www.edallc.biz



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

	5940 Deca	itur Blvd INC	cal Centers (IN) DIANAPOLIS, IN 46241 Fax: (317) 856-5122	Service Date: 06/26/202
	Respira	itor Clea	rance Examinatio	on
atient: Bormudoz, Armando P. OB: 11/03/2003	Address: 5360 Phone: (512)		d, INDIANAPOL Employer Address:	Privale Pay-Airport Indianapolis. 5940 Decatur Blvd Indianapolis, IN: 462419579
Vitals: Height: Lo 8 V	Nelght: 14 (<u>ں</u>	Distance vision:	Uncorrected Corrected
	/1			
т вр: [2-10	PRepeat BP:		·· ·	AN7200
Pulse: <u>59</u> Resp: <u>1</u> 2	SaO2			Pierce
Pulse: Kesp: _/		· •		
XAMINATION				
is indicated by the medical eva	Juation questi	ionnaire. Ch	eck each item in appropr	iate column if performed:
Focus Area	NL	AB N/A	· · · · · · · · · · · · · · · · · · ·	Remarks
Head/Face (deformities, facial h	air) DM	وبہ - ج من من میں ج		
Ears (note perforated TM)			a a su a	1
Eyes			e e I The second s	
Mouth (note dentures, deformit	ty)		 Construction for the second sec	
Nose (note deformity, patency)			t National States and	· · · · · ·
Skin (note lesions)			<u>i</u>	
Lungs				
Heart		۱۹۹۹ - ۲۰۰۰ معمد المراجع	· · · · · · · · · · · · · · · · · · ·	
Abdomen (If Indicated)		·	and a second	, and an an an arrest state of the second state of
Spine (if indicated by history)			· · · · · · · · · · · · · · · · · · ·	
ROM			· · · · · · · · · · · · · · · · · · ·	
Squat				
SLR			A Companyant of the Part of th	
Neurologic grossly intact (or d	cscripe/			· · · · · · · · · · · · · · · · · · ·
Other (If indicated, document)		<u>k</u>	(<u> </u>	
DIAGNOSTIC TESTING: As Indicated by authorization of	or examination	n findings. Cl	heck each item in approp	priate column // performed:
As indicated by addicing to the	NL	AB N/A		Remarks
Diagnostic Test				
EKG	N			a an ang ang ang ang ang ang ang ang ang
Spirometry (PFT)	JP.			and the second
Chest X-ray		1	Peripheral	Depth
Vision Screening (peripheral,	1			Hardy Rand Rittler
depth)			Test used: Ishihara	Hardy Rand Rittler
Color vison screening	5			
Other:			1	· · · · · · · · · · · · · · · · · · ·
Other:				
		· · · · · · · · · · · · · · · · · · ·		
Additional comments:		Mado	er not	e: 6-26-2021
Clinician Name Printed:	have (1001		
Clinician Name III. Clinician Signature: 1002	no ~	\sim		
Clinician Signature:				RESPCLEAREXAM -

				•
		•		•
	۰.			
•				

Concentra Medical Conters (IN) 5940 Decata Bivd INDIANAPOLIS, IN 46241

Phone: (317) 868-2945 Fax. (\$17) 858-5122

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

12.	Yes Xio	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?
	Yes No	a. Difficulty hearing
. '	Yes No.	b. Wear a hearing aide
	Yes No	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?
1.11	Yes No.	a. Weakness in any of your arms, hands, legs, or feet
	Yes No	b. Back pain
	Yes No	c. Difficulty fully moving your arms and legs
· .	Yes Nyo	d. Pain or stiffness when you lean forward or backward at the waist
·.	Yes No	e. Difficulty fully moving your head up or down
	Yes No	f. Difficulty fully moving your head side to side
	Yes No	g. Difficulty bending at your knees
	Yes No	h. Difficulty squatting to the ground
ъ.	Yes No	i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.
	Yes No	i. Any other muscle or skeletal problem that interferes with using a respirator.

TO THE PLHCP

Check ✓ the ONE that applies

- 1 have reviewed Part A Section 2 of this questionnaire with the employee and 1 do not recommend that a physical examination be performed.
- I have reviewed Part A Section 2 of this questionnaire with the employee and Lam 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 Lam recommending
 that a physical examination be performed.

Emblovee ñalure

(When Available)

PEHCP Signature

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

Page 4 of 7

ENIVIDAN		
ENVIR WOR)	DECDIDATON	
	RESPIRATOR	
	FIT TEST	
EMPLOYEE NAME: Armando	Bermudez	
DATE: 1-4-22		
		_
RESPIRATORI	INFORMATION	-
TYPE: Full Face PAPR	MODEL: PR-500	
MANUFACTURER: Honeywell	NIOSH #: TC21C-499	-
SIZE: M		-
TEST PER	RFORMED	
IRRITANT SMOKE:	PASS: J FAIL:	
SACCHARIN:	PASS: FAIL:	1
		1
TYPE: Half Face	MODEL: 7700	1
MANUFACTURER: North	NIOSH #: TC-84A-0590	
SIZE: M		
TEST PERF	FORMED	
IRRITANT SMOKE:	PASS: V FAIL:	
SACCHARIN:	PASS: FAIL:	
I certify that the above tested employee has been p	properly instructed on how to use and maintain	
his/her respirator. An individual was available to inte employee does no		
SIGNATU	URES:	
CERTIFIED ABATEMENT SPECIALIST:	Jack Wester	
	fimando	
EMPLOYEE:	Barmúdez	
EXPIRES: / ·	4-23	
	Access to a final state of	
ENVIROWORX	X SERVICES	



KY Department for Environmental Protection

(default.aspx)

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	The second second	License Status	License Expiration Date	
Asbestos Abatement Worker	69208	Active	07/29/2022	Can not pay (Review Details.aspx? UQID=69208)

Training History: Arranged by License ID (descending)

License Type Asbestos Abatement Worker License ID 69208

License Status Active

License Expiration Date 07/29/2022

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

JOSE

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



Not Valid Without Embossment

Edwin Reyes/Instructor

<section-header><section-header><section-header></section-header></section-header></section-header>				
Max Mark Mark Mark Mark Mark Mark Mark Mark				
Partine: Bandward Parts and Partine: Parts and Partine:		コート・ション 神戸 日本手続き 御田 動行している しいちかい しゅうせいせいどう		
Petters: Since: Particle: Since: Particle: Pariticle: Pariticle:	n an	N 36206 (317) 975-3945		00/21
D00 11/2/M24 Employee 0 Sender: Male Male Mode Martal Settis: Sinder: 0 0 Address: 300 Galaxitarough Court Job Contact 0 Martal Settis: Sinder 0 0 Martal Settis: Sinder 0 0 Work Phone: 100 Contact 0 0 Work Phone: 100 Contact 0 0 Work Phone: 100 Contact 0 0 More: 10 Contact 0 0 More: 10 Contact 0 0 More: 0 10 Contact 0 More: 0 10 Contact 0 More: 0 10 Contact 0 0 More: 0 10 Contact 0 0 0 More: 10 Contact 10 Contact 0 0 0 0 More: 0 10 Contact 0 0 0 0 0 0 0 0 0 0 0<	MEDICAL SURI	VEILLANCE-ASBESTOS	Annika Date	
DOI: 11/2/64 Unpower 0 Marital Status: Engle 0 More Phone: (653) 701/4995 Phone Note: Asso Back: When Work Phone: 0 7ax 0 0 More: Market Status: 0 0 0 0 The following was performed: 0 0 0 0 0 Dependence: of premote on the status and define status status: 0 100 <t< td=""><td>Patient: Blandon lote</td><td></td><td></td><td></td></t<>	Patient: Blandon lote			
Gender, Main Address: 0 Marrial Status: Stagle: 0 Address: Stagle: 0 Address: Stagle: 0 Marrial Status: Stagle: 0 Marrial Status: Stagle: 0 More Phone: (463) 7014995 Phone More: Address: 0 More: <	2511			
Address: Single 0 Address: Single 0 Hole 0 0 Work Phone: Address: Note Work Phone: Race Address: Note The shove individual was seen on 7/30/21 in accordance with 20 CK 753.121 Ombies 20 CK 753.121 Single 0 CK 753.121 Ombies 20 CK 753.121 0 CK 753.121 0 CK 753.121 Ombies 20 CK 753.121 0 CK 753.121 0 CK 753.121 Ombies Combies 20 CK 753.121 0 CK 753.121 Mace Address 20 CK 753.121 0 CK 753.121 Mace Combies Combies 20 CK 753.121 Mace Combies Combies Combies Address <th>Gende 11/3/91</th> <th></th> <th></th> <th></th>	Gende 11/3/91			
Survey: Status	vi status: Sinala			
Home Phone: (453) 701.4995 Phone: 0 Home Phone: Flace 0 0 Hard Main Nake Other Work Phone: Flace 0 0 Hard Main Nake Other 0 The above individual was seen on 7/30/21 in accordance with 29 crs 1926:1103 Considerion and review of the standardized medical quantitational system per Alleronic bone to an and review of the standardized medical quantitational system per Alleronic bone to an approximation of system per Alleronic bone to an approximation of the standardized medical quantitational system per Alleronic bone to an approximation of the standardized explores to approximation in accordance with 29 crs 1926 1101 Notic: According to 29 CFB 1926 1101 is to plo to the standardized approximation of the Physician of the standardized explores to approximation approximati	rivoress: 5360 Gainsbornuck c			
Home Unit D D Race A D Race A D Race A D Race A D Race A D Race A D Race A D Race A D Race A D Race A A D Race A A D A D<	Indianapolis, IN 46224	In the second		
Fax 0 Race Adam Black Misperik The above individuel was seen on 7/30/21 in accordance with 29 CFR 1926.1103 Addition 40 CFR 763.121 40 CFR 763.121 Addition 41 CFR 763.121 40 CFR 763.121 Addition 41 CFR 763.121 41 CFR 763.121 Addition 42 CFR 763.121 41 CFR 763.12	Home Phone: (463) 701-4995			
Indian White Other The above individual was seen on 7/30/21 in secondance with 29 CFR 1926.1101. 29 CFR 1926.1101. 40 CFR 763.121. Completion and review of the standardized medical conditions and work bitrary with special regulated decided to the premonary cardiovacular, and gastrometed to system that a bit 1928.1001. 40 CFR 763.121. An epise of the employer's cardiovacular, and gastrometed to system that a bit 1928.1001. 41 State and the standardized medical conditions and work bitrary with special regulated decided to the employee of the employee of the employee cardiovacular, and gastrometed to system that a bit 1928.1001. An epise of the employee is an established that standards. 52 Second previous medical examinations, if available. A principal examination with emploase upon the pulmonary, cardiovacular and gastrometers is second (FCV) to a secondance with NIGSH and A15 standards. A pulmonary function test of forced visial capacity (FVC) and forced explicatory volume at one second (FCV) to a secondance with NIGSH and A15 standards. A definition of the Standards. A bits toentigeneogram, posterior-anterior, 16x37 forces for current film on file interpretation is accordance with required. The employee was informed by the physician of the result of the exam and any medical conditions that may estail from asbestor exposure including the increased risk of lance cincer altributable to the combined effect of anotic and statement from exposure equality to a statematic statematic endical conditions that each operations and esperesion and expostrement. <	Work Phone:	Fax		
The above individual was seen on 7/30/21. In accordance with 29 CFR 1926.1101. The following was performed: Completion and ranges of the Wandardued medical exection scale and work history with special exection. ID De pulmonary, cardiovacular, and particulated medical exections and work history with special exection. Angress of the employee's assessment exection and systems per American Der 1928.1201 Angress of the employee is assessment exection. Proceeding work of previous medical exection exection and particulate the undared by the employee exected of previous medical exection exection exection equipment to be undared by the employee exected of previous medical examinations, if available. A pulmonary function test of forced vital capacity (FVC) and forced explicatory working was an exceed (FCV 3DF eccordance with NIOSH and ATS standards A chest roentgenergram, postanior-anterior, 14x17 forces for current film on file) interpretation is eccordance with 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not extent know is negative assesses exposure including the increased risk of lang cancer attributable to the combined effect of amoking and subsets exposure induding the increased risk of lang cancer attributable to the conditions that evold place the employee was informed by the physician of the seption exposure to ablestos and there are no recommended limitations interest evolutions evolution exposure to ablestos and there are no recommended limitations interest evolutions that evold place the employee concerning the use of personal protection evolutions evolute as ablestos and there are no recommended limitations in the emp				
The following was performed:	The above individual was seen on 7/30/21 in	<u> 관련하는 것을 것을 것을 것을 것을 것을 하는 것이 없다. 것이 가</u> 지 않는 것이 없는 것을 했다. 것이 없는 것이 없는 것이 없는 것이 없다. 것이 있는 것이 있는 것이 없다. 것이 있는 것이 있는 것이 있는 것이 없다. 것이 있는 것이 있는 것이 없는 것이 없는 것이 없다. 것이 있는 것이 없는 것이 없는 것이 없는 것이 있는 것이 없다. 것이 있는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없다. 것이 없는 것이 없 것이 없는 것이 없 않는 것이 없는 것이 것이 없는 것이 않이		
Completion and review of the standardized medical exectionesia and work history with special amphasis directed to the publicensary, cardiovascular, and gastroentext-tull systems per Alexandre Bin 1926 1101 Alexandre of previous methods is associated with an unspecial indication building to the anytheres Review of previous methods and an anyther is associated explored vial capacity if vici and forced explored explored explored vial capacity if vici and forced explored explored explored vial capacity if vici and forced explored explored explored vial capacity if vici and forced explored explored explored vial capacity if vici and forced explored explored explored explored vial capacity if vici and forced explored explored explored vial capacity if vici and forced explored explore				
A physical examinations into gathodited of a base as Diey (fibro to the experiment to be utilized by the employee as even of previous method explored e	Completion and review of the		이는 이 이 이 가지 않는 것 같은 것을 알았는 것을 수 있다.	
Processes of the employee's secondaries of bits explanate in this as Deep (false to the employee 4 interpreted in employee in the employee in the employee of previous medical examinations level, the period procession aquipment to be utilized by the employee in the employee in the employee of previous medical examinations with emphasis upon the pulmonary, Cardiovascular and gastrointestinal systems. A physical examination with emphasis upon the pulmonary, Cardiovascular and gastrointestinal systems. A pulmonary function test of forced vital capacity IFVCI and forced expiratory volume at one second (FCV-J19 excordance with NIOSH and ATS standards. A chest rooming on the pulmonary, 14x17 inches for Current film on file) interpretation in accordance with 29 CFR 1926 1101 NOTE: According to 29 CFR 1926, 1103 B is up to the discretion of the Physician whether or not a chest wray is required. The employee was informed by the physician of the restricts of the earn and any medical conditions that imay result from asbestos exposure including the increased risk of lung Cancer attributable to the combined effect of amoung and asbestos exposure including the increased risk of lung Cancer attributable to the combined effect of amoung and asbestos exposure including the increased risk of material health impairment from exposure to asbestos and there are no recommended instations in the employee concerning the site of personal protective equipment. More employee concerning the site of personal protective equipment.	In the pushonary, cardiovascular, and eaturned at a settlement	ra and work bistory with species ampha	sis directed	
Important on a single state of the interpret of the strength of the strength of the strength of the entry finds of				
Econom of previous medical examinations, if available. A physical examination with emphasis upon the pulmonary, Cardiovascular and gastrointestinal systems. A pulmonary function test of forced wital capacity (FVC) and forced expiratory volume at one second (FCV_JI # accordance with NIOSH and ATS standards. A chest roenitgenogram, posterior-anterior, 14x17 inches for current film on file) interpretation in accordance with 29 CFR 1926 1101 NOTE: According to 29 CFR 1926.1103 is is up to the discretion of the Physician whether or not a chest knaw 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.		1714 TALANE LO ARE MADER - A REAL AND A R	1991—第1月16日,1991年1月18日(1995年1月18日) 1991—1991年1月19日(1995年1月19日) 1991—1991年1月19日(1995年1月19日)	
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 (FCV) at eccordance with NIOSH and ATS standards. A chest roentgenogram, posterior-antenior, 14x17 inches for current film on file) interpretation is scordance 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 stay is required. The employee was informed by the physician of the results of the exam and any medical conditions that would place the exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. Automatical below, this evaluation indicates that there are no detected medical conditions that would place the moloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations in the employee concerning the use of personal protocure equipment. Automatical below, this evaluation indicates that there are no detected medical conditions that would place the moloyee to an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations in the employee concerning the use of personal protocure equipment. Automatical below, third personal protocure equipment. Automatical belows of Binitations (If any)	ji manana a	anou ndodballelli (O D& Marish S.) (188 85	hy see	
A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FCV-II) an accordance with RIOSH and ATS standards. A chest roentgenogram, posterior-anterior, 14x17 inches for current film on file) interpretation in accordance with 29 CFR 1926 1101 NOTE: According to 29 CFR 1926.1103 it is up to the discretion of the Physician whether or not a chest k-ray is required. The employee was informed by the physician of the require of the exam and any medical conditions that may result from asbestos exposure including the increased risk of long cancer attributable to the combined effect of smoking and asbestos exposure including the increased risk of long cancer attributable to the combined effect of smoking and asbestos exposure including the increased risk of long cancer attributable to the combined effect of smoking and asbestos exposure including the increased risk of material health impairment from exposure to asbestos and there are no recommended limitations in the employee concerning the use of personal protective equipment.	Review of previous medical examinacions, il available.			
A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FCV-J) is 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 k-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 long cancer altributable to the combined effect of smoking and asbestos exposure hiers otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the mickoyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations in the employee concerning the use of personal protective equipament.	A physical examination with emphasis upon the puersonary, card	lovascular and pastrointesting manage		
with NIOSH and ATS standards. A chest roentgenogram, posterior-seterior, 14x17 linches (or current film on file) litterpretation is 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. Image: 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 altributable to the combined effect of smoking and asbestos exposure. hiess otherwise rooted below, this evaluation indicates that there are no detected medical conditions that would plate the moloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations. In the employee concerning the use of personal protective equipment. Soments or limitations (tilany) Image: Additional protective equipment. Date				
A chest roentgenogram, posterior-anterior, 14x17 Exches for 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 array is required. The employee was informed by the physician of the testurits of the exam and any medical conditions that inay result from asbestos exposure including the increased risk of long cancer attributable to the combined effect of smoking and asbestos exposure. Heres otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the increased risk of material health impairment from exposure to asbestos and there are no recommended i initiations in the employee concerning the use of personal protoctive evaluation endicates of anterial personal protoctive evaluation indicates that there are no recommended i initiations in the employee concerning the use of personal protoctive evaluations.	with NIOSH and ATS standards.	no expiratory volume at one second (FC	V-JJ # accordance	
29 CFR 1926 1101 NOTE: According to 29 CFR 1926.1103 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 zesuits of the exam and any medical conditions that may result from asbestos exposure including the increased risk of long cancer altributable to the combined effect of smoking and asbestos exposure. Ness otherwise moted below, this evaluation indicates that there are no detected medical conditions that would place the increased risk of material health impairment from exposure to asbestos and there are no recommended limitations the use of personal protective equipment. Soments or limitations (if any)				- 6.2 3131
NOTE: According to 29 CFR 1926.1101 it is up to the discretion of the Physician whether or not a chest a-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 long cancer alt/ibutable to the combined effect of smoking and asbestos exposure. Ites otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the hologyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations the employee concerning the use of personal protective equipment. Sements or limitations (if any)	· · · · · · · · · · · · · · · · · · ·	ent film on file) interpretation in accon	Jance with	
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 long concernalit/ibulable to the combined effect of smoking and asbestos exposure.	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 asbentos exposure including the increased risk of long cancer altribulable to the combined effect of smoking and asbestos exposure. Ness otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the increased risk of material health impairment from exposure to asbestos and there are no recommineded limitations that evaluations the employee concerning the use of personal protoctive equipment. Soments or Himitations (if any)	NOTE: According to 29 CFR 1926.1101 it is up to the discretion of	the Physician whether or not a chest a	(2V is tequired	
asbestos exposure including the increased risk of long Ghorr attributable to the combined effect of smoking and asbestos exposure hists otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the incloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended limitations to be employee concerning the use of personal protoctive equipment. Sements or limitations (If any)				
exposure hiess otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the moloyee at an increased risk of material health engainment from exposure to asbestos and there are no recommended initiations in the employee concerning the use of personal protective equipment. Soments or limitations (if any) MANAGER MANAGER MANAGER Date				
hiers otherwise moted below, this evaluation indicates that there are no detected medical conditions that would place the moloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended imitations in the employee concerning the use of personal protoctive equipment.	asbestos exposure including the increased risk of lung cancer attri	buiable to the combined effect of smol	ung and asbestos	
Incloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended initiations in the employee concerning the use of personal protective equipment. Soments or limitations (If any)	exposure.			
Incloyee at an increased risk of material health impairment from exposure to asbestos and there are no recommended imitations I the employee concerning the use of personal protoctive equipment. Soments or Binitations (If any) TARAGERP 7/30/2021 Date	vess otherwise noted below, this evaluation indicates that there are no di	stected medical conditions that would	place the	
in the employee concerning the use of personal protoctive equipment. Sements or Himitations (If any) MARMAFRP 7/30/2021 Date	mologee at an increased risk of material health impairment from exposure	to asbestos and there are no recommu	ended Imitations	
AMARTINE T/30/2021	the employee concerning the use of personal protoctive equipment.			
Add FAIP 7/30/2024				
Adda FNP 7/30/2021 Ovider Signature	coments of limitations (if any)			
The ANT 7/30/2021 Ovider Signature	AND FOR			
lovider Signature	4 HARANI	<u> </u>	30/2021	
ovider Signature	I MU C	Dala		
	vovider Signature			

Vedi						

ENVIROWO	RX RESPIRATOR FIT TEST
EMPLOYEE NAME: Joe	Blandon
DATE: 10-10-21	
RESPIRATO	DR INFORMATION
TYPE: Full Face PAPR MANUFACTURER: Hong well SIZE: med.u-	MODEL: <u>P.e. 500</u> NIOSH #: TC21C-499
TEST	PERFORMED
IRRITANT SMOKE:	PASS: + FAIL:
SACCHARIN:	PASS: FAIL:
The second se	
TYPE: Half Face	MODEL: 7700
MANUFACTURER: North	NIOSH #: TC-84A-0590
SIZE: Med.um	
TEST	PERFORMED
IRRITANT SMOKE:	PASS: FAIL:
SACCHARIN:	PASS: FAIL:
his/her respirator. An individual was availabl employee	as been properly instructed on how to use and maintain le to interpret this information in the event that the above does not speak English. SIGNATIONES:
CERTIFIED ABATEMENT SPECIALIST:	110
EMPLOYEE:	Andra
EXPIRES:	6-10-22
ENVIROW	ORX SERVICES INC.
	E, SUITE B, CINCINNATI, OH 45226

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

Ph #: 407-860-0369

Florida

active@activect.com Louisiana Alabama Georgia Tennessee

Certifies that:

Mirta Lorena Borjas Euceda



Ohio

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

ovider #: 0005086 purse #: 0006350

Apr 2, 2022 tended Class

Apr 2, 2022

Apr 2. 2023

am Date

piration Date

Certificate Authentication Number

AET04022022WR10

Roberto Morales Course Administrator

This Certificate is not valid w the authentication seal

Active Environmental Tra Certificate Authentication Se

Not Valid Without This Sta

For verification Call 407-860-

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.

	uation that includes review of the OSHA Respirator Medical Evaluation re (Mandatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User:	To be completed by a Physician or Other
Name: BORJA EUCEDA, MIRTA LORENA	Licensed Health Care Professional:
7212 N Shadeland Ave Address: Suite 230	l have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #:(317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Full-face, air purifying respirator	Without restrictions With restrictions Without restrictions With restrictions With restrictions Without restrictions With restrictions Without restrictions With restrictions with restrictions with restrictions will result in additional physiological burden:
 a positive response to any question Medical Evaluation Question 	
I have provided the above identified individua	l a copy of this form: es No
Physician or Other Licensed Health Care Profe	ssional:
Printed name: William Danko MD Company Name: Rivers Bend Urgent Ca	re December 17, 2021

Commonwealth of Kentuc Department for Enviror **Division for Air Quality** mental Protection

Manuel Castillo Jarquin

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

Asbestos Abatement Worker

Expiration Date: Agency Interest Id: **Issue Date:** License Number 02116/2022 71209 171681 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 Ittinois 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

Instructor

5604 W74In Stre Phone: (317) 29	Medical Centers (IN) et INDIANAPOLIS, IN 46278 0-1651 Faix (317) 280-2052	
PLHCP WRITTEN STATEM	IENT for RESPIRATORS (EMPLO)	(EE)
ervice Date: 02/19/2022 mployee Name: Manuel I. Castillo Jarquin	Employee SSN: XXX-XX-7	557
Address: 7141 Hatteras Ln Apt 1A		
INDIANAPOLIS, IN 46254		
Employer: Asbestos Physical-Patient Pay		4 1014
You were evaluated in this office of your medical st to wear a respirator. (Check \checkmark one that applies) There were no abnormal findings that would hampe The abnormal findings listed below were not related personal physician for further evaluation.	and the second se	es while wearing a respirator.
Based upon the results of this evaluation it is my	inhost / All	that apply)
 ARE qualified to wear a respirator. ARE NOT qualified to wear a respirator. Require further testing by your private physician w <u>Concentra Medical Centers (IN)</u> Must wear Special prescription eye-wear needed to Must use an Eye glass conversion kit. May need to shave Facial hair to assure tight seat Need to stop smoking. 	the must submit a written report of h so that a final decision on your a to accommodate respirator. I on certain face masks.	
Check ALL that apply) The above individual HAE been examined for respirator directions in an apply the individual HAE been examined for respirator directions in a seturation induced the Respiratory Quasiconnaics in Appendix C Part A flection 2. In accordance with Appendix C Part A flection 2. In accordance with appendix C Part	Itensis. The emperator is specific to real CFR 1910-1734, this limited evaluation is specific to real status to their supervisor or physician. This evaluation above named individual of the results of this evaluation applicable, the above named individual has been inform ofor other chemical exposure(s).	Included the Respiratory Questionnaire and of any metical conditions resulting from ad of the increased risk of lung cancer are to follow the use and fitting instruction
	-	Employee's Signature
augo Simoly		02/19/2023
PLHCP Signature	- 11	Expiration Date
PLHCP Name (printed)		
Providence of the sector of th	in the employee's file with a copy to the er	nployee
To be maintained i		Print Date: 02/19/2022 Revision Date: 04/06/2000
	Page 1 of 1	

MANUFACTURER: Note: 700 Imanufacturer: Note: Note: 700 SIZE: Imanufacturer: Note: Note: 700 Imanufacturer: Imanufacturer: Imanufacturer: Note: 700 Imanufacturer: Imanufacturer: Imanufacturer: Note: 700 Imanufacturer: Imanufacturer: Imanufacturer: Imanufacturer: Fall: Imanufacturer: Imanufacturer: Imanufacturer: Fall: Imanufacturer: Fall: Imanufacturer: Imanufacturer: Imanufacturer: Fall: Imanufacturer: Fall: Imanufacturer: Imanufacturer: Imanufacturer: Imanufacturer: Fall: Imanufacturer: Fall: Imanufacturer: Imanufacturer: Imanufacturer: Imanufacturer: Fall: Imanufacturer: Iman	RESPIRATOR INFORMATION TYPE: Full Face PAPR MANUFACTURER: Honeywell SIZE: Moneywell ISIZE: MONOBEL: PR-500 NIOSH #: TC21C-499 TEST PERFORMED PASS: X FAIL: PASS: FAIL:	ENVIROWORX RESPIRATOR FIT TEST MPLOYEE NAME: Manuel Castillo Jarquin DATE: 2-28-22
--	--	---

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: License Number: Issue Date: Expiration Date 165017 71599 03/10/2022 01/14/2023

Consulting			of Missouri Section 643.228. Authorized by both AHERA nd ASHARA. A. 40 CFR 763 Subpart E, Appendix C, and Asbestos Containing Materials in s: Model Accreditation Plan, TSCA II. sbestos Abatement Worker, and has passed the final exam with a score	(SPANISH)	partment of Natural Resources	Certificate No: AWR0322511252022	7707.	Expires on: JANUARY 14, 2023	2.421.4505 - Fax # 1.312.421.4505
SWC Institute Occupational Safety – Environmental Health Training and Consulting	Certificate of Completion	NORLAN E. ARTOLA CASTILLO	Training also meets the requirements of the State of Missouri Section 643.228. Authorized by both AHERA nd 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 Ce Cass Conducted at: <u>3850 Eagle View Dr. Indianapolis. IN, 46354</u>		Training Direction	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
			Training also mer of least 70%. Trainini has successfully	1	Accredit	8			Ernal

Concentra memory and explanation of activity of	HER
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 OT	HER
Employer: Asbestos Physical-Pasent 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 OT	HER
Employer: Asbestos Physical-Pasent 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 OT	HER
Address: 6920 Gatwick Dr 3te 105 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 OT	HER
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 OT	HER
Job Contact: Karen Smith Role: Local Contact Phone: (317) 856-2945 Ext.: Fax: (317) 856-5122 Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
Job Contact: Karen Smith Role: Local Contact Phone: (317) 856-2945 Ext.: Fax: (317) 856-5122 Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
Role: Local Contact 228 Phone: (317) 856-2945 Ext.: Fax: (317) 856-5122 .: Fax: (317) 856-5122 .: Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
28 Phone: (317) 856-2945 Ext.: Fax: (317) 856-5122 Fax: (317) 856-5122 .: Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
Fax: (317) 856-5122 Fax: (317) 856-5122 Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
Race: ASIAN BLACK HISPANIC INDIAN WHITE OT	HER
	HER
9/2022 in accordance with:29 CFR 1926.1101. 40 CFR 763.121	
9/2022 in accordance with:29 CFR 1926.1101.	
9/2022 in accordance with:29 CFR 1920.1101.	
	9
the special medical questionnaire and work history with special emphasis direction to an	
ndardized medical question per Appendix D in 1926.1101.	
	65
tion of: this employee's duties as they tende to be utilized by the employee.	
posure level, and personal protection equipment	
ious medical examinations if available.	
ous meaner strength cardiovascular, and gastrointestinal systems.	
phasis upon the pulmonary, called the volume at one second (FEV 1) in according	ance
ced vital capacity (FVC) and forced expiratory series	
a state with interpretation in accordance with 2	29
to the inclusion of current film on mer much and	
or amenon , whether or not a chest ?	4-fay
a wowner his up to the discretion of the physician whence	
926.1101 (M)(2)(II)(2), II IC - F	1
the aram and of any medical conditions that may resch	đ
y the physician of the results of the cancer attributable to the combined enect of strong of	
jing the increased risk of lung called	
to pince the	
that there are no detected medical conditions that recommended	
Iluation indicates that meno an exposure to asbestos, and there are no to	
rial health impairment in the equipment or respirator.	
g the use of poissing pro-	مسيرر
	,,,

	-
02/11/2000	
- Muy Dale	
Provider Signature Revision D	
)ale: I
Page 1 of 1 0 1996 - 2016 Conjointes Operating Consolvation All Rights Reserve)ș(8;
y hill	dardized medical questionnaire and work history with special emphasis directed to the istrointestinal systems per Appendix D in 1926.1101. ion of: this employee's duties as they relate to the employee's exposure, the employee is use as the protection equipment to be utilized by the employee. In this employee's duties as they relate to the employee's exposure, the employee is use medical examinations if available. In the putmonary, cardiovascular, and gastrointestinal systems. In the putmonary (FVC) and forced expiratory volume at one second (FEV 1) in accordance with 2 In the physician of the results (or current film on file) with interpretation in accordance with 2 In the physician of the results of the exam and of any medical conditions that may result is the physician of the results of the exam and of any medical conditions that may result usation indicates that there are no detected medical conditions that would place the al health impairment from exposure to asbestos, and there are no recommended the use of personal protective equipment or respirator. 02/19/2002 Date

NAMES OF A DESCRIPTION OF A DESCRIPTIONO

	Concentra Medical Centers (IN)	
مېرىغىنىي بەر دەرەپ سەرىغەر ئەرەپ بەرەپ بەرەپ يەرەپ يەرەپ يەرەپ بەرەپ بەرەپ يەرەپ يەرەپ بەرەپ بەرەپ بەرەپ بەرەپ	Concentra moural and the terral for terral	
	Whise 200 [314] 4200 200 -	
	WRITTEN STATEMENT for RESPIRATORS (EMPLOYE	E)
PLHCP V	WRITTEN STATEMENT	
	Employee SSN: XXX-XX-280	8
ervice Date: 02/19/2022	Eubloyae op	and a second and a second and a second
mptoyee Name:		
orlan E. Artola Castillo		
ddress:		
541 Sprinfield Dr		
IDIANAPOLIS, IN 46228		
	ient Pay	
mployer: Asbestos Physical-Pat	f your medical status related to your physical capal that applies)	bility
ou were evaluated in this office o	f your medical status related to your status	
ou were evaluated in this office of wear a respirator. (Check $\sqrt{200}$	that applies)	be unating a periodof
, 1001 - 11-1	that would hamper your ability to perform your job dutie w were not related to wearing a respirator but should be	es while wearing a respirator
There were no abnormal findings	that would manper jour earing a respirator but should be	e reported to your
The abnormal findings listed belo	that would hamper your ability to perform your job units w were not related to wearing a respirator but should be sluation.	
The abnormal findings listed bold personal physician for further evaluation		
		that apply)
the secults of this By	raluation it is my opinion that you: (Check / ALL	(ilar oppi))
Based upon the results of this of		
PARE qualified to wear a respirato	or. oncerning respirator usage:	
CT		
TADE NOT malified to wear a ret	spirator. rivate physician who must submit a written report of his so that a final decision on your ab	ther findings to
CARE NOT dualities ind by your p	rivate physician who must submit a written report of his rivate physician who must submit a final decision on your ab	ility to wear a respirator can be t
Concentra Medical Centers (II	so that a final decision on your do	
Concial Drescription	Syc-trout the training of the second s	
Must use an Eye glass conversion	on kit.	
Must use an cyo shave Facial hair t	on kit. o assure tight seal on certain face masks.	
May need to share moking.		
Need to stop smoking.		
ALL that apply)	r respirator fitness in accordance with 29 CFR 1010 134. This limited evaluation report any deficulties in using respirators or change of any physical status to the second any deficulties in Using 10 spirators or change of any physical status to the report any deficulties of 29 CFR 1910 134.	a is specific to respirator
(Check V Bue there are a second loss	r respirator fitness in accordance with 29 CFR 1010 134. This limited evaluation report any deficulties in using respirators or change of any physical status to the report any deficulties in 29 CFR 1910 134. Institution outlined in 29 CFR 1910 134.	eir supervisor of physician.
The stove individual HAS been examined to	In report any deficulties in using respirators or change or any private units report any deficulties in 29 CFR 1910-134. estionnaire outlined in 29 CFR 1910-134. In ecordarce with 29 CFR 1910-134, this limited evaluation is specific to re 2. In accordarce with 29 CFR 1910-134, this limited evaluation is specific to re 2. In accordarce with 29 CFR 1910-134.	of a review of OSHA's Medical Evaluation
This evaluation individual HAS NOT been examined	ned by the last twenther 29 CFR 1910 134, this invited evaluation this evaluation	n included the Respiratory Questics saw
Ouestonnaire in Appendix C Part A Section	report any detectives in using the part of 134. estionnaire outlined in 29 CFR 1910 134. and by me for respirator futness. The employee's medical evaluation consisted ined by me for respirator futness. The employee's medical evaluation is specific to re 2. In accordance with 29 CFR 1910 134, this limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, this limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, this limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, this limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, this limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the limited evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with 29 CFR 1910 134, the second evaluation is specific to re 2. In accordance with the second evaluation is specific to re 2. In accordance with the second evaluation is specific to re 2. In accordance with the second evaluation is specific to re 2. In accordance with the second evaluation is specific to re 2. In accordance with the sec	
to report any difficulties in using response	estionname or respirator fitness. The employee's medical evaluation to the ned by me for respirator fitness. The employee's medical evaluation is specific to re 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to re or change of any physical status to their supervisor or physician. This evaluation or change of any physical status to their supervisor or physician. This evaluation or change of any physical status to their supervisor or physician this evaluation of the results of this evaluation.	med of the increased risk of lung cancer
ALLENDE HI LE CHILL THE THE ALLENDER THE	ents, thave known and the above harmed shows the	
exposures that the combined effect of smoki	Ing and Asbestos, toad articlor other chemicas exponenters on the conteinment and concentration levels to which the worker will be exposed. I mapping the packaging and/or failure to wear the respirator during all times of expos- mapping on the proper care of any respirator. Refer to product literature and packag- respirator in the proper care of any respirator. Refer to product literature and packag-	are can reduce the respirator's energing the
The Blobstir selected balad	on the containment and/or failure to wear the respirator during the sectors and packing	uing for specific shown
Respirators post to poper use contained on Dre	trained in the proper care of any response in the	
use and/or limitations.	and the second	
111111		02/19/2
Muy	· · · · · · · · · · · · · · · · · · ·	Employee's Signature O2/19/2 Expiration
PLHCP Signature	_	Prints
LARRY TUNNELL, MD		
PLHCP Name (printed)	To be maintained in the employee's file with a copy to the a	mployee 02/19/202
PLHOP Natio (Philipping Profil 1 Physician or other Licensed Healthcare Profil	To be maintained in the employee's file with a copy	Print Date: 02/19/2001 Revision Date: 04/06/2001
		Revision Have -

2112 Doc 2017

Concentra Medical Contra	
A A A A A A A A A A A A A A A A A A A	a add. 3057
EMPLOYER AUTHORIZATION AND INFORMAT	ION FOR RESPIRATORY EVALUATION
ENDLOYER AUTHORIZATION AND THE	Addieba:
EMPLOYER TO COMPLETE THE FOLLOWING : EMPLOYER TO COMPLETE Artola Castillo	2641 Springfield Dr
EMPLOYER TO COMP Norlan E. Artola Castillo	INDIANAPOLIS, IN 46228
Employee Hame. Norial C. Mitan	Employee SSN XXX-XX-2808
	Employee Solt
Employer Asbestos Physical Patient Pay	Extent of Useage (Check VALL that apply)
the Time of Respirator(5) to be used	The maximum and most more than build a week
	The sector is the Emergency Eductions CON 1000 Provide
Air-puntying (numpting Respirator Atmosphere supplying Respirator Combination air-line and SCBA	Expected Physical Effort Required (Check VALL mar appr)
Transpous-Flow Hospanion	Mederate Heavy
Cuppled Alt Respirator	Exposure to Hazardous Materials (Check ~ ALL thet spoty)
Open Circuit SCBA	Benrece
Dust Mask Model: Cartridge:	Closed Outon LJ Cotton Seed) LUST
	Cadmium D Formaldehyde
hack ALL That Apply When Wearing Respirator)	Methylene Chionos
L Enclosed Fileday	Li Texules
High Places Mostly Cold Mostly Hot	Other(s):
	EVALUATION AUTHORIZATION BY
HAND CAPACICU CLI IN THE TALL	THIS LINE
DO NOT WRITE BELOW THIS LINE DO NOT WRI PLHCP ¹ WRITTEN STATEMENT for RES	ITE BELOW THIS LINE DO NOT WHITE BELOT THE
J Fit fest enclosed needed to accommodate respected Special prescription everywear needed to accommodate respected Special prescription everywear needed to accommodate respected Facial hair needs to be shared to assure tight seal on certain tace masks Physician or other Licensed Heatingare Protessional Physician or other Licensed Heatingare Physician or other Licensed Heatingare Phy	provide respirator approval and usage: provide respirator approval and usage: provide respirator approval and usage: provide of Excape Only Centra Madical Centers (IN evial prescription eviewear needed to accomenodate respirator to respirator to Concentra Madical Centers (IN) CER 1910.134. This limited evaluation is specific to respirator
use any transition the Bostwatery attention for respirator bareas the	this limited evaluation is specific to resolute included the Respiratory Unestication of the second the resolution included the Respiratory Unestication included the Respiratory Unesti
lo report any difficuries in using respirators of the second the above named in	ndwidual of the results of this evaluation of the increased risk of the second
lo report any difficuries in using respirators of the second the above named in	ndevidual of the matules of this evaluation informed of the increased risk of this during during the increased risk of this during during the increased risk of this during during the increased risk of this during the increased risk of the increased risk of this during the increased risk of this during the increased risk of this during the increased risk of the increased rincreased risk of the increased risk of the increased risk o
Oversion any difficulties in using respirators of the using respirators of the using respirators of the using respirators of the using any difficulties in using respirators of the using the second and the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with specific OSHA requirements. I have informed the above named in accordance with a specific OSHA requirements. I have informed the above named in a specific OSHA requirements at the information of the combined attraction of the combined attrac	ndevidual of the moulds of this evaluation of the increased risk is the duration of the duration of the increased risk is the duration of the duration of the increased risk is the duration of the du
Obesition any difficulties in using respirators of the use of the use of the above namely in outfined in 29 CFR 1910 134 In accordance with specific OSHA requirements. I have informed the above namely in exposures that may require turker explanation or treatment. Where epsicable, the all exposures that may require turker explanation or treatment where epsicable, the all attributable to the combined effect of smoothy and aspestos, lead and/or other otemit attributable to the combined effect of smoothy and aspestos, lead and/or other otemit attributable to the combined effect of smoothy and aspestos, lead and/or other otemit attributable to the combined effect of smoothy and aspestos for the other otemit attributable to the combined effect of smoothy and aspestos for the other othe	ndividual of the moults of this evaluation of the increased risk is the dual isove named individual has been informed of the increased risk is the dual isove named individual has been informed of the increased risk is the dual isove named individual has been informed of the increased risk is the dual isove named individual has been informed of the increased risk is the dual isove named individual has been informed of the increased risk is the dual isove named individual has been informed of the increased risk is the dual Physician's Name (Printed) Date of Exam Print Date: 02/19/7022 Date of Exam
Odesticities in using respirators does a spirators does a spirator of the above namely in outfined in 29 CFR 1910 134 In accordance with specific OSHA requirements. I have informed the above namely in exposures that may require turther explanation or treatment. Where explanation of treatment where explanation of the advertised and/or other other in attributable to the combined street of smoothing and aspessos, lead and/or other other in the provide street of smoothing and aspessos. Lead and/or other other is the provide street of smoothing and aspessos. Lead and/or other other is the provide street of smoothing and aspessos. Lead and/or other other is the provide street of smoothing and aspessos. Lead and/or other other is the provide street of smoothing and aspessos. Lead and/or other other is the provide street of smoothing and aspessos. The provide street of smoothing aspessos. The provide street of smoothing aspessos aspects aspect of smoothing	ndevidual of the moulds of this evaluation of the increased risk is the duration of the duration of the increased risk is the duration of the duration of the increased risk is the duration of the du

	WOR		ESPIRATOR FIT TEST
MPLOYEE NAME:	Novlan Ar	tola Castil	
DATE: /-4-2		Ind Casin	
1 4-2			
	RESPIRATO	R INFORMATION	and the second
ТҮРЕ:	Full Face PAPR	MODE	.: PR-500
MANUFACTURER:			: TC21C-499
SIZE:	Lavoe		
RRITANT SMOKE:	TEST PI	ERFORMED PASS:	
SACCHARIN:		PASS: V	FAIL:
JACCHARIN:		PASC.	FAIL.
JACCHARIN:		PASS:	FAIL:
TYPE:	Half Face		
TYPE: MANUFACTURER:	Half Face	MODEL:	
TYPE:	Half Face	MODEL:	7700
TYPE: MANUFACTURER:	Half Face North Carge	MODEL: NIOSH #:	7700
TYPE: MANUFACTURER: SIZE:	Half Face North Carge	MODEL: NIOSH #:	7700 TC-84A-0590
TYPE: MANUFACTURER: SIZE:	Half Face North Carge	MODEL: NIOSH #:	7700 TC-84A-0590 FAIL:
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a	Half Face North Carge TEST PE	MODEL: NIOSH #: RFORMED PASS: PASS: en properly instructed on bo	7700 TC-84A-0590 FAIL: FAIL:
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a	Half Face North Correct TEST PE bove tested employee has been an individual was available to in employee does	MODEL: NIOSH #: RFORMED PASS: PASS: PASS: en properly instructed on ho interpret this information in t not speak English.	7700 TC-84A-0590 FAIL: FAIL:
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator. A	Half Face North Carrge TEST PE bove tested employee has bee an individual was available to in employee does SIGNA	MODEL: NIOSH #: RFORMED PASS: PASS: PASS: en properly instructed on ho interpret this information in the not speak English. ATURES:	7700 TC-84A-0590 FAIL: FAIL: w to use and maintain the event that the above
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a	Half Face North Carrge TEST PE bove tested employee has bee an individual was available to in employee does SIGNA	MODEL: NIOSH #: RFORMED PASS: PASS: PASS: en properly instructed on ho interpret this information in t not speak English.	7700 TC-84A-0590 FAIL: FAIL: w to use and maintain the event that the above
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator. A	Half Face North Carrge TEST PE bove tested employee has bee an individual was available to in employee does SIGNA	MODEL: NIOSH #: NIOSH #: ERFORMED PASS: PASS: PASS: PASS: en properly instructed on ho interpret this information in the not speak English. ATURES: Mark Web ()	7700 TC-84A-0590 FAIL: FAIL: w to use and maintain the event that the above
TYPE: MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator. A	Half Face North Carge TEST PE bove tested employee has bee an individual was available to in employee does SIGNA	MODEL: NIOSH #: NIOSH #: RFORMED PASS: PASS: PASS: en properly instructed on ho interpret this information in the not speak English. ATURES: Mark Deb for Jon Aylolo	7700 TC-84A-0590 FAIL: FAIL: w to use and maintain the event that the above

Sa ssic you our.

ple

esp utify esp utify fyin ying

p m a po Med the i



WIAPSIN JUAP ALARASIN ALASIN ALASI Attended Class Course #: 0006350 Expiration Date Exam Date Provider #: 0005086 Florida 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, Active Environmental Training, LLC Phouse avoid feasidulent arrivates by calling 407-850-0369 for authentication of this certificate The second Georgia AHERA Asbestos Worker Refresher Apr 9, 2022 Apr 9, 2022 37826 Sky Ridge Circle Dade City, Florida 33525 active@activeet.com Adamis Castro Tennessee Certificate Authentic In the Discipline of: Certifies that: AET04092022WR09 ***_**-5275 Course Administrato Matritza Ospilla * Ph #: 407-860-0369 Alabama fon Number THAT AND AND A Louisiana Active Environmental Training This Certificate is not valid without For ventcation Call 407-860-0366 Not Valid Without This Stamp Certificate Authentication Seal the authentication scal . Ohio

Respiratory Medical Clearance Form

135

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.

		aluation that includes review of the OSHA Respirator Medical Evaluation aire (Mandatory) Appendix C of 29 CFR 1910.134.
To be com	pleted by the Respirator Use	To be completed by a Physician or Other
Name: _CA	STRO, ADONIS	Licensed Health Care Professional:
Address:	7212 N Shadeland Ave Suite 230	I have performed a respirator medical evaluation, including review
<u>_</u>	ndianapolis IN 46250	of the Individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.
Telephone	#: (317) 845-0457	
Email:	noyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Full-face, air p Powered air p	r purifying respirator purifying respirator unlying respirator	Without restrictions With restrictions Without restrictions With restrictions
	a positive response to any o	uired if ANY of the following occur prior to approval: juestion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator
o Asthis user I	Medical Evaluation Question the initial medical examinat	nnaire Appendix C was provided by the above identified individual; or, ion demonstrates the need for a follow-up medical examination.
o This user j	Medical Evaluation Question the initial medical examinat <u>s approved</u> to wear a respirato <u>s not approved</u> to wear a respi	Innaire Appendix C was provided by the above identified individual; or, ion demonstrates the need for a follow-up medical examination. r. Approval date: $12 - 17 \cdot 2$ (
o This user j	Medical Evaluation Question the initial medical examinat <u>s approved</u> to wear a respirato <u>s not approved</u> to wear a respi	nnaire Appendix C was provided by the above identified individual; or, ion demonstrates the need for a follow-up medical examination.



RESPIRATOR FIT TEST

EMPLOYEE NAME:	Adamis Co.S	stro			
DATE: 12/17/202	1				
	RESPIRATOR IN	FORMAT	ION		
TYPE:	Full Face PAPR	ſ	MODEL:	PR-500	
MANUFACTURER:	Honeywell	N	IOSH #:	TC21C-499	
SIZE:	M	-			
	TEST PERF	ORMED			
IRRITANT SMOKE:	V	PASS:		FAIL:	
SACCHARIN:		PASS:		FAIL:	
TYPE:	Half Face	ſ	MODEL:	7700	
MANUFACTURER:	North	N	IOSH #:	TC-84A-0590	
SIZE:	M				
	TEST PERF	ORMED	/		
IRRITANT SMOKE:		PASS:	V	FAIL:	
SACCHARIN:		PASS:		FAIL:	
	above tested employee has been				
his/her respirator.	An individual was available to inte employee does no				
	SIGNATU		-		
CERTIFIED ABATEM	ENT SPECIALIST:	110	he C		
	EMPLOYEE:	onis	Co	370	
	EXPIRES: 12/17/2	2022			
	ENVIROWOR	X SERVICE	S		
660 LUNKEN PA	ARK DRIVE, SUITE B, CIN			26 (513) 871-250	00

Mangel Castro

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

Asbestos Abatement Worker

Agency Interest Id: License Number: Issue Date:

Expiration Date:

172031 71596 03/10/2022 01/14/2023

of Kentucky

ental Protection

Quality

Concentra Medical Centers (IN) 5604 W 74th Street INDIANAPOLIS, IN 46278 Phone: (317) 290-1551 Fax: (317) 290-2052 Medical Surveillance - Asbestos

	Mangel Castro	Job Title:		
SSN:)	(XX-XX-3103		Asbestos Physical-Patient Pay	
DOB:	01/04/2001	Address:	6920 Gatwick Dr Ste 100	
Gender:	M		Indianapolis, IN 462419506	
Marital Status:	S			
Address:	3031 Georgetown Rd	Job Contact:	Local Contact	
	INDIANAPOLIS, IN 46224		(317) 856-2945 Ext.:	
			(317) 856-5122	
Home Phone:				
Work Phone:	Ext.:	Race:	ASIAN BLACK HISPANIC INDIA	N WHITE OTHER
The above individ	dual was seen on 02/26/2022 in a	ccordance with:	29 CFR 1926.1101. 40 CFR 763.121.	
The following w	as performed:			directed to the
pulmona	ry, cardiovascular, and gastrointestinal	systems per Apper	and work history with special emphasis Idix D in 1926.1101.	
Review	of the employer's description of: this en tative or anticipated exposure level, an	mployee's duties as nd personal protection	they relate to the employee's exposure, on equipment to be utilized by the employed	the employee's oyee.
	of information from previous medical ex			
Aphysic	al examination with emphasis upon the	e pulmonary, cardiov	ascular, and gastrointestinal systems.	
A pulmo with NIO	nary function test of forced vital capaci SH and ATS standards.	ty (FVC) and forced	expiratory volume at one second (FEV	1) in accordance
A chest n	oentgenogram, posterior-anterior, 14x 6.1101. (M)(2)(ii)(C).	17 inches (or currer	nt film on file) with interpretation in acco	ordance with 29
	ccording to 29 CFR 1926.1101 (M)(2)	(ii)(C), it is up to the	discretion of the physician whether o	r not a chest X-ray
The emplo from asbestos e	stos exposure including the increased	f the results of the d risk of lung cance	exam and of any medical conditions to a attributable to the combined effect of	hat may result if smoking and
employee at an incr	oted below, this evaluation indicates t eased risk of material health impairm aployee concerning the use of person	nent from exposure	etected medical conditions that would to asbestos, and there are no recom pment or respirator.	place the mended
Comments or limitat	ions (if any):			
	1			
			agla	classe
	- 11	iny		elacad
	Provider S	Signature		Jale
uation - Asbestos Me	dical Surveillance	Page 1 of 1		Revision Date: 07/21/1

C 1996 -2018 Concentra Operating Corporation All Rights Reserve

Eval

999

NVIROWORX	RESPIRATOR FIT TEST
APLOYEE NAME: MANGEL CA.	STAD
ATE: 3-28-22	
RESPIRATOR IN	ΕΟΡΜΑΤΙΟΝ
RESPIRATOR IN	TORMATION
TYPE: Full Face PAPR	MODEL: PR-500
MANUFACTURER: Honeywell	NIOSH #: TC21C-499
SIZE: M	_
TEST PERF	ORMED
IRRITANT SMOKE:	PASS: FAIL:
SACCHARIN:	PASS: FAIL:
TYPE: Half Face	MODEL: 7700
MANUFACTURER: North	NIOSH #: TC-84A-0590
SIZE: M	_
TEST PERF	ORMED
IRRITANT SMOKE:	PASS: FAIL:
SACCHARIN:	PASS: FAIL:
I certify that the above tested employee has been p his/her respirator. An individual was available to inte	properly instructed on how to use and maintain
employee does no	t speak English.
SIGNATU	IRES:
CERTIFIED ABATEMENT SPECIALIST:	Inter
EMPLOYEE: Man	301 Lostro
	1
EXPIRES:	-28-23
	V SEDVICES
ENVIROWOR.	
660 LUNKEN PARK DRIVE, SUITE B, CIN	Chiving 1, On 45226 (513) 871-2500

Department for Engl	In of Kentucky Instants Prosection For Quality
Has met the requirements of 401 Ki	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Asbestos Aba	tement Worker
Agency Interest Id:	148196
License Number:	71041
Issue Date:	02/03/2022
Expiration Date:	04/24/2022
N I I I I I	I STREET



1pril, 24 2022

Course Date April, 24 202.

USU:

Nunez

Laministrator

Office (704)-603-6155/ Fax (704)-603-6154 1700 Ist street, . - Salisbury, NC 28144 Training Location sbestos Worker Refresher Spanish Training Course

46 of the Toxic Substance Control Act for Dicipline.

r Asbestos accreditation under Section 206 TSCA Title II, 15 impleted the course, passed the examination, and the requisite ULLIANCE ENVIRONMENTAL TRAINING INSTITUTE

1700 Ist street . Salisbury, NC 28144

www.globenviro.com This Certifies that

Marely Cubas

xxx-xx-9441

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.

	uation that includes review of the OSHA Respirator Medical Evaluation re (Mandatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User:	To be completed by a Physician or Other
Name:	Licensed Health Care Professional;
7212 N Shadeland Ave Address: Suite 230	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #:(317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Full-face, air purifying respirator Powered air purifying respirator	Without restrictions With restrictions Without restrictions With restrictions With restrictions Without restrictions With restrictions With restrictions Without restrictions With restrictions
 a positive response to any qu Medical Evaluation Questionn 	red if ANY of the following occur prior to approval: estion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator aire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination.
This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respira	
I have provided the above identified individual	a copy of this form: Yes No
Physician or Other Licensed Health Care Profes	isional:
Printed name: William Danko MD Company Name: Rivers Bend Urgent Car	re Date: December 17, 2021

ENVIROWORX

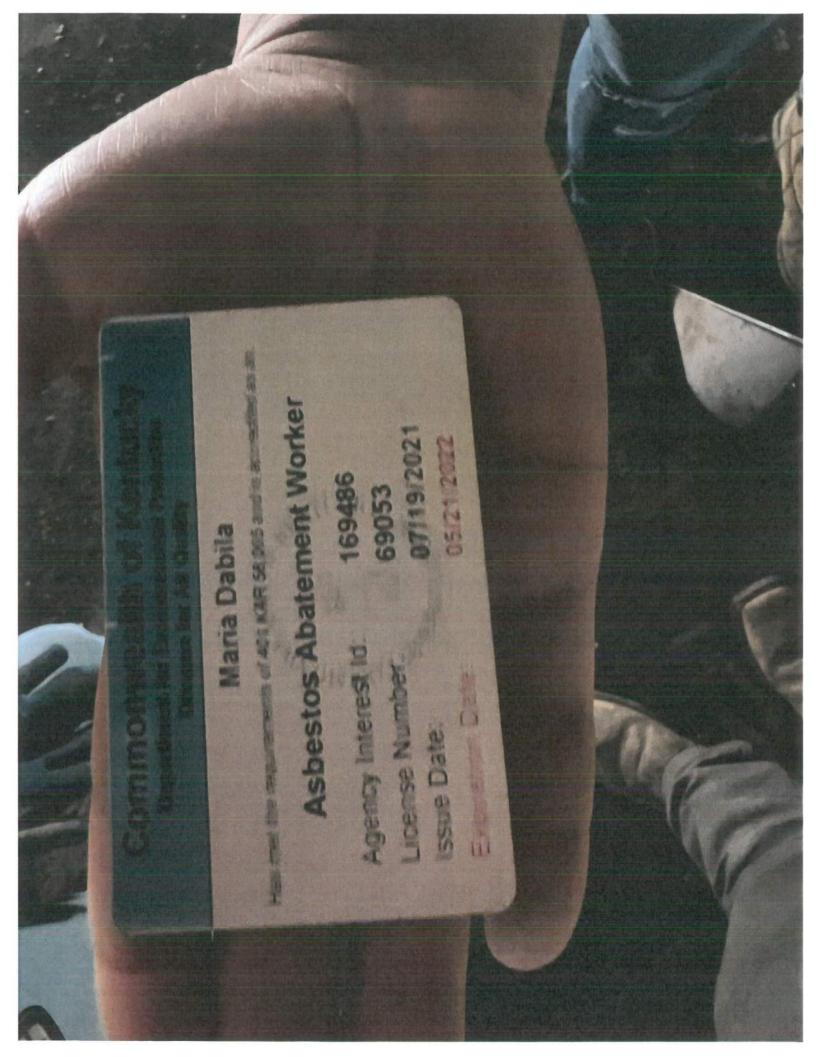
RESPIRATOR FIT TEST

EMPLOYEE NAME: Marelt Cubas

DATE: 12/17/2021

	RESPIRATOR INF	ORMATION	
		1. 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	
TYPE: F	Full Face PAPR	MODEL:	PR-500
MANUFACTURER:	Honeywell	NIOSH #:	TC21C-499
SIZE:	S		
-		-	
	TEST PERFO	ORMED	
IRRITANT SMOKE:	X	PASS:	FAIL:
SACCHARIN:		PASS:	FAIL:
TYPE:	Half Face	_ MODEL:	
MANUFACTURER:	North	NIOSH #:	TC-84A-0590
SIZE:	Small	_	
	TEST PERF	ORMED	
IRRITANT SMOKE:	A	PASS:	FAIL:
SACCHARIN:		DACC.	FAIL:
		PASS:	
I certify that the a	bove tested employee has been p	roperly instructed on ho	w to use and maintain
I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not	roperly instructed on ho pret this information in	w to use and maintain
I certify that the a his/her respirator. A	An individual was available to inter	roperly instructed on ho pret this information in speak English.	w to use and maintain
I certify that the a his/her respirator. A	An individual was available to inter employee does not SIGNATU	roperly instructed on ho pret this information in speak English.	w to use and maintain
his/her respirator. A	An individual was available to inter employee does not SIGNATU	roperly instructed on ho pret this information in speak English.	w to use and maintain the event that the above
his/her respirator. A	An individual was available to inter employee does not SIGNATU	roperly instructed on ho pret this information in speak English.	w to use and maintain the event that the above
his/her respirator. A	An individual was available to inter employee does not SIGNATU ENT SPECIALIST: EMPLOYEE:	roperly instructed on ho pret this information in speak English. RES:	w to use and maintain the event that the above
his/her respirator. A	An individual was available to inter employee does not SIGNATU	roperly instructed on ho pret this information in speak English. RES:	w to use and maintain the event that the above
his/her respirator. A	An individual was available to inter employee does not SIGNATU ENT SPECIALIST: EMPLOYEE:	roperly instructed on ho opret this information in speak English. RES:	w to use and maintain the event that the above

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



SWC Institute

Occupational Safety - Environmental Health Training and Consulting

Certificate of Completion

Awarded to

MARIA DABILA

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 Training also meets the requirements of the State of Missouri Section 643 228. Authorized by both AHERA nd ASHARA-

has successfully completed the 32-hours Initial Asbestos Abatement Worker, and has passed the final exam with a score Schools: Model Accreditation Plan, TSCA II.

INITIAL ASBESTOS ABATEMENT WORKER (SPANISH)

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

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

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

Training Direc

Expires on: MAY 21, 2022

2021

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

Certificate No: AWR0322412021

Exam Date: MAY 21

Course Date: MAY 17,18,19,20

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.

	ation that includes review of the OSHA Respirator Medical Evaluation (Mandatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User: Name: DABILA, MARIA	To be completed by a Physician or Other Licensed Health Care Professional:
7212 N Shadeland Ave Address: Suite 230	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: <u>(317)</u> 845-0457 Email: <u>moyerlabormanage@att.net</u>	The identified individual is approved to wear (check all that apply):
Half-mask, air purifying respirator Hull-face, air purifying respirator Powered air purifying respirator	Without restrictions With restrictions Without restrictions With restrictions will result in additional physiological burden:
 a positive response to any que Medical Evaluation Questionna 	ed if ANY of the following occur prior to approval: estion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator afre Appendix C was provided by the above identified individual; or, and 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 respirat	Approval date: 12-17-2 (
I have provided the above identified individual	a copy of this form: Xes No
Physician or Other Licensed Health Care Profess	sional:
Printed name: William Danko MD Company Name: Rivers Bend Urgent Care	Signature: hhn log Um Date: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Maria Dabila

DATE: 12/17/2021

		ODMATION	
	RESPIRATOR INF	ORMATION	
TYPE:	Full Face PAPR	MODE	L: PR-500
MANUFACTURER:		NIOSH	#: TC21C-499
	2 C		No. of the local data and the local data an
SIZE:	2		
	TEST PERFO	ORMED	
IRRITANT SMOKE:	÷	PASS:	FAIL:
SACCHARIN:		PASS:	FAIL:
TYPE:	Half Face	MODE	L: 7700
MANUFACTURER:	North	NIOSH	#: TC-84A-0590
SIZE:	Saall		
	and the state		
	TEST PERFO	DRMED	
IRRITANT SMOKE:	TEST PERFO	PASS:	FAIL:
SACCHARIN:	¢	PASS:	FAIL:
SACCHARIN:	bove tested employee has been p	PASS: PASS: roperly instructed or	FAIL: how to use and maintain
SACCHARIN:	bove tested employee has been p An individual was available to inter	PASS: PASS: roperly instructed or pret this information	FAIL: how to use and maintain
SACCHARIN:	bove tested employee has been p	PASS: PASS: roperly instructed or pret this information speak English.	FAIL: how to use and maintain
SACCHARIN:	bove tested employee has been p An individual was available to inter employee does not SIGNATU	PASS: PASS: roperly instructed or pret this information speak English.	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATU	PASS: PASS: roperly instructed or pret this information speak English.	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATU	PASS: PASS: roperly instructed or pret this information speak English.	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATU ENT SPECIALIST:	PASS: PASS: roperly instructed or pret this information speak English.	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATU ENT SPECIALIST:	PASS: PASS: roperly instructed or pret this information speak English. RES	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATY ENT SPECIALIST: EMPLOYEE: Maria	PASS: PASS: roperly instructed or pret this information speak English. RES	FAIL: how to use and maintain
SACCHARIN: I certify that the a his/her respirator. A	bove tested employee has been p An individual was available to inter employee does not SIGNATY ENT SPECIALIST: EMPLOYEE: Maria	PASS: PASS: roperly instructed or pret this information speak English. RES Dabila	FAIL: how to use and maintain





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 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: ESPINAL, NAHLIN 7212 N Shadeland Ave I have performed a respirator medical evaluation, Including review Address: Suite 230 of the Individual's OSHA Respirator Medical Evaluation Indianapolis IN 46250 Questionnaire Appendix C of 29 CFR 1910.134. Telephone #: (317) 845-0457 the identified individual is approved to wear (check all that apply): Email: moyerlabormanage@att.net Nos particulate respirator Without restrictions With restrictions Half-mask, air purifying respirator Without restrictions With restrictions Full-face, all 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 burdent Follow-up medical evaluation is required if ANY of the following occur prior to approval: u 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 individuals or, o the initial medical examination demonstrates the need for a follow-up medical examination. Approval date: 12-17-21 This user is approved to wear a respirator. This user is not approved to wear a respirator. I have provided the above identified individual a copy of this former to No Physician or Other Licensed Health Care Professional: William Danko MD Printed name: Company Name: Rivers Bend Urgent Care Date: December 17, 202

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: NOHUN ESPINAL

DATE: 12/17/2021

	RESPIRATOR IN	FORMATION	
TYPE:	Full Face PAPR	MODEL:	PR-500
MANUFACTURER:	Honeywell	NIOSH #:	TC21C-499
SIZE:	medium		
	TEST PERF	ORMED	8
IRRITANT SMOKE:	$\boldsymbol{\lambda}$	PASS: 📈	FAIL:
SACCHARIN:		PASS:	FAIL:
r			
TYPE:	Half Face	MODEL:	7700
MANUFACTURER:	North	NIOSH #:	TC-84A-0590
SIZE:	M		
	TEST PERF	ORMED	
IRRITANT SMOKE:		ORMED PASS:	FAIL:
IRRITANT SMOKE: SACCHARIN:	X	1/	FAIL: FAIL:
SACCHARIN: I certify that the	above tested employee has been p	PASS: PASS:	FAIL:
SACCHARIN: I certify that the	X	PASS: PASS: PASS: PASS: PASS: PASS: PASS: Properly instructed on here this information in	FAIL:
SACCHARIN: I certify that the	above tested employee has been p An individual was available to inte	PASS: PASS: properly instructed on he rpret this information in t speak English.	FAIL:
SACCHARIN: I certify that the	above tested employee has been p An individual was available to inte employee does no SIGNATL	PASS: PASS: properly instructed on he rpret this information in t speak English.	FAIL:
SACCHARIN: I certify that the his/her respirator.	above tested employee has been p An individual was available to inte employee does no SIGNATL	PASS: PASS: properly instructed on he rpret this information in t speak English.	FAIL:
SACCHARIN: I certify that the his/her respirator.	above tested employee has been p An individual was available to inte employee does no SIGNATL	PASS: PASS: properly instructed on he rpret this information in t speak English.	FAIL:
SACCHARIN: I certify that the his/her respirator.	above tested employee has been p An individual was available to inte employee does no <i>SIGNATL</i> ENT SPECIALIST:	PASS: PASS: properly instructed on he rpret this information in t speak English.	FAIL:
SACCHARIN: I certify that the his/her respirator.	above tested employee has been p An individual was available to inte employee does no <i>SIGNATL</i> ENT SPECIALIST:	PASS: PASS: properly instructed on he rpret this information in t speak English. <i>IRES</i>	FAIL:
SACCHARIN: I certify that the his/her respirator.	above tested employee has been p An individual was available to inte employee does no <i>SIGNATL</i> ENT SPECIALIST:	PASS: PASS: properly instructed on he rpret this information in t speak English. <i>IRES</i>	FAIL:

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

0		
s office of vo		
	our medical status related to you physical capability to wea	A CONTRACTOR OF THE OWNER OF THE
	your capability to wea	r a respirator
angs that w	Vould barrage	
below were	e not related to working to perform your job duties while a	Manual
ion.	vould hamper your ability to perform your job duties while v e not related to wearing a respirator but should be reported	to your personal
evaluation i	it is my and i	
	it is my opinion that you: (Check all that apply)	
tor		
oncerning	Commonwealth of Kentucky	
pirator	Department for Environmental Protection Division for Air Quality	
rivate phys	Tania Espinal Alvarado	
tions	Has met the requirements of 401 KAR 58 005 and is accredited as an	
	Asbestos Abatement Worker	14020-2
ed to accor	Z Pilining	wear a respirator c
f	Agency interest id.	
Sites at 1	LIGHTOC ITUTIOOT	
sure tight	13500 Bato.	
	Expiration Date: 01/06/2023	
nined for resp evaluation in	spirator fitness in accordance with 29 CFR 1910.134. This included the Respiratory Questionaire outlined in 29 CFR or respirator fitness. The employees medical action in Appendix C Part A.c.	
ed by me for	Respiratory Questionaire out	limited -
Questionairo	r respirator fitness. The cm	1910 124
tor use only	in Appendix C Part A Section medical evaluation	
- ority.	or respirator fitness. The employees medical evaluation of e in Appendix C Part A Section 2. In accordance with 29 CFR	onsisted of a
rt any difficu	ulties in using	FR 1910 134
	or respirator fitness. The employees medical evaluation of e in Appendix C Part A Section 2. In accordance with 29 (ulties in using respirators or change in	this
	is any physical	
nos I have	ulties in using respirators or change in any physical statu informed the above named is	is to their
exposure t	that doove named .	all the second second

WATER SHIP, THERE WE AND A MERSON AND Missin Milian 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: Jania Yadelix Espinal Alvarado 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 GER part 763. Appendix C to Subpart Pla the Discipline of AHERA Asbestos Worker Initial (Spanish) AET0 062021W104 tive Environmental Training Provider #: 0005086 Certificate Authentication Seal Not Valid Without This Stamp For verification Call 407-860-0369 Certificate Authentication Number Course #: 0006355 Jan. 3-6, 2022 Attended Class Louismeneo22tal Maritza Ospina Exam Date This Certificate is not valid without Course Administrator Jan 6, 2023 Expiration Date the authentication seal Please dwild 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)

2/5/22	Employee SSN: *** ** 3622
Service Date: 2/5/22	
Employee Name: Espinal Alvarado, Tania Yadelis	
Address: 4315 Harding Ave Cincinnati,OH 45211	
Employer: 0	
rinpioyer.	and a second
You were evaluated in this office of your medical status related	to you physical capability to wear a respirator
(Check all that apply)	
Z There were no abnormal findings that would hamper your abilit	v to perform your job duties while wearing a respirator
There were no abnormal findings that would hamper your ability The abnormal findings listed below were not related to wearing	a respirator but should be reported to your personal
J The abnormal findings listed below were not related to wearing 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	a of his there findings to
Require further testing by your private physician who must sub 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 respirate	or
Must use an eyeglass conversion kit.	
Facial Hair needs to be shaved to assure tight seal on certain fa	ce masks
Need to stop smoking	
is specific to respirator use only. This evaluation included the R	
This individual HAS NOT been examined by me for respirator f review of OSHA's Medical Evaluation Questionaire in Appendix limited evaluation is specific to respirator use only.	itness. The employees medical evaluation consisted of a x C Part A Section 2. In accordance with 29 CFR 1910.134, this
Employee should be instructed to report any difficulties in usin supervisor or physician	ng respirators or change in any physical status to their
accordance with specific OSHA requirements, I have informed and of any medical conditions resulting from exposure that may be above named individual has been informed of the increased noking and asbester, lead any other chemical exposure.	require further explanation or treatment. Where applicable,
1 million man	Tania Espinal
PLHCP Signature	Employees Signature
	2/5/2023
PLHCP Name (printed)	Expiration Date

PLHCP Written Statement for Respirators (Employee)

ENVIROWOR		SPIRATOR FIT TEST
EMPLOYEE NAME: Jana	Espinal	
DATE: 12/17/2021	and the second	
RESPIRATO	OR INFORMATION	
TYPE: Full Face PAPR	MODE	L: PR-500
MANUFACTURER: Honeywell	NIOSH	#: TC21C-499
SIZE: Mediu~		Chippen an agender and the set
IRRITANT SMOKE:	PERFORMED PASS:	FAIL:
SACCHARIN:	PASS:	FAIL:
THE REAL PROPERTY AND A STATE		ACTIVATION OF A DESCRIPTION OF A DESCRIP
TYPE: Half Face	MODE	L: 7700
MANUFACTURER: North	NIOSH	#: TC-84A-0590
SIZE: Midium	and the second	
	PERFORMED	
RRITANT SMOKE:	PASS:	FAIL:
SACCHARIN:	PASS:	FAIL:
EMPLOYEE:	Tania ESP	Pinal
EXPIRES: 1	2/17/2022	
ENVIRON	ORX SERVICES	
660 LUNKEN PARK DRIVE, SUITE B,	and the second se	

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 1.

Agency Interest Id: License Number: Issue Date:

171504 70978 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 **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 Primary Instructor: Ron Morrison Training Manager: Ron Morrison 11/01/2021 to 11/04/2021 Exam Date: 11/04/21 Course Dates: Course Number: 2021-0146-AWI-S Expires: 11/04/22 012062 Certificate #:

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		The second se
You were eval (Check all that		atus related to you physical capability to wear a respirator
There were no	abnormal findings that would hampe	r your ability to perform your job duties while wearing a respirator
The abnormal		to wearing a respirator but should be reported to your personal
		A Marine Marine Marine
Based upon ti	he results of this evaluation it is my o	pinion that you: (Check all that apply)
ARE Qualified	to wear a respirator	
Have the follo	wing restrictions concerning respirato	rusage
	lified to wear a respirator	
Require furth	er testing by your private physician wi Men's Health Solutions	to must submit a written report of his/her findings to so that a final decision on your ability to wear a respirator can
be made.	And the second second	
	ription Eyeware needed to accommod	ate respirator
		are respirered
Must use an	eyeglass conversion kit. eeds to be shaved to assure tight seal of	n certain face masks
Need to stop		
Need to stop	, structuring	
The above i is specific to	ndividual HAS been examined for respinet or respination in the second seco	rator fitness in accordance with 29 CFR 1910.134. This limited evaluation Juded the Respiratory Questionaire outlined in 29 CFR 1910.134.
review of O	ual HAS NOT been examined by me for SHA's Medical Evaluation Questionaire luation is specific to respirator use only	respirator fitness. The employees medical evaluation consisted of a in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this
Employees supervisor	hould be instructed to report any diffic or physician	ulties in using respirators or change in any physical status to their
and of apple the	edical conditions resulting from exposu- med individual has been informed of th	e informed the above named individual of the results of this evaluation e that may require further explanation or treatment. Where applicable, proceased risk of lung cancer attributable to the combined effect of posure.
1	Nor gy N	Joel Gonsalez
PLHCP SI	mature	Employees Signature
PLHCP Na	me (printed)	Expiration Date
PLHCP Written St	stement for Respirators (Employee)	1.01

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Joel Gonzales

DATE: /-17-22

	RESPIRATO	RESPIRATOR INFORMATION			
	Full Face PAPR	MODEL	: PR-50		
MANUFACTURER:	Honeywell	NIOSH #	: TC21C-499		
SIZE:	M		A CHARTER OF		
	TEST	PERFORMED ,			
IRRITANT SMOKE:	The Alling was	PASS: V	FAIL:		
SACCHARIN:		PASS:	FAIL:		
		S. J. P. M. R. P.			
	HalfFace	MODEL:			
MANUFACTURER:		NIOSH #:	TC-84A-0590		
SIZE:		PERFORMED			
IRRITANT SMOKE: SACCHARIN:	TEST	PASS: PASS:	FAIL: FAIL: w to use and maintain		
IRRITANT SMOKE: SACCHARIN: I certify that the a	TEST I bove tested employee has an individual was available employee de Sit ENT SPECIALIST:	PASS: PASS: been properly instructed on ho to interpret this information in to bees not speak English. SNATURES. Mark Jeal Mark Jeal	FAIL: w to use and maintain the event that the abou		
IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator.	TEST i bove tested employee has an individual was available employee du Sit ENT SPECIALIST: EMPLOYEE: EXPIRES:	PASS: PASS: been properly instructed on ho to interpret this information in bes not speak English. SNATURES:	FAIL: w to use and maintain the event that the abou		



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

enne beinen ihren steht bestimt ander

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

Certificate # ES21/SWR 12860

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

i dini interes



buonica Veronica Roa

ø

n fall mit de la serie en de la fer propied de la deserie de la deserie de la deserie de la deserie de la deser

Instructor

LTT.

Not Valid Without Embossment

Madical Surveilance Asbenist	rente annue a la conserva de la conserv En conserva de la conserv	Access to second gravity operation or second. Multi-instead for control films on films property at the two second access with the two second films of the impaction wanters of two investigations with the two second films of the impaction wanters of two investigations. The evening was informate in the properties of the impaction and are available investigation wanter was two second in the interview investigation investigation in the properties of the impact	 International of the encoders of the conservation of the encoders of the encoders	Work Phone was seen on 13/22/21 in accordance with The following was performed:	Patient: Guido Lopez, Carolina I SSN	MHS EMP
tet	Trange I S	served, 14417 increase (an overlap of the inspectation in additional even 1 is a up to the dispersion of the inspectase whether (in rule) a creater way is inspected expectate of the results of the same and any explicit completers that many maniferes and rule of way concernation for a spectra and any explicit completers to that many maniferes expectates that there are no particular inspected constitution for some of place the resolution that there are no particular inspected constitution for an on-second place the explorates that there are no particular and one are provide the inspected place the resolution and the explore the tabletool and one are provide an explorementated functions	crassional systems per Appanetis D in 1908/1901 in proposition to search the property of a separate Distance of the second press in proposition to search on equipments for the property Distance Distance of the second press residuals are promotery, subdivision and proteomythical spotem. and phylocal and filmed experiments volume at one second (PDV-1) in proteinance	400 0.000 White	111111111	MHS EMPLOYIR SERVICES SUCH SUPPORT IN 1024 [117] 575-3545 MEDICAL SURVEILANCE-ASSESTOS

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: License Number: Issue Date: Expiration Date: 171977 71552 03/08/2022 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

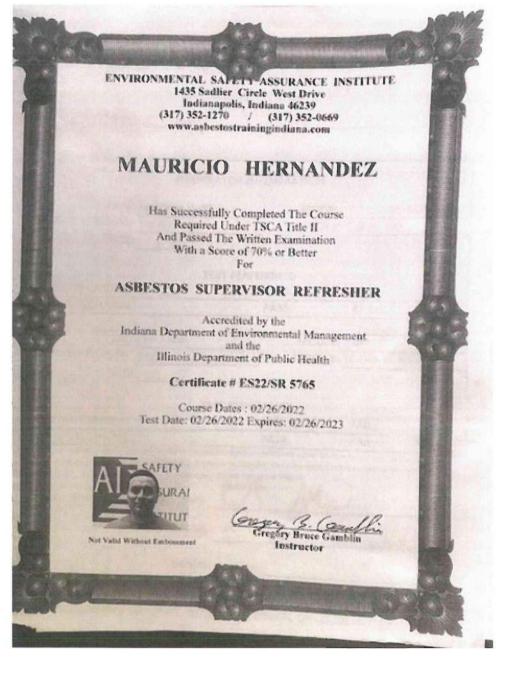
Accredited by the Indiana Department of Environmental Management and the Illinois Department of Public Health

Certificate # ES21/SR 5632

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



Edwin Reyes Manager/Instructor



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.

	aluation that includes review of the OSHA Respirator Medical Evaluation aire (Mandatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User Name: HERNANDEZ, MAURICIO	<u>To be completed by a Physician or Other</u> <u>Licensed Health Care Professional:</u>
Address: 500 Shadeland Ave Suite 230 Indianapolis IN 46250	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.
Telephone #: _(317) 845-0457 Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
N95 particulate respirator Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator If applicable, the following workplace condi	Without restrictions With restrictions Interstrictions With restrictions Without restrictions With restrictions Interstrictions With restrictions Without restrictions With restrictions Without restrictions With restrictions
o a positive response to any Medical Evaluation Questio	uired if ANY of the following occur prior to approval: question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator nnaire Appendix C was provided by the above identified individual; or, tion demonstrates the need for a follow-up medical examination.
This user <u>is approved</u> to wear a respirato This user <u>is not approved</u> to wear a resp	
I have provided the above identified individu	ual a copy of this form: Kes No
Physician or Other Licensed Health Care Pro	fessional:
Printed name: William Danko MD Company Name: Rivers Bend Urgent C	are Date: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Mauricia Hernandez

DATE: 12/17/2021

RESPIRATOR INFORMATION				
TYPE:	Full Face PAPR	MODEL:	PR-500	
MANUFACTURER:	Honeywell	NIOSH #: T	C21C-499	
SIZE:)			
	TEST	PERFORMED		
IRRITANT SMOKE:	at	PASS:	FAIL:	
SACCHARIN:		PASS:	FAIL:	
	Half Face	MODEL: 7		
MANUFACTURER:	North	NIOSH #: T	C-84A-0590	
SIZE:	L			
	TEST	PERFORMED		
IRRITANT SMOKE:		PASS:	FAIL:	
SACCHARIN:	X	PASS: PASS:	FAIL:	
SACCHARIN: I certify that the	above tested employee h	PASS: PASS: as been properly instructed on how	FAIL: to use and maintain	
SACCHARIN: I certify that the	above tested employee h An individual was availab	PASS: PASS:	FAIL: to use and maintain	
SACCHARIN: I certify that the a his/her respirator.	above tested employee h An individual was availab employee	PASS: PASS: as been properly instructed on how le to interpret this information in the	FAIL: to use and maintain	
SACCHARIN: I certify that the	above tested employee h An individual was availab employee	PASS: PASS: as been properly instructed on how le to interpret this information in the does not speak English.	FAIL: to use and maintain	
SACCHARIN: I certify that the a his/her respirator.	above tested employee h An individual was availab employee	PASS: PASS: as been properly instructed on how le to interpret this information in the does not speak English.	FAIL: to use and maintain	
SACCHARIN: I certify that the a his/her respirator.	above tested employee h An individual was availab employee	PASS: PASS: as been properly instructed on how le to interpret this information in the does not speak English.	FAIL: to use and maintain	
SACCHARIN: I certify that the a his/her respirator.	above tested employee h An individual was availab employee ENT SPECIALIST: EMPLOYEE: EXPIRES:	PASS: PASS: as been properly instructed on how le to interpret this information in the does not speak English. SIGNATURES:	FAIL: to use and maintain	



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(((((())))))

INITIAL ASBESTOS WORKER (Spanish)

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

Course Dates : 07/26, 27, 28 & 07/29/2021 /Test Date: 07/29/2021/Expires: 07/29/2027



Not Valid Without Empossment

MHS EMPLOYER SERVICES

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

Service Date: 7/30/21

MEDICAL SURVEILLANCE-ASBESTOS

	Patient:	Jarquin, Ramon	Job Title	laborer		
	SSN:	*** ** 2564	Employer	0	·····	
	DOB:	11/20/97	 Address	0	· · · · · · · · · · · · · · · · · · ·	
	Gender:	Which we want to be a second se		0		
	Marital Status:	Single			······································	
	Address:	5360 Gainsborough Court	Job Contact	0	· · · · · · · · · · · · · · · · · · ·	
		Indianapolis, IN 46224	Role	0		
			Phone	0		
		(317) 965-9431	Fax	0		
	Work Phone:		Race	Aslan	Black	Hispanic
				Indian	White	Other
	The above individ	tual was seen on 7/30/21	In accordance with	./ 2	9 CFR 1926.1101	
			alle de la companya de la companya En la companya de la c		0 CFR 763.121	
The fo	blowing was perfor	med:		••••••¥•••••••		
	Completion and revie	w of the standardized medical questi	onnaire and work history with sp	ecial emphas	sis directed	
	to the pulmonary, car	diovascular, and gastrointestinal syst	ems per Appendix D in 1928.11	01		
\square						
		er's description of this employee's du				
	ichiesciliative of alltit	ipated exposure level, the personal	protection equipment to be utili.	red by the em	ployee.	
	fleview of previous me	dical examinations, if available,				
	A physical examination	a with emphasis upon the pulmonary	r, cardiovascular and gastrointes	tinal systems.		
\square	A pulmonary function with NIOSH and ATS sta	test of forced vital capacity (FVC) and andards.	d forced expiratory volume at or	ie second (FEV	/-1) in accordance	
	A chest roentgenogran 29 CFR 1926 1101	n, posterior-anterior, 14x17 inches (or current film on file) interpreta	ition in accord	lance with	
	NOTE: According to 29	CFR 1926.1101 it is up to the discre	tion of the Physician whether or	not a chest x	-ray is required.	
Ð		rmed by the physician of the results iding the increased risk of lung canc	그는 그는 것은 것을 만들었다. 것은 것은 것은 것을 가지 않는 것을 했다. 것을 많이 많이 많이 많이 많이 없다. 것을 많이 많이 많이 많이 없다. 것을 많이 많이 없다. 것을 많이 없다. 것을 물 수 없는 것을 많이 없다. 것을 않아,			
emplaye	e at an increased risk of	nis evaluation indicates that there ar material health impairment from ex use of personal protective equipme	posure to asbestos and there a			
Commen	ts or limitations (if any))				
	ONA	99- 6-9				
	110111	IN FAIL'		A	1- 1-	
	INCO	יאייך			(30/20)	۲L
Provide	er Signature	9		Date		

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



DATE: 07/15/2021

RESPIRATOR USER: RAMON JARQUIN

RESPIRATOR TYPE(S):	HALF-FACE, NEGATIVE P	RESSURE, 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	NO	WEIGHT GAIN/LOSS	<u>NO</u>
EYEGLASSES	NO	OTHER	<u>NO</u>
USER SEAL CHECKS PERFO	RMED (POS	ITIVE & NEGATIVE)	<u>YES</u>
QUALITATIVE TESTING AG	ENT USED;		
IRRITANT SMOKE (STA	ANNIC CHLO	RIDE)	<u>YES</u>
BANANA OIL			NO
SACCHARIN			NO

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 1910.1,34 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:	RAMO	N JARQUIN		A CONTRACT
RESPIRATOR TYPE(S):	HALF-FAC	E. NEGATIVE PRE	SSURE, AIF	PURIFYING
MANUFACTURER:	NORTH	MODEL: 7700	SIZE: LA	RGE
ANY FACTORS AFFECTI	NG THE FI	OF RESPIRATOR	t:	
FACIAL HAIR	NO	FACIA	L SCARRIN	o <u>NO</u>
DENTAL CHANGES	NO	WEIGH	IT GAIN/LO	ss <u>no</u>
EYEGLASSES	NO	OTHER	L. C. C.	NO
SER SEAL CHECKS PER	FORMED (POSITIVE & NEG	ATIVE)	YES
UALITATIVE TESTING	AGENT USI	ED:		The state
IRRITANT SMOKE (S	STANFIC CI	HI O IDE)	R Hada	YES
BANANA OIL	and the			NO
SACCHARIN				NO
TEST THAT I HAVE	BEEN OUA	LITATIVELY FI	T TESTED	FOR THE A

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 Ros, 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: License Number: **Issue Date:**

Expiration Date:

161823 66747 01/26/2022 12/11/202

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 Instructor

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

MEDICAL SURVEILLANCE-ASBESTOS

Service Date: 3/5/22

1

	Patient:	Jimenez, Elyin J		Job Title	Laborer		
	SSN:	*** ** 8775		Employer	0		
	DOB:	10/29/80		Address	0		
	Gender:	Male		-	0	······································	
Mar	ital Status:	Colorison Inc. in Colorison					
	Address:	3235 Milan St		Job Contact	0		
		Indianapolis, IN 46	222	Role	0		
			······	Phone			
Hor	me Phone:	(317) 946-3832		Fax			
Wa	ork Phone:			Race	Asian	Black	Hispanic
		· · · · · · · · · · · · · · · · · · ·		-	Indian	White	Other
							other
The a	bove individ	lual was seen on	3/5/22	in accordance with	Ne	29 CFR 1926.1101	
					<u> </u>	40 CFR 763.121	
The following	was perform	med:				_	
Comple	etion and review	w of the standardized n	nedical question	onnaire and work history with s	pecial emp	phasis directed	
to the p	oulmonary, card	diovascular, and gastro	intestinal systematics and syst	ems per Appendix D in 1928.1	101		
4							
				ties as they relate to the emplo			
represei	ntative or antic	ipated exposure level,	the personal p	protection equipment to be util	ized by the	employee.	
Review of	of previous me	dical examinations, if a	vailable.				
A physic	al examination	with emphasis upon t	he pulmonary	r, cardiovascular and gastrointe	stina) syste	rms.	
	nary function t	est of forced vital capa	icity (FVC) and	d forced expiratory volume at c	me second	(FEV-1) in accordance	
V	SH and ATS sta						
WITH MICA		inger ay.					
A chost r	nenteenogram	1. posterior-anterior, 1	4x17 inches (i	or current film on file) interpre	tation in ad	cordance with	
29 CFR 19							
		CFR 1926.1101 it is up	to the discre	tion of the Physician whether	or not a ch	est x-ray is required.	
	일시 같이 있는 것이 같이 없다.						
The emp	lovee was info	rmed by the physician	of the results	s of the exam and any medical	conditions	s that may result from	
ashectos	exposure inclu	ding the increased risk	of lung cane	er attributable to the combine	ed effect of	smoking and asbestos	
exposure.	요즘 방법을 만들었다.						
Unless otherwise n	oted below, th	is evaluation indicate	s that there a	re no detected medical condit	tions that u	vould place the	
omniovae at an inc	reased rick of	material health impair	ment from e	xposure to asbestos and there	e are no rei	commended limitations	
employee at an inc		-t approval nrote	tive equipme	ent.			
on the employee co	oncerning the	use of personal protec					
Comments or limit	ations (if any)	an an the second se					
	NVI	1-DI2				2/5/0,27	
1	IT K	INI -				2424 100	<u>D</u>
<u> </u>		~ }			D	ate	
Provider Signat	ure l						

ENVIROW	ORX RESPIRATOR
ENVIRON	FIT TEST
EMPLOYEE NAME: Elyin	5.mlorz
DATE: 10-10-21	
RESPIR	ATOR INFORMATION
TYPE: Full Face PAPR MANUFACTURER: Honey WILL SIZE: mediu	NIOSH #: TC21C-499
	EST PERFORMED PASS: FAIL:
SACCHARIN:	PASS: FAIL:
TYPE: Half Face	MODEL: 7700
MANUFACTURER: North SIZE: Manuer	NIOSH #: TC-84A-0590
	EST PERFORMED
IRRITANT SMOKE:	PASS: FAIL:
SACCHARIN:	PASS: FAIL:
his/her respirator. An individual was av empl	ree has been properly instructed on how to use and maintain ailable to interpret this information in the event that the above loyee does not speak English. SUGNATURES:
CERTIFIED ABATEMENT SPECIALIST:	La
EMPLOYE	E: Elyin Jimenez
EXPIRE	ES: 10-10-22
ENVIR	OWORX SERVICES INC.
	RIVE, SUITE B, CINCINNATI, OH 45226



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

Training History: Arranged by License ID (descending)

License Type Asbestos Abatement Worker **License ID** 69927 License Status Active

License Expiration Date
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

Clarolia 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 SURVEILI ANCE-ASBESTOS

Patient: Loza Mendoza, Eduardo F

Job Title Laborer

	SSN:	*** ** 2017	Employer	0		
	DOB:	6/22/92	Address	0		
	Gender:	Male		0		
	Marital Status:	Single	•			
	Address:	4307 Wedgewood Ct	Job Contact	0		
		Indianapolis, IN 46254	Role	Û		
			Phone	0	****	
	Home Phone:	(317) 363-3343	Fax	Ö	ور سارد و معرف المراجع	
	Work Phone:	مىڭ يېرىكى مەكەر 1940-يىلىغى بىرىكى ئىچىلىيىنىڭ ئىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى بىرىكى 1940-يىلى بىرىكى بىرى	Race	Asian	Black	Hispanic
				Indlan	White	Other
eruransseruranse Artic			In accordance with	-V	CFR 1926.1101 CFR 763.121	an a
V.	lowing was perfor		1		مرتجم حام	
64		w of the standardized medical quest			onecteo	
	to the puttionary, cal	rdlovascular, and gastrointestinal sys	teurs het lebbaums o u 12597 w			
\square	Review of the employ	er's description of this employee's du	ities as they relate to the employ	ee' s exposure,	the employees	
V	representative or anti	cipated exposure level, the personal	protection equipment to be utiliz	eo by the empl	oyee.	
	Review of previous m	edical examinations, if available.				
	A physical examinatio	n with emphasis upon the pulmonan	y, cardiovascular and gastrolntest	inal systems.		
\square	A polyonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.					
	A cheat 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.					
\Box	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 exposure					
Unless c	therwise noted below,	this evaluation indicates that there a	re no detected medical condition	s that would pl	ace the	
employa	e at an increased risk c	of material health impairment from e	xposure to asbestos and there an	e no recommen	ided limitations	
on the a	inployee concerning th	e use of personal protective equipme	int.			
Comme	nts or limitations (if an	(v)				
	MARTAR 1015/2021					
		J.	The la man	 Date		
Provid	er Signature	X(TANJAN PIC	0408		
		out the	~ U			

	U.P	ZLABOD
3636 N High School Rd TEL. 317.328.4685	•	

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 MEND	OZA			
EMPLOY	EE I.D. (Last 4 Digits of SSN	<u>)</u> 2017			
RESPIRATOR TYPE:	Make: North	MODEL: 7700	HALF FACE		
SIZE: Smal	ll Medium	Large	XLarge		
TYPE OF TEST: Qualitative Test - Irritant Smoke					
	RESULTS:	Pass	YES	NO	
Were you trained on the uses and restrictions					
Were you trained on the limitations of respirators?					
Were you trained on the care and maintenance of respirators?					
Did your training cover the restrictions on bear	rds, glasses, and cont	act lenses?		·····	
Did your training cover the inspection and stor	rage of your respirator	?	<u> </u>	<u></u>	



Test Conductor Signature:

	Date:	10/05/202	21	
Employee Signature:	Ed	uardo	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: License Number:	153229 64800 06/28/2021
Issue Date:	06/12/2022



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

183

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.

Questionnaire (M	on that includes review of the OSHA Respirator Medical Evaluation andatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User:	To be completed by a Physician or Other
Name: OSORIO, MARIA	Licensed Health Care Professional:
7212 N Shadeland Ave Address: Suite 230	I have performed a respirator medical evaluation, including review
Indianapolis IN 46250	of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #:(317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator Witho	but restrictions With restrictions but restrictions With restricti
 a positive response to any question Medical Evaluation Questionnaire A 	ANY of the following occur prior to approval: a among questions 1 through 8 in Section 2, Part A of the OSHA Respirator appendix C was provided by the above identified individual; or, nonstrates the need for a follow-up medical examination. Approval date: $2 - (7 - 2)$
I have provided the above identified individual a cop	y of this form: Kes No
Physician or Other Licensed Health Care Professiona	l:
Pivore Bond Lireant Care	Signature: My Date: December 17, 2021

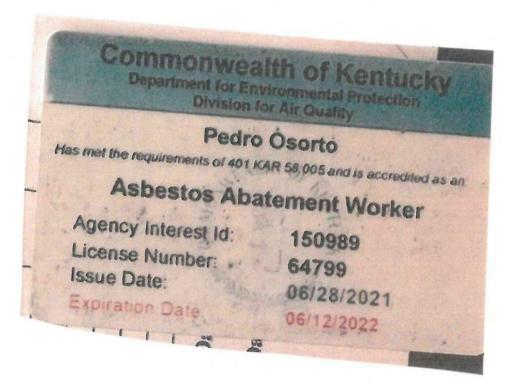


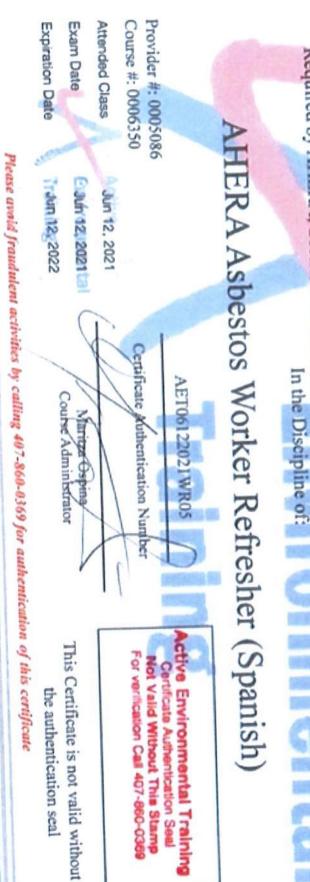
RESPIRATOR FIT TEST

EMPLOYEE NAME: María Oborio

DATE: 12/17/2021

	RESP	IRATOR IN	FORMAT	ION		
TYPE:	Full Face PA	PR	ſ	NODEL:		PR-500
MANUFACTURER:	Honeywell		- N	IOSH #:	TC21C-	499
SIZE:	Restance of the second second second		-			
			-			
12.14.13.41		TEST PERFO	DRMED			
IRRITANT SMOKE:	×		PASS:	×	FAIL:	
SACCHARIN:	and an an an and a second s		PASS:		FAIL:	
TYPE:	Half Face		N	AODEL:	7700	
MANUFACTURER:	North		NI	OSH #:	TC-84A-	0590
SIZE:	medu	M				
		TEST PERFO	DRMED			
IRRITANT SMOKE:	X		PASS:	×	FAIL:	
A A ALLA PILL			B.0.00		PALL.	And the second se
SACCHARIN:		and the second secon	PASS:		FAIL:	
I certify that the a	bove tested emplo	yee has been pr	operly instru	cted on how	to use and	d maintain
The second s	n individual was av	yee has been pr vailable to interp vloyee does not s	operly instru ret this infor	mation in th	to use and	d maintain at the above
I certify that the a his/her respirator. A	n individual was av emp	vailable to interp loyee does not s SIGNATUR	operly instru ret this infor speak English	mation in th	to use and	d maintain at the above
I certify that the a	n individual was av emp	vailable to interp loyee does not s SIGNATUR	operly instru ret this infor speak English	mation in th	to use and	d maintain at the above
I certify that the a his/her respirator. A	n individual was av emp NT SPECIALIST	vailable to interp loyee does not s SIGNATUR	operly instru ret this infor speak English	mation in th	to use and	d maintain at the above
I certify that the a his/her respirator. A	n individual was av emp	vailable to interp loyee does not s SIGNATUR	operly instru pret this infor speak English ES:	mation in th	to use and	d maintain at the above
I certify that the a his/her respirator. A	n individual was av emp NT SPECIALIST	vailable to interp loyee does not s SIGNATUR :	operly instru pret this infor speak English ES:	mation in th	to use and	d maintain at the above
I certify that the a his/her respirator. A	n individual was av emp NT SPECIALIST EMPLOYI EXPIRE	vailable to interp loyee does not s SIGNATUR :	operly instru pret this infor speak English ES:	mation in the	to use and	d maintain at the above





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,



__9786

Fedro Vac

Certifies that:

Florida

Georgia

Active Environmental Training, LLC

Training Facility: 37826 Sky Ridge Circle Dade City, Florida 33525 Mailing Address: PO Box 707 - Loughman, Florida - 33858

Ph #: 407-860-0369

Alabama

Louisiana

active/activeet.com

*

Tennessee

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.

	n that includes review of the OSHA Respirator Medical Evaluation andatory) Appendix C of 29 CFR 1910.134.
To be completed by the Respirator User:	To be completed by a Physician or Other
Name: OSORTO, PEDRO	Licensed Health Care Professional:
7212 N Shadeland Ave	I have performed a respirator medical evaluation, including review
Address: Suite 230	of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: (317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Full-face, air purifying respirator Without Powered air purifying respirator Without W	out restrictions out restrictions out restrictions out restrictions With restrictions ill result in additional physiological burden:
 a positive response to any question Medical Evaluation Questionnaire A 	ANY of the following occur prior to approval: n among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Appendix C was provided by the above identified individual; or, monstrates the need for a follow-up medical examination.
This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respirator.	Approval date: (2-17.21
I have provided the above identified individual a co	oy of this form: Yes No
Physician or Other Licensed Health Care Profession	al:
Printed name: William Danko MD	Signature: Olo m
Divore Rond Urgent Core	Date: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Pedro Osorto

DATE: 12/17/2021

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: License Number: Issue Date:

Expiration Date:

169474 71038 02/03/2022 11/05/2022

				//		
Course Date: Course Number: Certificate #:	J					
11/05/2021 2021-0148-AWR 012068	In Compliance with S Training Director: Ron Morrison	Has Succ	Yo 1916 West Cinci	Certifi	Metropolitan Laboratories, Inc. 1420 Chestnut Street, Portsmouth, VA 23704 (757) 853-4000 fax: (757) 853-5744	
	ection 20	9737 Has Successfully Completed The	Yojana Padilla 1916 Westmont Lane, Apt Cincinnati, OH. 45205	Certificate Of Completi This Certifies That	an Laborato outh, VA 23704 (757) 853-4(
Exam Date: 11/05/2021 Expires: 11/05/2022	6 TSCA 15 USC 2646 Primary Instructor: Ron Morrison	The	t 1509)5	tion	ries, Inc. 00 fax: (757) 853-5744	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		1			//	-

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.

	ation that includes review of the OSHA Respirator Medical Evaluation (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:	
7212 N Shadeland Ave	I have performed a respirator medical evaluation, including review
Address: Suite 230	of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: _ (317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator	Without restrictions With restrictions Nithout restrictions With restrictions Nithout restrictions With restrictions Nithout restrictions With restrictions ns will result in additional physiological burden:
 a positive response to any qu Medical Evaluation Questionn 	
I have provided the above identified individual	a copy of this form: Yes No
Physician or Other Licensed Health Care Profes	isional:
Printed name: William Danko MD	Signature: Chap MD
Company Name: Rivers Bend Urgent Cal	

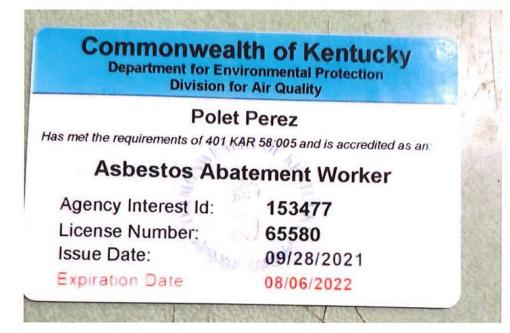
ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Yoyana Padille

DATE: 12/17/2021

	RESPIRA	TOR INFORMATION		
TYPE:	Full Face PAPR	MOL	DEL:	PR-500
MANUFACTURER:	Honeywell	NIOS	H #: TC21C	-499
SIZE:	5		E Royal Browners	
	TES	T PERFORMED		
IRRITANT SMOKE:	X	PASS:	FAIL	
SACCHARIN:		PASS:	FAIL	6 5
	Half Face		MODEL: 7700	
MANUFACTURER:	North	NIOS	H #: TC-84	4-0590
CITC.				
SIZE:	medium			
IRRITANT SMOKE:		T PERFORMED PASS:	FAIL	
IRRITANT SMOKE: SACCHARIN:	TES	PASS: A	FAIL	0
IRRITANT SMOKE: SACCHARIN: I certify that the a	TES above tested employee h An individual was availab employe	PASS:	FAIL on how to use	and maintain
IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator.	TES above tested employee h An individual was availab employe	PASS: PASS: has been properly instructed ble to interpret this informati e does not speak English.	FAIL on how to use	and maintain
IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator.	TES above tested employee h An individual was availab employe	PASS: PASS: has been properly instructed ble to interpret this informati e does not speak English.	FAIL on how to use	and maintain
IRRITANT SMOKE: SACCHARIN: I certify that the a his/her respirator.	TES above tested employee h An individual was availab employe ENT SPECIALIST: EMPLOYEE: EXPIRES:	PASS: PASS: has been properly instructed ble to interpret this informati e does not speak English. SIGNATURES: Yogang	FAIL on how to use	and maintain



Metropolitan Lab 1420 Chestnut Street, Portsmouth, VA 23704	oratories, Inc.
Certificate Of C This Certifies	Completion
Polet Po	erez
2979 Westkne	olls Lane
Cincinnati, O	
4147	
Has Successfully C 8 Hour Asbestos We In Compliance with Section 20	orker Refresher
2 '	2
Training Director: Ron Morrison	Primary Instructor: Ron Morrison
Course Date: 08/06/2021	Exam Date: 08/06/2021
Course Number: 2021-0104-AWR Certificate #: 011768	Expires: 08/06/2022

186

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.

	e (Mandatory) Appendix C of 29 CFR 1910.134. To be completed by a Physician or Other
To be completed by the Respirator User:	Licensed Health Care Professional:
Name: PEREZ PACHOT, POLET	
7212 N Shadeland Ave	I have performed a respirator medical evaluation, including review
Address: Suite 230	of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: (317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
N95 particulate respirator	Without restrictions With restrictions
	Without restrictions
	Without restrictions
	Without restrictions
If applicable, the following workplace condition	ons will result in additional physiological burden:
If applicable, the following workplace conditio	
If applicable, the following workplace conditio	red if ANY of the following occur prior to approval:
If applicable, the following workplace conditio Follow-up medical evaluation is requined a positive response to any que	red if ANY of the following occur prior to approval: lestion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator
If applicable, the following workplace conditio Follow-up medical evaluation is requined o a positive response to any question medical Evaluation Question	red if ANY of the following occur prior to approval: nestion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator naire Appendix C was provided by the above identified individual; or,
If applicable, the following workplace conditio Follow-up medical evaluation is requined o a positive response to any question medical Evaluation Question	red if ANY of the following occur prior to approval: lestion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator naire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination.
If applicable, the following workplace condition Follow-up medical evaluation is required o a positive response to any que Medical Evaluation Question o the initial medical examination	red if ANY of the following occur prior to approval: lestion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator naire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination.
If applicable, the following workplace conditio Follow-up medical evaluation is required o a positive response to any que Medical Evaluation Question o the initial medical examination This user <u>is approved</u> to wear a respirator.	red if ANY of the following occur prior to approval: testion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator taire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination. Approval date: $12/17/22$
If applicable, the following workplace conditio Follow-up medical evaluation is required o a positive response to any que Medical Evaluation Question o the initial medical examination This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respirator.	red if ANY of the following occur prior to approval: testion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator haire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination. Approval date: $12/17/22$
If applicable, the following workplace conditio Follow-up medical evaluation is required o a positive response to any que Medical Evaluation Question o the initial medical examination This user <u>is approved</u> to wear a respirator.	red if ANY of the following occur prior to approval: testion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator haire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination. Approval date: $12/17/22$
If applicable, the following workplace conditio Follow-up medical evaluation is required o a positive response to any que Medical Evaluation Question o the initial medical examination This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respirator.	red if ANY of the following occur prior to approval: testion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator haire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination. Approval date: $12/17/22$ http://www.approval.com/particle/partic
If applicable, the following workplace condition Follow-up medical evaluation is requined o a positive response to any que Medical Evaluation Questions o the initial medical examination This user is approved to wear a respirator. This user is not approved to wear a respirator. This user is not approved to wear a respirator. This user is not approved to wear a respirator.	red if ANY of the following occur prior to approval: testion among questions 1 through 8 in Section 2, Part A of the OSHA Respirator naire Appendix C was provided by the above identified individual; or, on demonstrates the need for a follow-up medical examination. Approval date: $12/17/722$

ENVIROWORX

RESPIRATOR FIT TEST

DATE: 12/17/2021	1		
	RESPIRATOR	RINFORMATION	
TYPE:	Full Face PAPR	MODEL:	PR-500
MANUFACTURER:	Design of the second	NIOSH #:	TC21C-499
SIZE:	CONSIGNATION OF A DESCRIPTION OF A DESCR		
	TEST P	ERFORMED	
IRRITANT SMOKE:	X	PASS: 🔀	FAIL:
SACCHARIN:		PASS:	FAIL:
		MODEL:	7700
TYDE.	Unit Laco		/////
	Half Face		Contraction of the second s
MANUFACTURER:	North		TC-84A-0590
	North		Contraction of the second s
MANUFACTURER:	North S	NIOSH #:	Contraction of the second s
MANUFACTURER:	North S		Contraction of the second s
MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN:	North S TEST P	NIOSH #:	TC-84A-0590 FAIL: FAIL:
MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN:	North TEST P An individual was available to employee do S/G	NIOSH #:	TC-84A-0590 FAIL: FAIL: w to use and maintain
MANUFACTURER: SIZE: IRRITANT SMOKE: SACCHARIN: I certify that the his/her respirator.	North TEST P An individual was available to employee do S/G	ERFORMED PASS: PASS: Deeen properly instructed on ho to interpret this information in the es not speak English.	TC-84A-0590 FAIL: FAIL: w to use and maintain

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

Jose Portillo

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

Asbestos Abatement Worker

Agency Interest Id: License Number: Issue Date:

Expiration Date:

1

145979 64336 03/16/2022 03/04/2023

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

Edum Ruges Edwin Reyes

Instructor / Administrator

Metropolitan Laboratories, Inc.

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

Certificate Of Completion

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

- Bon Morrison Pr

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

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 by the Respirator User:	To be completed by a Physician or Other
Name: PORTILLO, JOSE	Licensed Health Care Professional:
7212 N Shadeland Ave Address: Suite 230	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: (317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator	ut restrictions With restrictions ut result in additional physiological burden:
 a positive response to any question Medical Evaluation Questionnaire A 	ANY of the following occur prior to approval: a among questions 1 through 8 in Section 2, Part A of the OSHA Respirator ppendix C was provided by the above identified individual; or, nonstrates the need for a follow-up medical examination. Approval date: $12/17/21$
I have provided the above identified individual a cor	v of this form
Physician or Other Licensed Health Care Professiona William Danko MD	

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Jose Por T.LLO

DATE: 12/17/2021

	RESPIRA	ATOR INFORMATION
TYPE:	Full Face PAPR	MODEL: PR-500
MANUFACTURER:	Honeywell	NIOSH #: TC21C-499
SIZE:	M	
	TF	ST PERFORMED
IRRITANT SMOKE:	×	PASS: K FAIL:
SACCHARIN:		PASS: FAIL:
TYPE:	Half Face	MODEL: 7700
MANUFACTURER:	North	NIOSH #: TC-84A-0590
SIZE:	11	
Jike.		
IRRITANT SMOKE:	\boldsymbol{X}	EST PERFORMED PASS: KAIL:
IRRITANT SMOKE: SACCHARIN:	×	PASS: FAIL: PASS: FAIL:
IRRITANT SMOKE: SACCHARIN:	above tested employe An individual was avai emplo	PASS: KAIL:
IRRITANT SMOKE: SACCHARIN: I certify that the his/her respirator.	above tested employe An individual was avai emplo	PASS: FAIL: PASS: FAIL: the has been properly instructed on how to use and maintain ilable to interpret this information in the event that the above toppee does not speak English. SIGNATURES:
IRRITANT SMOKE: SACCHARIN: I certify that the his/her respirator.	above tested employe An individual was avai emplo	PASS: FAIL: PASS: FAIL: PASS: FAIL: techas been properly instructed on how to use and maintain ilable to interpret this information in the event that the above over does not speak English. SIGNATURES: SIGNATURES: DOST PAMAILA
IRRITANT SMOKE: SACCHARIN: I certify that the his/her respirator.	above tested employe An individual was avai emplo ENT SPECIALIST: EMPLOYEE EXPIRES	PASS: FAIL: PASS: FAIL: PASS: FAIL: The has been properly instructed on how to use and maintain ilable to interpret this information in the event that the above over does not speak English. SIGNATURES: SIGNATURES: STATURES:



KY Department for Environmental Protection

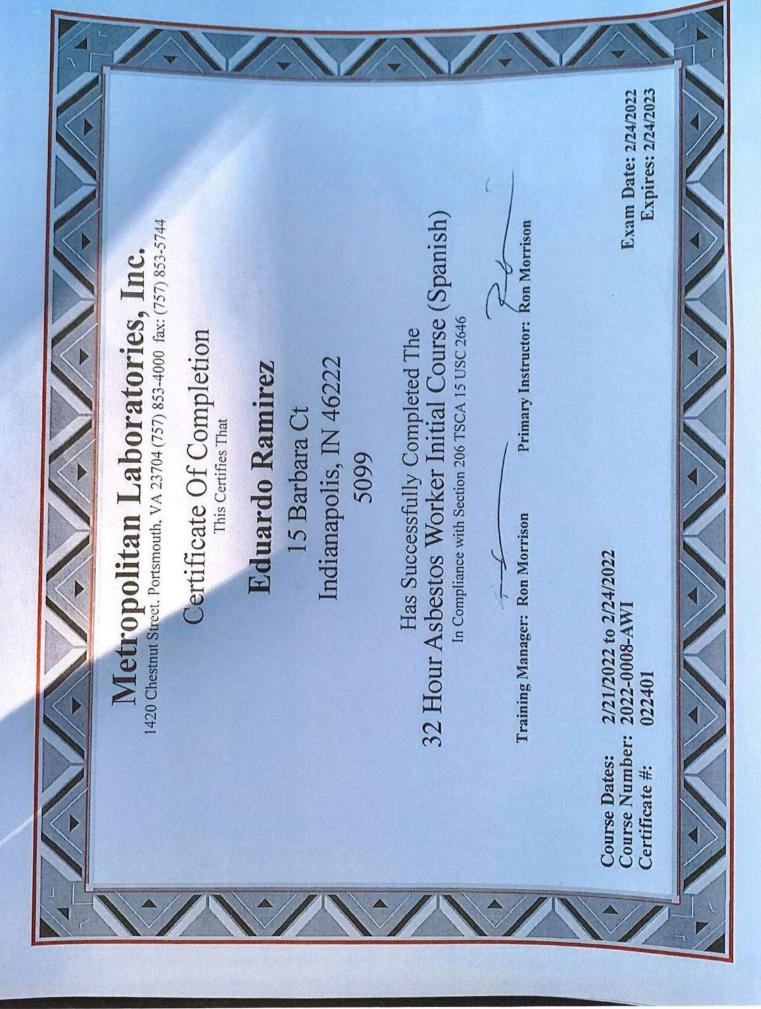
Eduardo RamirezAgency ID:172770Regulatory Status:ActiveAI Type:LICENSE-PersonPhysical AddressCounty:Out of State15 Barbara CtIndianapolis, IN 46222

License(s)

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

Training History: Arranged by License ID (descending)

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



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		Job Title	Laborer		
		*** ** 5099		Employer	0	······	
	DOB:	: 1/17/90		Address	0		
	Gender:			•	0		
	Marital Status:						
en de Serre		: 15 Barbara Ct	·····	Job Contact	0		
	· ·	Indianapolis, IN 46	5222	Role	0	······································	
	· ···			Phone	0	· · · · · · · · · · · · · · · · · · ·	
	Home Phone:	; (463) 710-5759	·····	Fax		. <u>.</u> ,	
	Work Phone			- Race	Asian	Black	Hispanic
				-	Indian	White	Other
· · · ·							
	The above indivi	idual was seen on	3/12/22	In accordance with	_V	29 CFR 1926.1101	
1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944					/	40 CFR 763.121	
The fol	lowing was perfo						
\Box				onnaire and work history with		hasis directed	
	to the pulmonary, ca	ardiovascular, and gastr	ointestinal syste	ems per Appendix D in 1928.1	101		
	Review of the emplo	wer's description of this	emplovee's dut	ies as they relate to the emplo	yee's expos	ure, the employees	
L.Y				rotection equipment to be util			
	representative of an	Gupaced Exposure level	, ale personal p			. /	
	Review of previous n	nedical examinations, if	available.				
	A physical examinati	ion with emphasis upon	the pulmonary,	, cardiovascular and gastrointe	stinal system	15.	
	A pulmonary functio		pacity (FVC) and	l forced expiratory volume at c	ne second (l	EV-1) in accordance	
V	A chest roentgenogr 29 CFR 1926 1101	ram, posterior-anterior,	14x17 inches (c	or current film on file) interpre	ation in acco	ordance with	
Ø	NOTE: According to	29 CFR 1926.3101 it is t	ip to the discret	ion of the Physician whether c	к not a ches	t x-raγ is required.	
$\mathbf{\nabla}$	The employee was i	oformed by the obysicia	in of the results	of the exam and any medical	conditions th	hat may result from	
ι γ υ				er attributable to the combine			
	exposure.	Reading the mereoreon	off 21 140 2 11				
				e no detected medical condition			
				posure to asbestos and there	are no recon	imended limitations	
on the r	employee concerning t	the use of personal prot	ective equipme	n(.			
Comme	ents or limitations (if a	влү)					
L	M. AA						, ,
	/ / / / / /	TKI-			2	12/2022	· · · · · · · · · · · · · · · · · · ·
	1 min 1			-		1	

Provider Signature

Date

ENVIROWOR	RESPIRATOR
	FIT TEST
- 1 / -	
EMPLOYEE NAME: Eduardo F	amirez
DATE: 01/04/22	
RESPIRATO	RINFORMATION
TYPE: Full Face PAPR	MODEL: PR-500
MANUFACTURER: Honeywell	NIOSH #: TC21C-499
SIZE:	
	PERFORMED PASS: FAIL:
IRRITANT SMOKE: SACCHARIN:	PASS: FAIL:
TYPE: Half Face	MODEL: 7700
MANUFACTURER: North	NIOSH #: TC-84A-0590
SIZE:	
IRRITANT SMOKE:	PERFORMED PASS: FAIL:
SACCHARIN:	PASS: FAIL:
	been properly instructed on how to use and maintain
	o interpret this information in the event that the above ses not speak English.
SIG	SNATURES:
CERTIFIED ABATEMENT SPECIALIST:	an Thurk
	110
EMPLOYEE: 6	Edward 0 Jenvier
EXPIRES:	. Incha
EAFINES: Of	104/23
ENVIRON	ORX SERVICES
660 LUNKEN PARK DRIVE, SUITE B,	CINCINNATI, OH 45226 (513) 871-2500

Miguel A Rodriguez Zamora -

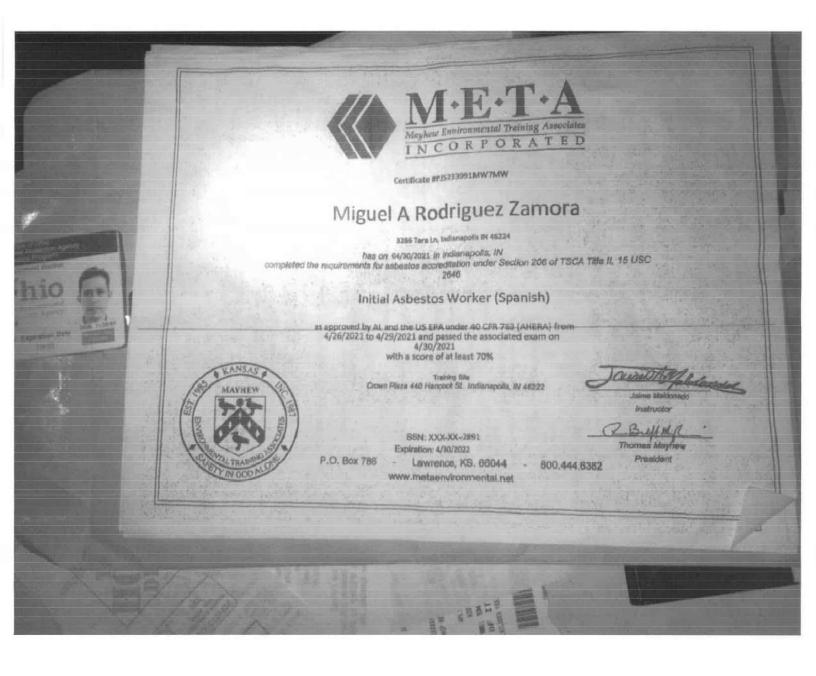
Has met the requirements of 401 KAR 58:005 and is accredited as an:

Asbestos Abatement Worker

Agency Interest Id: License Number: Issue Date:

169184 68673 06/18/2021 04/30/2022

Expiration Date:



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 OFFI	CE USE ONLY
Date Received:	
Approved	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

Physician Information	lriguez Zam	iora	Date of birth 1	1/28/1	981
Name LARRY TUNNEL, MD.		Clinic name	tra Medical Centers	1	
Address	City	56	04 W 74th St apolis, IN 46278	State	Zip
Phone number		Fax number	7-290-1551	1	1
		10. 107 . 10	and the second s		

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 1910134 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.

Physician's S/gnature	Date	License Number	06/05/2021 Date of Exam
STATE OF COU	JNTY OF	(10) X	
Signed and sworn to (or affi	rmed) before me on this	day of	20by_LARRY TUNNEL, MD.
			(name of physician)
	NOTARY PUBLIC in a	and for the State of	
	My commission expi	ires	

ENVIROWO	DRX RESPIRATOR FIT TEST
EMPLOYEE NAME: M.quel 7	amora
DATE: 10-10-21	
RESPIRA	ATOR INFORMATION
TYPE: Full Face PAPR MANUFACTURER: Honey W// SIZE: Large	MODEL: <u>Pa. 500</u> NIOSH #: TC21C-499
TE	ST PERFORMED
	PASS: FAIL:
IRRITANT SMOKE:	PASS: FAIL:
SACCITATION	
TYPE: Half Face	MODEL: 7700
MANUFACTURER: North	NIOSH #: TC-84A-0590
SIZE: Large	
T	EST PERFORMED
	PASS: FAIL:
IRRITANT SMOKE: SACCHARIN:	PASS: FAIL:
I certify that the above tested employed	ee has been properly instructed on how to use and maintain allable to interpret this information in the event that the above oyee does not speak English. SIGNATURES
EMPLOYE	E: Miguel Zamora
EXPIRE	s: 10-16-22
FNIVIR	OWORX SERVICES INC.
	RIVE, SUITE B, CINCINNATI, OH 45226

Concentra Medical	Contare (b)
Phone - Offer INDIAN	APOLIS, IN 48978
EMPLOYER AUTHORIZA	ax (317) 290-2052
EMPLOYER AUTHORIZATION AND INFORM	MATION FOR RESPIRATORY THUNKING
Employee Name: Miguel A Rocking 2	Address:
Employee Name: Miguel A Rodriguez Zamora	3286 Tara Ln
Employer: Asbestos Physical-Patient Pay	INDIANAPOLIS, IN 46224
Check Type of Respiratorial B	Employee SSN: XXX-2891
	Extent of Usesge (Check /ALL that apply)
And Phillips Bringhing (COMPRE)	On a daily basis Total Hours
Combination air-line and SCBA Continous-Flow Respirator	Cocasionally - but not more than bridge a more
Oupplied-Air Pareleter	Karely - or for Emergency situations only Total three
Dunt Marth	Expected Physical Effort Required (Check VALL that apply)
Make: Full Face with Canisters	Exposure to Hazardous Materials (Check VALL that apply)
Boeclal Work Condition	Arsenic Benzene
Check V ALL That Apply When Wearing Respirator)	Colton Seed / Dust
Temperature Extrames	Methylene Chloride
Other, Mostly Cala Mostly Hot	Chromium
Auestionare will be: HAND CARRIED MAILED OTHER	EVALUATION AUTHORIZATION BY:
DO NOT WRITE BELOW THIS LINE	Signature of Employment Recommendation
CO NOT AND	IE BELOW THIS I INE DO NOT HIM THE
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated emi- ADA) imposes very strict limitations on the use of information obtained during physical examina- must be collected and matnetained on separate libras, in separate files, and must be treated as a [®] Supervisors and management are be informed about files.	PIRATORS (EMPLOYER) slover contact only. The Americans with Disabilities Act ation of qualified individuals with deabilities. As information a confidential medical record, with the following establishing
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examina- nust be collected and matnitatined on separate libras, in separate files, and must be treated as a © Supervisors end managers may be informed about necessary restrictions on the work or du Print aid and sately personnel may be informed, when appropriate, if the disability might rep Based upon my findings, I have determined that this individual Disnek 2/4/1 that	PIRATORS (EMPLOYER) storer contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. An information a confidential medicat record, with the following exceptions: ties of an employee and records serve accommodationa. uins emergency treatment.
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examina- nust be collected and maintained on seperate forms, in seperate files, and must be traced as a © Supervisors end managers may be informed about necessary restrictions on the work or du © First aid and safety personnel may be informed, when appropriate, if the disability might rep based upon my findings, I have determined that this individual [Check / ALL that app Employee must schedule a medical examination with Concentra Medical Center Class I - No Restrictions on Respirator Use	PIRATORS (EMPLOYER) player contact only. The Americans with Disabilities Act ation of qualited individuals with destinities. An information a confidential medical record, with the following exceptions: ties of an employee and necessary accommodeligns. tilns emergency treemwant. (IN) prior to respirator approval and usege.
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examin- uust be collected and maintained on separate forms, in separate files, and must be treated as a © Supervisors and managers may be informed about necessary restrictions on the work or du Print aid and sately personnel may be informed that this individual <u>Check VALL</u> that specific assed upon my findings, I have datermined that this individual <u>Check VALL</u> that specifies 1 - No Restrictions on Respirator Use Class II - No Restrictions on Respirator Use	PIRATORS (EMPLOYER) player contact only. The Americans with Disabilities Act ation of qualited individuals with destinities. An information a confidential medical record, with the following exceptions: ties of an employee and necessary accommodeligns. tims emergency treatment. (IN) prior to respirator approval and usege.
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated emit ADA) imposes very strict limitations on the use of information obtained during physical examin use to ecollected and matntalened on separate forms, in separate files, and must be treated as a Supervisors end managers may be informed about necessary restrictions on the work or du First aid and sately personnel may be informed, when appropriate. If the destility might reg Based upon my findings, I have determined that this individual <u>Crimen Trace Medical Centre</u> Class I - No Restrictions on Respirator Use Class II - Respirator Use INOT PERMITTED Further Testing / Evaluation is Required. ²	PIRATORS (EMPLOYER) alover contact only. The Americans with Disabilities Act ation of qualified individuals with classifices. Al information a confidential medical record, with the following exceptions: ties of an employee and recessary accommodationa, uithe emorgancy treatmant. By) atra. (IM) prior to respirator approval and usage.
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examinate the collected and maintained on separate forms, in separate files, and must be treated as a Supervisors and managers may be informed about necessary restrictions on the work or du First aid and sately personnel may be informed that this individual Check VALL that and the use of upper must achedule a medical examination with Concentra Medical Center Class II - No Restrictions on Respirator Use Class III - Respirator Use is NOT PERMITTED Purther Testing / Evaluation is Required. ² Fit Test Performed Satisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Satisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed at Concenter Fit Test Performed Unsatisfactorily Fit T	PIRATORS (EMPLOYER) ployer contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. As information a confidential medical record, with the following exceptions: ties of an employee and necessary eccommodellions. Uns emergency treatmant. PD abs. (IN) prior to respirator approval and usage. Ise or Escope Only Other:
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated employees very strict limitations on the use of information obtained suring physical examinates and a limit be collected and maintained on separate forms, in separate files, and must be treated as a Supervisors and managers may be informed about necessary restrictions on the work or du First aid and satety personnel may be informed that has individual Check VALL that appropriate if the disability might required upon my fieldings, if have determined that this individual Check VALL that appropriate is non-expensive with Concentra Medical Center Class I - No Restrictions on Respirator Use Class II - Respirator Use is NOT PERMITTED Further Testing / Evaluation is Required. ² Fit Test Performed Unsatisfactority Fit Test Performed Unsatisfactority Fit Test Performed Unsatisfactority Fit Test Performed Unsatisfactority Special prescription eyewaar needed to accommodate respirator	PIRATORS (EMPLOYER) ployer contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. As information a confidential medical record, with the following exceptions: ties of an employee and necessary eccommodellions. Uns emergency treatmant. PD abs. (IN) prior to respirator approval and usage. Ise or Escope Only Other:
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examina aDA) imposes very strict limitations on the use of information obtained during physical examina aDA) imposes very strict limitations on the use of information obtained during physical examina aDA) imposes very strict limitations on the use of information obtained during physical examina aDA) imposes very strict limitations on the use of information obtained during physical examina aDA) imposes very strict limitations on the use of information and is intended for the designated emp aDA is uppervisors and managers may be informed about necessary restrictions on the work or du First aid and satety personnel may be informed that this individual Employee must schedule a medical examination with Concentra Medical Center Class II - No Restrictions on Respirator Use Class III - No Restrictions on Respirator Use Class III - Respirator Use is NOT PERMITTED Further Testing / Evaluation is Required. Fit Test Required Fit Test Required Fit Test Required Fit Test Required Use and the accommodate respirator Soecial prescriptori eyewear needed to accommodate respirator Soecial prescriptori be showed to assure light ceal on certain face masks. Physician or other Licensed Healthcare Professioned	PIRATORS (EMPLOYER) along of qualified individuals with classifilities Act ation and individuals with classifilities act ation and individuals with the following enceptions: ties of an employee and receases y accommodations, units emorgency inservati, ation of Excepte Only Classificat Conters (IN) prescription systemar meeded to accommodate respirator
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained suring physical examination aDA) imposes very strict limitations on the use of information obtained suring physical examination aDA) imposes very strict limitations on the use of information obtained suring physical examination aDA) imposes very strict limitations on the use of information obtained suring physical examination aDA imposes very strict limitations on the use of information obtained suring physical examination aDD approvement and managers may be informed about necessary restrictions on the work or du aDD assed upon my findings, I have dutermined that this individual Cfreek VALL that approximate the sentition with Concentra Medical Center Class I - No Restrictions on Respirator Use Class II - No Restrictions on Respirator Use Class II - No Restrictions is NOT PERMITTED Purther Testing / Evaluation is NOT PERMITTED Purther Testing / Evaluation is Required. ² Fit Test Performed Unsatisfactority Fit Test Performed Un	PIRATORS (EMPLOYER) along of qualified individuals with classifilities Act ation and individuals with classifilities act ation and individuals with the following enceptions: ties of an employee and receases y accommodations, units emorgency inservati, ation of Excepte Only Classificat Conters (IN) prescription systemar meeded to accommodate respirator
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained suring physical examination aDA) imposes very strict limitations on the use of information obtained suring physical examine aDA) imposes very strict limitations on the use of information obtained suring physical examine aDA) imposes very strict limitations on the use of information obtained suring physical examine aDA) imposes very strict limitations on the use of information obtained suring physical examines a Supervisors and managers may be informed about necessary restrictions on the work or du a First aid and satety personnel may be informed when appropriate. If the disability might requires assed upon my findings, I have dutermined that this individual Cfreek VALL that app brinkings of the second limit of the disability might required assed upon my findings, I have dutermined that this individual Cfreek VALL that app brinkings and satety personnel may be informed that this individual Cfreek VALL that app brinkings and satety personnel may be informed that this individual Cfreek VALL that app brinkings and satety personnel may be informed that this individual Cfreek VALL that app brinkings and satety personnel may be informed to assert the the disability might required Class I - No Restrictions on Respirator Use Class II - Respirator Use Is NOT PERMITTED Further Testing / Evaluation is Required. ² Fit Test Performed Unsatisfactority Fit Test Performed Unsatisfactority Fit Test NoT Performed at the medical control is peculated to accommodate respirator Provide prescription cynemics meeded to accommodate respirator Provide nor other Licensed Healthcare Professional Temployee must seek further medical evaluation by a private physician who must submit a rep of his/ber findings to	PIRATORS (EMPLOYER) Player contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. At information a confidential medical record, with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records and use and the exception expected to accommodate respirator the Concentre Medical Centers (IM)
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information obtained during physical examination be collected and matritations on the use of information obtained during physical examinations to collected and matritations on the use of information obtained during physical examinations to collected and matritations on the use of information obtained during physical examinations to collected and matritations on the use of information obtained during physical examinations to collected and matritatined on separate files, and must be treated as a "Supervisors and managers may be informed, when appropriate, if the disability might requires a second and satisfy personnel may be informed, when appropriate, if the disability might requires a second and satisfy personnel may be informed, when appropriate, if the disability might requires a second and satisfy personnel may be informed, when appropriate, if the disability might requires a second of the disability mig	PIRATORS (EMPLOYER) Player contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. At information a confidential medical record, with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records with the following exceptions: thes of an employee and records and usege. The emergency treatment: Player (IM) prime of Eace P Only Concentre Medical Centers (IM) prime of the treatment of the exception is exception in the employee and the exception is exception. Player 10: Concentre Medical Centers (IM) Player 10: The limited evaluation is exception in exception. Player 10: At the limited evaluation is exception in the evaluation of the exception in the evaluation of the evaluation of the evaluation in the evaluation is exception. Player 10: At the limited evaluation is evaluation. Player 10: At the limited eval
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information and is intended for the designated employee the collected and matritations on the use of information obtained during physical examinats the collected and matritations on the use of information obtained during physical examinats the collected and matritations on the use of information obtained during physical examinats the collected and matrixianed on separate forms, in separate flass, and must be traated as a Supervisors and managers may be informed about necessary restrictions on the work or du First aid and safety personnel may be informed, when appropriate, if the disability might requires assed upon my findings, if have determined that this individual <u>Check VALL that app</u> Employee must schedule a medical examination with <u>Concentura Medical Centry</u> Class II - No Restrictions on Respirator Use Class II - No Restrictions in Required. ² Fit Test Required Fit Test Required Fit Test Performed Unsatisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed to be sheved to assure tight deal on certain face masks. ² Physician or other Licensed Healtlicere Professional Employee must seek further medical evaluation by a private physician who must submit a rep of his/her findings to Check <u>ALL that apply</u> The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1 use only Employees should be instructed to report any difficulties in using respirators or other This evaluation invided the Respirator formestionation fitnees in accordance with 29 CFR 1 use only Employees should be instructed to report any difficulties in using respirators or other This evaluation invided the Respirator formation fitnees in accordance with 29 CFR 1 use only Employees should be instructed to report any difficulties in using respirators or other This evaluation invided the Respirator formation fitnees in accordance with 29 CFR 1 use only	PIRATORS (EMPLOYER) Ployer contact only. The Americans with Disabilities Act as onfidential medical record, with the following exceptions: ties of an employee and necessary accommodelligns. Units emergency treatmant. Place. (IN) prior to respirator approval and usage. Is or Escape Only Other: Prescription systemar meeded to accommodate respirator Prescription systemar meeded to accommodate respirator Prescription systemar meeded to accommodate respirator Prior 10 Concerning Medical Centers (IN) Prescription systemar meeded to accommodate respirator Prior 10 Concerning Medical Centers (IN) Prescription systemar meeded to accommodate respirator Prior 10 Concerning Medical Centers (IN) Prior 10 Concernin
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information and is intended for the designated emp ADA) imposes very strict limitations on the use of information obtained during physical examinats the collected and mantapara may be informed about necessary restrictions on the work or du supervisors and managers may be informed when appropriate. If the desbilly might req assed upon my findings, if have datarmined that this individual <u>Check VALL that spin</u> Employee must schedule a medical examination with <u>Concentra Medical Centre</u> Class II - No Restrictions on Respirator Use Class II - No Restrictions is NOT PERMITTED Purther Testing / Evaluation is Required. ² Fit Test Performed Unsatisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Statisfactorily Fit Test Performed Unsatisfactorily Fit Test Performed Unsat	PIRATORS (EMPLOYER) Ployer contact only. The Americans with Disabilities Act ation of qualified individuals with disabilities. As information a confidential medical record, with the following exceptions: tites of an employee and recessary eccommodelligns. Units emergency treatmant. P) Baba.(IN)
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information obtained during physical examinate collected and matritations on the use of information obtained during physical examinate the collected and matritatined on separate formation obtained during physical examinate collected and matritatined on separate formation obtained during physical examinates to collected and matritatined on separate formation obtained during physical examination and the use of information obtained during physical examinates to collected and matritatined on separate formation obtained during physical examinates formation obtained during physical examination with concentrations on the work of during physical examination with concentrate Medical Centre formation in the disability might represented upon my findings, it have determined that this individual <u>Chreck VALL that appropriates 1</u> - No Restrictions on Respirator Use Class II - No Restrictions on Respirator Use Class II - No Restrictions on Respirator Use Class II - No Restrictions in Required. ² Pit Test Required Partner Testing / Evaluation is Required. ² Pit Test Performed Unsatisfactority Pit Test NOT Performed Satisfactority Pit Test NOT Performed Unsatisfactority Pit Test NOT Performed Satisfactority Pit test NOT Per	PIRATORS (EMPLOYER) Player contact only. The Americans with Disabilities Act ations of qualified individuals with deabilities. As information a confidential endividuals with the following esceptions: thes of an employee and necessary accommodeligns. Units emergency treatments Play (IN) prior to respirator approval and usege. If the Medical Centers (IN) prisoription events and the accommodate respirator Play. The Imited evaluation is specific to respirator If 0.154. The Imited evaluation is specific to respirator If any privical atatus to their supervisor or physician. Interdical evaluation consisted of a review of OSHA's Medical Evaluation Interdical evaluation is specific to respirator grave only. Employees would be instructed or or physician. This evaluation included the Respiratory Queetionnaire
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential medical information obtained for the designated end DDA imposes very strict limitations on the use of information obtained during physical examinats the collected and matrutaned on separate forms, in separate files, and must be treated as a Supervisors and managers may be informed about necessary restrictions on the work of du First aid and satury personnel may be informed, when appropriate, if the disability might rep assed upon my findings, if have determined that this individual <u>Chreck VALL that app</u> Employee must achedule a medical examination with <u>Concentra Medical Centre</u> Class II - No Restrictions on Respirator Use Class II - No Restrictions on Respirator Use Class II - No Restrictions in Required. ² Fit Test Performed Unsatisfactority Fit approach to be sinved to assure tight east on certain face masks. 'Physician or other Licensed Healthcare Professional The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1 use only Employees should be instructed to report any difficulties in using respirators or other The acautation induced the Respirator Section 2. In accordance with 29 CFR 1910.134. The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. The above individual HAS been examined for respirator fitness in using respirators or other The acautation induced the Respirator Section 2. In accordance with 20 CFR 1910.134. The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. The above individual HAS HOT have contentions or charge of any physical statule to their supervide outlined in 29 CFR 1910.134. In acc	PIRATORS (EMPLOYER) Prove contact only. The Americans with Disabilities Act astor of qualified individuals with deabilities. As information a confidential medical record, with the Golowing exceptions: tites of an employee and necessary accommodelligns. Units emergency treatmant. Prove the employee and necessary accommodelligns. Prove the employee and necessary accommodeligns. Prove the employee and necessary accommodeligns. Prove the employee accommodeligns. Prove t
PLHCP ¹ WRITTEN STATEMENT for RES	PIRATORS (EMPLOYER) Prover contact only. The Americanes with Disabilities Act ations of qualified individuals with disabilities Act ation of qualified individuals with disabilities Act ations of an employee and necessary accommodellions. Units emergency treatments Provide and necessary accommodellions Provide an employee and necessary accommodellions Provide an employee and necessary accommodellions Provide an employee and necessary accommodellion respirator Provide an employee and necessary Provide an employee and an enview of OSHA'a Medical Evaluation Provide an ex
PLHCP ¹ WRITTEN STATEMENT for RES	PIRATORS (EMPLOYER) Provide the second of the information with Disabilities Act ation of qualities involves and records with the following exceptions: a confidential medical record, with the following exceptions: a confidential medical records and records and usege. a confidential medical Conters (IN) provide the following the exception of the respirator a confidential exclusion is specific to respirator a confidential status to their supervisor or physician. a medical evaluation consisted of a review of OSHA's Medical Evaluation and evaluation is specific to respirator Queetionnaite of the resolute of this evaluation and of any medical conditions resulting from med inductual insisted evaluation and of any medical conditions resulting from med inductual insisted in the scenes of the increased risk of tung cancer and the involution from Medical Contered of the increased risk of tung cancer and the physician's the scenario of the increased risk of tung cancer and the physician's Name (Printer) A contered of the scenario of the increased risk of tung cancer and the physician's Name (Printer)
PLHCP ¹ WRITTEN STATEMENT for RES PHYSICIAN WILL COMPLETE THE FOLLOWING This report may contain confidential matrical information obtained for the designated end ADA) imposes very strict instations on the use of information obtained during physical examination be collected and maintained on separate form, in separate files, and must be treated as a Supervisors end managers may be informed about necessary restrictions on the work of du First aid and sately personnel may be informed when appropriate. If the desbilly might rep Based upon my findings, I have determined that this individual <u>Check VALL that app</u> Employee must schedule a medical examination with <u>Concentura Medical Centre</u> Class I - No Restrictions on Respirator Use Class II - No Restrictions in Required. ² Fit Test Performed Unsatisfactority Fit T	PIRATORS (EMPLOYER) Prover contact only. The Americanes with Disabilities Act ations of qualified individuals with disabilities Act ation of qualified individuals with disabilities Act ations of an employee and necessary accommodellions. Units emergency treatments Provide and necessary accommodellions Provide an employee and necessary accommodellions Provide an employee and necessary accommodellions Provide an employee and necessary accommodellion respirator Provide an employee and necessary Provide an employee and an enview of OSHA'a Medical Evaluation Provide an ex

Mario Rojas

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

Asbestos Abatement Worker

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

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



ot Valid Without Embossment

Veronica Roa Instructor

	9303 Indianapo	EMPLOYER SERVICES N Meridian St. Ste 235 lis, IN 46206 (317) 975-3945 URVEILLANCE-ASBESTOS		Service Date:	4/19/21
	MEDICALS	ORVEILLANCE HOUSE			
	U				
Pati	ent: Rojas, Mario	Job Title 1			
	SN: *** ** 5857	Employer	0		
C	OB: 1/15/71	Address	0		
Gen	der: Male		0		
	tus: Divorced		0		
Addr	ess: 4468 Vinewood Ave	Job Contact Role	0		
	Indianapolis, IN 46254	Phone	0	and the second s	
		- Fax	0		
	one: (317) 629-8594	Race	Aslan	Black	Hispanic
Work Pho	ine:	nate	Indian	White	Other
and the second second	And and the first of the second	The second second second			
The above in	dividual was seen on 4/19/2	1 in accordance with		29 CFR 1926.1101 40 CFR 763.121	
to the pulmonar Review of the en representative or	rformed: review of the standardized medical que y, cardiovascular, and gastrointestinal sy ployer's description of this employee's anticipated exposure level, the persona us medical examinations, if available.	istems per Appendix D in 1928.11 duties as they relate to the employ	01 yee's exposi	ure, the employees	
to the pulmonar Review of the em representative of Review of previor A physical examination A pulmonary func- with NIOSH and A	review of the standardized medical que y, cardiovascular, and gastrointestinal sy ployer's description of this employee's i anticipated exposure level, the persona us medical examinations, if available. nation with emphasis upon the pulmona ction test of forced vital capacity (FVC) a	istems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili any, cardiovascular and gastrointer and forced expiratory volume at o	01 yee's exposs zed by the e stinal system ne second (F	ure, the employees mployee. IS. EV-1) in accordance	
to the pulmonar Review of the en representative or Review of previor A physical examin A pulmonary fun with NIOSH and A A chest roentgen 29 CFR 1926 1101	review of the standardized medical que y, cardiovascular, and gastrointestinal sy- aployer's description of this employee's i anticipated exposure level, the persona- us medical examinations, if available. hation with emphasis upon the pulmona- ction test of forced vital capacity (FVC) is TS standards. ogram, posterior-anterior, 14x17 inches-	istems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili any, cardiovascular and gastrointer and forced expiratory volume at o s (or current film on file) interpret	o1 yee's expose zed by the e stinal system ne second (F ration in acco	ure, the employees mployee. ss. :EV-1) in accordance ordance with	
to the pulmonar Review of the en representative or Review of previor A physical examin A pulmonary fund with NIOSH and A A chest roentgen 29 CFR 1926 1101	review of the standardized medical que y, cardiovascular, and gastrointestinal sy ployer's description of this employee's of anticipated exposure level, the persona us medical examinations, if available. Ination with emphasis upon the pulmona ction test of forced vital capacity (FVC) of TS standards. Agram, posterior-anterior, 14x17 inches to 29 CFR 1926.1101 it is up to the disc	istems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili any, cardiovascular and gastrointer and forced expiratory volume at o s (or current film on file) interpret retion of the Physician whether o	vee's expose zed by the e stinal system rie second (F lation in acco or not a ches	ure, the employees mployee. ss. :EV-1) in accordance ordance with t x-ray is required.	
to the pulmonar Review of the em representative of Review of previo A physical examin A pulmonary fun with NIOSH and A A chest roentgen 29 CFR 1926 1101 NOTE: According The employee wa	review of the standardized medical que y, cardiovascular, and gastrointestinal sy- aployer's description of this employee's i anticipated exposure level, the persona- us medical examinations, if available. hation with emphasis upon the pulmona- ction test of forced vital capacity (FVC) is TS standards. ogram, posterior-anterior, 14x17 inches-	istems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili any, cardiovascular and gastrointer and forced expiratory volume at o s (or current film on file) interpret retion of the Physician whether o its of the exam and any medical	OI yee's exposs zed by the e stinal system ne second (F tation in acco or not a ches conditions ()	uce, the employees mployee. IS. EV-1) in accordance ordance with t x-ray is required. hat may result from	
to the pulmonar Review of the en- representative or Review of previor A physical examin A pulmonary fund with NIOSH and A A chest roentgen 29 CFR 1926 1101 NOTE: According The employee was asbestos exposure exposure.	review of the standardized medical que y, cardiovascular, and gastrointestinal sy ployer's description of this employee's of anticipated exposure level, the persona us medical examinations, if available. Ination with emphasis upon the pulmona ction test of forced vital capacity (FVC) of TS standards. Ogram, posterior-anterior, 14x17 inches to 29 CFR 1925.1101 it is up to the disc a informed by the physician of the resu including the increased risk of lung cal	istems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili- ory, cardiovascular and gastrointer and forced expiratory volume at o s (or current film on file) interpret retion of the Physician whether o its of the exam and any medical neer attributable to the combine	vee's expose zed by the e stinal system rie second (F cation in acce or not a ches conditions to d effect of si	ure, the employees mployee. S. EV-1) in accordance ordance with t x-ray is required. hat may result from moking and asbestos	
to the pulmonar Review of the em representative of Review of previor A physical examin A pulmonary func- with NIOSH and A A chest roentgeon 29 CFR 1926 1101 NOTE: According The employee was asbestos exposure exposure.	review of the standardized medical que y, cardiovascular, and gastrointestinal sy- ployer's description of this employee's i- anticipated exposure level, the persona- us medical examinations, if available. hation with emphasis upon the pulmona- ction test of forced vital capacity (FVC) i- TS standards. ogram, posterior-anterior, 14x17 inches- to 29 CFR 1926.1101 it is up to the disc informed by the physician of the resu- including the increased risk of lung cal- w, this evaluation indicates that there	Instems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili any, cardiovascular and gastrointer and forced expiratory volume at o s (or current film on file) interpret retion of the Physician whether o its of the exam and any medical neer attributable to the combines are no detected medical conditi	o1 yee's expose zed by the e stinal system ne second (F ration in acco or not a ches conditions ti d effect of si cons that wo	uce, the employees mployee. ss. EV-1) in accordance ordance with t x-ray is required. hat may result from moking and asbestos uid place the	
to the pulmonar Review of the en representative or Review of previor A physical examin A physical examin A pulmonary fun with NIOSH and A A chest roentgen 29 CFR 1926 1101 NOTE: According The employee wa asbestos exposure exposure.	review of the standardized medical que y, cardiovascular, and gastrointestinal sy ployer's description of this employee's of anticipated exposure level, the persona us medical examinations, if available. Ination with emphasis upon the pulmona ction test of forced vital capacity (FVC) of TS standards. Ogram, posterior-anterior, 14x17 inches to 29 CFR 1925.1101 it is up to the disc a informed by the physician of the resu including the increased risk of lung cal	Instems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili- ony, cardiovascular and gastrointer and forced expiratory volume at o is (or current film on file) interpret retion of the Physician whether o its of the exam and any medical neer attributable to the combine are no detected medical conditi exposure to asbestos and there	o1 yee's expose zed by the e stinal system ne second (F ration in acco or not a ches conditions ti d effect of si cons that wo	uce, the employees mployee. ss. EV-1) in accordance ordance with t x-ray is required. hat may result from moking and asbestos uid place the	
to the pulmonar Review of the en representative or Review of previor A physical examin A physical examin A pulmonary fun with NIOSH and A A chest roentgen 29 CFR 1926 1101 NOTE: According The employee wa asbestos exposure exposure.	review of the standardized medical que y, cardiovascular, and gastrointestinal sy- ployer's description of this employee's i- anticipated exposure level, the persona- us medical examinations, if available. hation with emphasis upon the pulmona- ction test of forced vital capacity (FVC) i- TS standards. ogram, posterior-anterior, 14x17 inches- to 29 CFR 1926.1101 it is up to the disc a informed by the physician of the resu- including the increased risk of lung cal- w, this evaluation indicates that there is of material health impairment from the use of personal protective equiption	Instems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili- ony, cardiovascular and gastrointer and forced expiratory volume at o is (or current film on file) interpret retion of the Physician whether o its of the exam and any medical neer attributable to the combine are no detected medical conditi exposure to asbestos and there	o1 yee's expose zed by the e stinal system ne second (F ration in acco or not a ches conditions ti d effect of si cons that wo	uce, the employees mployee. ss. EV-1) in accordance ordance with t x-ray is required. hat may result from moking and asbestos uid place the	
to the pulmonar Review of the en representative or Review of previor A physical examin A pulmonary fund with NIOSH and A A chest roentgen 29 CFR 1926 1101 NOTE: According 1 NOTE: According 1 The employee wa asbestos exposure exposure.	review of the standardized medical que y, cardiovascular, and gastrointestinal sy- ployer's description of this employee's i- anticipated exposure level, the persona- us medical examinations, if available. hation with emphasis upon the pulmona- ction test of forced vital capacity (FVC) i- TS standards. ogram, posterior-anterior, 14x17 inches- to 29 CFR 1926.1101 it is up to the disc a informed by the physician of the resu- including the increased risk of lung cal- w, this evaluation indicates that there is of material health impairment from the use of personal protective equiption	Instems per Appendix D in 1928.11 duties as they relate to the employ of protection equipment to be utili- ony, cardiovascular and gastrointer and forced expiratory volume at o is (or current film on file) interpret retion of the Physician whether o its of the exam and any medical neer attributable to the combine are no detected medical conditi exposure to asbestos and there	o1 yee's expose zed by the e stinal system ne second (F ration in acco or not a ches conditions ti d effect of si cons that wo	uce, the employees mployee. ss. EV-1) in accordance ordance with t x-ray is required. hat may result from moking and asbestos uid place the	

ENVIROWOR	K RI	SPIRATOR FIT TEST
EMPLOYEE NAME: Mario Za	,95	
DATE: 12/17/2021		
RESPIRATOR	R INFORMATION	
TYPE: Full Face PAPR	MOD	EL: PR-500
MANUFACTURER: Honeywell		#: TC21C-499
SIZE: Medium		
TECT D	ERFORMED	
IRRITANT SMOKE:	PASS:	FAIL:
SACCHARIN:	PASS:	FAIL:
		FL. 7700
TYPE: Half Face MANUFACTURER: North		EL: 7700 ##: TC-84A-0590
NAME IN ALL THE PROPERTY INFORMATION	INIU 30	1 H. IC-04A-0330
SIZE: Medium TEST P	ERFORMED	- FAIL:
SIZE: Madium TEST P RRITANT SMOKE: SACCHARIN:	ERFORMED PASS:	– FAIL: FAIL:
SIZE: Medium TEST P IRRITANT SMOKE: SACCHARIN: I certify that the above tested employee has b his/her respirator. An individual was available to employee dou	ERFORMED PASS: PASS:	FAIL: FAIL: on how to use and maintain
SIZE: Medium TEST P IRRITANT SMOKE: SACCHARIN: I certify that the above tested employee has be his/her respirator. An individual was available to employee do SIC CERTIFIED ABATEMENT SPECIALIST: EMPLOYEE	ERFORMED PASS: PASS: Deeen properly instructed to interpret this informations es not speak English.	FAIL: FAIL: on how to use and maintain

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

Comparison Software Environmental Health Training and Consulting Comparison Software Environmental Health Training was in account of the State of Missouri Section 643.228. Authorized by both AHERA nd ASHARA or feast 70%. Training was in account in Ritial Asbestos Abatement Worker, and Abases Containing Material Asbestos Abatement Worker, and Abases the final exam with a sected the 32-hours Initial Asbestos Abatement Worker, and Abases Containing Material Asbestos Abatement Worker, and Abases the final exam with a sected the 132-hours Initial Asbestos Abatement Worker, and has passed the final exam with a sected by the State of Minoie Department of Public Health and the Macouri Department of Nutral Resources Training Was in State Virtual Resources International Resources	SWC Institute
--	---------------

Concentra Medical Centers (IN) 5604 W74th Street INDIANAPOLIS, IN 46278 Phone: (317) 290-1551 Fac: (317) 290-2052 Medical Surveillance - Asbestos

	Medical Surveillance -	Asbestos	
Patient: Jose E. Sequeira Suazo	Job Title:		
SSN: XXX-XX-3678		Asbestos Physical-Patient Pay	
DOB: 04/25/1987		6920 Gatwick Dr Ste 100	
Gender: M			
Marital Status: S		Indianapolis, IN 462419506	
	Job Contact:		- HULLENN ENLARS
Address: 3031 Georgetown Rd INDIANAPOLIS, IN 4622	٨	Local Contact	
	Phone:	(317) 856-2945 Ext.:	
Home Phone: 317-778-0470	DATE STREET	(317) 856-5122	
Work Phone: Ext.:	Race:	ASIAN BLACK HISPANIC INC	NAN WHITE OTHER
The above individual was seen on 02/26/2	2022 in accordance with:	29 CFR 1926.1101. 40 CFR 763.121.	
The following was performed:			a a da tha
Completion and review of the standar pulmonary, cardiovascular, and gast	rointestinal systems per Appe	ndix D In 1920.1101.	
Review of the employer's description representative or anticipated exposu	of: this employee's duties as re level, and personal protect	they relate to the employee's exposion equipment to be utilized by the end	sure, the employee's mployee.
Review of information from previous			
A physical examination with emphas	is upon the pulmonary, cardio	vascular, and gastrointestinal system	15.
A pulmonary function test of forced with NIOSH and ATS standards.	vital capacity (FVC) and force	d expiratory volume at one second (F	EV 1) in accordance
A chest roentgenogram, posterior-ar CFR 1926.1101. (M)(2)(ii)(C).			
NOTE: According to 29 CFR 1926.1			
The employee was informed by the from asbestos exposure including the asbestos exposure.	physician of the results of the increased risk of lung canc	exam and of any medical conditions er attributable to the combined effect	that may result of smoking and
Unless otherwise noted below, this evaluation employee at an increased risk of material her limitations on the employee concerning the u	n indicates that there are no o alth impairment from exposur se of personal protective equ	letected medical conditions that wou e to asbestos, and there are no reco lpment or respirator.	ld place the mmended
Comments or limitations (if any):			
	daar	021	26/2-2-
and the second s	Provider Signature		Date Date
valuation - Asbestos Medical Surveillance	Page 1 of 1 © 1996-2018 Concentra Operating Corp	oration All Rights Reserve	Revision Date: 07/21/1999

NVIROWORX	RF	SPIRATOR
	INE	FIT TEST
MPLOYEE		
MPLOYEE NAME: VOSE ESTER.	AN SEQUE	TRA
DATE: 3-28-22		
RESPIRATOR INF	ORMATION	
TYPE: Full Face PAPR	MODE	L: PR-500
MANUFACTURER: Honeywell	NIOSH #	#: TC21C-499
SIZE: M		
TEST PERFO	PASS:	FAIL:
SACCHARIN:	PASS:	FAIL:
	Second States	
TYPE: Half Face	-	L: 7700
MANUFACTURER: North	- NIOSH #	#: TC-84A-0590
SIZE: M		
TEST PERF	ORMED	
IRRITANT SMOKE:	PASS:	FAIL:
SACCHARIN:	PASS:	FAIL:
I certify that the above tested employee has been p his/her respirator. An individual was available to inter	pret this information	in the event that the above
employee does not SIGNATU	speak English.	
CERTIFIED ABATEMENT SPECIALIST:	hur	_
EMPLOYEE: Jule	-	
EXPIRES:	3-28-23	,
ENVIROWOR)	SERVICES	
660 LUNKEN PARK DRIVE, SUITE B, CINC	CINNATI, OH 4	5226 (513) 871-2500
		The second s

Nelson Sotelo Sanchez

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

Asbestos Abatement Worker

Agency Interest Id: License Number: Issue Date: Expiration Date: 166182 68937 07/12/2021 07/03/2022

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



Edu

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.

	on that includes review of the OSHA Respirator Medical Evaluation Aandatory) 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 Sofelo	
Address: 10-27-1975	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.
Telephone #:	
Email:	The identified individual is approved to wear (check all that apply):
Full-face, air purifying respirator Powered air purifying respirator If applicable, the following workplace conditions v	Nout restrictions With restrictions Nout restrictions With restrictions Nout restrictions With restrictions Will result in additional physiological burden:
o a positive response to any question Medical Evaluation Questionnaire	f ANY of the following occur prior to approval: on among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Appendix C was provided by the above identified individual; or, emonstrates the need for a follow-up medical examination. Approval date: $2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 $
have provided the above identified individual a co Physician or Other Licensed Health Care Profession Printed name: William Danko MD	Signature: De as
Company Name: Rivers Bend Urgent Care	Date: December 17, 2021

210

ENVIROWORX

10/17/0001

RESPIRATOR FIT TEST

EMPLOYEE NAME: Nelson sotelo Ganches

	and the second state of the second states of the second states of the second states of the second states of the	
RESPIRATOR IN	FORMATION	
Full Face PAPR	MODEL:	PR-500
And the state of the second state of the secon	NIOSH #:	TC21C-499
M	_	
TEST PERF	ORMED	
X	PASS:	FAIL:
	PASS:	FAIL:
	RESPIRATOR IN Full Face PAPR Honeywell M TEST PERF	RESPIRATOR INFORMATION Full Face PAPR MODEL: Honeywell NIOSH #: M TEST PERFORMED PASS: X

TYPE: Hal	f Face	M	ODEL:	7700
MANUFACTURER: No	rth	NIC	OSH #:	TC-84A-0590
SIZE: n	nedum			
	TEST PI	ERFORMED		
IRRITANT SMOKE:	\times	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: **EMPLOYEE:**

EXPIRES: 12/17/2022

ENVIROWORX SERVICES

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



GLENDA 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



Not Volid Without Embossment

Edwin Reves

Instructor / Administrator

in side of the second second

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 by the Respirator User:	To be completed by a Physician or Other
Name: VALDEZ, GLENDA XIOMARA	Licensed Health Care Professional:
7212 N Shadeland Ave Address: Suite 230	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN 46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: (317) 845-0457	
Email:moyerlabormanage@att.net	The identified individual is approved to wear (check all that apply):
Half-mask, air purifying respirator Full-face, air purifying respirator Powered air purifying respirator If applicable, the following workplace conditions • Follow-up medical evaluation is required o a positive response to any question	hout restrictions With restrictions hout restrictions With restrictions
	emonstrates the need for a follow-up medical examination.
This user <u>is approved</u> to wear a respirator. This user <u>is not approved</u> to wear a respirator.	Approval date: /2-17.2(
I have provided the above identified individual a c	opy of this form: Kes No
Physician or Other Licensed Health Care Professio	nal:
Printed name: William Danko MD Company Name: Rivers Bend Urgent Care	Signature: Min Date: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Glenda X valdez

DATE: 12/17/2021

	RESPIRA	TOR INFORMATI	ON	
TYPE:	Full Face PAPR	N	NODEL:	PR-500
MANUFACTURER:	Honeywell	NI	OSH #:	TC21C-499
SIZE:	M			
	TES	ST PERFORMED		
IRRITANT SMOKE:	\prec	PASS:	X	FAIL:
SACCHARIN:		PASS:		FAIL:
TYPE:	Half Face		NODEL:	
MANUFACTURER:	North	N	IOSH #:	TC-84A-0590
SIZE:	medium	~		
	TES	ST PERFORMED		
IRRITANT SMOKE:	TES	ST PERFORMED PASS:	£	FAIL:
SACCHARIN:	X	PASS: PASS:	£	FAIL:
SACCHARIN: I certify that the	above tested employee	PASS: PASS: has been properly instru		FAIL: w to use and maintain
SACCHARIN: I certify that the	above tested employee An individual was availa	PASS: PASS:	rmation in t	FAIL: w to use and maintain
SACCHARIN: I certify that the a his/her respirator.	above tested employee An individual was availa employe	PASS: PASS: has been properly instru- able to interpret this info	rmation in t	FAIL: w to use and maintain
SACCHARIN: I certify that the	above tested employee An individual was availa employe	PASS: PASS: has been properly instru- able to interpret this infor- ee does not speak English	rmation in t	FAIL: w to use and maintain
SACCHARIN: I certify that the a his/her respirator.	above tested employee An individual was availa employe ENT SPECIALIST:	PASS: PASS: has been properly instru- able to interpret this infor- ee does not speak English	rmation in t	FAIL: w to use and maintain
SACCHARIN: I certify that the a his/her respirator.	above tested employee An individual was availa employe ENT SPECIALIST:	PASS: PASS: has been properly instru- able to interpret this infor- ee does not speak English SIGNATURES:	rmation in t	FAIL: w to use and maintain he event that the above
SACCHARIN: I certify that the a his/her respirator.	above tested employee An individual was availa employe ENT SPECIALIST: EMPLOYEE: EXPIRES:	PASS: PASS: has been properly instru- able to interpret this infor- ee does not speak English SIGNATURES:	rmation in t	FAIL: w to use and maintain he event that the above



KY Department for Environmental Protection

 Nelsi Velasquez Ordonez

 Agency ID: 172311
 Regulatory Status:Active

AI Type:	LICENSE-Person	Physical Address	
County:	Out of Chata	2604 Knorr Ave Cincinnati, OH 45214	

License(s)

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

Training History: Arranged by License ID (descending)

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

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

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

Primary Instructor: Ron Morrison

Training Manager: Ron Morrison

2657

Has Successfully Completed The

32 Hour Asbestos Worker Initial Course In Compliance with Section 206 TSCA 15 USC 2646

Cincinnati, OH 45214 2604 Knorr Avenue

Nelsi Xiomara Velasquez Ordonez

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

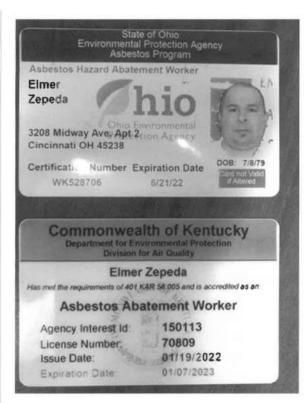
Certificate Of Completion

This Certifies That

Metropolitan Laboratories, Inc.

ap 8

Nam	CareFire gent C	are	Work Evaluation /		C PAR EMPLOYMENT
Addra		<u>-veine</u> Ka	241.00		ALLING LA
Phone		<u>1 //////////////////////////////////</u>	Ale Currynoh OH	ompany Names 1913400 18	1 Ave contest 230
e de ser el	03.		A A	Allow S212 Hade Car	1 the sale #2.20
55N <u>; 1</u>	21212122	6012			/
MEDICAL	HISTORY	Häve vou	ever had or do you have: [Chi	Hitact Person:	
Alleroin.	······································	1123	NO NO	CAVEC	
				YUS NO	
3. Anemia A. Emphyser	11a		26 Hope Distantice	Y AT. Presently under	A doctor's CALE
5. Chronit Br 6. Collapsed	[noching		- aremach Problems	49. Jaking any aphyric	lan in the last year
W. Persistent	Couch		29. Voluting las	20. smoker 51. Consume alcoho	
8. Shortness o 9. Frequent C	of Orward		/ 31 Hamls		nits work ability
10. Chest Pain	1	-5		53. Allergic to medic OCCUPATIONAL HIS	TORY
2. Heart Trou 2. High/Low I	Sloon Process	1_11	24. Cancer/Tu-	So Have you worker	iTORY d full time (>10 hrs/week) for \$ mo ar mare? rorked for a year or more in any dusty tob? rorked for a year or more in any dusty tob? rorked for a sear or chemical fumes in your
a near murr	THEFT	117	35 Franticose Veins	Sector and the sector of the s	
1. Breast prob Rheumatic	Feyer	and the second s	The Real Dest of the set of the s	MUTKI	industry publicy, pottery, tounusy
. Fainting or s Thyroid dise	seizures		39. Glasses/Contact in problems	SB. What has been y	our usual accupation or job the one that you
Disbetes	:45e			worked at the longe	<u>st</u>]?
Dizziness Arthritis/join	1 people		41. Frequent or severe headaches #2: Sensation of smothering	Explanations (by iten	n number):
Skin disease					
	i de la com		Heat exhaust a renclosed spaces		
hronic diarre	15/pain	1/1	43, Fear of right or enclosed spaces 44. Heat exhaustion 15. Drug or narcotic habit		
hronic diarrt	15/pain hea i		 Fear of right or enclosed spaces Heat exhaustion Drug or narcotic habit Recent weight gain/loss 		
hronic diarrt	us/pain hea l SCp 8	- <i>7</i> 4	Heat exhaustion 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 78 HT 78		
hronic diarrt	us/pain hea l SCp 8	- <i>7</i> 4	Heat exhaustion 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 78 HT 78		Acceptable without restrictions
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54 512/2	$\frac{12}{5} \frac{12}{5} \frac$		Acceptable with restrictions
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54 512/2	Heat exhaustion 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 78 HT 78		 Acceptable with restrictions Acceptable for Return to Work Defer pending further study
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	54 51 <u>2/</u> 2	$\frac{12}{5} \frac{12}{5} \frac$		Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12/2 5-1-2/2 E1-2/2 E	Heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss $R = 1.2 = T = 9.8 = HTS^2$ South 20/25 Color South Color		 Acceptable with restrictions Acceptable for Return to Work Defer pending further study
i: BP <u>122(</u> 1: Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u> <u>54</u> <u>51</u> <u>2</u> /2 <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	Heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss $R = 1.2 = T = 9.8 = HTS^2$ South 20/25 Color South Color		 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×4 ×4 ×12/2 ×12/2 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1	A lear of right or enclosed spaces A heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss R 1.2 T 98 HT5' SBoth 20/25 Color Soth Color	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below
<u>hronic diarri</u> i: BP <u>122 (</u> i Uncorrecte	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u> <u>54</u> <u>51</u> <u>2</u> /2 <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	ABNE		Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below Signature
i: BP <u> >> </u> i: Uncorrecto Corrected	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×4 ×4 ×12/2 ×12/2 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1	A lear of right or enclosed spaces A heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss R 1.2 T 98 HT5 SBoth 20/25 Color Soth Color	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below Signature
i: BP <u> 22 </u> i: Drcorrected Corrected I	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×4 ×4 ×12/2 ×12/2 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1	A lear of right or enclosed spaces A heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss R 1.2 T 98 HT5 SBoth 20/25 Color Soth Color	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×4 ×4 ×12/2 ×12/2 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1 ×1	A lear of right or enclosed spaces A heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss R 1.2 T 98 HT5 SBoth 20/25 Color Soth Color	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable – See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	15/pain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A lear of right or enclosed spaces A heat exhaustion 15. Drug or narcotic habit 15. Recent weight gain/loss R 1.2 T 98 HT5 SBoth 20/25 Color Soth Color	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature: A. MAdeta Date: 03/0/202- Comments: NUSTING MARCA
i: BP 122 (i: BP 122 (i: Uncorrected) Corrected)	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature
<u>hronic diarri</u> BP <u></u> Uncorrected I Corrected I S	$\frac{15/p \sin n}{16ea}$ $\frac{1}{100} = \frac{1}{100}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature & Madday Date: <u>D3/0//2025</u> Comments: NUSTAA MARCAL DD day OFFICE STAMP:
<u>hronic diarri</u> BP <u></u> SUncorrected Corrected I Corrected I S	$\frac{15/p \sin n}{16ea}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature: A. MAdeq. Date: 03/0/202- Comments: NUSTAL MARCAL OFFICE STAMP: CAREFIRST LIBGENIT CAR
Chronic diarri 1: BP 22 1: Uncorrected 1: Corrected 1 1: C	$\frac{15/p \sin n}{16ea}$ $\frac{1}{100} = \frac{1}{100}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature & MAdday Date: 03/01/2025 Comments: NUSTAL MYSTCAL OFFICE STAMP. CAREFIRST URGENT CAN 360 GLENSPEINIOR DE
Beck problem Chronic diarri h: BP 122 (h: Dr.corrected Corrected corrected h: Corrected h: Cor	$\frac{15/p \sin n}{16ea}$ $\frac{1}{100} = \frac{1}{100}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature: Maddy Date: 03/0/2027 Comments: NOSONA MYRCEL OFFICE STAMP: CAREFIRST URGENT CAN 360 GLENSPRINGS DR SPRINGDALE OH 452
Chronic diarri 1: BP 22 1: Uncorrected 1: Corrected I 1: Corrected I 2: Corrected I 3: C	$\frac{15/p \sin n}{16ea}$ $\frac{1}{100} = \frac{1}{100}$		A Heat exhaustion 15. Drug or narcotic habit 15. Drug or narcotic habit 16. Recent weight gain/loss R 12 T 98 HT5' SBoth 20/25 Color Soth Color ABNL FEV/FCU	<u>6" wt 190</u>	 Acceptable with restrictions Acceptable for Return to Work Defer pending further study Unacceptable - See Comments Below Signature: A. MAdeq. Date: 03/0/202- Comments: NUSTAL MARCAL OFFICE STAMP: CAREFIRST LIBGENIT CAR





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		that includes review of the OSHA Respirator Medical Evaluation Idatory) Appendix C of 29 CFR 1910.134.
To be completed by the	and and the second s	To be completed by a Physician or Other
Name: ZEPEDA MONTOY	A, ELMER I	Licensed Health Care Professional:
7212 N Shadela Address: Suite 230	and Ave	I have performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation
Indianapolis IN	46250	Questionnaire Appendix C of 29 CFR 1910.134.
Telephone #: (317) 845	-0457	
Email: moyerlaborman	age@att.net	The identified individual is approved to wear (check all that apply):
	pirator rator Withou workplace conditions wil	ut restrictions With restrictions ut result in additional physiological burden:
o a positive i Medical Ev	response to any question aluation Questionnaire A	among questions 1 through 8 in Section 2, Part A of the OSHA Respirator ppendix C was provided by the above identified individual; or, nonstrates the need for a follow-up medical examination.
This user is approved to This user is not approve		Approval date: (2.17.21
I have provided the above id	lentified individual a cop	y of this form: Yes No
Physician or Other Licensed	Health Care Professiona	
Finited name;	Danko MD	Signature: Des Cho
Company Name: Rivers B	end Urgent Care	Date: December 17, 2021

ENVIROWORX

RESPIRATOR FIT TEST

EMPLOYEE NAME: Elmer Zepeda

DATE: 12/17/2021

	RESPIRA	TOR INFORMATION	
TYPE:	Full Face PAPR	MODE	L: PR-500
MANUFACTURER:	Honeywell	NIOSH	#: TC21C-499
SIZE:	L		
	TES	T PERFORMED	
IRRITANT SMOKE:	X	PASS: 📈	FAIL:
SACCHARIN:	and an and an arrange to the second	PASS:	FAIL:
TYPE:	Half Face	MODE	L: 7700
MANUFACTURER:	North	NIOSH	#: TC-84A-0590
SIZE:	large		
	TES	T PERFORMED	
IRRITANT SMOKE:	X	pass: \rightarrow	FAIL:
SACCHARIN:		PASS:	FAIL:
	n individual was availab employee	has been properly instructed on ole to interpret this information e does not speak English SIGNATURES:	
	EMPLOYEE:	Elmer Zeper	la
	EXPIRES:	12/17/2022	

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

	methods.	nual	mechanical and manual methods.	
	mar IP & huilding		methods & demo/reno methods.	methods &
	including abatement	renovation/demolition, i	of planned	Description
				cubic ft.
Company Name: O'Rourke Wrecking Company		20,493	1,650	ft.
for strictly non-friable work) Submitted by: Annette Wiest			4,024	linear ft.
	Category I nonfriable ACM (optional)	Category II nonfriable ACM (optional)	Regulated ACM (RACM)	
in al	/Dem <u>olition 10/31/22</u>	<u>8/22</u> End Renovation/Dem <u>olition</u> ed: n/a	Start Renovation/Demolition <u>2/28/22</u> Amount of ACM to be Removed:	Start Renov Amount of
City Cincinnati State OH Zip 45226 Phone 513-871-1400		End Removal	Start Removal 2/22/22	Start Removal
Transporter O'Rourke Wrecking Transport (C&D only) Address 660 Lunken Park Drive	rgen <u>cy</u> Long-ter <u>m</u>	oJECT (CHECK ONLY ONE): Demoliti <u>on X</u> Ordered Demo <u>lition</u> Emergen <u>cy</u> Long-term	TYPE OF PROJECT (CHECK ONLY ONE): Renovati <u>on</u> Demoliti <u>on X</u> Ordered Demol <u>iti</u>	TYPE OF P Renovation
thoroughly, contact owner and KDAO.	Present and Prior Use of Facility Vacant/Office	esent and Prior Use	1	#Floors Affected
l ACM be d during	Size of Facility or Affected Part (sq.ft.) 362,900	County Kenton ze of Facility or Affect	60	Facility Age (yrs.)
Describe contingency plan should nonfriable ACM become friable or			Vest 4th Street	ess
		Building	Former IRS	Project Location
	Bo Hubbard, JS Held LLC	Contact Person Bo		Phone 513-668-7947
Describe physical characteristics that make it nonfriable and methods to	Y Zip 41011	State KY	gton	City Covington
149,940 SF Flooring		JCKY	20 West Pike Street	Address
Asbestos detection technique PLM	Annette Wiest	tact Person	Phone 513-871-1400/871-2500	Phone 513-1
Fittings, Plaster, doors, transite, gaskets	H Zip 45226	State OH	Cincinnati	City Cinc
	viroworx Services	king / (abatement) Env e	Contractor (demo)O'Rourke Wrecking / (abatement) Enviroworx Services Address 660 Lunken Park Drive	Contractor Address
	(Instructions for completing form on back)	(Instructions for c		
F ASBESTOS ION/RENOVATION	NOTIFICATION OF			
Kentucky Division for Air Quality 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***	Kentucky Division 1 300 Sower Bouleva Frankfort, Ky Phone 502-564-3999; rm with Regional Office in Performe	***File Fo	1 nittal D <u>ate 2/8/2022</u> ate -	Page 1 <u>of</u> 1 Initial Submittal Revision D <u>ate</u> Notification #

	methods.	inual	mechanical and manual methods.	
			demn/renn methode	mathode &
	including abatement	renovation/demolition, i	of planned	Description
				cubic ft.
Company Name: O'Rourke Wrecking Company		20,493	1,650	square ft.
for strictly non-friable work) Submitted by: Annette Wiest			4,024	linear ft.
City Cleves State OH Zip 45002 I hereby certify that at least one person trained as required by 40 CFR	Category I nonfriable ACM (optional)	Category II nonfriable ACM (optional)	Regulated ACM (RACM)	
Disposal Site Whitewater Reclamation (C&D)		ed: n/a	Amount of ACM to be Removed:	Amount of
City Cincinnati State OH Zip 45226 Phone 513-871-1400			PROJECT DATES: Start Removal 3/7/22	Start Removal
Transporter O'Rourke Wrecking Transport (C&D only) Address 660 Lunken Park Drive	rgen <u>cy</u> Long-ter <u>m</u>	OJECT (CHECK ONLY ONE): Demoliti <u>on X</u> Ordered Demol <u>ition</u> Emergen <u>cy</u> Long-ter <u>m</u>	TYPE OF PROJECT (CHECK ONLY ONE): Renovati <u>on</u> Demoliti <u>on X</u> Ordered Demol <u>iti</u>	TYPE OF P Renovati <u>on</u>
thoroughly, contact owner and KDAO.	Present and Prior Use of Facility Vacant/Office	esent and Prior Use	1	#Floors Affect <u>ed</u>
additional ACM be	Zip 41011	County Kenton	20	City Covington
			200 West 4th Street	Address
nontriable (optional): n/a		Building	cation Former IRS Building	Project Location
cna	ubbard, J	Contact Person Bo	-7947	Phone 513-668
		etata KY	ston	City Coving
Amount of Cat. I & II nonfriable ACM involved but will not be removed: 149 940 SF Flooring		ıcky	City of Covington Kentucky 20 West Pike Street	Owner C
Asbestos detection technique PLM	Annette Wiest	Contact Person An	Phone513-871-1400/871-2500 (Phone513-
Fittings, Plaster, doors, transite, gaskets	H Zip 45226	State OH	Cincinnati	linc
Description of affected facility components	viroworx Services	Contractor (demo)O'Rourke Wrecking / (abatement) Enviroworx Services Address 660 Lunken Park Drive	((demo)O'Rourke Wreck 660 Lunken Park Drive	Contractor Address
	(Instructions for completing form on back)	(Instructions for c		
	NOTIFICATION OF ABATEMENT/DEMOLIT			
will be ID #	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 Performed***	***File Fo	 iittal Da <u>te 2/8/2022</u> ate 2/21/22 # -	rage i <u>oi i</u> Initial Submittal D <u>ate</u> Revision D <u>ate 2/21</u> Notification #
or Air Quality	Kentucky Division f		_	

mechanical and manual methods.	methods & demo/reno methods. Demolition of former IRS building	Description of planned renovation/demolition, including abatement	cubic ft.	ft. 1,650 20,493 Company Name: O'Rourke Wrecking Comp	t. 4,024	Regulated ACM (RACM) Category II nonfriable ACM Category I City Cleves State O (RACM) (optional) (optional) (optional) I hereby certify that at least one person train State O (RACM) (optional) (optional) I hereby certify that at least one person train	n/a Disposal Site Address 4250 I	PROJECT DATES: City Cincinnati State O Start Removal 3/7/22/hold 4/8/22 End Removal 5/31/22 City City Cincinnati State O Start Removation/Demolition 3/702 End Removation/Demolition 10/31/22 Phone 513-871-1400 State O	L Y ONE): Transporter Demol <u>ition</u> Emergen <u>cy</u> Long-ter <u>m</u> Addre <u>ss660</u>	or Use of Facility Vacant/Office thoroughly, contact owner and KDAO.	County Kenton Zip 41011 Describe contingency plan should non additional ACM be	ormer IRS	ubbard, JS Held LLC keep it	Chata KY Zin 41011 Describe Anticial	Owner City of Covington Kentucky Amount of Cat. I & II nonfriable ACM involve Address 20 West Pike Street 149 940 SF Flooring	Phone 513-871-1400/871-2500 Contact Person Annette Wiest Asbestos detection technique PLM	State OH Zip 45226	Contractor(demo)/U Rourke Wrecking / (abatement) Enviroworx Services Address 660 Lunken Park Drive Description of affected facility components	(Instructions for completing form on back)	ABATEMENT/DEMOLITION/RENOVATION	- ***File Form with Regional Office in Region Where Projec	
				me: O'Rourke Wrecking Company	-friable work) " Annette Wiest and cart	City <u>Cleves</u> State <u>OH</u> Zip <u>45002</u> 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	0 Hooven Road	-1400	O'Rourke Wrecking Transport (C&D only) Lunken Park Drive	nng renovation/ demoiltion: Contain area and material, wet	_		cna	include the second s	Amount of Cat. I & II nonfriable ACM involved but will not be removed: 149 940 SF Flooring		ster, doors, transite, gaskets	of affected facility components			ect will be	

Job Name: OWC - Former IRS Building	Date: 3-7-22
Job Number: E22-021	Supervisor: Mark Wesler
Man Hours: 125	Crew Size: 13
Work Performed Today: 700 on site - Sign	in-Goover scope of work with
Jame Davis. Unlode equipme	it's materials into Bldg.
\$30 Start to prep Containen	ent for Plaster Carling venoural
Hang Glovebags & wrap fitte	ngs Zud Level Mechanical Room
930 No problems - Continue +	S DUEP Containment for Plaster
celling devic. Do Non ACV	t devis needed, pull carpet. Hings in the Zul Cevel Mechanical
Hang Glovebays & wap fi	Hings in the Zuel Cevel Mechanical
room.	
1200 to 1230 Lunch	
	use to prep the contain for
plusfer certing dens. Has	19 Glovebags * whop fittings
55 Held vep on site to ch	eck work. No problems. a equipment needed to Locis
130 Sendin List of material	a equipment needed to Locis
230 Start to cut out fittin	45 continue to wrop fittings.
Still prepuny the South 2	bby enterance Containment.
330 plave to the dock & star	ys, continue to wrop fittings. bby enterance Containment. I to wrop fettings on the Zud
445 Clean cop - move bags	to Zock up room to be stoved site.
but tools away-secure	site.
530 Ead of shift.	

Project Daily Log

Job Name:	OWC - Former IRS Building	Date: 3-8-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:		Crew Size: 12
Work Perform	ed Today: 630 on site - Sign	14 - Suit up - averpt Cut fittings
Bythe		* to prep South Lobby enterence
		10. Open certings to expose
transit	e = Attings above Lay	in certings + pull bulbs_
		s by Loading dock- Open Lay
		Building, Containment is
		meater to start removal & glove
bays.		
		equipment & materials.
		" to Five Hydraut + vun hoses
		emove * ready to albuebag.
		er-No water. Call toget New
		se to 3/4 water Hose Send crews
back	to what they were do	11/19
	1230 Lunch	
		emove Transite pannels North
Easter	id of Blody. Pull bulls &	open certings to expose pipe
230 Co	atimur to wap & cut,	plovebag * Hang Glovebags
Court	nue to remove to consit	plovebag * Hang Glovebags e. Remove * Box Light bulbs.
300 Hau	e new veducer for w	ater ou site
400 Br	ing waste & tools bar	ck from South East end of Blog
440 St	op Glavebag & avap +	Cut Secure site.
500 E	uch of day.	

Job Name:	OWC - Former IRS Building	Date: 3-9-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	245.5	Crew Size: 25
Work Performe	630 ou site sign	in-Setup water menter +
run w	ater. Suit up. Star	tto demo plaster certing in
Conte	moment. Glovebage	wrop a cut fittings in
Mecha	nical Rooms South h	Jest end of Buildy. Open Collings
to exp	ose Fire Curton	
900 C	outinere to Demople	ster earling in containment
Glovel	been & evap & cut Fitti	ngs in plechanical rooms
Open	ceilings to expose ti	re carton.
1100 Je	ff on site with mot	erial needed-unloele + boing in
1130 Sto	p certing demoin con	tainment, clean up-Start 70
12	Labour cerling- Neyf	
	1230 Lunch	
1230 B	ut up. Continue to.	prep expore certing in Containment
to get 1	veg pressure Wrap + (Eret and glovebag fillings in
Mechan	icalvoous. Open cert	ings through out to expose
	wfor + transite curton	
300 NO.	problems continue to	prepabove certinys in contain.
Wrap	* Cut = glovebay Fitting	15. open certings to expose
founs	ite europais.	
440 Sti	premoval clean c	up. putall wastern Lock up
	ecuve sche.	
	nd of day.	

Project Daily Log

Job Name: OWC - Former IRS Building Date: 3-10 -	22
Job Number: E22-021 Supervisor: Mark	Wesler
Man Hours: Crew Size: 21	
Work Performed Today: 630 on site - Sign 14 - Hook up wate	rmeater
sutup. Continue to demosprep above certing	in Containment
to get neg pressure back. Glovebag & wrap * e	
South West end of Bloby Mech Rooms, Expose tou	
200 Continue to Demo + prepabore certing in Co	ntainment
Glovebag & wrap * Cut Fittings South West Mech Ro	oms. Devio Lay
in ceilings to expose Asb. Fittings South West end of	Bloly.
1195 Stop removing - Clean up - Decordet of a	Containment
1200 to 1230 Lunch	
1230 Back to work-Suitup, Continue to open	certing * putup
critical poly above ceiling space. Glovebay :	wrap = cut,
South west mech. Rooms & open cay in certing.	s to access fittings
120 Dunio Star duanced an site.	
230 No problems - Continue to GLBG, Wrup + Cut Fit	tings, open Caling
to expose Fittings South Westend of Blog. Demo 1	1sb ceiling & put
230 No problems - Continue to 66BG, Wrup & Cut Fit to expose Fittings South West end of Blog. Demo 1 Critical poly above. Line Dumpster # Load bo	ys from Lockup
to Dumpster.	
430 Stop removing, clean up & Decon out. Pull.	water meater
Secure site.	
500 End of day.	

230 Back to a rowk. Suit up - Continue to load dump ster. Devid aboltst Certurys to access fittings. Glovebay * Suit & Wrap fittings Avail South West eyel of Blog - Demo Ash. Certurys, Bulkhevels in So Lobby Containment. Contical abour certury space to Get Ney pressure. 200 Dampster full - Call for Santch out. Continue to Remove
Man Hours: 134 Crew Size: 17 Work Performed Today: 645 ou site - open Bloby. 630 Crew ousite - Sign in - Hook up Water meater - Suit up. Deno wells * ceilings to access Fittings Morent* / South west end of Blog Ranove Ash pluster ceilings * balk heads in Containment, critical above ceilings - Clovebag * whap * cut fittings in Mech. Rooms. 910 No problems Continue to Deno to acess fittings. Zoard bags M Dumps fer. Glovebag * wrap * cut fittings in Mech. Rooms. 910 No problems Continue to Deno to acess fittings. Zoard bags M Dumps fer. Glovebag * wrap * cut fittings in Mech Rooms. Deno Ash. Ceilings * Bulkheuds, critical above ceilings in Containment. 1190 Stop * Clean ap - Decon ant 1200 to 1230 Linch 1230 Back to arouk. Suit up - Continue to load dumpster. Deno Abouts dest end of Blog. Deno Hsh. Ceilings, Bulkheuds in So Lobby Containment. Critical above ceiling space to Get Negpressure. 200 Dampster full - Call for South out. Continue to Remove
Work Performed Today: 645 ou site - open Bloby. 630 Crew ousite - Sign in - Hook up Water meater - Suit up. Dens wealls * ceilings to access Fittings Morent # / South west end of Blog Ransve Holp pluster ceilings * balk heads in Containment, critical above ceilings. Clovebag * whap * cut fittings in Mech. Rooms. 910 No problems Continue to Deno to acess fittings. Load bags m Dumps for. Glovebag * wrap * cut fittings in Mech. Rooms. Deno Ash. Ceilings * Bulk heads, critical above ceilings in Containment. 1190 stop * Clean up - Decon out 1200 to 1230 Lauch 1230 Back to acork. Suit up - Continue to load dump stor. Deno Ash. Ceilings to access fittings. Clovebay * Suit & Krap Rithings House South abst end of Blog = Deno Hoch. Ceilings, Bulkheads in So Lobby Containment. Critical above ceiling space to Get Neg pressure. 200 Dampster full - Call for South out. Continue to Remove
630 Crew ou site - Sign in - Hook up Water meater - Suit up. Demo walls * ceilings to access Fittings Aven # / Southwest and of Blog Ranove Ash pluster ceilings * balk heads in Containment, critical above ceilings - Clovebag * whap * cut fittings in Mech. Rooms. 900 No problems Continue to Demo to acess fittings. Zoord bags in Dumpster. Glovebag * wrap * cut fittings in Mech. Rooms. Demo Ash. Ceilings * Bulkheads, critical above ceilings in Containment. 1190 Stop * Clean up - Decon ant 1200 to 1230 Lunch 1200 to 1230 Lunch South West end of Blog Demo Hob. Ceilings, Bulkheads in So fabby Containment. Critical above ceiling space to Get Neg pressure. 200 Dampster full - Call for South out. Continue to Remove
630 Crew ou site - Sign in - Hook up Water meater - Suit up. Demo walls * ceilings to access Fittings Aven # / Southwest and of Blog Ranove Ash pluster ceilings * balk heads in Containment, critical above ceilings - Clovebag * whap * cut fittings in Mech. Rooms. 900 No problems Continue to Demo to acess fittings. Zoord bags in Dumpster. Glovebag * wrap * cut fittings in Mech. Rooms. Demo Ash. Ceilings * Bulkheads, critical above ceilings in Containment. 1190 Stop * Clean up - Decon ant 1200 to 1230 Lunch 1200 to 1230 Lunch South West end of Blog Demo Hob. Ceilings, Bulkheads in So fabby Containment. Critical above ceiling space to Get Neg pressure. 200 Dampster full - Call for South out. Continue to Remove
630 Crew ou site - Sign in - Hook up Water meater - Suit up. Demo walls * ceilings to access Fittings Aven # / Southwest and of Blog Ranove Ash pluster ceilings * balk heads in Containment, critical above ceilings - Clovebag * whap * cut fittings in Mech. Rooms. 900 No problems Continue to Demo to acess fittings. Zoord bags in Dumpster. Glovebag * wrap * cut fittings in Mech. Rooms. Demo Ash. Ceilings * Bulkheads, critical above ceilings in Containment. 1190 Stop * Clean up - Decon ant 1200 to 1230 Lunch 1200 to 1230 Lunch South West end of Blog Demo Hob. Ceilings, Bulkheads in So fabby Containment. Critical above ceiling space to Get Neg pressure. 200 Dampster full - Call for South out. Continue to Remove
walls * ceilings to access Fittings Hven #1 South West end of Blog Ranove Ash physter ceilings + balk heads in Containment, critical above ceilings - Clovebag * wap * cut fittings in Mech. Rooms. 910 No problems Continue to Deno to acess fittings. Zoard bags In Dumpster. Clovebag * wrap * cut fittings in Mech Poons. Deno Ash. Ceilings * Bulk heads, critical above ceilings in Containment. 1190 Stop * Clean up - Decon out 1200 to 1230 Lunch 1200 to 1230 Lunch 1200 to 1230 Lunch 230 Back to arouk. Suit up - Continue to load dump ster. Deno Abills Ceilings to access fittings. Clovebay * Suit & Drop Rithings Aros South west end of Blog- Deno Hosh. Ceilings, Bulk heads in So Lobby Containment. Critical above ceiling space to Get Neg pressure. 200 Dampster full - Call for Switch out. Continue to Remove
Remove Ash physter certurys + balk heads in Containment, critical above certurys. Glovebay * Wrap * Cut fittings in Mech. Rooms. 910 No problems Continue to Deno to acess fittings. Zoard bags in Dumpster. Glovebay * wrap * cut fittings in Mech Rooms. Deno Ash. Certurys + Bulk hereds, critical above certurys in Containment. 1190 Stop * Clean up - Decon aut 1200 to 1230 Lunch 1230 Back to acork. Suit up - Continue to load dumpster. Deno akells Certurys to access fittings. Glovebay * Suit & Wrap fittings Antain South dest end of Blog = Deno Ash. Certurys, Bulkhevels in So fabby Containment. Cutical above certings, Bulkhevels in So fabby 200 Dampster full - Call for Switch out, Contained to Remove
above certings - Clovebag # Wrap & Cut fittings in Mech. Rooms. 910 No problems Continue to Devio to acess fittings. Zoard bags In Dumpster. Glovebag * wrap & cut fittings in Mech Rooms. Devio Ash. Certings * Bulk heads, evitical above certings in Containment. 1190 Stop & Clean up - Decon get 1200 to 1230 Lanch 1200 to 1200 to 120
900 No problems Continue to Devio to acess fittings. Zood bags 11 Dumps fer. Gloveber & wrap & cut fittings in Mech Poours. Devio Ash. Cerlings * Bulk heads, evitical above cerlings in Containment. 1190 Stop & Clean up - Decon out 1200 to 1230 Lunch 1200 to 1200 to
In Dumpster. Gloveberg * wrap & cut fittings in Mech Booms. Deno Ash. Cerlings * Bulk heads, evitical above cerlings in Containment. 1190 Stop * Clean up - Decon out 1200 to 1230 Lunch 1200 to 1230 Lunch 1230 Back to arouk. Suit up - Continue to load dump ster. Deno abolls * Cerlings to access fittings. Clovebay * Suit & Krap fittings Ave. South West end of Bldg = Deno Hsh. Cerlings, Bulk heads in So Lobby Containment. Cutical above cerling space to Get Neg pressure. 200 Dampster full - Call for Santch out. Continue to Remove
Ash. Ceilings * Bulkheuds, evidical above ceilings in Containment. 1190 Stop * Clean up - Decon out 1200 to 1230 Lunch 1230 Back to avork. Suit up - Continue to load dump ster. Devid abolls * Ceilings to access fittings. Clouckay * Suit & prop fittings Avail South what eyel of Blog- Devid Ash. Ceilings, Bulkheads in So Lobby Containment. Curtical above ceiling space to Get Neg pressure. 200 Dampster full - Call for Santch out. Continue to Remove
1190 Stop & Clean up - Decan out 1200 to 1230 Lunch 1230 Back to arouk. Suit up - Continue to load dumpster. Devid abolls & Centurys to access fittings. Clouchay * Suit & Grap fittings And South West end of Blog = Devid Hisb. Centurys, Bulkhouds in So Lobby Containment. Curtical abour ceiling space to Get Negpressure. 200 Dumpster full - Call for Santch out. Continue to Remove
1200 to 1230 Lunch 1230 Back to arouk. Suit up - Continue to load dump ster. Devid abolls & Genhuys to access fittings. Glovebay * Suit & prop fittings Avoit South West eyel of Blog - Demo Ash. Centings, Bulk heads in So Lobby Containment. Contical abour ceiling space to Get Negpressure. 200 Dampster full - Call for Santch out. Continue to Remove
abolls & Certings to access fittings. Glovebay " Sut & Whap fittings Ave. South West eyel of Blog - Denno Ash. Certings, Bulkheards in So Lobby Containment. Contical about certing space to Get Ney pressure. 200 Dampster full - Call for Santch out. Continue to Remove
South West eyel of Bldg = Denie Ash. Certinys, Bulkheads in So Lobby Containment. Curtical abour certing space to Get Ney pressure. 200 Dampster full - Call for Santch out. Continue to Remove
South West eyel of Bldg = Denie Ash. Certinys, Bulkheads in So Lobby Containment. Curtical abour certing space to Get Ney pressure. 200 Dampster full - Call for Santch out. Continue to Remove
Containment. Curtical abour ceiling space to Get Neypressure. 200 Dampster full - Call for Santch out. Continue to Remove
200 Dampster full-Call for Switch out. Continue to Remove
1 here al allo d
IN Contamment & GLBG & aloup N Cut.
240 Stop & Clean up - Decon out . full water meater & Secure
site. Bags * Tools in Lock up 300 Crew off site
300 Crew off site
315 Lock up & Leave site.

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Job Name:	OWC - Former IRS Building	Date: 3-15-22						
Job Number:	E22-021	Supervisor: Mark Wesler						
Man Hours:	196	Crew Size: 20						
Work Performe	630 ou site - Sign	11-Hook up water Meater						
Suctur	Remove Lugar certi	nys, Denno openings in wallst						
Certings to expase fittings. GLBG = wrap + out iAsbestos fittings								
Mechanical Rooms & Aveci#1								
700 Te	nacon on site - Visual	(So Lobby Containment						
720 Set	ap & Run Final Hirs	So Lobby Containment.						
900 No	publems - Duop Ship	o of Materials on site, unlocket						
MOVEIN	1 blog. Continue Non	AsSolemo to expose fittings						
	wrap & Cut Fitterys.	,						
10:00 F.	nals Pass So Lobby Cou	forment - Tear down. Mour Decou						
to Avi	eat 1= Set up_							
1200 +01.	230 Lunch - One worker	r off site for the day						
1230 Su	ut up - Continue to a	leuro wall " cectury openings to acess						
Ectting.	s. Continue to Bloveba	g & alverp & Cut fittings in thread the						
Mechan	ricel Room's.							
Z30 Nop	roblems. Continue to de	euro to acess fittings avea #1_ GLBG &						
wapte	eat Fittings in Mech vo	om & Avea#1						
<i>`</i>								

Job Name:	OWC - Former IRS Building	Date: 3-16-22	
Job Number:	E22-021	Supervisor: Mark Wesler	
Man Hours:	160.5	Crew Size:	
Work Perform	ed Today: GIS ON SITE OPEN	gate * Blody-Get puper work ready	
630 Cve	ew ou site signin - Hook	up water meater - Sait up.	
		Lobby Containment. Glovebag*	
	Cut Fittings in Aloren		
900 No 1	ovoblems. Ney presson	reis-028 So Lobby Containment	
Contine	re to final Clean. Glove	Barg & Wrap & Cut Fittings Krea 2	
Mech		5 1 2	
1200 40	1230 Lunch	7	
1230 Sui	tup. Glovebay & Wap & Ci	FEHring & River Z. Wech Roovis. Final	
Clean S	a Labby Containment		
230 Fin	ish final Cleaning So 1	Lobby Containment. Go in & disuel	
300 Euco	upsalate Schobby Coute	aurilent. Regulate Avea # (* Start out ceiling space, pipe chaces	
to wirap	e Cat fittings through	sut ceiling space, pipe chaces	
Demo Cl	Denne Chaces to expose fittings in Alvea #1. Move to last Zird Level Mech Roome Clovebag large fittings.		
Mech Roe	une Clovebag large fitte	nys.	
448 Stor	premoury - Disconect	water Meater. put tools in Lock up	
Secur	re Blolg.	· · · · ·	
Soothe	Prew is aff site.		
SIS BID	g Secure, Clase gate. + [eave for the day	

Job Name:	OWC - Former IRS Building	Date: 3-16-22
Job Number:	E22-021	Supervisor: Mauk Weslev
Man Hours:	146.5	Crew Size:
	τ.	
Work Perform	ed Today: GOR DOISITE-OPE	ngate + Blelg. Get papevalor/ veady
630 Cm	ewonsite-Signin- A	Sokup water meater Suit up
Contin	ue to Glovebug-wray	ot cut fittings in Mechanical Room
Wrap 4	Cut fittings & demo o	penings to acess fittings Avecit
915 Set	up & Staut to vendue.	Rup Curtan in Avece #1
1030 00	e move wavker arrived	lonsite. Continue to GGBB
alvap "	But Fitting 5 " Demo t	o acess fittings Mech Room Aven 1
1200 5	1230 Lanch - Dung	oster pulled "going to dump.
1230 Ba	uck to work-Suit up.	GLRG " Wap & Cut fittings in Mech
Rooms	Avea # 1. Removing fir	P Curton in Aven #1
		O Remove fittings by GLBG*
		ston. Dumpster back on site.
400 Mou	re Allbags to tool roo	in tobe stored. Call hours to
arder n	eave scattold will bege	etting move workers.
43556	premoving-Decon a	ut & clean ap. Pull water meater
Gather	ap tools * ext coards,	take them to tool room * Lock up
500 End	of shift.	
	·	

Job Name:	OWC - Former IRS Building		3-(7-22
Job Number:	E22-021	Supervisor:	Mark Wesler
Man Hours:	157	Crew Size:	16
Work Performe	ed Today: GIS on site apeng	ate # Unlock.	Building Get paper work
630 Crew	onsite-Supan-Hookup	water meater	er Suit up Continue
to do Nou	asbestos deuro toacess	fittings avea	#1. Glove Guge WVRPN
	ngs in Avea #1 + mech		<i></i>
930 NO DU	oblems-continue to d	enno to access	fittings . WVOPNOut
fittings	n Avea #1 & mech Roe	sur's. Remour	Pfive curtain in Hoeefl
10:00 ou	e sawzell stop werki	ng. Local as	bestos bags in dumpster
1140 5+0	pvenduing - Clean up	* Deconsul	. Einish Mech Rooms
1200 70	12301 Lunch, Sizzov L	if duonal of	Ŧ
1230 Sc	is veryour Five curton	rept cart fi	Hings in Avea 1
Stout +	S veinaur Five curton	in Avea Zt	open certings to
EXPORT	TIMONYS.		
230 1/2	problems · Continu. 1. Remove five Curton	e to wrap "	cut fittings in
Avea	1. Remove five Curton	A IN Aven #	2. Load bags in the
dump.	ster,		
440 5	ton vemaning - Clea	rap. take	· bags to lock up
deco	nout-pull water ewolf sife. Jam	meater to	ke tools to lock up.
500 C.	ew off sife. Jam	e wants an	e toput tools in
diana C	stor alie to brake i	in no Islalo.	Secure Blily & Gates
put fi	ols in the dumpster 'f site.	0	
545 of	fsite.		

Job Name:	OWC - Former IRS Building	Date: 3-18-22		
Job Number:	E22-021	Supervisor: Mark Wesler		
Man Hours:	290.2	Crew Size: 23		
Work Performe	615 ou site - aula	sck Gate & Blog		
630 Cue	wonsite - Sugara (Check new worker's paper work.		
		Set up Scaffolds & move Lift to		
		* cut fittings. Remove Five		
curton	Avea # Z. Democell	my wall openings to acess		
fittings	in offices of Avea	#2. Pull bulbs & box up in office		
9001 1/2	profileurs = continue	to awap N cat fittings. Remove		
fore co	wton. Non Askesto	s demo to acess fittings		
1100 Low	rison site with tools	s demo to acess fittings * Sceffold - chilode * move in		
12001-10	1230 Lunch			
1230 10	Peurove Five blanket.	Avea " Z Wrep up small fittings		
hang 6	Slovebags on Large, D	eno bottom of collands on		
	1 Course PHu			
ZIS Ste	215 Stop* Clean up put tools * ext coavels 14 Dumpster Discorrect water meader * Secure site 300 Creas off site. Start to Lock up			
Dusco	mect water mead	er * Secure site		
300 Cu	ew offsite. Start	to Lock up		
315 09	Site.	1		

Job Name: OWC - Former IRS Building	Date: 3-21-22
Job Number: E22-021	Supervisor: Mark Wesley
Man Hours:	Crew Size:
Work Performed Today: GIS on site, a	open gate, unlock building
630 Crewonsite - Signi	n. Sout up - Hook up water meater
Start to wrap N cut fitting	s & Glovebag large fittings in avea rea #Z. Pull floresent bulls Avea#1
#Z- Remove fire curton Al	rea #2. Pull flovesent builds Avent
Do non Aspestos demo of an	alls & ceilings to expose fittings.
Avea Z # 3	
830 Avece # 1 all the asbesto	s fittings has been verieved the
Fire Curton. Everyone in	Avea #2 * 3 Wrap N cut * Glovebag
Ettings. Rendove flovesent 6	
930 Loud bays in dumpste	ev to finish filling. Call for Switch a
1145 Stop vemoving & Deco	noet.
1200 to 1230 Lunch	
1230 Continue to wap	v cut fittings, glovebay Large
fittings, verove five cur	ton in Aura #2 + #3. Pull flovesent
bulbs \$ box them Rrea#1	
230 NO problems conti	nue to glourbay & wrap w Cut
fittings. Remove five cur-	ton Avea # Z # # 3, Pull flovesent
bulbs and box up in offic	es of Avea #1 ##Z
430 Stop removing - Clean	rup, move bags to Lockup
Pull water meater.	
445 take extension coc	useds, GECES & fools to Lockup
500 arew offsite. Lou	d up power tools in my track
Secure & Lock up bu	ilding
515 Endofday	

Project Daily Log

		3-77.77
Job Name:	OWC - Former IRS Building	Date: 3=22.22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:		crew Size: 23
	/	
Work Performed	GLS on site-Unloc	kgates open building.
630 Crec		ook up water meater to
Hydrant	. Continue to wrap	NCut & Glovebag large fittings
in Avea	S#Z##3. Remove Fi	recurton in Avea's #2*#3
Pull Flow	esent balbs and box	them up. Avea #1
830 Dan	upster pulled, outh	e way to the dump. Line & Stout
22 AS		r. Send crews, back to recover
flovese	ut bulbs * box them	-
1130 Finis	sh Fire curton in Au	eat Z. wrap ricut Rittings in the
lust hal	lway of Aved # 2. St.	ppremoving, grean up floors
1200101	1230 Lunch	
1230 Su	dup. Continue to	Glovebay & wrap N cit fitting
IN Avec	1 Z Hallway and offic	es. Remove Five Curton in
		it bulbs "box them up Aveat
and off	fices - Load bags fro	on the Lock up out to dump ster.
Z30 Nor	problems. Continue	to Glovebag * wrop NGUT
fittings	fittings-	
400- En	ush Five curton in	Avea # 2 # 3. Finish fittings in
Aveat	Z. Still working de	Avea # 2 # #3. Finish fittings in rfittings River #3 Pull Chivesent
SUIDS M	real	
430 ST	of Removing Clean u	p. Pull water meater put tools
indun	ORTON	
500 CV	ewoffsite Secure	Site + Lock gate
515 0-A	Esite	

Job Name:	OWC - Former IRS Building	Date: 3-23-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	232.5	Crew Size: 23
Work Performe	ed Today: 645 ou site. Open	Gate + Building. unlock Duempster
630 Crea	Non site-sign un- Hook a	up water Meater. Sait up. Continue
to Clove	bag Largo Rittings, W	vap & cut small fittings in the
		conectors of avea 3 to 4- Remove
		Recover Bulls Area Zonraised
floor as	socied rooms.	
930 pop	roblems. Continue to	e curton Arza#9. PullBlubs # Box
Avec #21	3. Remove transite fir	ecurton Avea # 9. PullBlubs # Box
Avea #14		
1145 Stor	removing clean up.	Deconout
1200 to	1230 Lunch.	
1230 Su	Hup. Continue to GLB	6. WVapricut offices Aver 2 = 3
Removi	Fransite Rive curton 14	weat 4. Pull Bulbs Avea #2
300 Nop	volaleurs Continue to G	LBG + Wrap N Cut. Remove Transite
Five Cu	rton. Recover flovescu	tbulbs, smoke detectors to the PCUS
490 51	opremoving - Cleand	up- Move bags to Lock up. put
Power	r tools & Ext cocivels in 1	Sumpster. Pull water meater
STOU Cre	wolf site. Lock up & Si	equipe Site
	dofday	

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Job Name:	OWC - Former IRS Building	Date: 3-24-22	
Job Number:	E22-021	Supervisor: Mark Wesler	
Man Hours:	230-5	Crew Size: 23	
Work Performed	GISTonsite-U	rlock gate & Building	
630 Cve	ew on site-signin	- Hook up water meater-suitup	
Continu	e to glovebag large	fittings wrap went small	
- littings-	Remove transite	fire curton. Non Asbestos	
demo f.	U access Area#3 ##	4. Remove Universal waste	
in Avea	5#1#2 * # 3 * Box u	p, move to storage Load Asbertos	
bays int	to dumpster	/	
930 NO	problems - Continu	e to remove transite Fire curton	
Avecetul.	Glovebag * Wrap N C	it fittings. Non Asbestos demo to	
acess fittings & transite avea's #3 ##4. Remove Universal			
wasteo	averis# (Z#3		
1140 Star	oremoving. Clean up	D. decon out.	
1200 to 12	230 Lunch	+ ++-	
1230 Su	tup Glovebage Whap M	cut fittings North Side Avent #2 e curton & avound primiter. GLBG	
wrap 1	Cut Fittings Area 4	- Recover UNIVersal waste from	
Aveas	1, Z \$ 3 Call for Du	upster switch	
440 Stop	o revioving fittings-	Cleanup-pull duops. Move bag	
to lock up. Pall water meater. Lock tools in Dampster 500 Crew offsite. Make sure doors are Locked			
500 Cre	wolfsite. Make:	sure doors are Locked	
Lock	pate.		
515 0	ff site.		

Project Daily Log

...

Job Name: _	OWC - Former IRS Building	Date: 3-25-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	184.5	Crew Size: 23
Work Performe	GIS our site Cha	lock + apen Gate and Building
630 C.v.	ewonsite Signin-	Hook up water meater and
Suita	p. Remove Transite	Five Curton - Glovebag - Wrap NGat
fittings	Do Non asbestos dec	Hook up water reater and Five Curton - Glovebag - Wrap Noat no to acess fittings & Transite
in Ave	atty. Allasbestos.	fittings, Five curton finished
		5 chiversal Waste in Avea "
		vaste & Universal waste to
Storage	Aven	
930 No 4	problems - Continue to	venoue Transite five curton &
fittings	Aveattel. Recover Unive	venoue Transite five curton & ersat waste Avea's 1,2, #3. Move
waste	to storage.	
	premoving-clean up	-Decon out.
	1230 Lunch.	
		evoue Tuansite five curton.
Reinove	fittings, Glouebag ov	WVODNCat Avea # 4- Recover
aniver	rsal waste Averist	74 Z # #3
230 Sta	opremoving - Clea	n cip, pull durp cloths - Decon
Oert. A	isconect water me	eater. Take Bays to Lockup
put po	wer tools * ext coal	rds in Dumpster.
300 CI	rew off site. Seco	rels in Dumpster. we site, Lock Baulching &
gate		
31501	(Esite.	

Project Daily Log

Job Name:	OWC - Former IRS Building	Date: 3-28-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	129.5	Crew Size:/ 3
Work Performe	GIS on site unlo	ckgate & building. get out
Sign	in sheets. Power ac	1 to 10h Trailer
630 C	vew on site Signin.	Hook up water meater
suit up	· Continue to veryove.	fire curton. Wrap N cut Pittings
in Avec	x #4. Recover Unive	vsal waste North Side of
		lwaste to Lock up to be storal
		e to remove Transite five curton
and fit	tings through art wa	115 A cechings in Avea # 12 Remove
Univer	sal coaste North sit	r of Aven#18Z
1100 60	uis on site with Ge	nevator. Drop it at the North
Conec	for ilulocle materi	als ordered finish Five curton
North	side of Aveat 4- Rem	ovetransite pannels from
the pri	miter of Building.	1
1200 10	1230 Lanch	
		rels from the primiter Averty
and ve	move fittings through	hoet by GLBG = Wrap N Cut.
Remout	e Universal waste from	· Aveat/##Z north side.
		1 Zud Level in Avea Z North
Contan	ie to vemove Universe	lariste, package apennove to
		our the primiter and remove fittings
GLBÉ#	Way N Cut Area #4	
440 Sto	premoury. Clean up-1	Decon out-Pull water Menter in Dampster. Crew off site
500 ab	iste in Storage-Tools	in Dampster. Crewoff site
SIS BI	alg securp & Locked.	· Close*Lock gate. offsite.

Project Daily Log

Job Name:	OWC - Former IRS Building	Date: 3-29-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	130-5	Crew Size: 13
Work Performed	GISonsite-Unlock	and open Gate & Building
630 Cver	Donsite - Signin - Ho	ok up water meater. Remove
		rimiter of the Building & Remove
Five Cu	rton. GLBG & Wrap NO	cut fittings Throughout Avec #4
Recove	v Universal waste	Arecis#1,72##3
930 No.	problems, confinue	e to remove Transite, Fittings
Recove	er universal waste.	Store Ash bays & Universal
	in Lock up by loadu	
	premoving - Clean u	
	1230 Lunch	1
1230 Sc	alt up- Remove Tra	nsite five curton - Blovebag #
wap N	cutfittings Avea #	4. Recover Universal waste
in Avea	is # 1 # 2 # 3. Stave &	ays & Universal waste in cage
at Loac	ling Dock. Dumpste	is switched out.
300 Nop	robtems-Continue to,	Remove transite curton. GLBG
& Wrap-N	-eatfittingsthrough	out Aven#4. Recover Universal
waste	Avea 12 #3	
440 Stop	premoving- Clean	water meater & Tools in
Pull	water meater - Put	Water meater & Tools in
the D	umpster. Put bag	sin Lock up
500 Cr	ew off site - Secu	ve site # Lock up
SIS Fu	ew off site. Secu d of shift. off site	<u>.</u>

Job Name:	OWC - Former IRS Building	Date: 3-30-22		
Job Number:	E22-021	Supervisor: Mark Wesler		
Man Hours:	130-5	Crew Size: /3		
Work Performe	Elsonsite unk	ock & open gate & Building		
630 Cm		Saitup. Glovebag - Wrap Nout		
Avea #2	2 Mechanical Room Up	per Level. Wrap Neut Pittings		
Avea#	4. Remove Transiti	e five curtor & around the		
		ecover Universal was te North		
	vea's #1, 2\$#3.			
830 CO	ad Transite in Dur	npster & Make Bundels - Loud		
		. Continue to GLBG, Wrap N Cut		
fittings	s_ Remove Transite au	rel Recover Universal Waiste		
930 fine	sh Loading transite in	r dumps fer_ Still removing		
transites fittings- Recover universital waste.				
1145 St	1145 Stop venoung- clean up - Decon out			
120070	1230 Lunch			
1230 SI	1230 Suitup - GLBG & Wap N Cat fillings - Remove to constle			
1230 Suit up - GLBG & Wap N Cut fillings - Remove transtle Hvea #4. Recover Universal waste Area #1,#24#3 North.				
Move	waste to Louding d	ock to be stored.		
230 No	problems - continue.	606.4062 stored. to 61.86, wrap 1' cut. Remove		
Torsurs	ite Five Curton Avea	# 4- GLBGE abrap N Cut fittings		
Zud Level Mech- Room Avea#2. Recover Universal waster				
box up Aveas#1, #Z##3				
440 Stop vernoving- clean up-Decon out-Pull water Meater				
Put waste in Lock up, Tools in dumpster				
500 Cv	500 Crew off site - secure Site & Lock up.			
515 Eu	nd of shift	•		
	2			

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

- s

Job Name:	OWC - Former IRS Building	Date: 3-31-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:		Crew Size: 13
Work Performe	630 ocrsite-sign	in - Hook up water meater
Santag	o-Continue to veri	ve Transite Fire curton
pinched	d between sheet roc.	K. Wrap & cut fittings Avecity Zuel Level Mech Room Aven #2
GLBG	ewrap n cut fittings	Zuel Level Mech Room Aveg #Z
Decove	I anversal waster	Duckaye Avea 1, 64 D.
900 No	problems-Confinue	to remove transite five enoter
Remov	e fittings by wrap N	to remove transite five enstan cut « GLBG. Recover universal
waste	e box up.	
1100 fin	ISL BLBG * WVOLPNBU	Affitting Znel Level Mech room
clean	up & Loud out buyst	tools
67 0021	1230 Lunch	
1230 Su	tup- continue to rea	nove Transite fre curton +
fittings	Avea # 4 Recover 1	Chriversal wastr + box up in
Avecist	2+3- Load bays 10	1 dumpster
Z30 fini	sh loading out bag.	5. Finishfittings in Avea 4
Stillve	emove transite five	curton between Drywall-Recover
Univer	sal waste worth sid	e of Aveasth Z& #3
HOOFIN	ush Znd Level Mech	anical Room, Move down to 1st
floor in	ecturning	
440 Stop removing. Clean up-Pull water meater put tools in Dumpster. Secure site * Lock up		
in Dau	upster. Secure site	Pa Lock up
sou oft	site	

Project Daily Log

Job Name:	OWC - Former IRS Building	Date: 4-1-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:	95	Crew Size: 12
Work Performe	615 on site - un	2lock * open Gate * Building
630 Cv	ewonsite-signin-s	suitup. Remove Transite
fire cu	vtous Transite avou	und the primiter of Building
Aventy	La Demoto acess fitt	ings & wrap weut fittings
Aveat	z Rest Room's, Recou	er universal waste + Box up
Aveaist	and the second s	1
930 NO	oroblems-continue.	to venoue Transite * Transite
five cu	rton, Remove fitting	s* Recover Universal waste,
box up	and store at Loading	dock in caye.
1130 fin	ush venoving fittings	med's Rest Room, move to Womens
	oom Aven Z	
1200-10,	1230 Lunch	
123.0 Su	tup-Remove Transit	e-Crow primiter, North wall &
#Last S	ection offire curtor	1 Hvea 4- Keurove fittings Womens
Rest Room Avea # Z. Recover Universal waste Avea # 3 South		
230 Finish Fittings Alveritz. Finish Transite Fire Curton		
& North & South Priviter Transite Area#4. Stop removing		
Clean up - Pullwater meater. put tools in Dumpster		
waste in Lock up at Dock.		
waste in Lock up at Dock. 300 Ovew off site. Lock up Building - Close & Lock up Gote		
315 End of week.		

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Job Name:	OWC - Former IRS Building	Date: 4-4-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:		Crew Size: 12
Work Performe	d Today: 615 on site unlos	ckaopen Bater Building
630 Cue	ew on site - Sign in -1	Hook up water meater to Hydraut.
Setup	Remove Transite for	our the primiter of the Building
in Avea	#4. Demo openingsi	npipe charces in Rest Rooms *
remove	e fittings Aveatter. R	ecover Universal waste and
boxup	through out North	side of Avea#3
930 Evi	c on site to drop of	f Boxes & Skids. Continue
		195 Avea# 4. Recover Universal
waste	worth side of area #	3
1130 fin	ush fittings in Rest	Rooms Avea # 4. Move to Avea
#3 Res	of Rooms & Dema open	nings to Remove fittings
1200 to		
		vansife poinnels from West
primite	eswall. Demo & Rev	www fittings Avea # Nowth Rest
RODMG	Recover Claiversal	waste Avea # 3 nouth side.
230 Fin	ush Transite on wes	twall of avea Hy_ Move tu
easta	oull, set up * Remov	e transite panviels. Remove
fittings in Rest Room's Aveat 3 worth- Recover Universal		
PITOS TO BROOM # 3 Klowth		
440 Clean up, pull drop cloths, Decon out. Pull water Meater & put meater & tools in Dumpster. 500 Crew off site. Secure Site & Zock up Building 515 Close Gate & Lock up. off site.		
Meater & put meater's tools in Dumpster.		
soe Crew off site. Secure Site & Lock up Building		
515 C	lose Gate & Lock up	_ offsite.
	,	

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

45

Job Name:	OWC - Former IRS Building	Date: 4-5-22
Job Number:	E22-021	Supervisor: Mark Wesler
Man Hours:		Crew Size:
Work Performed	GISoussite unlo	ck* open Gate * Building
630 Cv	ew on site-Signi	n-Hook up water meater to
five Hyd	brant. Suit up - Dei	no openings in Rest Room
wetwa	11s & Remove Fitting	s Breaznorth- Remove
Transit	e Pauvels from Eres	Twall Avecit 1/ & Louch in the
		versal wastet Box up Avea 3
930 finis	h vencourse transit	e-Continue to Local it out to
dumps.	fer & Bundel, Stil	wrap & cut fittings Avea #2
north	Recover Universa	(waste Aver #3 nowth
1100 Pi	ush Transite. Stan	of to Recover Universal
	Avea #4	
	1230 Lunch	
1230 C	continue vemove f	Hings, wrap N cut Avea #3
Recove	v + box up Universe	al waste Avea's#3 ##4 gs. Eveny one Recovering #4
300 fine	shremoving fitting	15. Eveny one Recovering
Univers	al waste Rheat 3 dt	# cj /
430 Pul	(water meater, a	Clean up, put tools in lockup
Damos	ter is full-	
500 Crew off site, Secure Building & Lock up the		
Buldung & Gate.		
	set of day	
	/	

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

....

Job Name: OWC - Former IRS Building Date: 4-6-22		
Job Number: E22-021 Supervisor: Mark Wesler		
Man Hours: 120 Crew Size: 12		
Work Performed Today: 615 on site unlocka open Gatea Building		
630 Crew on site. Sign up. Set up temp Lights & start		
to Recover annersal waste - Bulbs, Smoke Heads, Battery's.		
Box up & move to loading dock-		
930 No problems - Continue to Recover aniversal waste		
Pullbulbs, check Ballasts. Pull Smoke heads, Batterys		
Check exit signs. Box up Items & Move to Dock aveg		
Putonskids. Aveast 3 #4.		
1200 to 1230 Lunch.		
1230 Back to work - Finished Recovering Universal		
waste in Avea # 3- Every one working in threat 4		
and the Conector Recovering Universal Waste, Box		
I up & Move it to the Loading dock * put it on skiels.		
300 No problems-Finish the Conectors-Every one in Breat Hil Recovering Universal Waste & Box up; move to		
Breat 4 Recovering Unwersal Waste * Box up, move to		
Goading Dock-		
445 Stop ? Clean ap- Put exaponent away		
IN LOCK FIDE		
560 Crew off site - Secure * Lock up Building		
Close & Lock Gate.		
SIS End of Day - Offsite.		
3		

Project Daily Log 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Joh Nomo:	OWC - Former IRS Building	Date: 4-7-22
Job Name:	E22-021	Supervisor: MRZUK Wesley
Job Number:	120	
Man Hours:	120	Crew Size: 12
Mark Daufaum	ad Tadaya i	
	Gisonsite unloc	k * open Gate * Building
630 CU	ew on site - Signin	Set up temp Lights & start ballasts. remove smoke beads
torec	over bulbs & check.	balliests. revioue smoke beads
* eulei	requirey Lights. Box	up & move to Loading dock
to be	puton skiels,	
830 20	us on site to dro	polf trailer - Start to Load
oute	guipment not need	lecte
930 C	intinue to Recove	or Universal about + box up
Loud	equipment our tra	iler.
1200 fo	1230 Lunch	
1230 Cr	atmus to Recover a	inwersal was to Avecit c/ Box
Up & a	nove clawersal wastr	- to Loveling clock. Load the
eguip	ment not needed of	a trailer isad materials
potas	ed on trailer.	
230 Trailer Loaded. Continue to Recover Universal		
wastern threat 4		
300 No problems - Continue to Rocover Universal abote Avea 9		
Isus Dick up Trailer		
430 Finish Universal Weste Avea # 4. Move Boxes to		
Logaphiase Dock.		
SOO Crew off site. Secure Site & Lock Blug, Close & Lock		
Gate-		
515 End of day		
	l	

Job Name:	OWC - Former IRS Building	Date: 4-8-22	
Job Number:	E22-021	Supervisor: Mark Wesler	
Man Hours:		Crew Size://	
Work Perform	ed Today: 630 on site - Un	lock Gate + Building - Sign in	
645 S.		loling next to Avea #4	
Recou	ser Universal was	te. Set up * Recover Universal	
	e by Dock avea # Lo		
900 M	bue Boxes to Loadin	poek, put our skiels ?	
Sho	ink wrap. Contini	re to Recover Universal Whiste	
BIL	sading dock & Suna	11 Barlehny.	
1100 4	ansh Recovering	Universal abste.	
S	lart to Shrink Wro	ap Shiels & Count Iteus.	
	1230 Lunch	1	
1230 fc	mish counting & Shu	ink wap skirls.	
100 200	100 Louis on site- Start to Load dut equipment		
200 TU	uck is Locacled - f	inish Packaging Chinevsal	
6	hotet Chemicles	. Off Stie Job finished	

Job Name:	OWC - Former IRS Building	Date: 4-15-22
Job Number:	E22-021	Supervisor: 1900k Wesley
Man Hours:	24	Crew Size: 3
Work Performe	ed Today: 700 on site - Si	guin- Unlocke equipmenta
Materi	alneeded. Locate	Fittings that were missed
when	n Teracon did the	Visual Inspection.
815 M	hove equipments	nateural back to Avea #3
Setu	pr wrop up fittings	that get cat out.
1050 -	mish in Horen # 3 - Bu	ing Equipment & Waste Back
Putes	upment in Great	8 & alaste at Localing dock
1/02) 70	1130 Lunch	
1130 Bo	cktowork-Surtup	· Regulate & Lay Drop cloth neerlost to acess fittings &
1210 5	taut to Demo couling	needed to acess fitting 5 \$
	oup littings	
1-00 Co	it out fittings - Fine	1 Zanowe fittings
1:30 D.	euro ceiling to ace.	is the fittings & alvap up
flot	e Cittury S.	
215 C.	tout the fittings	* bay them ap
230 Se	1 up Avea #9 - Ha	ng Glovebag & Remove Roof
215 Cut out the fittings * bag them ap 230 Set up Avea # 9 - Hang Glovebag * Remove Root Drain with Asbestos insafertisin.		
315 Finish Scope of work - Clean exp. Pat bags in the Dock area with Genevators on them		
the Dock area with Genevators on them		
330 Enclof Day.		

Enviroworx Services, Inc 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

WORK AREA ENTRY LOG

* individual is being monitored

Supervisor Signature: These alech

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226 **Enviroworx Services, Inc**

Project Name: OW Project #: Date: <u>\$- \$-22</u> **OWC - Former IRS Building** E22-021

WORK AREA ENTRY LOG

			Adomis J Co.S. Tro 5275 630 1200 1230	Elvin Imened 8775 1 1	HISRAL CONTRO 5130	EDUCARDO LOZA MULANDEZO 2617	Glenda X Valdaz 5312	Mista Burdas 2832	Polit Perzz uluz	Elmir 22206. 1023	Joel Conzales 2983	Save Partillo 0579	Manuelle sauguin 7557.	Nevian castillo 1834		Mark Wesler 2670 630 1200 1230	
-																	
									Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	Suits	T Safety Glasses	Hard Hats		

Supervisor Signature: Plack Weally

Date:	Project #:	Project Name:
Date: 3-7-22	E22-021	OWC - Former IRS Building

WORK AREA ENTRY LOG

										1			*
								2	1 sosa (pertillo	Ð	Glenda X vardez	Mauricio Hernandez	EMPLOYEE SIGNATURE VISITOR
								5868	6230	4147 .	5312	9174	Social Security Number
								630	-		_	630	Time In
								1200	~		_	630 1200	Time Out
								1230	_		_	1230	line
								200	-		_	500	Time Out
													Ime
													Out
					Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	E /Suits	L Safety Glasses	Hard Hats		List type of protection:

* individual is being monitored

Supervisor Signature: Would Weblu

Project Name: OWC - Former IRS Building
Project #: E22-021
Date: <u>3 · 7 · 2.2</u>

WORK AREA ENTRY LOG

								1											*
Adon: 5 Costro	Tariko's fill o	Adaiis windi	Ramon Jarguin	Elyin Impact	Mison A Rodziturz	R	61	Manuel I - Casillo Javain	Alov lan castillo	Nilson Soulo	Capling Gudo	FOURTRO 62 n Manual tob	Jose Blandon	Eloner Zepedar	JEFFSUNDEN FLANS	Mint Hiles	S	Mark Wesley	EMPLOYEE SIGNATURE
52 25	Da 4r	4715	2564	5443	28 91	2882	-	1 557	heel	_sto!	1200	42017	5621	5201	0625	8166	1283	2670	Social Security Number
630	-																_	630	Time In
1200 1230	-																	1200 1230	Time Out
12.30	v																1	1230	Time In
500	-			-										~	200	330	330	330	Time Out
																			Time In
																			Time Out
											Terror Steel-Toe Boots	Gloves	□ _Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	, Hard Hats		List type of protection:

Supervisor Signature: Wark alot he

Project Name: OWC - Former IRS Building
Project #: E22-021

Date: 3-10-22

WORK AREA ENTRY LOG

Ī														*
												Jeff Sunderhaus	MISGI Castas	EMPLOYEE SIGNATURE
													9 2 1 5	Social Security Number
												630	630	l ime
												1200	1200	Out
												1230	1230	11
												500	500	Out
														In
														Out
						Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	C Hard Hats		List type of protection:

* individual is being monitored

Supervisor Signature: Wack alots

Project Name: OWC - Former IRS Building Project #: E22-021 Date: <u>3~i〇~こ</u>之

WORK AREA ENTRY LOG

	1	[*
Joel Gonzales	Ses. Brhild	filed fired .	Glandax Valdez	Maria Dabila	XI	Adonis Constro	Flyin Immehile 2	Elmer Zeppela	Adalis lumbi	Mita Bostas	Tosé tsiondon	AR		м .	51'R (11/2)	Ş	Wovlan costillo	Mark Wester	EMPLOYEE SIGNATURE
5366	bESO	thin	5312	3921	2657	5275	8775	5601	9715	2882	2631	28 71	2564	2017	2248	4557	1234	0292	Social Security Number
630	-	-			-	-											-	630	Time
0021	-	-		_	_												-	1200 (230	Time Out
1200 1230 500	-																	(230	Time In
200	-																_	500	Time Out
																			Time In
																			Time Out
											Steel-Toe Boots	Gloves	□ _Full-Face Respirators	Half-Face Respirators	1 Suits	Safety Glasses	And Hats		List type of protection:

Supervisor Signature: Would William

 Project Name:
 OWC - Former IRS Building

 Project #:
 E22-021

 Date:
 3 - // · 2 Z

WORK AREA ENTRY LOG

Τ												1						*
	da X	Novian castillo	Elym Innenez	Jos Ridstillo	AdALIS IUMBI	Mijeel A Todriguez 2	NELSI XIOMARA VELASquezo.	I castillo	Ramon Javavin	BOMAS	tota menulata	Tose Blankin	Murvier Hunander	0	625	Jase Portillo	Mark alester	EMPLOYEE SIGNATURE VISITOR
	5312	1234 1	5 t t 20	2248	51 th	16 82	2657	Jargin 7557	2654	2832	2017	12.92	9174	4147.	2983	9450	0292	Social Security Number
	930	630	-	-	+	-	-	-	-								630	Time In
	0021	-		-						-							0021	Time Out
	022)	-															1230	ln
	300	-											-				300	Out
																		In Time
																		Out
										TV Steel-Toe Boots	Bloves	Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	Hard Hats	/	List type of protection:

Supervisor Signature: Would also be

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226 Enviroworx Services, Inc

Project Name: Project #: Date: **OWC - Former IRS Building** E22-021

2-14-22

WORK AREA ENTRY LOG

*	1				1		1														*
individual is being monitored	Mario Beltran	Jusé Esteban Seguelia	Mangel Castro	Marin Colare	-Joel Coonzales	Pole L Perce	05 r 12	MARAUPI I cashila Savan	Nor an costillo	Elyin menez		K	Ramon Larguin	Mista Bosas	mbi	Fluendo late mailoga	Sos R carlino	Glendax valdez	5 (Mark Wesley	EMPLOYEE SIGNATURE VISITOR
	6879	3678	3/03	MHSH	2983	4142	94 20	1557	808	5648	2891	FEUR	2564	28372	HT 15'	2017	2248	53/2	5225	2670	Social Security Number
					630	÷														630	Time In
	058			220	(200	-														0021	Time Out
Super	330			330	1230	~														1230	Time In
visor Sig	500	-														_			-	500	Time Out
nature:																					ln In
M																					Time Out
Supervisor Signature: Weile Weile													Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	Suits	R Safety Glasses	Hard Hats		List type of protection:

Project Name: Project #: Date: 3-15-22 **OWC - Former IRS Building** E22-021

WORK AREA ENTRY LOG

\star individual is being monitored	Mario Deltion	Man Sel Castro	Miguel A Rodziguez 2	Jose Estan Sequelines	Marin Cake	Jumento neurode	Ramon Larguin	Elyin Imenez	Adnus lumbi	Equipo Loza Mandallez	Joel Conzales	"Jose" Partillo	Polet Perez	Glenda Y Valdez	Manyel Treastillo Saway	Mrda Borras	Admis Co.Stro	Norlan costillo	15 56 12 cast /1/0	Mark Wesley	MPLOYEE SIGNATURE
-	6770	3103	2891	3678	44 54	SALE	25-64	2448	4715	2017	2983	64,50	4147	222	4557	2832	SJJS	0000	22 YS	0292	Social Security Number
	630																		1	630	Time In
	1200	-					_	-	-										-	1200	Time Out
Super	14	1230	÷																2	1230	Time In
visor Siç		500	_																	500	Time Out
ynature:																					Time In
XX																					Time Out
Supervisor Signature: Wark alugh													☑ Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	I /Suits	Safety Glasses	And Hats		List type of protection:

Project Name: Project #: Date: **OWC - Former IRS Building** E22-021

3-16-22

WORK AREA ENTRY LOG

								A									*
		Glendax Undez	Silv	Joel Genzaks	Mister A > Rodigerz	Elyin imener	Jesa Portillo	Takt Perez	Ramon Jarguin	Armando marmudez	EDUGIDO LOZA MCALDOZA	Adniis lumbi	a costillo	rain	Tosircastillo	Mark Wesler	EMPLOYEE SIGNATURE VISITOR
		SS/2	5225	2983	2891	27743	6250	24117	2564	SILL	2617	4715	808	7557	2248	0292	Social Security Number
		1030	630	~												630	Time In
		0.021	-												-	0221	Time Out
		1230 500	-							-	-		-	-		1230	Time In
		500														500	Time Out
																	ln Time
																	Time Out
									□ Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	□ Suits	Safety Glasses	Hard Hats		List type of protection:

Supervisor Signature: Would When the

Project Name: OWC - Former IRS Building
Project #: E22-021
Date: <u>Sr (7-22</u>

WORK AREA ENTRY LOG

		4			<u> </u>														*
June 1 Con 1				Armonia hermuda.	Glenda XUardez	Ramon Joy un	Idry of SILLAN	Adom's Costro	makel on castillo tax	Morlan costillo	1 ime	DOL	-Sael Conzoles	Sosi Partillo	Tolel firez	A	2020 12 100 /11/10	Mark Wester	EMPLOYEE SIGNATURE
94.90	Ţ		2891	1241	S312	2564	4115	5275		4808	-5 t t 8	2017	5866	0579	4147	2832	Sher	p232	Social Security Number
			630	-	-												-	630	Time In
			1200	-	-	-		_									-	1200	Time Out
			1230 500	s.			-										-	1230	Time In
			500									_	500	300	390	200	1	500	Time Out
																			Time In
																			Time Out
											Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	Ard Hats		List type of protection:

Supervisor Signature: Mark wheely

 Project Name:
 OWC - Former IRS Building

 Project #:
 E22-021

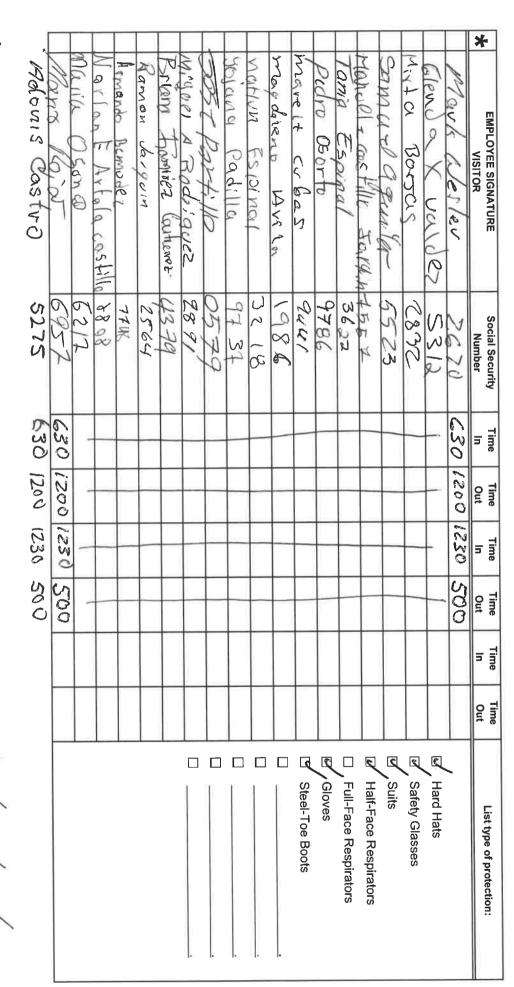
 Date:
 3、/ 分、2.2

WORK AREA ENTRY LOG

003													_		-1		*
is being m	Adon's Costro	FOR 15 LUMBI	Miguel A Rodriguez	Samuel Iquilar		to 1 Partilla	No	-	š		Espinal	2	3 1	Minta BOITAS	olly card of you	Mark Wester,	EMPLOYEE SIGNATURE
12 23 12 12 23 12 12 23 12	2012 2975 X0XF		7891 72557	SESS 33	5866	6t50	HINT	X1722	25-64	9846	3622	7867	Acked 1	2682	22 48	2628	Social Security Number
630			_												-	630	Time In
1200	-															1200	Time Out
Sube									0421	\dagger	+	1250			-	1230	Time In
Supervisor Signature:			_	-				1	300	1		300	-	_	300	315	Time Out
gnature:																	Time In
LA -																	Time Out
unk uler la									Keel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	P Suits	Z Safety Glasses	Hard Hats		List type of protection:

Supervisor Signature: Would West

* individual is being monitored



WORK AREA ENTRY LOG

Enviroworx Services, Inc 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Project Name:

OWC - Former IRS Building

E22-021

Project #:

Date:

12-5

-22

* individual is being monitored * Briana Miguel Myto 301 ana nona Didro lagolaleno Nation Glenda Burno Lega MENDEZA 2017 Kannon 200 - AGE Ma A B logolaleno Auila. Av my nolo avk ania ovlan XIS N arro Eldin)interez 8775 EMPLOYEE SIGNATURE H Coo OSorto Kamine z Espinal Kodrigue! les/ev BURMUDCO Parkina ESPINA Bosa VISITOR Conta larg vin U NOS(Drtill Ar aras +014/101 X UALDER 1010 Coul hunez Jangen RS 5775 22 02 50 7172 9786 7557 4379 2670 19808 28 gi N 2622 88 68 6450 595 55233 たり)フ Social Security 2564 258 Number 5 24 630 630 Time In 11200 1230 500 120U Time Out 1220 Time In Supervisor Signature: 500 Time Out Time In Wach Web In Time Out Q R, Q Q Safety Glasses Suits Hard Hats Gloves Full-Face Respirators Half-Face Respirators Steel-Toe Boots List type of protection:

WORK AREA ENTRY LOG

Enviroworx Services, Inc 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Project Name:

OWC - Former IRS Building

E22-021

Project #:

Date:

3-22-22

Supervisor Signature: Wards Weber

* individual is being monitored

					V		1	ų												*
020	Armento burnide c	Mandel + castillo savais	Magdaleno AUSIA.	JO el, John Zales	Annaly ventil	Samuel Innital	-Sase Partillo	Rich Peret	Electro markego	Mario Ratar	Glendax valdez	Mita Bordas		nation Espinal	Tania Espinal	Pedro Osorto	Briding Ramiez Culture	Miguel A Rodriguez.	Mark Wesley	EMPLOYEE SIGNATURE VISITOR
6217	FEAR		1986	Serie	0000	2526	0579	4147	2017	×569	5312	2832	4237	3210	3622	9846	PL 54	2891	2670	Social Security Number
029	-																		630	Time In
0021	-							_	-	-						_			1200	Time Out
1230	+				-		-		-								-	ļ.,	1230	Time
500	-																	-	500	Time Out
																				Time In
																				Time Out
					1							Steel-Toe Boots	Gloves	Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	Hard Hats		List type of protection:

WORK AREA ENTRY LOG

Over

Enviroworx Services, Inc 660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226

Project Name:

OWC - Former IRS Building

E22-021

Project #: ____ Date: ___

3-23.22

 Project Name:
 OWC - Former IRS Building

 Project #:
 E22-021

 Date:
 З- 24 - 22

WORK AREA ENTRY LOG

																			*
Joe Ganzoles,	Jos Partillo	fold Pinzz	Musuel + castillo Sorain	Mario Rajas	Adia 5 (0,STO	Magdaleno AUria.	Brance Rammer.	Miguel A Rodriguez	manadoro	Clev da Xualde	podro Osorto		Samer a gouland	E/411 Immerie A		Yolana Padilla	nation Espinal	Mark Wesley	EMPLOYEE SIGNATURE
9983	0579	thin.	1557	2002	JLCS	1986	·6250	2891	2129	2 5312	9386	3622	6523	Stt 8	2832	9737	8125	0292	Social Security Number
630	1							_									-	630	Time In
630 1200 1230 500	-																2	1200	Time Out
1230		-	-														-	1230	Time In
500	1			-													_	200	Time Out
																			ln Time
																			Out
											Steel-Toe Boots	년/Gloves	□ / Full-Face Respirators	Half-Face Respirators	EV/Suits	tt√ Safety Glasses	Jerry Hard Hats		List type of protection:

Supervisor Signature: Wend alabh

Project Name: OWC - Former IRS Building
Project #: E22-021
Date: 3-25-22

WORK AREA ENTRY LOG

				0															*
EDUALDO MENDORA	HIVIN Imenez	Glenda X valdez	Jorh Banzales	Joss Partille,	Cold Perez	Sappuel Agailor.	o Roias	Manuel + castille Jargan	Mata Borras	Miquel Rodriguez	٦	Padro Osorto	Tahia Espinal	Magolaleno Ausla	mar nsav	40 Jana Padilla	Natur ESP. Nal	1 Claute 12/25/20	EMPLOYEE SIGNATURE VISITOR
2017	5 F F B	5312	2983	6579	AMA	8523	6957	1557	2582	1680	4379	9846	362a	1986.	6717	9737	63218	2620	Social Security Number
630	~	/			-												14	630	Time In
630 1280 1220 30C																		1200	Time Out
0521	-		-														-	1230 315-	Time In
300	-															-	300	3/5-	Time Out
																			Time In
																			Time Out
											Steel-Toe Boots	I Gloves	/Full-Face Respirators	Half-Face Respirators	Buits .	I Safety Glasses	June Hard Hats	1	List type of protection:

Supervisor Signature: Dr. Jank Welle

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226 Enviroworx Services, Inc

Project Name: OWC - I Project #: Date: <u>3.28-22</u> **OWC - Former IRS Building** E22-021

WORK AREA ENTRY LOG

Supervisor Signature: Wards alaulu

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226 **Enviroworx Services, Inc**

Project Name: Uwc Project #: Date: <u>3-29-22</u> **OWC - Former IRS Building** E22-021

WORK AREA ENTRY LOG

		N			>									*
	Josa Dartillo	Jon / Canzales	Parts Parts	Idamis Courtes	Mista Borsas	Glendax valdez	NovionE Acost: 110		Manuel J rastillo - and.		Volana pardilla	Sama of a Early	Mark Wesler	EMPLOYEE SIGNATURE
	PL50	288C	4147	5275-	2832	5312	8080	2564	12557	77LR	47 FP	55-23	02.92	Social Security Number
	029		_										630	Time In
	1200	· · · · ·											1200	Time Out
	1230	-	_									-	1230	Time In
	500	1	-									-	COS	Time Out
														Time In
														Time Out
						Steel-Toe Boots	Gloves	□ / Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	Hard Hats		List type of protection:

* individual is being monitored

Supervisor Signature: Would alob lu

* individual is being monitored

Supervisor Signature: Week latel

* M ax Mista Mista Ramon Mahuel Jolana Av mendo alenda SILIOP ance 050 avk 02 00 EMPLOYEE SIGNATURE 5 I costillo Javin TT SOLA BLIMUNC VISITOR Sarguin Perdull les leu 7 eepeaks STro UNIDE ire 8 YO GA 中 Santi 100 0 0 7554 5225 bt SO 80000 2670 5023 5888 th17 M 7717 Social Security Number 630 630 Time In (200) 1200 Time Out 1230 1230 ln In 500 500 Time Out ln In Out Q *I* Full-Face Respirators R 년, Hard Hats Safety Glasses
 Safety Glasse
 Safety Suits Gloves Steel-Toe Boots Half-Face Respirators List type of protection:

WORK AREA ENTRY LOG

OWC - Former IRS Building

Project Name:

E22-021

Project #: Date: <u></u> 30.22

660 Lunken Park Drive, Suite B **Enviroworx Services, Inc** Cincinnati, Ohio 45226

 Project Name:
 OWC - Former IRS Building

 Project #:
 E22-021

 Date:

WORK AREA ENTRY LOG

Supervisor Signature: Wall Webly

WORK AREA ENTRY LOG

							N						*
Nancel + actille saysin	Armando Bumualez	Ramon Jargein	Novían E A Costillo	s O	Glavida X Baldes	Somuel fairles	Tout Conzels	Pold Perez.	Carlo and a second s	Hivia Barres	youana Padilla	Mark Wesled	EMPLOYEE SIGNATURE VISITOR
7557	7708	2564	K C R P	5755	2312	5028	2983	thin		2832	4537	2620	Social Security Number
630	-			_								059	Time In
0021	-		_								/	1200	Time Out
0221	-										-	1230	Time In
C & S	-			05 05	150	300					-	300	Time Out
													Time In
													Time Out
					Steel-Toe Boots	I /Gloves	Full-Face Respirators	Half-Face Respirators	D Suits	Safety Glasses	Hard Hats		List type of protection:

Supervisor Signature: Were & Webly

660 Lunken Park Drive, Suite B Cincinnati, Ohio 45226 **Enviroworx Services, Inc**

Project Name: **ΟΨ** Project #: Date: <u>4.4.7.7.7</u> **OWC - Former IRS Building** E22-021

WORK AREA ENTRY LOG

				Advants (astino 52-	h	Norlan E A costillo	Jarquin	Armendo Dermedice	Genda X Calder	Nixfa Brotas 12	Conner Anna lar	valal Deve 21	tool Conzales	Nose Artiku	Mark Nesler 2	* EMPLOYEE SIGNATURE
				S.	4557	8080	2564	TELA	2125	2832	5523	4147.	29 83	0579	2670	Social Security Number
				630	-										630	Time In
				1200	1									1	1200	Time Out
				1230 500	-		-							/	0521	Time In
				500	-			-	500	400	500	-			500	Time Out
																ln Time
																Time Out
10 10								Steel-Toe Boots	Gloves	/Full-Face Respirators	Half-Face Respirators	Suits	Bafety Glasses	Hard Hats		List type of protection:

* individual is being monitored

Supervisor Signature: Work Webbe

Project Name: OWC - Former IRS Building
Project #: E22-021
Date: 4.5.2.2

WORK AREA ENTRY LOG

			000	1230 200	(260	630	7748	Annerite Barnuda
			-	-	1	-	5275	Adamis Costro
						_	5312	Clenda X valdez
			-		-		2554	Mahuel + estillo Sarain
Steel-Toe Boots					-		8888	T
Gloves				-	-		2564	Ramon Arguin
Full-Face Respirators				_			2882	M-27a Provisas
Half-Face Respirators							2983	Sovel Conteiles
Suits							SAS	Samuel Aduitan
🛛 Safety Glasses							4147	D. (1 Dan 2 1
Hard Hats			-		-	_	0579.	1505x Dortillo
			300	1200 1230	1200	630	0222	Marsk Wester
List type of protection:	Out	n In line	Out	In	Out	In	Social Security Number	
	Timp	Time	Timo	Tima	Timo	Time	On the One state	

* individual is being monitored

Supervisor Signature: Thousa Wheele

Date: <u> </u>	Project #:	Project Name:
1.15-22	E22-021	OWC - Former IRS Building

WORK AREA ENTRY LOG

		·1												*
							6				Polet Perez	Jose Portille	Mark Wester	EMPLOYEE SIGNATURE VISITOR
										<u>1</u>	thin	4520	2670	Social Security Number
											002	-	002	Time In
											100	-	200 1100 1130 330	Time Out
											130 330	~	0511	Time In
											330		230)	Time Out
														Time In
														Time Out
						Steel-Toe Boots	Gloves	□ /Full-Face Respirators	Half-Face Respirators	Suits	Safety Glasses	Hard Hats		List type of protection:

* individual is being monitored

Supervisor Signature: Thank World

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD EZZ-02

CENERATOR SECTION

52546-

Vp.

GENE	RATOR 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 CovAddress:20 West Pike StreetCity:CovingtonStaTelephone:(513)871-2500	ington te: <u>KY</u> Zip Code: <u>41011</u>
2. Operator's Name: Enviroworx Services Address: 660 Lunken Park Drive, Suite B City: Cincinnati State: OH Zip Code: 45	5226 Telephone: (513) 871-2500	
3. Waste Disposal Site (WDS) Name: <u>Rumpke</u> Physical Location:	Mailing Address:	Dn-site" disposal Yes <u>X</u> No
Address: 10795 Hughes Road	Address: Same	
City: Cincinnati State: OH Zip Code: 45		te: Zip Code:
Telephone: (800) 828-8171 Fax:	Telephone: ()	<i>Sip</i> code:
4. Responsible Agency (Local, District, State, or EPA Off Name: KDAQ	ice where notification was sent)	
Address: 300 Sower Blvd, 2nd Floor City: Fra	nkfort State: <u>KY</u>	Zip Code: _40601
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 Inform		
*** Please send signed manifest to: Annette Wie	st, 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 con	ntents of this consignment are fully and	accurately described above by
proper shipping name and are classified, packed, marked an		per condition for transport by
highway according to applicable international and governme	ient regulations.	
(1) (1)	22 Annette Wiest, Supervisor	
Signature Date	Type or Print Name and Title	
	(Acknowledgement of receipt of mater	rials)
10. Transporter 1	11. Transporter 2	
Name: O'Rourke Wrecking Transport	Name:	
Address: 660 Lunken Park Drive	Address:	
City: Cincinnati State: OH Zip Code: 45		State: Zip Code:
Telephone: (513) 871-1400	Telephone: ()	
Bobly South 3-16-22 Robby South Dai	ver	
Signature Date Type/Print Name and		te Type/Print Name and Title
	SAL SITE SECTION	
12. Discrepancy indication space		
13. Waste disposal site owner or operator: Certification	of receipt of asbestos materials cover	red by this manifest
except as noted in item 12.		
A-Sellams S.16. 2.	> Andis William -a	Red
Signature Date	Print/Type Name and Title	

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENE	RATC	DR 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 Cov Address: 20 West Pike Street City: Covington Stat Telephone: (513) 871-2500		
2. Operator's Name: Enviroworx Services Address: 660 Lunken Park Drive, Suite B City: Cincinnati State: OH Zip Code: 45	5226 🤈	Felephone: (513) 871-2500		
3. Waste Disposal Site (WDS) Name: Rumpke Physical Location: Address: Address: 10795 Hughes Road City: Cincinnati State: Telephone: (800) 828-8171	251	Mailing Address: Address:Same	Dn-site" disposal Yes <u>X</u> No te:Zip Code:	
4. Responsible Agency (Local, District, State, or EPA Off Name: KDAQ Address: 300 Sower Blvd, 2nd Floor City: Fra		-	Zip Code: 40601	
5. Description of Materials:	6. Cc	ontainers	7. Total Quantity (Cu. Yds.)	
ACM Transite ACM Fittings R. Q. ASBESTOS, NA2212 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III		42 Bags 660 Bags	42	
 Special Handling Instructions and Additional Inform *** Please send signed manifest to: Annette Wie Emergency Response Phone Number: 513-871-1400 	nation st, O']	: Rourke Wrecking, 660 Lunken	Park, Cincinnati, OH 45226	
9. Generator's Certification: I hereby declare that the conproper shipping name and are classified, packed, marked an highway according to applicable international and government	nd labe	eled, and are in all respects in prop	accurately described above by per condition for transport by	
	22	Annette Wiest, Supervisor		
Signature Date		Type or Print Name and Title		
TRANSPORTER SECTION (Acknowledgement of receipt of materials)				
10. Transporter 1 Name: O'Rourke Wrecking Transport Address: 660 Lunken Park Drive City: Cincinnati State: OH Zip Code: 45 Telephone: (513) 871-1400 Brown And State: OH Jate Type/Print Name and	Title	Telephone: () Signature Dat	State: Zip Code: te Type/Print Name and Title	
	JAL SJ	ITE SECTION		
12. Discrepancy indication space				
13. Waste disposal site owner or operator: Certification	a of re	ceipt of asbestos materials cover	red by this manifest	
except as noted in item 12. <u>A Silliono</u> <u>Signature</u> <u>Signature</u> <u>Signature</u> <u>Signature</u>	. 23	Andre Wellows	3-70001	
Signature Date		Print/Type Name and Title		

KC 5/300 REGULATED ASBESTOS MA	$\int \int \partial \partial \partial f$	789 Trecord
GENE	RATOR 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 CovAddress:20 West Pike StreetCity:CovingtonStaStaTelephone:513871-2500	
2. Operator's Name: Enviroworx Services Address: 660 Lunken Park Drive, Suite B City: Cincinnati State: OH Zip Code: 43	5226 Telephone: (513) 871-2500	
3. Waste Disposal Site (WDS) Name: Rumpke Physical Location: Address: Address: 10795 Hughes Road City: Cincinnati State: OH Telephone: (800) 828-8171 Fax:	Mailing Address: Address: Same	Dn-site" disposal Yes <u>X</u> No te: Zip Code:
4. Responsible Agency (Local, District, State, or EPA Off Name: KDAQ Address: 300 Sower Blvd, 2nd Floor City: Fra		Zip Code: 40601
5. Description of Materials:	6. Containers	7. Total Quantity (Cu. Yds.)
ACM Transite ACM Fittings R. Q. ASBESTOS, NA2212 Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III	14 Bags 753 Bags	42
 8. Special Handling Instructions and Additional Inform *** Please send signed manifest to: Annette Wie Emergency Response Phone Number: 513-871-1400 		Park, Cincinnati, OH 45226
9. Generator's Certification: I hereby declare that the co proper shipping name and are classified, packed, marked a highway according to applicable international and governm Signature 3/29/2 Date	nd labeled, and are in all respects in pro nent regulations.	
	(Acknowledgement of receipt of mate	rials)
10. Transporter 1 Name: O'Rourke Wrecking Transport Address: 660 Lunken Park Drive City: Cincinnati State: OH Zip Code: 4. Telephone: (513) 871-1400 8. Bolling 3-29-22 Bally Surth Signature Date Type/Print Name and	11. Transporter 2 Name: Address: City: Telephone: ()	State:Zip Code:
	SAL SITE SECTION	A CALEND A MARKE MARKE THE
12. Discrepancy indication space		
13. Waste disposal site owner or operator: Certification except as noted in item 12.	n of receipt of asbestos materials cove	ered by this manifest
A. Sullawas 3-29.2. Signature Date	2 And Lullane - C Print/Type Name and Title	oper

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

....

GENE	RATO	R SECTION		
1. Facility Name: IRS Building		Owner's Name:City of Cov		
Address: 200 West 4th Street City: Covington State: KY Zip Code: 41011		Address: 20 West Pike Street	te: KY Zip Code: 41011	
Telephone: (513) 871-2500		City: <u>Covington</u> Stat Telephone: (513) 871-2500	te: $\underline{\mathbf{KI}}$ Zip Code: $\underline{41011}$	
2. Operator's Name: _ Enviroworx Services				
Address: 660 Lunken Park Drive, Suite B		(512) 971 2500		
City: <u>Cincinnati</u> State: <u>OH</u> Zip Code: <u>45</u>	<u>5226</u> T	elephone: (513) 871-2500		
3. Waste Disposal Site (WDS) Name:Rumpke			De site? diseased - Mar M No.	
Physical Location:	N	failing Address:	Dn-site" disposal Yes <u>X</u> No	
Address: 10795 Hughes Road	A	Address: Same		
City: Cincinnati State: OH Zip Code: 45	251 (City: Stat	e: Zip Code:	
Telephone: (800) 828-8171 Fax: ()]	Felephone: ()		
4. Responsible Agency (Local, District, State, or EPA Off Name: KDAQ	ice whe	ere notification was sent)		
Address: <u>300 Sower Blvd, 2nd Floor</u> City: <u>Fra</u>	nkfort	State: KY	Zip Code: 40601	
5. Description of Materials:	6. Co	ntainers	7. Total Quantity (Cu. Yds.)	
ACM Transite		32 Bags & 3 bundles		
ACM Fittings		687 Bags	42	
R. Q. ASBESTOS, NA2212		0		
Shipping Name: R. Q. ASBESTOS, NA2212, 9, P.G. III				
8. Special Handling Instructions and Additional Inform				
*** Please send signed manifest to: Annette Wie	est, O'R	Rourke Wrecking, 660 Lunken	Park, Cincinnati, OH 45226	
Emergency Response Phone Number: 513-871-1400		C41	· · · · · · · · · · · · ·	
9. Generator's Certification: I hereby declare that the co proper shipping name and are classified, packed, marked a	ntents of nd labe	led, and are in all respects in prop	accurately described above by per condition for transport by	
highway according to applicable international and governm				
4/7/2:	2	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	_	Name:		
Address:660 Lunken Park DriveCity:CincinnatiState:OHZip Code:43	5226	Address:	State: Zip Code:	
Telephone: (513) 87.1-1400		City:S	State: Zip Code:	
and the all C II.	1.2.0			
Signature Date Type/Print Name and	T'4			
		Signature Da TE SECTION	te Type/Print Name and Title	
12. Discrepancy indication space	AL SI	TE SECTION		
12. Discrepancy indication space				
13. Waste disposal site owner or operator: Certification	n of rec	ceipt of asbestos materials cove	red by this manifest	
except as noted in item 12.				
A-3/llamo 4.7.2.	2	Andelin	202.0	
Signature Date		Print/Type Name and Title	7-07	



Environmental Hazards Services, L.L.C. 7469 Whitepine Rd Richmond, VA 23237 Telephone: 800.347.4010

Client:

Fiber Count Analysis Report

22-04-01228

Fax Number:

513-542-6653

RECEIVED

APR 15 2022

O'ROURKE

Report Number: Received Date: Analyzed Date: Reported Date:

04/06/2022 04/07/2022 04/08/2022

Project/Test Address: EW.166 - E22-021

1041 Straight Street

Cincinnati, OH 45214

Sierra Environment Group Inc.

<u>Cllent Number:</u> 36-6195 Laboratory Results

Client Sample Lab Sample Volume Fibers/mm2 Fibers/CC **Fibers/Fields** Narrative Number Number Liters (L) ID 22-04-01228-001 8-1 600 10.2 0.007 8.0 / 100 22-04-01228-002 8-2 60.0 <7.6 < 0.050 3.5/100 22-04-01228-003 8-3 630 <7.6 < 0.005 4.0/10022-04-01228-004 9-1 882 164.8 0.072 103.5 / 80 22-04-01228-005 9-2 63.0 <7.6 < 0.047 1.5 / 100<7.6 22-04-01228-006 9-3 840 < 0.005 0.0 / 100 22-04-01228-007 10-1 720 151.4 0.081 101.0 / 85 10-2 60.0 <7.6 22-04-01228-008 < 0.050 0.0 / 100 22-04-01228-009 10-3 882 166.4 0.073 104.5 / 80 11-1 50.3 22-04-01228-010 756 39.5 / 100 0.026 11-2 63.0 <7.6 22-04-01228-011 < 0.047 1.5 / 10022-04-01228-012 11-3 840 448.0 0.21 105.5/30 14-1 600 8.9 22-04-01228-013 0.006 7.0 / 100 22-04-01228-014 14-2 60.0 <7.6 < 0.050 3.0 / 100 22-04-01228-015 14-3 756 102.5 0.052 80.5 / 100 22-04-01228-016 15-1 756 <7.6 < 0.005 4.5 / 100 22-04-01228-017 15-2 63.0 <7.6 0.0 / 100 < 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:

Melisoa 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/mm ² = fibers per square millimeter
	fibers/cc = fibers per cubic centimeter	

Time:					Y	R	La.	"	Signature:	Si		Loom	Tran B	Received by:
1111 - 111 - 11111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 11	Date/Time:				VC	a	14	Z	Signature:	Si		1	dby: T. TAL	Released by:
	756							5		-		<.	11-1	10
	822	-						1					10-3	v
	60						,	1					16-2	*
	20						-	1	-	-			101	7
	8%							h					9:3	ø
	63					2	3	1		-	_		9.2	un
	282						,	1	-	-			9.1	*
	630							1		-			8.3	ω
	60							1					2.2	N
	600						-	1		-		3-8-3-11	8.1	-
COMMENTS	Volume (Total Liters)	Total Time (minutes)	Flow Rate (L/min)	Time Off	Time On	TEMAHERA (Air)	TEM Chatfield (Bulk)	PLM NY Protocol PCM	PLMIPoint Count 1000	PLMPaint Count 400	PLM	Date Collected	Client Sample ID	No.
			AIR					STOS	ASBESTOS					
Weekend (Must Call Ahead)	We	head)	(Must Call Ahead)	Same Day (Mu	Sa				3 - Day	ω [$ _{\chi}$	2 - Day	1 - Day	
3-day TAT.	If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.	essed an	be proc	le(s) will	ed, samp	pecifu	T is s	o TA	Ifn	ĩ	• •	Turn Around Times	Turn	
			ber	Purchase Order Number	Purchas								M. Wesks	Collected hv:
		City/State (Required):	City/State	An and a second se			12	- 02	.22	5	1	EW. 166	Project Name / Testing Address:	roject N
r: 36-6195	Acct. Number: 36-6195					E-mail:				=	Fax:()		Phone: (513) 542-5323	noine: (5)
Cincinnati, OH 45214	City/State/Zip: Cinci						it Street	Straigh	Address: 1041 Straight Street	Address		tal Group, Inc.	Name: Sierra Environmental Group, Inc.	Company Name:
(Monday) AE M Inv 2D PCM	(FZ					•						7469 Whitepine Rd Richmond, VA 23237	www.feadlab.com 7469 Wh (800)347-4010 Richmol (804)275-4907 (fax)	WWW.1 (800)34 (804)27
22-04-01228 Due Date: 04/11/2022			Y)S Stoc	Asbestos Chain-of-Custo	-of	Nin A	ha	0		31)5		Laboratories	

	EHS(&)			·									_	01393
1	Laboratories					3	1	S	Asbestos in-of-Cust	Asbestos Chain-of-Custodv	N			~ For Lab Use Only ~
Env	Environmental Hazards Services, LLC	tes, LLC					3			203	5			
www (800): (804)2	www.feadlab.com 7469 Whit (800)347-4010 Richmonc (804)275-4907 (fax)	7469 Whitepine Rd Richmond, VA 23237				· .				21 - 10				
Company	Company Name: <u>Sierra Environmental Group, Inc</u> .	al Group, Inc.		Addin	SS: 10	41 Stra	Address: 1041 Straight Street	छ					City/State/Zip: Cii	City/State/Zip: Cincinnati, OH 45214
Phone: (;	Phone: (5 1 3) <u>542-5323</u>		ж.		ľ				E-mail:				Acct. Numl	Acct. Number: <u>36-6195</u>
Project	e / Testin	EW. 160	ł		E 11-	20 -	11				City/Sta	City/State (Required):	ž	
Collected by:	- 1						-		Æ	Purchase Order Number:	umber:			
	Turn A	Turn Around Times :	92 92		IJ	no I.	ATis	spec	ified, sa	mple(s) wi	U be prov	cessed an	id charged a	If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.
	1 - Day	2 - Day		١	3 - Day	ð				Same Day (Must Call Ahead)	Must Call	Ahead)	h	Weekend (Must Call Ahead)
					ASB	ASBESTOS	C/A		_		AIR			
	1	٨									(ri	(sou		
No.	Client Sample ID	Date Collected	- Wik	The sum of the second second second	LMPoint Count 1000	NA Protocol	NO.	TEM Character (An TEM AHERRA (An	Qu	Time	m /) Sheft wol	nim) ani<u>i</u>f iat o	Volume (Total Liters)	COMMENTS
-	11.2	3-11-3-14		-	a	_	-	_			ER	L	27	
8	(1.3	_		\vdash		+	5	-					840	
en	14-1						$\left \right $						600	
4	14.2				1		1	-					60	
v	14.3		-			-	Ì						956	
و	15. /			-		-	1	-					756	
2	15:2			\neg	+		1						63	
80	(-5/			+	1	Ì	(-			840	
•	16.1	_		+		-	1						756	
01	1.1	2		-	-			_					63	
Released by:				V)	Signature:	<u>e</u>	A		VP				Date	Date/Time:
Received by:	Taor BI	nao		51	Signature:	ĕ	A	241	Bla				Date	Date/Time: 4/u /28

PROJECT NUMBER: PROJECT NAME: For PROJECT NAME: For PROJECT ADDRESS: CALBRATION EQUP: SAMPLES TAKEN BV.	JMBER: - JME: Foi DRESS: Z JN EQUIP: , XFN RV.	E EZZ-OZI Fournev IRS Blog 20 LJest 444 St. Dr. Ratometer	PO Bo Cincinnat 513-8	PO Box 30531 Cincinnati, OH 45230 513-871-2500	0	ENV	ENVIRØWORX	NOR	X	NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USE FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAPR	'PERSONNEI PERSONAL J SUIT RESPIRATOR LESPIRATOR	PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED SUIT LESPIRATOR ESPIRATOR ESPIRATOR	4 USED	
WORK AREA:		Through	Date Collected: 3-2-22	TOS 11	EAD AIR SA		MPLE DAT / 3- 10-22	A SHEET	ΕZ	TYPE C RESPIRATOR OTHER:	JIRATOR			
Sample I.D.	Pump L.D.	Sample Description Type/Location/Activity	on vity		Sampling Period	po	Pum	Pump Flow Rates (LPM)	(TPM)	Sample Volume		LAB		
Code	Nos.	If Personal - Need Name & S.S.N.	& S.S.N.	Start	Stop	Total Min	Start Flow	Stop Flow	Average Flow	Tot. Min. X Average Flow Rate	Lead Conc. Ug/M3	Asbestos Conc. Floc	TWA 8 Hr TWA	
8-1	H	Pros Thursdiant	2983	900	200	300	2.0	2.0	600.					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	# 	hrough out Rouzales	0	205	235	30	2.0	2.0	60°					
12 00	N	Through C	1	910	210	300	1.2	2.1	630					
P 1	2			800	300	420	2.1	1.2	- 788					
9.2 4	2	Through Out	6197	305	335	30	2.1	۲.۲	63.					
9.3	-	S	Plesterbend	810	310	024	0.2	2.0	840					
1-01	_	bley Conterlo	13 6	915	315	360	2.0	2.0	720.					
io-2 #	4	EX So Lobby Cerl	1075	320	350	30	2.0	2.0	62					
10-3 #	7	Prs Mech Room	02.79	006	400	924	1-2	2.1	-288					
+ 1-11	2#	so Lobby C	certury Devid	730	130	360.	2.1	2.1	756.					
COMMENTS	STN	1 1												5
Please	- Instructions to Lab e Analyze using NIOS	- Instructions to Lab - Please Analyze using NIOSH 7400	- Sampling Medium - Mixed Cellulose Ester Filter Membrane	- Sampling Medium - Ilulose Ester Filter Men	nbrane		25MM Diam	- Collection Device - leter Cassette with an	- Collection Device - 25MM Diameter Cassette with an Open Faced	ed	Acci Met	Accurance of Analysis Methods Located On	sis	
Meth	od unless spo	Method unless specified otherwise	With Pore Siz	With Pore Size of 0.80 Micron	ПО		50MM (Carb	on Impregnate	50MM (Carbon Impregnated) Extension Cowl	IW	Labo	Laboratory Report Form	OLTID	

Pink Copy - Job Site

Yellow Copy - Office

White Copy - Lab Copy

PROJECT NUMBER: EZZ PROJECT NAME: Former PROJECT ADDRESS: ZOO W CALIBRATION EQUID: RAD	EZZ-021 FormerIRS Blily 200 W 446 St. P. Rofometer	PO Box 30531 Cincinnati, OH 45230 513-871-2500 Attn:	PO Box 30531 cinnati, OH 4523 513-871-2500	0	ENV	ENVIRØWORX	NOR	X	PERSONAL FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R	PERSONAL PROTECTION USED FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R	ROTECTION	
WORK AREA:	Hoes the Theory hoa	ASBESTOS / I Date Collected: 3-11-2		(AD AIR S		MPLE DATA 3-15-22	A SHEET	T 22	TYPE C RESPIRATOR OTHER:	PIRATOR		J L J
Sample Pump LD. LD.	Sample Description Type/Location/Activity	n vity	01	Sampling Period	px	Pum	Pump Flow Rates (LPM)	(TPM)	Sample Volume		LAB	
Code Nos.	If Personal - Need Name & S.S.N.	& S.S.N.	Start	Stop	Total	Start	Stop	Average	Tot. Min.	Lead	Asbestos	TWA
					Min	Flow	Flow	Flow	X Average Flow Rate	Conc. Ug/M3	Conc. Fice	8 Hr TWA
11-2 11-2	EX SO Lobby Ce	Zerling Devio	135	205	30	1.5	1.2	63.				
1+ 2-11	Prs Mech Roben Palonis Castro	GLR6 5275	077	24/0	420	2.0	2.0	rqh8				
14-1 #1	Purs So Laber Fi	5	800	100	300	2.0	2.0	6000				
14-2 #1	Ex 50 Lobby Fir Adels Lumbi	4715 4715	105	135	30	2.0	2.0	60,				
14-3 42	S Mach Room (64.86 832	810	210	360-	1.2	2.(756.				
12-1 # 3	Prs Avectul W	vep Nout	330	230	360	1+2	2.1	754				
2# 2.21	n Jargum	2564	235	305	30	2.1	1.2	63				
15-3 # 1	Prs Mech Roswi Jose Castillo	6486	048	240	QZ/7	Z.0	2.0	840				
12-1 #1	HUEQTAL CA	2808	900	300	3602.1		2.1	756				
16-2 HI	EX Avec #1 W	2808 2808	305	335	02	1.2	2.1	63				
COMMENTS									ii.			
- Instruct Please Analyze Method molace	- Instructions to Lab - Please Analyze using NIOSH 7400 Mathod milane enancified otherwises	- Sampling Medium - Mixed Cellulose Ester Filter Membrane With Dove Size of 0 80 Microro	Medium - er Filter Men A 0 20 Micro	tbrane		- 25MM Diame 50MM (Carbo	- Collection Device - eter Cassette with an	- Collection Device - 25MM Diameter Cassette with an Open Faced 50MM (Cashoo Furneemated) Extension Court	ced	Accur Meth T shore	Accurance of Analysis Methods Located On I shoratory Report Form	sis In
Method unless	Method unless specified otherwise	WILL FORE SIZE OF U.SU MILCION	DI U.SU INIICIC	U.		JUININI (Caline	JII MUDICKUAK	a) Extension Co	IMC	LAUUIS	atory neport ru	



Environmental Hazards Services, L.L.C. 7469 Whitepine Rd Richmond, VA 23237 Telephone: 800.347.4010

Client:

Fiber Count Analysis Report

APR 15 2022

Report Number: 22-04-01289 O'ROURKE

 Received Date:
 04/06

 Analyzed Date:
 04/07

 Reported Date:
 04/08

04/06/2022 04/07/2022 04/08/2022

Fax Number:

Cincinnati, OH 45214
Project/Test Address: EW,166-E22-021

1041 Straight Street

Sierra Environment Group Inc.

<u>Client Number:</u> 36-6195 Laboratory Results

36-6195 513-542-6653 **Client Sample** Volume Lab Sample Fibers/Fields Fibers/mm2 Fibers/CC Narrative Number Number Liters (L) ID 22-04-01289-001 16-3 840 61.8 0.028 48.5 / 100 47.8 22-04-01289-002 17-1 840 0.022 37.5 / 100 22-04-01289-003 17-2 60.0 <7.6 < 0.050 0.0 / 100 22-04-01289-004 17-3 882 12.7 0.006 10.0 / 100 22-04-01289-005 18-1 756 <7.6 < 0.005 4.0 / 100 18-2 <7.6 22-04-01289-006 63.0 0.0 / 100 < 0.047 22-04-01289-007 18-3 <7.6 840 < 0.005 5.0 / 100 21-1 720 22-04-01289-008 <7.6 < 0.005 0.0 / 100 7.6 22-04-01289-009 21-2 60.0 0.049 6.0 / 100 22-04-01289-010 21-3 882 <7.6 < 0.005 0.0 / 100

Environmental Hazards Services, L.L.C

Client Number: 36-6195 Project/Test Address: EW.166-E22-021

Fibers/mm2 Narrative Lab Sample **Client Sample** Volume Fibers/Fields Fibers/CC ID Number Number Liters (L) Method: NIOSH 7400. Issue 3, 14 June 2019 Analyst: Howard Varner nelisoa Kanode 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.

LEGEND	L = liters	fibers/mm ² = fibers per square millimeter
	fibers/cc = fibers per cubic centimeter	

Report Number: 22-04-01289

AIHA LAP, LLC (100420)

22-04-01289 Due Date: 04/11/2022 (Monday) AE M Inv City/State/Zip: Cincinnati, OH 45214 Acct. Number: <u>36-6195</u>	If no TAT is specified, sample(s) will be processed and charged as 3-day TAT. Day Same Day (Must Call Ahead) Weekend (Must Call Ahead)		Total Time (minus) Liters) Liters)	840	BYO	60	756	63	840	720	60	82	Date/Time:
City/State (Required):	aple(s) will be processe Same Day (Must Call Ahead)	AIR	(aim \) shaft woff	-								-	
Asbestos Chain-of-Custody MI Straight Stree	lle(S) will ame Day (M		Time										
Asbestos in-of-Cusi Stree E-mait	ied, samp		Time On					2 10 10					N/
E-mail:	pecifi		(IIV) AFEHA (ML)										Y
Address: 1041 Straight Street	T is s		TEN Charled (Bull)										Z
Straig CO	0 TA	LOS	ECN IN PRIM		-1	71	1.5			1	1	7	Signature:
Ch 1041 Strai	If ne 3 - Day	ASBESTOS		-	-		-				-	_	Signature:
deress:			PLANDone Count 1000		_	_					2	_	Sig
	L		PLAN POINt Count 400			-	-			_	\rightarrow	_	
16.1	Turn Around Times : - Day2 - Day		Date Collected	3-16-3-21								>	,
			•										141
Environmental Hazards Services, LLC Laboratories Environmental Hazards Services, LLC www.leadtab.com (800)347-4010 (800)347-4010 (800)347-4010 (800)347-4010 (145) (153) 542-5323 Phone: (513) 542-5323 Phone: (513) 542-5323 Phone: (513) 542-5323 Conpert Name / Testing Address Collected two: M. Wc5/L			Client Sample ID	16-3	1-11	11.7	18-1	2.81	18.3	21-1	2/2	5-12	Released by: 7.

and a second second

PROJECT NUMBER: PROJECT NAME: F PROJECT ADDRESS: CALIBRATION EQUIP:	ER: E22-021 ES: EDCIMENT 22810 ESS: 200 60 9-14 Street BOUT: R0-1010 1. 05101	ui	PO Box 30531 cinnati, OH 4523 513-871-2500	o	ENC	IR OV	ENVIRØWORX	×	NUMBER OF PERSONNEI PERSONAL I FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAD R	PERSONNEI PERSONAL J SUIT RESPIRATOR RESPIRATOR	NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R		ורובובו
WORK AREA:	ach Rooms-1	Addit ASBESTOS / L Date Collected. 3-16-2		5AD AIR SA		MPLE DATA SHEF 3-(8-22/3/2/	A SHEE	T22	TYPE C RESPIRATOR OTHER:	IRATOR		J	
Sample Pu LD. L	Pump Sample Description LD. Type/Location/Activity	ion ivitv		Sampling Period	pc	Pum	Pump Flow Rates (LPM)	(IPM)	Sample Volume		LAB		
	If Per	¢ & S.S.N.	Start	Stop	Total Min	Start Flow	Stop Flow	Average Flow	Tot. Min. X Average	Lead Conc.	Asbestos Conc.	TWA 8 Hr TWA	
16:3	PLS MECH ROBUM	6780 05-79	915	SIP	420	3.0	ゆで	840	Flow Rate	Ug/M3	Flec		
1-11	2 Pus Aver #1 F	ive curton	730	230	120	0.2	2.0	840.					
17-2 #2	Ex Avea #1 Tose endella	TZ48	240	310	30	20	2.0	60,					
17-3 # (Prs Augu +1 Gu		745	2415	420	2.1	2.1	882					
A 1-81	H 29	Wap N Cat	700	00]	360	10	12	756					
14 2-81	Ex Avea + 122	when y cut	105	135	QOE	17	2.	63					
18-3 #	2 Pors Aver #21	Fire Curba	SIL	SIZ	420	20	02	Sr(D					
21-1 #2	2 Prs Avera 2	Fittings	052	230	360	2.0	20	720					
21-2 #2	EX Hre	Fittings	235	305	30	2.0	2.0	60					
21-3 #	Prs Hrew # 2 F	NON N	0/28	OUS	340 420 2.1	2.1	-i	882.					
COMMENTS													
- II	- Instructions to Lab -	- Sampling	- Sampling Medium -				- Collection Device -	vice -		Acc	Accurance of Analysis	SiS	
Please An	Please Analyze using NIOSH 7400	Mixed Cellulose Ester Filter Membrane	ter Filter Men	nbrane		25MM Diame	ster Cassette w	25MM Diameter Cassette with an Open Faced	ed.	Me	Methods Located On	ц	

White Copy - Lab Copy

Method unless specified otherwise

With Pore Size of 0.80 Micron

Pink Copy - Job Site

Laboratory Report Form

50MM (Carbon Impregnated) Extension Cowl



Client:

Fiber Count Analysis Report RECEIVED

APR 1 5 2022 Report Number: 22-04-01284

Received Date: Analyzed Date: Reported Date: 04/06/2022^O'ROURKE 04/08/2022 04/11/2022

Project/Test Address: EW.166-E22-021

1041 Straight Street

Cincinnati, OH 45214

Sierra Environment Group Inc.

Client Number:Laboratory ResultsFax Number:36-6195Laboratory Results513-542-6653

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

Report Number: 22-04-01284

Client Number: 36-6195 Project/Test Address: EW.166-E22-021

	ample nber	Client Sample Number	Volume Liters (L)	Fibers/Fields	Fibers/mm2	Fibers/CC	Narrative ID
Method: Analyst:	NIOSH 7400, Mark Case	Issue 3, 14 June 201	19				
		Revie	ewed By Autho	rized Signatory:	Nelisoa	-Kano	de
				Me	elissa Kanode VQC Clerk		
Intralaboratory	Sr for fiber count ra	anges 5-20, >20-50, and >	50-100 respectively	are 0.338, 0.325, 0.307.			
Individual Anal	st Sr for fiber cour	nt ranges 5-20, >20-50, an	d >50-100 respective	ely are 0.262, 0.218, 0.25	50.		
New York Stat	e requires a minim	um sample volume of 100	0L for PCM cleara	nce samples.			
analysis of san based on air vo per NIOSH 74(nples submitted by plume supplied by 1 00, when the client	les analyzed was acceptal the client. Sample locatior he client. The submission submits blank samples. If port shall not be reproduce	, description, area, v of blank samples is the report does not o	volume, etc., was provide required by sampling me contain the result for a fiel	d by the client. Resul thodologies. EHS sa d blank, it is because	ts listed above in mple results are b e the client did not	Fibers/CC are lank corrected, include a field
Method Level	of Detection: 7.64 fi	bers/mm2.				AIHA LAP, LLC	(100420)
LEGEND	L = liters fibers/cc = fib	ers per cubic centimeter	fibers/mr	n ² = fibers per square mil	limeter		

22-04-01284 Due Date: 04/11/2022 (Monday) AE M Inv I O PCM	City/State/Zap: Cincinnati, UH 452.14	Acct. Number: <u>36-6195</u>		If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.	Weekend (Must Call Ahead)		COMMENTS												Date/Time: 4-6-22_235pm
	//State/Zip: <u>C</u>	Acct. Nurr		charged a			Volume (Total Liters)	630	63	720	840	60	75%	420	63	840	720	Da	Da
	Crip Crip	City/State (Remeined)-	- s(manufacture)	essed and	sead)		(samin) amit istof												
2		City/State		e proce	st Call AI	AIR	(nim \.) sheftwoff												
Asbestos ain-of-Custody			Purchase Order Number.	le(s) will b	Same Day (Must Call Ahead)		Time Off												
Asbestos in-of-Cust			Purchas	ed, samp	Sai		Time On										-	VA	
Ģ Ģ		E-mail:		ecifi	- 1		(1A) A XEH A (AL)											Y	
AR	Street			is sp			(Hind) (Build) (Build)											2	
	raught !	12		TAT		so	ECM	1	N	N	- \	1	1	7	N	1	1	X	A
Ch	U41 St	- 62		no	ay	ASBESTOS	INDER ON MILL											ture	ture:
•	Address: 1041 Straught Street	27		ĥ	_3 - Day	ASE	PLATPoint Count 1000											Signature	Signature:
	Addr				د		PLN Four Cours 400												
		Fax:()		••			MIH												
Dries' Dries' rds Services, LLC 7469 Whitepine Rd Richmond, VA 23237	l Croup. Inc.	EW. 166		Turn Around Times :	2 - Day		Date Collected	3.21. 3.25			-						2	1	Held
EFFS Environmental Hazards Services, LLC www.feadlab.com (804)275-4907 (fax)	Company Name: Signa Environmental Circup, Inc.	hone: (513) <u>542-5323</u> Period: Name / Testing Address	a hu: M. Wesh	Turn A	1 - Day		Client Sample ID	22-1	22.2	22-3		23. 2	23.3	27-1	23.2	24.3	25-1	Released by: 7. The	Received by: HI HUMP
Emr. (800):	ompan	hone: (Collected hv:				No.	-	19	9	4	s	ه	-	∞	۰	9	Relea	Recei

Con Con	Athr			I V V	R DAT	30 ENVIROWORX	X	NUMBER OF PERSON PERSON FULL BODY SUIT HALF FACE RESPIRA FULL FACE RESPIRA PAP R TYPE C RESPIRATOR	NUMBER OF PERSONAL J PERSONAL J FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R TYPE C RESPIRATOR	NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R TYPE C RESPIRATOR TYPE C RESPIRATOR	REA: LUSED
001 2 2 2 3	Date Collected: 3-22-3		-AIR SAMI 	TAMPL	.E DATA S '3-24-22	A SHEE	HEET 5-24-25	TYPE C RESI OTHER:	PIRATOK		
Sample Description Type/Location/Activity	ption Activity	Sampling Period	Period		Pump	Pump Flow Rates (LPM)	(LPM)	Sample Volume		LAB	
If Personal - Need Name & S.S.N.		Start Stop		Total Min	Start Flow	Stop Flow	Average Flow	Tot. Min. X Average	Lead Conc.	Asbestos Conc.	TWA 8 Hr TWA
Avea # 2	ø,	830 130		300	1.2	2.1	630.	LIUW Matc	CMI/20	2012	
an Castil	Gloverage 135	S 200	1	30	2.1	2.1	63.				
ear # 3	Eve Curton 840	40 240		360	0.2	2~0	720.				1
Neat 4 7	Fransite 73 9786	730 230		02h	2.0	2.0	840.				
17	vansite 235	305 305		30	2.0	2.0	60.				
tololez	66 Wap war 7410	01,2 0		QZH	2.1	2.1	756				
Nea J Gonzale	62.86 2983 7t	700 100		360	2.1	Z.i	·0Z/7				
GONZULES	2983, 105	5 135		NO	2.1	12	٤3.				
hrow #4	Trensite 710 or 5523	012 0,		420 2	2.0	2-0	840.				
eus Bi	Toursite 700	00/ 01		360	2.0	2.0	720.				
	- Sampling Medium - Mived Cellulose Ester Eilter Membrane	ium - ter Membrane		, C	- SMM Diame	 Collection Device - eter Cassette with an 	- Collection Device - 25MM Diameter Cassette with an Onen Faced	bed	Acc	Accurance of Analysis Methods Located On	sis
	With Pore Size of 0,80 Micron	10 Micron		2(OMM (Carbo	on Impregnate	50MM (Carbon Impregnated) Extension Cowl	lwc	Labo	Laboratory Report Form	, E

Pink Copy - Job Site

Yellow Copy - Office

White Copy - Lab Copy



Fiber Count Analysis Report

Fax Number:

513-542-6653

RECEIVED

Report Number:	22-04-01216	APR 15 2022
Received Date: Analyzed Date: Reported Date:	04/06/2022 04/07/2022 04/07/2022	O'ROURKE

Client: Sierra Environment Group Inc. 1041 Straight Street Cincinnati, OH 45214

Project/Test Address: EW.166 - E22-021

Cilent Number:36-6195Laboratory Results

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 Project/Test Address: EW.166 - E22-021

	ample nber	Client Sample Number	Volume Liters (L)	Fibers/Fields	Fibers/mm2	Fibers/CC	Narrative ID
Method: Analyst:	NIOSH 74 Howard V	100, Issue 3, 14 June 20 Jarner	19		1.		
-indiyot.	noward vi				Jash	Fada	ly -
		Revi	ewed By Autho	rized Signatory:			-
				Ta	asha Faddy		

QA/QC Clerk

Report Number:

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.

 L = liters
 fibers/mm² = fibers per square millimeter

 fibers/cc = fibers per cubic centimeter
 fibers/mm² = fibers per square millimeter

24103 0014003, 2.2.0.

AIHA LAP, LLC (100420)

22-04-01216

1216 () () 10 Port	-	-	all Ahead)		COMMENTS									2			Ng 949 PM
22-04-0 Due Dat Due Dat (Monda AE M In AE M In ber: <u>36-6195</u>		If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.	Weekend (Must Call Ahead)		8											Date/Time:	Date/Time: 410/83
ST City/State/Zip: G	ä	id charged a			Volume (Total Liters)	00	SF2	756	63	840	840	60	262	283	63	Dat	Dat
	(Required	ssed an	(pead)		(seatmin) Smitt listoT									. 1			
	City/State (Required); er:	be proce	st Call Ah	AIR	(nim _) shaft wold												
Asbestos ain-of-Custody	Ci Purchase Order Number	le(s) will l	Same Day (Must Call Ahead)		Time Off							-					
Asbestos in-of-Cusi strei	Purcha	ied, samp	S.	-	Time				2							A A	100
sbe sbe		pecif			(4V) VERHA WIT											Y	Ø
Address: 1041 Straight Street		T is s			TEM Charled (Bulls)				_							ler	Aa
Cha Mal Straigh	021	0 TA		SOT	BCM IN BIOK	1		1	_		1	1	- 1	1	1	S	
O B		If n	3 - Day	ASBESTOS	PLATPolic Const 1000			\neg		-			-		_	Signature:	Signature:
L defress	C 27 -					-	-	_	-					_	\downarrow	Sig	Sig
		-	2		FLAT Point Count 400						_			_	_		
LLC Ine Rd A 23237 Fax()	EW. 166	Turn Around Times :	2 - Day	2	Date Collected	3-25- 3-30	-								~		
Mittapo Antices, Sources, Anticapo Anti		Aro		-		w is									\neg	1	Down
Environmental Hazards Services, LLC Www.feadtab.com (800)347-4010 (804)275-4907 (fax) (804)275-4907 (fax) (16x) (13) 542-5323	Project Name / Testing Address:	Turn	1 - Day		Client Sample ID	25.2	25-3	1-82	28-2	26-3	29-1	29.2	29.3	301 /	30-2	dby: 7. 1M	Trac B
Envir Envir	Project Nam Collected hv:				No.	-	м	m	4	S	9	7	00	•	0	Released by:	Received by:

											1			т		
LREA: N USED			TWA 8 Hr TWA												ysis	On ⁷ orm
IN WORK / ROTECTIO		LAB	Asbestos Conc.	FICC											Accurance of Analysis	Methods Located On Laboratory Report Form
PER SONNEL IN WORK AREA: PER SONAL PROTECTION USED SUIT LESPIRATOR ESPIRATOR	IRATOR		Lead Conc.	CMI/SO											Accur	Metr
NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USE FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R	TYPE C RESPIRATOR OTHER:	Sample Volume	Tot. Min. X Average	LIOW KAK												ba vi
×	EET /3-30-22	(LPM)	Average Flow	60.	882-	756.	63.	840-	sub.	60.	-262	882.	53-		svice -	25MM Diameter Cassette with an Open Faced 50MM (Carbon Impregnated) Extension Cowl
ENVIRØWORX		Pump Flow Rates (LPM)	Stop Flow	D'Z	1-2	2.1	2,1	2.0	0.2	2.0	2.2	51	2°[- Collection Device -	eter Cassette w on Impregnate
IR O	PLE DATA SH (3-29-22	Pum	Start Flow	0.2	2.1	2.1	1.2	2.0	0.2	2.0	2.2	2.1	12			25MM Diame 50MM (Carbo
ENV	0 AIR SAMP	p	Total Min	30	420	360	30	02h	420	30	360	420	QS			
	AD AIR	Sampling Period	Stop	135	210	130	205	0240	200	335	210	230	305			brane
PO Box 30531 cinnati, OH 45230 513-871-2500	01	S:	Start	105-	210	730	135	042	800	305	810	730	522		Medium -	er Filter Meml of 0.80 Micror
Attn:	Collected:	ion tivity	e & S.S.N.	Transite vila igge		564	auste	Squtty	Tucunste	SHE	Fifting's	6780	628G		- Sampling Medium	Mixed Cellulose Ester Filter Membrane With Pore Size of 0.80 Micron
E E 22-021 Fromer IRS Blag. S: 200 Wort 4Th St. Could UP: Rotometer	2	Sample Description Type/Location/Activity	If Personal - Need Name & S.S.N	Ex Aved #4 7	Pready -	#4/ J	Ex Area tay Tr	Pris Hyper #4 7 Pollet Pevez	Ars Avea # 4/		Prs Areated	Prs Brearty	8		- Instructions to Lab -	Please Analyze using NIOSH 7400 Method unless specified otherwise
PROJECT NUMBER: E.22- PROJECT NAME: F.55 W.8V PROJECT ADDRESS: 200 US CALIBRATION EQUIP: R0+01 SAMPLES TAKEN BY: M22	WORK AREA:	Sample Pump I.D. I.D.	Code Nos.	25-2 #2	1 # 2-52	1 # 1-82	1#2-82	28-3 #2	8# 1-62	29.2#2	29-3#1	30-1 # 1	30-2 # 1	COMMENTS	- Instruction	Please Analyze u Method unless s _l

White Copy - Lab Copy

Pink Copy - Job Site



Client:

Fiber Count Analysis Report

Fax Number:

513-542-6653

Report Number:	22-04-03121
Received Date:	04/14/2022
Analyzed Date:	04/18/2022
Reported Date:	04/19/2022

Cincinnati, OH 45214

1041 Straight Street

Sierra Environment Group Inc.

Project/Test Address: EW.168; E22-021

Client Number:36-6195Laboratory Results

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 Project/Test Address: EW.168; E22-021

	ample nber	Client Sample Number	Volume Liters (L)	Fibers/Fields	Fibers/mm2	Fibers/CC	Narrative ID
Method: Analyst:	NIOSH 7400 Howard Varr), Issue 3, 14 June 20 [.] ner	19				
		Revie	ewed By Author	ized Signatory:	Nelissa	-Kana	de
					elissa Kanode A/QC Clerk		
Intralaboratory	Sr for fiber count	ranges 5-20, >20-50, and >	50-100 respectively	are 0.338, 0.325, 0.307.			
° Individual Anal	yst Sr for fiber cou	unt ranges 5-20, >20-50, an	d >50-100 respective	ely are 0.284, 0.255, 0.2	266.		
New York Stat	te requires a mini	mum sample volume of 10	00L for PCM clearar	ice samples.			
		ples analyzed was accepta y the client. Sample location					•

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.

 LEGEND
 L = liters
 fibers/mm² = fibers per square millimeter

 fibers/cc = fibers per cubic centimeter
 fibers/mm² = fibers per square millimeter

Report Number: 22-04-03121

AIHA LAP, LLC (100420)

ZZ-U4-U3 I Z I Due Date: 04/19/2022 (Tuesday) AE M Inv	cinnati, OH 45214	er: <u>36-6195</u>		3-day TAT.	Weekend (Must Call Ahead)		* COMMENTS					20. 19		•	1	2 -		Date/Time:	Date/Time: 4/14/22 2.2
25	City/State/Zip: Cincinnati, OH 45214	Acct. Number: <u>36-6195</u>		If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.	M		Volume (Total Liters)	720	840	60	756	756	63	720	720	e e	882		Date
		Required)		ssed an	(pead)		(sətranicu) sonif listof												
>		City/State (Required):		e proces	t Call Ahe	AIR	(nim \]) streff wold	-											
Asbestos ain-of-Custod			Purchase Order Number:	le(s) will b	Same Day (Must Call Ahead)		Time Off									2 5			A
Asbestos in-of-Cust		i	Purchas	ied, samp	Sai		Time On	r		172								N	
Q Q		E-mail:		pecif	1		TEN AHERA (Ab)					4		_					
A L	t Street	-		T is s			TEM Chatfield (Bull)				_	-		_			_	Y	
	Straigh	120		0 TA		STOS	DOM NA BIOGOOD	\vdash)	_	1	1	1	<u>`</u>	-	1		N ai	ii
C	1041	22-		If n	3 - Day	ASBESTOS	FLM Point Count 1000	-		-	-+	+	-	+	-	_		Signature:	Signature:
	Address: 1041 Straight Street	U			$\mathcal{O}_{\mathfrak{m}}$		PLAN Point Count 400	-			\rightarrow	+	\rightarrow	-	\rightarrow	\dashv		Si	Si
	Ĩ	Fax:()	-		시		Wid	<u> </u>			-	-	-	+	+	-	_		
s, LLC pine Rd VA 23237	Group, Inc.	EW. 166		Turn Around Times :	2 - Day		Date Collected	3.30-4-1	-			-	J.	_	_	_	->	1	
EARS Eaboratories Laboratories Environmental Hazards Services, LLC www.leadlab.com 7469 Whitepine Rd (800)337-4010 Richmond, VA 23237 (804)275-4907 (fax)	ame: Sierra Environmental Group, Inc.	Phone: (513) <u>542-5323</u> Project Name / Testing Address: ,	M. Wesher	Turn Ar	1 - Day	*1	Client Sample ID	30-3	31-1	31-2	31-3			(-)		44	4.7	by: 1. 144	by: Thell
Envirol (800)347- (804)275-	Company Name:	Phone: (513) <u>542-5323</u> Project Name / Testing	Collected by:	nto N			No.	1	6	e	4	w	9	~	∞	6	10	Released by:	Received by:

PROJECT NUMBER:	E22-021 Former 125 Bidg.	PO Box 30531 Cincinnati, OH 45230 513-871-2500	30531 OH 4523(1-2500		ENV	No 21	ENVIRØWORX	×	NUMBER OF PERSONNEL PERSONAL J FULL BODY SUIT	PERSONNE PERSONAL SUIT	NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED FULL BODY SUIT	REA:	510
CALIBRATION EQUIP: 200 SAMPLES TAKEN BY: 70	50	Attn:							FULL FACE RESPIRATOR	LESPIRATOR	<i>.</i>	<u>م</u> اليا <u>ا</u> ب	
WORK AREA:	Sol	ASBESTOS/ Date Collected: 3-30		LEAD AIR -22/3-3	EAD AIR SAMPLE DATA SHEET -22/31-22/4/-1-22	LE DATA	A SHEE 2	L	TYPE C RESPIRATOR OTHER:	PIRATOR]]
Sample Pump I.D. I.D.	Sample Description Type/Location/Activity	n vity	ŭ	Sampling Period	pc	Pumj	Pump Flow Rates (LPM)	(LPM)	Sample Volume		LAB		
Code Nos.	If Per	& S.S.N.	Start	Stop	Total Min	Start Flow	Stop Flow	Average Flow	Tot. Min. X Average	Lead Conc.	Asbestos Conc.	TWA 8 Hr TWA	
30.3 12	Prs Avec 4 7	rousite.	042	140	360.	2.0	2.0	720-		ð	9 2		
31-1 #2	Purca #4 7	vans de 2564	800	300	420	2.0	2.0	840.					
31.2 #2	Taval	ans the	305	335	30	2.0	2.0	60.					
31-3#3	0 # C	1149	810	012	360.	1.2	2.1	756.					
1# 1-	H g		730	130	360	2."	1.2	756.					
1-2 #1	Ex Anca #2	Erttings 2983.	35	202	30	5.2	2.1	S					
-3#2-	EA	vausite	040	140	360	2.0	N.N	720°					
C# 1-1	Pus Aveated F	141495	200	100	360	0.0	0.2	720.					
C# 2.1	120	- cthings 2983,	105	135	30	2.0	2.0	60					
4-3 #1	Hy .	Transite .	012	210	420	3.1	2.1	288					
COMMENTS													
- Instr Plêase Analy Method unle:	- Instructions to Lab - Pléase Analyze using NIOSH 7400 Method unless specified otherwise	- Sampling Medium - Mixed Cellulose Ester Filter Membrane With Pore Size of 0.80 Micron	Medium - r Filter Mem f 0.80 Micro	brane		- 25MM Diame 50MM (Carbo	- Collection Device - eter Cassette with an on Impregnated) Ext	- Collection Device - 25MM Diameter Cassette with an Open Faced 50MM (Carbon Impregnated) Extension Cowl	ed wl	Acc Me Labo	Accurance of Analysis Methods Located On Laboratory Report Form	sis n orm	

White Copy - Lab Copy

Pink Copy - Job Site



Client:

Fiber Count Analysis Report

22-04-03116
04/14/2022
04/18/2022
04/19/2022

Project/Test Address: EW.168; E22-021

1041 Straight Street Cincinnati, OH 45214

Sierra Environment Group Inc.

Client Number:Laboratory ResultsFax Number:36-6195513-542-6653

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:

Melisoa Kanode

AIHA LAP, LLC (100420)

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.

LEGEND	L = liters	fibers/mm ² = fibers per square millimeter
	fibers/cc = fibers per cubic centimeter	

22-04-03116 Due Date: Due Date: 04/19/2022 (Tuesday) AE M Inv	City/State/Zip: Cincinnati, OH 45214	Acct. Number: <u>36-6195</u>		If no TAT is specified, sample(s) will be processed and charged as 3-day TAT.	Weekend (Must Call Ahead)			COMMENTS											Date/Time:	Date/Time: $9/ \eta \sim 12^{0}$
μ κ κ κ κ κ κ κ κ κ κ κ κ κ	City/State/Zip:	1		d charge				Volume (Total Liters)	756	63	360								Ī	
-		City/State (Remitred):		essed an	head)			(semin) smit issoT												1
AD.		Citv/State	aber	be proc	(ust Call A	AIR		(nim _) staff wolf			2				-					
sto			Purchase Order Number	le(s) will	Same Day (Must Call Ahead)			Time												
Asbestos in-of-Custody		-	Purcha	ied, samp	Sa			Time On											21	
Q Q		E-mail;		pecifi				(11A) ASCHANCIT											~	N
A	Street			r is s				TEM Craticald (Bull)											7	\mathbb{N}
Chai	Address: 1041 Straight Street	-021		TAI			3	FOM	1	4	1								A	N
U U	1041 S	2		fno	Day	ASBESTOS		KIM NY PRODUCT			-								ture:	line:
	LCSS:	522			3 - Day	ISA		PLM Peint Court 1000				•					2		Signature:	Signature
<i>(</i> c)	- Add			52	$ \mathcal{L}$			PLIM Point Count 400		-1					1.1					-
		/66 -		••• 205				. Wild		-										
OTTOS" OTTOS" Tdes Whitepine Rd Richmond, VA 23237		EW. 16		Turn Around Times :	2 - Day			Date Collected	4-5-22	1	1									
Contraction of the second seco	Name: Sierra Environmental Group, Inc.	Project Name / Testing Address:	over M. Wesher	Turn A	1 - Day			Client Sample ID	5-1	5.2	5-3								d by: 7. 1A16	d by: Thuk
Envii (800)34 (804)27	Company Name:	Project Na	Collected hv:					No.	1	1	e	4	w	9	7	80	6	10	Released by:	Received by:

AREA: N USED			TWA	8 Hr TWA									ysis	On Form
ROTECTIO ROTECTIO		LAB	Asbestos	Conc. Flee									Accurance of Analysis	Methods Located On Laboratory Report Form
PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED SUIT RESPIRATOR CESPIRATOR	RATOR		Lead	Conc. Ug/M3									Accu	Metl Labor
NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USE FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R	TYPE C RESPIRATOR OTHER:	Sample Volume	Tot. Min.	X Average Flow Rate										d V
×	T	LPM)	Average	Flow	756	63.	360-						vice -	25MM Diameter Cassette with an Open Faced 50MM (Carbon Impregnated) Extension Cowl
ENVIRØWORX	LEAD AIR SAMPLE DATA SHEET	Pump Flow Rates (LPM)	Stop	Flow	1-2	Z. (2.0						- Collection Device -	eter Cassette w
IROV	LE DAT	Puml	Start	Flow	2.1	5.1	2.0							25MM Diame 50MM (Carbo
ENV	SAMPI	P	Total	Min	360	30	120							
	LEAD AIR 22	Sampling Period	Stop		130	202	0401							Membrane Aicron
PO Box 30531 Icinnati, OH 45230 513-871-2500		ŝ	Start		730	135	2/72						Medium -	er Filter Mem of 0.80 Microl
PO Box 30531 Cincinnati, OH 45230 513-871-2500 Attn:	SBES'	ty.	t S.S.N.		Fittings 2832	Ertings 2852	43 TOUNSITE						- Sampling Medium	Mixed Cellulose Ester Filter Memb With Pore Size of 0.80 Micron
EZZ-021 Sermer IRS 200 W 446 St. Rotometer Mark Wester	42+#4	Sample Description Type/Location/Activity	If Personal - Need Name & S.S.N.		Prs Avea #2	Ex Avec = 2 1	prs meaus -	-					ns to Lab -	Please Analyze using NIOSH 7400 Method unless specified otherwise
	WORK AREA: Huck	Pump L.D.	Nos.		1#	Ħ	7					ENTS	- Instructions to Lab -	ase Analyze usi thod unless spe
PROJECT NUMBER: PROJECT NAME: F PROJECT ADDRESS: CALIBRATION EQUIE SAMPLES TAKEN BY	WORK AR	Sample I.D.	Code		2.2	5:2	5-3					COMMENTS		Pie Me

Pink Copy - Job Site

Yellow Copy - Office

White Copy - Lab Copy

<i>Laborator</i> <i>Laborator</i> Environmental Hazards S 7469 Whitepine Richmond, VA 2 Telephone: 800.34	ervices, L.L.C. Rd 3237		Report Nu	Fiber (Analysis		
1041 Straig	OH 45214 EW.173 - E22-021	atory Re	Received I Analyzed I Reported I	Date: 04/27 Date: 04/27 Date: 04/28	/2022 /2022 /2022 <u>x Number:</u> 3-542-6653	
Lab Sample Number	Client Sample Number	Volume Liters (L)	Fibers/Fields	Fibers/mm2	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 QA/QC Clerk

Melisoa Kanode

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.

fibers/mm² = fibers per square millimeter

LEGEND L = liters fibers/cc = fibers per cubic centimeter AIHA LAP, LLC (100420)

Z2-04-05723 Due Date: 05/02/2022 (Monday) AE M Inv AE M Inv Cty/State/Zip: Cincinnati, OH 45214 Acct. Number: 36-6195	AT is specified, sample(s) will be processed and charged as 3-day TAT. Same Day (Must Call Ahead) Weekend (Must Call Ahead)		COMMENTS											Date/Time:
22-04 Due E 05/02 (Mon AE M Acct. Number: <u>36-6195</u>	charged as		Volume (Total Liters)	900	60									Dati
City/State (Required):	essed and head)		(sannin) anil kadl											
City/Stat	<i>e proc</i> st Call A	AIR	(nim _) stast word				-	a.		-				
stos Custod	n <i>ple(s) will be processe</i> Same Day (Must Call Ahead)		Time			- 								
	ed, sample San		Time On											
с de se	ecifi		(nin) ASEEHA METT										_	V
Street A	r is sy		TEVI Charffield (Bulk)									-		X
	TAI	TOS	FON	- (1						-	_		X
02	If no T. 3 - Day	ASBESTO	H.M. W. Protocol		-	°.,					_			Signature
A Chain Address: 1041 Straight Street	m l	V	FLM Point Count 1000	-			-						-	Sig
	2		PLM Point Count 400		-						-		_	
Pries: EW. 173 -	Turn Around Times : - Day2 - Day		Date Collected	4-15-22	->	1								
Dries: EW. In American Inc.	n Arc	1	*										-	4
E Add Tar and the star of the	Turn 1 - Day		Client Sample ID	15.1	15.2									y: / . /
Environmental Ha Labora Environmental Ha www.leadlab.com (800)347-4010 (804)275-4907 (fax) (804)275-4907 (fax) (fax) (804)275-4907 (fax) (fax) (sothany Name: Sierra Phone: (513) 542-5323 Project Name / Testing A	-		No.	1	2	en	4	ŝ	Q	7	80	6	10	Released by:

n DDD									 			
REA: V USED			TWA 8 Hr TWA								/sis	On Porm
IN WORK A ROTECTIO		LAB	Asbestos Conc. Floc								Accurance of Analysis	Methods Located On Laboratory Report Form
PERSONNEL IN WORK AREA: PERSONAL PROTECTION USED SUIT ESPIRATOR ESPIRATOR	RATOR		Lead Conc. Ug/M3								Accu	Metl Labor
NUMBER OF PERSONNEL IN WORK AREA: PERSONAL PROTECTION USE FULL BODY SUIT HALF FACE RESPIRATOR FULL FACE RESPIRATOR PAP R	TYPE C RESPIRATOR OTHER:	Sample Volume	Tot. Min. X Average Flow Rate	6000	Ć).							aced
×	L	(LPM)	Average Flow	0.2	0.2						evice -	25MM Diameter Cassette with an Open Faced 50MM (Carbon Impregnated) Extension Cowl
ENVIRØWORX	LEAD AIR SAMPLE DATA SHEET	Pump Flow Rates (LPM)	Stop Flow	2.0	2.0						- Collection Device -	eter Cassette v on Impregnate
IR ON	LE DAT	Dum	Start Flow	2.0	2.0						·	25MM Diam 50MM (Carb
ENV	SAMP	ų	Total Min	300	30							
	CAD AIR	Sampling Period	Stop	200	0240							abrane n
x 30531 , OH 4523 71-2500		<i>v</i> ₂	Start	900	012						g Medium -	ter Filter Men of 0.80 Micro
PO Box 30531 Cincinnati, OH 45230 513-871-2500	ASBESTOS Date Collected:	n ity	k S.S.N.	Fettings OST9	Fittings 0579						- Sampling Medium	Mixed Cellulose Ester Filter Membrane With Pore Size of 0.80 Micron
EZZ-021 ESZ-021 ESZMENTRS Ruletu ZOD West 47th County Reformeter		Sample Description Type/Location/Activity	If Personal - Need Name & S.S.N.	Prs Through out Jose Portillo.	Ex Through out						- Instructions to Lab -	Please Analyze using NIOSH 7400 Method unless specified otherwise
B) SS: SS:	3A:	Pump LD.	Nos.	H .	µ į		1			ENTS	- Instructio	ase Analyze u: thod unless sp
PROJECT NUMBER: PROJECT NAME: PROJECT ADDRESS: CALIBRATION EQUI	WORK AREA:	Sample I.D.	Code	15-1	15.2					COMMENTS		Pi M

White Copy - Lab Copy

Dint

Pink Copy - Job Site

Transmittal



- 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 postabatement 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 were 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.

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

Sincerely,

Emma Morcio

Emma Moreo Field Support Section Field Operations Branch

