



## SUBMITTAL REVIEW

H&A JN: 1614.03  
Project: MSBA Accelerated Repair Program  
Halifax Elementary School – Windows, Doors & Siding Replacement  
464 Plymouth Street  
Halifax, MA 02338

SUBMITTAL  
Asbestos Remediation

ITEMS:  
1. 022820 Asbestos Remediation - Encore Contracting


HABEEB & ASSOCIATES ARCHITECTS INC. 150 LONGWATER DRIVE NORWELL, MA 02061	
NO EXCEPTIONS TAKEN	
NOTE MARKINGS RESUBMITTAL NOT REQ'D	X
NOTE MARKINGS RESUBMITTAL REQ'D	
REJECTED	
This review is given for design concept only and does not relieve the contractor from meeting the provisions of the contract, drawings and specifications. The Contractor is responsible for verifying all dimensions, schedules, quantities and field conditions.	
DATE 04-05-18	BY SB

## COMMENTS:


1. Provide Notification ten working days prior to the start of work per DEP requirements.
2. Provide updated licenses with the Notification as several are due to expire in May.

**To:**                      **Habeeb & Associates Architects**  
                                 **150 Longwater Drive**  
                                 **Norwell, MA 02061**

**Contractor:**            **Lambrian Construction Corporation**  
                                 **384 Washington Street**  
                                 **Westwood, MA 02090**  
                                 **Tel: (781) 461-1100      Fax: (781) 461-9885**

<b>Submittal No:</b>	<b>18</b>
<b>Date Submitted:</b>	<b>3/29/2018</b>
<b>Subcontractor:</b>	<b>Encore Contracting Services, Inc.</b>
<b>Specification Section:</b>	<b>02 2820</b>
<b>Approved By:</b>	
<b>Description:</b>	<b>Asbestos Remediation</b>

**COMMENTS:**

**PROJECT:    Halifax Elementary School**  
**LAMBRIAN CONSTRUCTION CORP.**  
**Approved by: **

**WINDOWS, DOORS & SIDING REPLACEMENT**  
**HALIFAX ELEMENTARY SCHOOL**  
**464 PLYMOUTH STREET**  
**HALIFAX, MASSACHUSETTS 02338**

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

# Submittal

For

## Halifax Elementary School Windows, Doors, & Siding Replacement Halifax, MA

**Asbestos Contractor #: AC000883**  
**Submitted: March 2018**



375 Common Street, Suite 102  
Lawrence MA 01840  
Phone: 978-258-1744  
Fax: 978-655-1758

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# Company Licensing

For

**Halifax Elementary School  
Windows, Doors, & Siding Replacement  
Halifax, MA**

**Asbestos Contractor #: AC000883  
Submitted: March 2018**

**SDO (MBE) ■ DBE ■ SDB ■ HUBZONE**



Certificate No: **A046993**



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT

**DEPARTMENT OF LABOR STANDARDS**  
19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

**ASBESTOS CONTRACTOR LICENSE**

ENCORE CONTRACTING SERVICES, INC.  
375 COMMON STREET  
SUITE 102  
LAWRENCE MA 01840

LICENSE: **AC000883**

EXPIRES: **Sunday, March 17, 2019**

IN ACCORDANCE WITH MGL CH. 149 § 6B AND 453 CMR 6.04  
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR STANDARDS TO THE  
CONTRACTOR ABOVE FOR THE PURPOSE OF ENTERING  
INTO OR ENGAGING IN ASBESTOS WORK.

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

A handwritten signature in blue ink that reads "William D. McKinney".

WILLIAM D. MCKINNEY, DIRECTOR



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT

**DEPARTMENT OF LABOR STANDARDS**

19 STANIFORD STREET, BOSTON, MASSACHUSETTS 02114

**LEAD-SAFE RENOVATION CONTRACTOR LICENSE**

ENCORE CONTRACTING SERVICES, INC.  
375 COMMON STREET  
SUITE 102  
LAWRENCE MA 01840

LICENSE: **LR002717**

EXPIRES: **Tuesday, August 11, 2020**

IN ACCORDANCE WITH M.G.L. C. 111, § 197B(b) AND 454 CMR 22.04, THIS LICENSE IS ISSUED BY THE DEPARTMENT OF LABOR STANDARDS TO THE CONTRACTOR ABOVE FOR THE PURPOSE OF ENGAGING IN LEAD-SAFE RENOVATION.

THIS LICENSE IS VALID FOR A PERIOD OF FIVE (5) YEARS.

THIS LICENSE MUST BE MAINTAINED BY THE CONTRACTOR IN ACCORDANCE WITH M.G.L. C. 111, § 197B(b)(2) AND 454 CMR 22.04 WHEN ENGAGED IN LEAD-SAFE RENOVATION AND/OR MODERATE-RISK DELEADING WORK. LEAD SAFE RENOVATION CONTRACTORS MAY NOT PERFORM MODERATE RISK DELEADING WORK UNLESS THEY EMPLOY A SUPERVISOR, WHO HAS TAKEN THE REQUISITE TRAINING AS REQUIRED BY 454 CMR 22.00, TO OVERSEE THE WORK.

A handwritten signature in black ink, reading "William D. McKinney".

WILLIAM D. MCKINNEY, DIRECTOR

*Please detach this mailing tab and keep your license certificate in an accessible location. A copy of this license must be maintained at each worksite.*

ENCORE CONTRACTING SERVICES, INC.  
375 COMMON STREET  
SUITE 102  
LAWRENCE, MA 01840



375 Common Street, Suite 102  
Lawrence MA 01840  
Phone: 978-258-1744  
Fax: 978-655-1758

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

# Landfill Documentation

For

**Halifax Elementary School  
Windows, Doors, & Siding Replacement  
Halifax, MA**

**Asbestos Contractor #: AC000883  
Submitted: March 2018**

**SDO (MBE) ■ DBE ■ SDB ■ HUBZONE**

**SERVICE TRANSPORT GROUP, INC**

58 PYLES LANE  
NEW CASTLE, DE 19720



PHONE: (302) 778-5930  
FAX: (302) 778-0446

**As of January 01, 2017 Service Transport Group, Inc. currently maintains the following permits within our region of service. All of the following transporter permits are required by law to transport and/or dispose of asbestos waste in the appropriate state.**

**ASBESTOS WASTE**

**TRANSFER STATION PERMITS**

**PERMIT NUMBERS**

RHODE ISLAND DEM

NO. 61

DELAWARE DNREC

SW – 02/03

**TRANSPORTER PERMITS**

**PERMIT NUMBERS**

U.S. DOT

781586

ICC

MC353374

U.S. DOT Hazardous Materials Registration

050914 550 034WY

Maine DEP

Decal Issued per Vehicle

Vermont DEC

Decal Issued per Vehicle

NY DEC

PA-317

NJ DEP

A901 #20990 / SW2117

PA DEP

WH2419

Ohio PUC

UPM - 0781586 – OH

Delaware

DE-SW-0947

**ADDITIONAL PERMIT (S)**

U.S. EPA

PAR000036236



# SERVICE TRANSPORT GROUP, INC

58 PYLES LANE  
NEW CASTLE, DE 19720



PHONE: (302) 778-5930  
FAX: (302) 778-0446

## COMPANY OVERVIEW

### SERVICES:

- \* Friable and non-friable asbestos waste transportation and disposal
- \* Construction and Demolition Debris waste transportation and disposal
- \* Storage Trailers and ground level closed roll-off containers

### SERVICE AREA:

- \* 24 hour and same day emergency service available in all states from Maine to Virginia to Ohio

### TERMINALS:

- \* Woonsocket, RI \* Permitted asbestos waste transfer station
- \* New Castle, DE \* Permitted asbestos waste transfer station
- \* Frederick, MD
- \* Zelienople, PA

### COMPANY OWNED EQUIPMENT:

- \* 40 TRUCKS – Local, over-the-road and roll-off trucks
- \* 30 and 40 yd<sup>3</sup> open-top roll-off containers
- \* 40 yd<sup>3</sup> closed roll-off containers
- \* 120 yd<sup>3</sup> box vans
- \* 45 to 60 yd<sup>3</sup> open-top dump trailers
- \* 80 to 100 yd<sup>3</sup> open-top trailers
- \* Storage trailers and containers
- \* Flatbed trailers

### INSURANCE:

- \* Includes \$1,000,000 ASBESTOS POLLUTION LIABILITY COVERAGE

### TRANSPORTER PERMITS:

- \* US DOT HAZARDOUS MATERIALS TRANSPORTER (Required by some states to transport friable asbestos waste)
- \* Interstate Commerce Commission (ICC) Authority
- \* Solid waste transporter permits for all states from Maine to Virginia to Ohio, including local municipality permits, where needed.
- \* US DOT and EPA Permits

**WE ARE ON-CALL 24 HOURS A DAY, 365 DAYS A YEAR!**

Frederick, MD • New Castle, DE • Woonsocket, RI • Zelienople, PA

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2017-2020**

**Registrant:** SERVICE TRANSPORT GROUP INC  
Attn: BARRY GAUDET  
58 PYLES LANE  
NEW CASTLE, DE 19720

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 050217 551 004ZB**

**Effective: 07/01/2017**

**Expires: 06/30/2020**

**HM Company ID: 038822**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

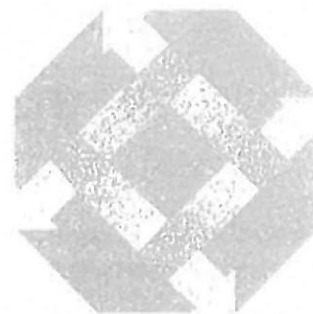
Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



# Alliance for Uniform HazMat Transportation Procedures Uniform Program Credentials

SERVICE TRANSPORT GROUP INC  
58 PYLES LANE  
NEW CASTLE, DE 19720



**ALLIANCE**  
FOR UNIFORM  
**HAZMAT**  
TRANSPORTATION  
PROCEDURES

USDOT Census #	00781586	
MC Docket #	00353374	
EPA Transporter ID #	N/A	189005
Intrastate Motor Carrier #:	N/A	152018

Phone Number to call in case of a accident or emergency: 877-999-9559

Uniform Program ID:	UPM0781586OH		
Certified By:			
Issuance Date:	01-Jun-2017	Expiration Date:	01-Jul-2018
Issuing Agency:	PUBLIC UTILITIES COMMISSION OF OHIO		
Agency Telephone:	(614) 466-3392		





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:  
LR-8J

December 10, 2015

Mr. Bruce Sullivan, Landfill Operator  
Minerva Enterprises, Inc.  
Post Office Box 709  
Waynesburg, Ohio 44688

Dear Mr. Sullivan:

This letter is in response to your request for written confirmation that Minerva Enterprises, Inc. in Waynesburg, Ohio is acceptable to receive waste from CERCLA sites under the requirements of the "Off-Site" rule.

I can confirm for you that this facility is currently acceptable under the provisions of 40 CFR §300.440 as we discussed during your phone call of December 9, 2015. Please note that this status could be changed any time relevant information becomes available according to the procedures in 40 C.F.R. § 300.440 (d). Generators who need to use a currently acceptable facility should verify the current acceptability of any facilities they wish to use with the appropriate Regional Off-Site Rule Coordinator(s).

If you have questions, please contact me at (312) 353-8207, United States Environmental Protection Agency, Region 5 – LR-8J, 77 W. Jackson Boulevard, Chicago, Illinois 60604.

Sincerely,

A handwritten signature in blue ink, which appears to read "William Damico", is positioned above the typed name.

William Damico, Off-Site Rule Coordinator  
RCRA Branch  
Land and Chemicals Division  
Region 5

# SERVICE TRANSPORT GROUP, INC.

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58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

**No 505397**

## WASTE SHIPMENT RECORD

*Samplemanifest*  
S.T.G. #

**GENERATOR**
**TRANSPORTER**
**DISPOSAL SITE**

1. Material Origin Site		Generator: Name/Address		Generator: Phone #
2. Removal Contractor: Name/Address				Contractor: Phone #
Contact:				
3. Responsible Agency: Name/Address		4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ		
5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity (yd <sup>3</sup> )
IF Friable (enter required information)				
IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
6. Special Handling Instructions 24-hour emergency spill response no. 800-424-9300				
7. Generator Certification: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.				
Printed/Typed Name & Title		Signature		Date

8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
Company Name & Address		Signature: _____		Telephone No.
		Printed Name: _____		Date:
		Title: _____		
9. Transporter 2 (Acknowledgement of Receipt of Materials) If Transporter 1 & 2 are blank, Transporter 3 serves as sole transporter.				
Company Name & Address		Signature: _____		Telephone No.
		Printed Name: _____		Date:
		Title: _____		
10. Transporter 3 (Acknowledgement of Receipt of Materials)				
Company Name & Address		Signature: _____		Telephone No.
Service Transport Group, Inc.		Printed Name: _____		877-999-9559
58 Pyles Lane		Title: _____		Date:
New Castle, DE 19720				

11. Discrepancy Indication Space:				
12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)				
Waste Disposal Site (Check One)		STG USE ONLY		Date:
Sanitary Landfill <input type="checkbox"/>	Minerva Landfill <input type="checkbox"/>			
901 Tyrol Blvd. <input type="checkbox"/>	8955 Minerva Rd. <input type="checkbox"/>			
Belle Vernon, PA 15012	Waynesburg, OH 44688			
724-929-7694 Ext. 14	330-866-3435			
Permit No. 100277	Permit No. P0104984			
		Signature: _____		
		Printed Name: _____		
		Title: _____		



2018



2018

## Construction and Demolition Debris Facility License

License Expires December 31, 2018

**Facility:** Minerva Enterprises  
CID: 54288  
8955 Minerva Rd SE  
Waynesburg, OH 44688

**Applicant:** Minerva Enterprises, LLC  
8955 Minerva Rd., SE  
P.O. Box 709  
Waynesburg, OH 44688

This license has been issued in accordance with the requirements of state law, is subject to revocation or suspension for cause, and is not transferable without the consent of the Board of Health and the Director of the Ohio Environmental Protection Agency.

**Licensing Authority: Stark County Combined General Health District**

### Conditions of Licensure

The Licensee hereunder, its agents, employees, and all others in active concert with said licensee, including the facility owner and operator, shall be subject to and shall comply with the following conditions of this license:

1. All applicable requirements of Ohio Revised Code Chapters 3714., 3734., 6111., and 3704.
2. All applicable requirements of Ohio Administrative Code Chapters 3745-37, 3745-400, and Rule 3745-520-50.
3. Plans, other authorizing documents and administrative and judicial orders applicable to this facility and as approved by the Ohio Environmental Protection Agency and/or the licensing authority.
4. By applying for and accepting this license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of inspecting, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under Ohio Revised Code Sec. 3714.08.

The licensee, its agents, employees, and all others in active concert with said licensee shall maintain and operate the construction and demolition debris facility to which the license pertains in a sanitary manner so as not to create a nuisance, create a fire hazard, cause or contribute to water pollution, or create a health hazard. This license shall not be construed to constitute a defense to any civil or criminal action brought by the State of Ohio or any duly authorized representative thereof to enforce the provisions of Chapters 3714, 3734, 3767, 6111, or 3704 of the Ohio Revised Code, or the rules adopted thereunder.

Issuance of this license does not relieve the licensee of the duty to comply with all applicable federal, state, and local laws, regulations and ordinances.

☒ If Checked, Additional Conditions Apply to This License (See Back, or Attachment)

*Kirkland K. Harris*

DECEMBER 29, 2017

Health Commissioner

Date Issued

# Stark County Health Department

Kirkland Norris, RS, MPH, Health Commissioner  
David Benner, President of the Board of Health  
Maureen Ahmann, DO, Medical Director



**Public Health**  
Prevent. Promote. Protect.

## RESOLUTION #14-2017

**A RESOLUTION TO ADD REQUIREMENTS OR AGENDA TO THE CONSTRUCTION AND DEMOLITION DEBRIS FACILITY LICENSE OF MINERVA ENTERPRISES, LLC FOR THE 2018 LICENSING YEAR.**

WHEREAS, 3745-37-03(D) of the Ohio Administrative Code provides that, *"The licensing authority of a construction and demolition debris facility may impose such special terms and conditions as are appropriate or necessary to ensure that the facility will comply with Chapter 3714. of the Revised Code and Chapter 3745-400 of the Administrative Code, and to protect public health and safety and the environment."*

WHEREAS, 3714.06 of the Ohio Revised Code provides that, *"Any such license may be issued with such terms and conditions as the board or the director, as appropriate, finds necessary to ensure that the facility will comply with this chapter and the rules adopted under it and to protect the public health and safety and the environment."*

WHEREAS, facility license reviews that were conducted by the Environmental Service Area of the Stark County Health Department during November 2017, indicated that the following conditions and terms are necessary to insure compliance and/or to protect public health and safety and the environment for each facility as specified.

BE IT THEREFORE RESOLVED THAT, the Stark County Board of Health attaches these terms and conditions to the Construction and Demolition Debris Facility Licenses as:

### Minerva Enterprises LLC.

#### 1. Surface Water Analysis

Analyze all sedimentation ponds for those constituents listed below every 6 months (2 times a year) and submit the results to the Stark County Health Department.

3951 Convenience Circle NW • Canton, Ohio 44718 • Tel 330-493-9904 • Fax 330-493-9920

www.starkhealth.org • Follow Us on  Facebook

*"This agency is an equal provider of services and an equal opportunity employer - Civil Rights Act of 1964"*



pH	Specific Conductance	Turbidity
Temperature	Total Dissolved Solids (TDS)	Nitrate-Nitrite
Phosphorous, Total	Biological Oxygen Demand	Nitrogen as Ammonia
Chlorides	Chemical Oxygen Demand	Sulfates
Total Organic Carbon	Depth/Pond Level	Flow Rate

Metals (Arsenic, Barium, Cadmium, Calcium, Chromium, Copper, Iron, Lead, Magnesium, Manganese, Mercury, Nickel, Potassium, Selenium, Silver, Sodium, Zinc)

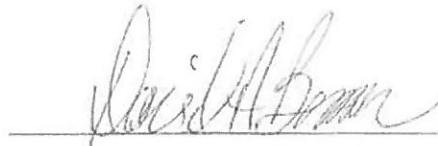
## 2. Topographical Map

By September 30, 2018, Minerva Enterprises LLC. shall submit a current topographical drawing showing the approved limits of waste placement with a contour interval no greater than two feet.

BE IT FURTHER RESOLVED, that the Board of Health, of the Stark County Combined General Health District, adopts this measure to be effective on and after Wednesday, December 13, 2017.

ADOPTED: December 13, 2017  
By a majority of the members  
of the Board of Health of the  
Stark County Combined General

## STARK COUNTY COMBINED BOARD OF HEALTH



PRESIDENT



SECRETARY



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# Detailed Work Plan

For

## **Halifax Elementary School Windows, Doors, & Siding Replacement Halifax, MA**

**Asbestos Contractor #: AC000883  
Submitted: March 2018**

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## **Asbestos Abatement Work Plan**

for

Halifax Elementary School, Windows, Doors & Siding Replacement

Halifax, MA

The windows, doors, and Siding replacement project will take place at the Halifax Elementary School Halifax MA. Abatement is being performed at various locations throughout the building. Abatement of the identified asbestos-containing materials will be performed by Encore Contracting Services, Inc. located at 375 Common Street, Suite 102 in Lawrence, MA 01840. The project is scheduled to begin in June 2018 with mobilization of equipment and materials and completed by August 2018. The building will be occupied during abatement work. Abatement will be performed 7:00am-4:00pm, Monday thru Friday and possibly some weekends to accommodate schedule if needed.

Encore Contracting Services, Inc. will be self-performing the asbestos abatement work as identified within the Contract Documents Section 02 2820-Asbestos Abatement. Asbestos-containing materials to be removed for this project and work plan include window/window walls systems and doors. The abatement will be performed utilizing full and/or partial containment and using safe work practices with proper PPE.

Each of the work area(s) will be unoccupied during the asbestos abatement process. The building work areas will be isolated from the public using temporary partitions constructed by the General Contractor (where needed), critical barriers and warning signs. At no time will unauthorized personnel or other trades be allowed to access any of the work areas which are under enclosure.

Materials which will be abated according to the exterior abatement method (Interior/exterior window caulk, and exterior door caulking) will include the following methods and procedures:

- Prior to any abatement work in the roof/terrace areas, Encore will establish a controlled work area, which is segregated and where no one other than authorized personnel will enter.
- Post all perimeter entry points with industry standard Danger-Asbestos signs.
- All window openings (if applicable) will be covered with 2 layers of 6-mil polyethylene sheeting from the inside seamed with tape and spray adhesive.
- Install 2 layers of 6-mil poly sheeting on the ground to be used as drop cloths 10' from base of building.
- Construct a remote decontamination unit adjacent to the work area.
- Utilize safe work practices including proper PPE.
- Window caulking will be removed by use of various hand tools including but not limited to caulking cutters, hand scrapers, hammers, and hand-held chipping guns.

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- Encore will adequately wet the ACM materials during the removal process.
- Encore will remove all caulking in scope without rendering it friable or the production of asbestos dust.
- Encore will cease work and notify the owner (or their designee) if at any time the caulk is rendered friable during the work.
- Double bagging or wrapping of asbestos waste and disposed of in approved containers.
- Upon completion, the owner reserves the right to have their representative conduct a visual inspection of the work area before dismantling containment.

Multiple 2000 CFM HEPA filtration units with alarms will be within each work area to achieve a minimum of 4 air changes per hour. Locations of the HEPA units will be at the furthest point from the decontamination unit and will properly vent to the exterior of the building. The exact locations will be determined by the on-site Supervisor from Encore Contracting Services and the on-site Industrial Hygienist before work begins.

Waste generated during the project will be immediately double bagged and/or wrapped and transported to a temporary on-site storage container. The route of the waste transportation will be dependent on the locations of the waste load-out and the storage container(s) as well as the designated path. Encore Contracting Services will use the shortest possible feasible route on each phase of the project. The exact location will be dependent on the site conditions and at the discretion of the General Contractor and/or the project owner.

**SITE EVACUATION:**

Various hazards encountered in the abatement field result in an emergency evacuation off all persons working within a building or on the site. Examples would be a chemical spill, fire, or broken gas line. In each of these events, a quick, organized evacuation and roll call can and will save lives, and identify and help locate Encore Contracting Services' any missing or injured persons.

Walls inside the containment area will be marked with arrows to indicate the location of the emergency exits. The arrows will be spray-painted 12" from the floor every 10-12 feet. The markers will be of a bright color. The arrows are placed close to the floor surface to ensure that they can be seen in the event that the containment fills with smoke.

Emergency exits will be clearly marked and razor knives will be hung at the emergency exits to cut the poly sheeting. When necessary breaching of the containment is permitted for an emergency evacuation.

Once outside the workers will gather at the adjacent building closest to Washington Street and the Site Supervisor will immediately take attendance. Any persons missing will be reported to the GC and the

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Fire/Police when they arrive. This person's name, last known location and the activity they were involved in will be reported.

#### **FIRE EMERGENCY:**

No aspect of the Emergency Action Plan deserves more attention than what to do in the event of a fire. It has been amply demonstrated that personnel who have been intensively drilled in the proper procedure to follow in a fire emergency will react swiftly and correctly to minimize the dangers to themselves and their fellow employees. Properly informed and trained employees will be better prepared to take fire control measures until local fire authorities arrive on the scene.

#### **EXTINGUISHING EQUIPMENT:**

There will be multiple A-B-C fire extinguishers located in the full containment areas. Several will be placed around the work areas next to the critical barrier and there will be one (1) located next to the decontamination unit. The fire extinguishers will be fully charged and ready to function in the event of a fire emergency. All personnel in the work area will be familiar with proper operation of this equipment. Locations will be clearly marked within the work area.

#### **PROCEDURES FOR A FIRE:**

During the event of a fire emergency, Encore Contracting Services, Inc. employees are instructed to remain calm and follow the procedures listed below:

1. Discovering the Fire – Any person discovering the fire should immediately report the fire to the supervisor and all those inside the work area. Do not attempt to move injured persons. This should be left to trained professionals.
2. Sounding the Alarm – The nearest telephone will be used to report the fire to the local authorities. The phone number to call will be 911 and it will be posted at the decontamination unit. The person will report that there is a fire, what is on fire, how large a fire, and the specific location of the fire. You must also state your name and your location.
3. Containing the fire – After notifying the correct personnel, the next step will be to attempt to contain the fire. This should be done by removing any flammable materials in the immediate area. Electrical equipment close to the fire location will be removed and disconnected. If the fire is too large to safely attempt to contain, evacuation will be the priority.

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4. Extinguishing the Fire – If feasible, the portable fire extinguishers shall be used to try to quench the fire. If the size of the fire presents an immediate danger to life or health, evacuation, not firefighting will be the priority.
5. Evacuation – When evacuation is deemed necessary, there will be no hesitation in requiring personnel to vacate the area immediately. Emergency exits and other means of egress from the area will be noted before the start of the job and posted on the job board. A staging area that has been pre-selected will be the meeting place for roll call. Once out of the building, no one will be allowed to re-enter the area until the emergency is declared over by emergency personnel.

#### **WATER PROTECTION:**

By far the most important engineering control to help minimize excessive airborne fiber and dust concentrations and reduce employee exposure is the use of water. Encore Contracting Services, Inc. will use water in amounts sufficient to suppress the dust through all phases of abatement. Water, however, can pose a significant problem if it is allowed to accumulate in large pools, if it begins to run off from the surface, gets into electrical equipment, or if it seeps under the containment edges. For this reason, the following water protection contingency plan will be in place during the abatement of asbestos materials.

During abatement, water will not be allowed to pool inside the containment area. The water will be collected using a HEPA vacuum and then poured back into asbestos waste bags. The disposal of the water in this manner serves two purposes. It omits the process of filtering the water and it provides additional moisture to the waste material inside the bag. At no time will water be allowed to collect in large quantities along the edges of seams or walls.

The water used in the shower of the decontamination unit shall be filtered through two 5 micron filters and then disposed of as regular wastewater. The water will be collected from the shower pan and pushed through the filters by using a small electric pump.

In the event that water does penetrate the containment, steps will be taken to immediately contain the release and prevent more water from escaping. The water will be soaked up using rags or other appropriate material. The area where it breached the containment area will be wet wiped and HEPA vacuumed. The inside of the containment at the place of breaching will be vacuumed to remove the water along that edge.

A broken hose or pipe can leak large quantities of water in a very short period of time. Hose leaks will be repaired immediately, or that section of hose replaced. Leaking hoses, once disconnected, will be cut in two at the point of the leak to prevent further use. A repair tag will be attached and the hose returned to the warehouse for repair or replacement.

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

In the event of a broken pipe, the water will be shut down at the nearest point. Poly, vacuum hoses, HEPA exhaust hoses or other device will be attached to the pipe at the point of the leak and the water will be directed to either a containment vessel (Vacuum cleaner, shower, slop sink) or drain. Accumulated water will be immediately cleaned. The floors below the workspace will be checked for water and or water damage and appropriate action immediately initiated.

Prior to commencing abatement, Encore Contracting Services, Inc. will de-energize systems whenever possible, but this is not always possible. If water gets into any electrical system including alarms, surveillance equipment etc., the system will be immediately de-energized. Once de-energized, a licensed professional will be called to make repairs. As these systems are generally complex and delicate, Encore Contracting Services employees are prohibited from attempting repairs.

#### **LOSS OF POWER/NEGATIVE PRESSURE/VENTILATION:**

During the abatement of various materials and workspaces air-handling equipment will be utilized. For asbestos abatement negative pressure is created, however in a confined space a blower may be installed. In either situation, the loss of power will result in a shutdown of the air handling equipment. Work areas in occupied buildings will have a backup power system or a generator on site, large enough to maintain negative pressure.

When the loss of negative pressure or a containment breach occurs, all work will cease. The entire containment will be misted and the containment will be evacuated. All decon and material transfer stations will be closed and sealed. The intake of the HEPA filters should be sealed to prevent a release due to backflow of air from the building exterior. Misting will occur often enough to suppress any dust.

The site supervisor will notify the air-monitoring professional responsible for the site, and air samples should be continuously taken just outside of the work area, especially at occupied spaces. Bordering occupied spaces should be evacuated as precaution and entry points sealed. HVAC systems operating in adjacent spaces should be shut down.

Once the air samples are analyzed if they are acceptable, no further action is needed. However, if the samples show a rise above the level of the background samples, the space will be placed under negative pressure and cleaned once power is restored. Air sampling will continue until acceptable levels are met.

For confined space, the employees will vacate the space until airflow is restored.

#### **INJURY REQUIRING EMERGENCY MEDICAL ATTENTION:**

In the event of an injury that requires medical attention, decontamination of the worker will not stop evacuation. When possible, injured persons should be removed from the workspace, especially in the



Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

event of Heat related injury. Never move an injured person if it will put you or the injured person at risk.

Should a situation arise requiring emergency medical attention, the supervisor will be notified and the proper authorities called. If it is possible to do so without further injury to the worker, the person injured should be HEPA vacuumed and washed while the authorities are in route.

When they arrive, the authorities should be apprised of the situation and supplied any PPE deemed necessary. If it is required, the containment may be breached to allow entry and exit of stretchers and medical professionals and equipment. This breach shall occur at the moment of entry or exit and be resealed immediately after entry or exit.

#### **EQUIPMENT:**

The following is a list of equipment to be used on-site during the duration of the project (not limited to):

##### **Local Exhaust**

1. Force Air 2000 EC Negative Air Scrubber (ACSI) with Alarms

##### **HEPA Vacuum Equipment**

1. 930 Hepa Vacuum Euroclean Series, 4 Gallon Capacity
2. Nilfisk Eliminator II, 12 Gallon Capacity

##### **Portable Showers**

1. ACSI Aluminum Portable Shower

##### **Decon Units**

1. Grayling Portable Decon Units with poles

##### **Pump and Filtration System**

1. ACSI WP555 Two Stage Pump and Filtration System

##### **Pressure differential Monitor**

1. Omniguard II

##### **Airless Paint Sprayer**

1. 440i Airless Paint Sprayer

##### **Water Atomizing Devices**

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

Stepladders (6', 8' and 10')

GFCI Power Panel and/or Portable GFCI

Portable Quartz Lights

Poly Tilt Trucks

**HAND TOOLS:**

The following is a list of Tools to be used on-site during the duration of the project (not limited to):

- Adze
- Crow Bar
- Flat Bar
- Extension Cords
- Floor Buffer
- GFCI
- Water Hoses
- Light Cages and Towers
- Sawzall
- Circular Saw
- Floor Scrapers
- Hand Scrapers
- Stapler T50
- Pump Sprayers
- Flat Shovel

**MATERIALS:**

The following is a list of Materials to be used on-site during the duration of the project (not limited to):

- Absorbent
- Adhesive Spray Glue
- Asbestos Bags
- Burlap Bags
- Glove Bags
- Wire Brushes
- Disposal Decon's with Poles
- Fiber Drums

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

- Penewet Encapsulant
- Bridging Encapsulant
- Exhaust Duct
- Pre and Ring HEPA Filters
- Safety Glasses
- Leather and Cotton Gloves
- Flat Shovel
- Low Oder Sentinel Mastic Remover
- Scrub Pads
- Floor Scrub Pads
- 6-Mil Poly Sheeting
- Rags
- Respirator Filters
- Asbestos Signs
- Tyvek Suits
- Caution Tape (Red and Yellow)
- Duct Tape
- Shower Towels



375 Common Street, Suite 102  
Lawrence MA 01840  
Phone: 978-258-1744  
Fax: 978-655-1758

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Asbestos Abatement ■ Selective Interior Demo ■ Mold Remediation ■ Post-Construction Cleaning

# Employee Paperwork

For

**Halifax Elementary School  
Windows, Doors, & Siding Replacement  
Halifax, MA**

**Asbestos Contractor #: AC000883  
Submitted: March 2018**

**SDO (MBE) ■ DBE ■ SDB ■ HUBZONE**

# LAWRENCE TRAINING SCHOOL, INC.

This is to Certify

Jordan Lantigua

Has successfully completed the 8 hour course

*Asbestos Contractor/Supervisor Refresher*

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



ASR0817-05-JL2902

Certificate Number

AUG 05, 2017

Date(s) of Training

AUG 05, 2017

Date of Examination

AUG 05, 2018

Expiration Date

Maria Lantigua  
President/Director of Training

THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

William D. McKinney  
Director

Asbestos Supervisor

JORDAN LANTIGUA

Eff. Date 08/09/17

Exp. Date 08/09/18

AS901655

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

HVR HV-08/05/18

18





# Encore Contracting Services, Inc.

375 Common Street, Suite 102, Lawrence, MA 01840

Phone: 978-258-1744 Fax: 978-258-1758

## FIT TEST AND RESPIRATORY TRAINING CHECKLIST

The following is a checklist that must be completed for each employee required to wear a Negative Pressure respirator every six months this form is required on all **ASBESTOS** job sites.

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

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

Employee/Subcontractor Signature: \_\_\_\_\_

Qualified Person Signature: \_\_\_\_\_

Date: 11/3/17

1. Challenge substance: (Circle One) Irritant Smoke, Banana Oil, And Saccharin
2. Fit Check Procedures:
  - a. Negative Pressure Check (Pass) Fail
  - b. Positive Pressure Check (Pass) Fail

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

Reaction: \_\_\_\_\_

None

4. Overall Evaluation: (Pass) Fail

5. Respirator Approvals:

Manufacture

Approval #

Type

Size

North

7700

Medium/Large

LAWRENCE WALK-IN MEDICAL CENTER  
NEVILLE NAVARATHNAM, M.D.  
100 Franklin Street  
Lawrence, MA 01840  
(978)682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Lan Jigua Jordan S.S.#: XXXXX 2902  
DATE OF EXAM: Sept. 26th 2017 EXP. DATE: Sept. 26th 2018

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS: RESULTS: Normal: / Abnormal: /  
Next indicated in 20  
PULMONARY FUNCTION TEST RESULTS: Normal: / Abnormal: /

COMMENTS:  
/

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure:  
/

The following limitations on personal protective equipment, including respirators are indicated:  
☒ None: The patient is medically qualified to wear all personal protection equipment.  
☐ Patient Limitations: /

The employee has been informed of the results of the medical examination, both with regard to occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are advised regarding smoking cessation if indicated in accordance with the standard finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician  
R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
Address 978-682-8343

Signature R.L.N. Navaratnam  
center  
978-682-8343  
Phone#

Pulmonary Report  
Jrigan-Bennett Renaissance III  
/N: G040702007  
Version: 1.2.0

Session Date: 01JAN2000  
Session Time: 01:15PM  
Last Cal Check: 01JAN2000

BEST FVC/FVL REPORT

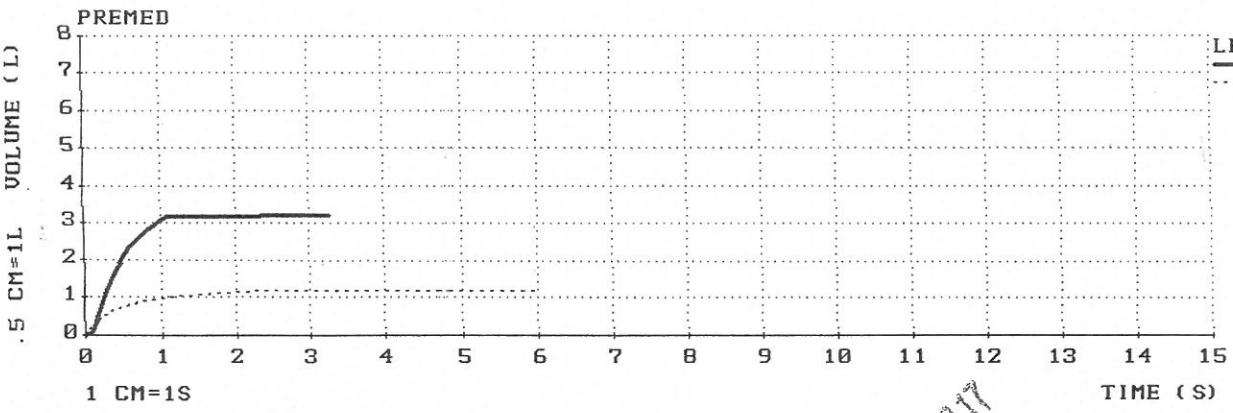
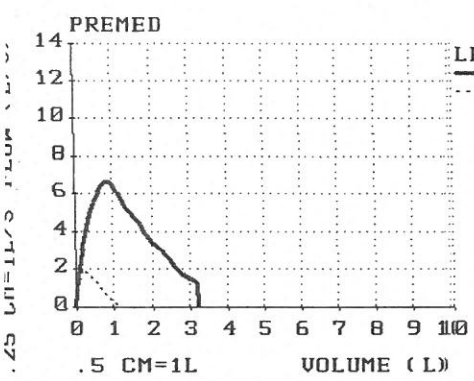
Patient: XXXXX2902  
Name: LANTIGUA JORDAN  
Gender: MALE  
Indication:  
Usage:  
Height: 74"  
Age: 34YRS  
Weight: 230LBS  
Smoker: NO  
Ethnicity/Correction: HISPANIC  
Physician:  
Technician:  
Sensor Code: 051442  
Temperature: 59F  
Barometric Press: 523mmHg  
BTPS Correction: 1.166  
Normals: KNUDSON 83  
20.0%

Initial Format: PREMED - 01:15PM  
Best Criteria: VAL  
< Indicates Below LLN

MEASUREMENT	BEST	Trial	%Pred	Pred	LLN
VC (L)	3.28	2	270	1.21	0.99
EV1 (L)	3.26	2	325	1.00	0.79
EV1%	99		111	89	77
EF25-75 (L/S)	4.20	2	409	1.03	
EF(L/S)	6.80	2	324	2.10	
ET (S)	1.07	2			

Report Summary:  
Pre Med: Tests 2 Acceptable 0 Reproducible 0 FVC VAR: FEV1 VAR: PEF VAR:

TS Interpretation: PREMED - Normal Spirometry  
Comment:



*R.L.N. Navaratnam*  
SEP 26 2017  
R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

# LAWRENCE TRAINING SCHOOL, INC.

## This is to Certify

Jordan M. Lantigua

Has successfully completed the 10 hour course

### *Occupational Safety and Health Standards for the Construction Industry*

"As an OSHA authorized trainer, I verify that I have conducted this OSHA outreach training class in accordance with OSHA Outreach Training Program requirements. I will document this class to my authorizing OSHA training organization. Upon successful review of my documentation, I will provide each student their completion card within 90 days of the end of the class."



OSHA-JL2902

Certificate Number

JUL 26 & JUL 28 2014

Date(s) of Training

JUL 28, 2014

Date of Examination

By: Maria Alcantara ID # NE00623

# LAWRENCE TRAINING SCHOOL, INC.

This is to Certify

**Hayro R. Gonzalez**

Has successfully completed the 8 hour course

*Asbestos Worker Refresher-Spanish*

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



AR0517-06-HG1274

Certificate Number

MAY 06, 2017


Date(s) of Training

MAY 06, 2017

Date of Examination

MAY 06, 2018

Expiration Date

  
\_\_\_\_\_  
President/Director of Training



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

William D. McKinney  
Director

Asbestos Worker

HAYRO GONZALEZ

Eff. Date 05/10/17

Exp. Date 05/10/18

AW937624

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

HVR HV-05/06/18

18







## FIT TEST AND RESPIRATOR TRAINING CHECK LIST

### PRUEBA DE AJUSTE DEL RESPIRADOR

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

I CERTIFY THAT ON THE DATE STATED BELOW I WAS TESTED FOR THE RESPIRATOR TYPE AND MODEL LISTED BELOW. I WAS ALSO GIVEN TRAINING REGARDING THE PROPER USE OF THE RESPIRATOR AND THE MAINTENANCE PROCEDURES REQUIRED.

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

Qualified Instructor Signature: Mario Alcantara

Employee/Subcontractor Signature: Hayro Gonzalez  
Hayro Gonzalez 05062017

Date: May 06, 2017

1. Challenge substance: (Circle One) Irritant Smoke Oil Saccharin

2. Fit Check Procedures:

A. Negative Pressure Check

PASS / FAIL

B. Positive Pressure Check

PASS / FAIL

3. Testing Procedure:

Reaction

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

NONE

4. Overall Evaluation: PASS / FAIL

5. Respirator Approvals:

Approval AWR0517-06-HG1274

Type HALF-FACE

Brand: North

Size M

LAWRENCE WALK-IN MEDICAL CENTER  
NEVILLE NAVARATNAM, M.D.  
100 Franklin Street  
Lawrence, MA 01840  
(978)682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Gonzalez Hayro R S.S.#: XXXXXX 1274  
DATE OF EXAM: May 05th 2017 EXP. DATE: May 07th 2018

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS:

Next indicated in 20

PULMONARY FUNCTION TEST RESULTS:

RESULTS: Normal: / Abnormal: /

Normal: / Abnormal: /

COMMENTS:

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure

The following limitations on personal protective equipment, including respirators are indicated:  
☒ None: The patient is medically qualified to wear all personal protection equipment.  
☐ Patient Limitations:

The employee has been informed of the results of the medical examination, both with regard to occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are advised regarding smoking cessation if indicated in accordance with the standard finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician

R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

Signature

R.L.N. Navaratnam

center

Phone#

978-682-8343

Address

BEST FVC/FVL REPORT

ID: XXXXX1274  
Name: GONZALEZ HAYRO  
Gender: MALE  
Medication:  
Dosage:

Height: 67"  
Age: 25YRS  
Weight: 200LBS  
Smoker: NO  
Ethnicity/Correction: HISPANIC

Physician:  
Technician:  
Sensor Code: 051442  
Temperature: 59F  
Barometric Press: 523mmHg  
BTPS Correction: 1.166  
Normals: KNUDSON 83

Clinical Format: PREMED - 01:08PM  
Best Criteria:

VAL

< Indicates Below LLN

MEASUREMENT	BEST	Trial	%Pred	Pred	LLN
FVC (L)	2.53	2	262	0.96	0.78
FEV1 (L)	2.51	2	309	0.81	0.64
FEV1%	99		109	91	79
FEF25-75 (L/S)	3.72	2	420	0.88	
PEF(L/S)	5.73	2	314	1.82	
FET (S)	0.82	2			

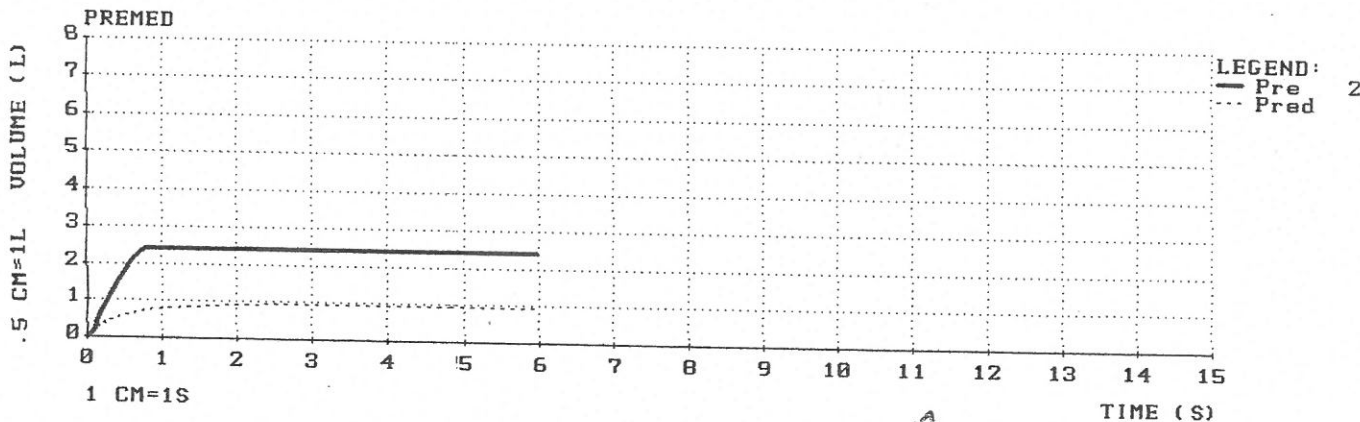
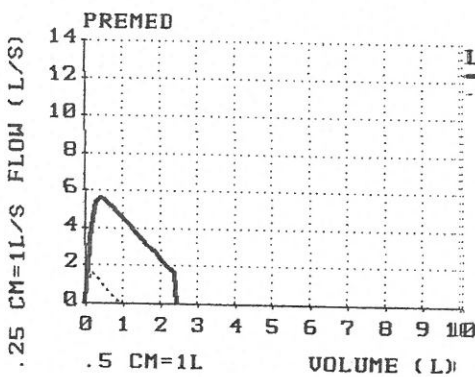
Report Summary:

Pre Med: Tests 2 Acceptable 0 Reproducible 0 FVC VAR: FEV1 VAR: PEF VAR:

ATS Interpretation:

PREMED - Normal Spirometry

Comment:



*R. L. N. Navaratnam*  
SEP 2017

R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

## Hazwoper Clearance Letter

R. C. N. N. N. N.  
Signature  
978-682-8343  
Phone #



11-008006355

This card attests that the recipient has successfully completed

## 10-hour Construction Safety and Health

This card is issued to:

Hayro Gonzalez

MARIA ALCANTARA

Trainer Printed

5/14/2016

Date of Issue

# LAWRENCE TRAINING SCHOOL, INC.

This is to Certify

**Alexis L. Colon**

Has successfully completed the 8 hour course

*Asbestos Worker Refresher-Spanish*

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



AR0517-06-ACC9291

Certificate Number

MAY 06, 2017

Date(s) of Training

MAY 06, 2017

Date of Examination


MAY 06, 2018

Expiration Date

*Maria Hernandez*

President/Director of Training



 THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS


**Asbestos Worker**

**ALEXIS L. COLON**

Eff. Date 01/03/18  
Exp. Date 01/03/19

**AW061787**

Member of C.O.N.E.S.  
HVR HV-05/06/18



William D. McKinney,  
Director





## FIT TEST AND RESPIRATOR TRAINING CHECK LIST

### PRUEBA DE AJUSTE DEL RESPIRADOR

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

I CERTIFY THAT ON THE DATE STATED BELOW I WAS TESTED FOR THE RESPIRATOR TYPE AND MODEL LISTED BELOW. I WAS ALSO GIVEN TRAINING REGARDING THE PROPER USE OF THE RESPIRATOR AND THE MAINTENANCE PROCEDURES REQUIRED.

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

Qualified Instructor Signature: Mario Alcantara

Employee/Subcontractor Signature: Alexis L. Colon  
Alexis L. Colon 05062017

Date: May 06, 2017

1. Challenge substance: (Circle One) Irritant Smoke Oil Saccharin

2. Fit Check Procedures:

A. Negative Pressure Check

PASS / FAIL

B. Positive Pressure Check

PASS / FAIL

3. Testing Procedure:

Reaction

a. Normal breathing

NONE

b. Deep breathing

c. Turn head from side to side

d. Nod head up and down

e. Talking and/or counting backwards from 100

f. Jogging in place

g. Bend over and touch toes

h. Grimace and frown

i. Repeat rainbow passage

j. Breathe normally

4. Overall Evaluation: PASS / FAIL

5. Respirator Approvals:

Approval AWR0517-06-AC9291

Type HALF-FACE

Brand: North

Size M

LAWRENCE WALK-IN MEDICAL CENTER  
NEVILLE NAVARATNAM, M.D.  
100 Franklin Street  
Lawrence, MA 01840  
(978)682-8343

EMPLOYERS ASBESTOS CLEARANCE LETTER

NAME: Coleman Alexis S.S.#: XXXXXX 9299  
DATE OF EXAM: May 10th 2017 EXP. DATE: May 09th 2018

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1.101). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAYS: RESULTS: Normal: / Abnormal: /  
Next indicated in 20  
PULMONARY FUNCTION TEST RESULTS: Normal: / Abnormal: /

COMMENTS:

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure:

The following limitations on personal protective equipment, including respirators are indicated:  
( ☒ ) None: The patient is medically qualified to wear all personal protection equipment.  
( ) Patient Limitations:

The employee has been informed of the results of the medical examination, both with regard to occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are advised regarding smoking cessation if indicated in accordance with the standard finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician  
R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
Address 978-682-8343

Signature R.L.N. Navaratnam  
center  
978-682-8343  
Phone#

## Public Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-909, 1200 New Jersey Avenue, SE, Washington, DC 20590.



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

### Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Coleman First Name: Alexis in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and if applicable, only when (check all that apply):

I find this person is qualified, and, if applicable, only when (check all that apply):

- [illegible]

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date \_\_\_\_\_

05-09-2019

Medical Examiner's Signature \_\_\_\_\_

R. L. N. Navaratna

Medical Examiner's Telephone Number      Date Certificate Signed

978-682-8343.05-10-2017

Medical Examiner's Name (please print or type)

R.L.N. NAVARATNAM

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO   ☐ Chiropractor   ☐ Other Practitioner (specify) \_\_\_\_\_

Medical Examiner's State License, Certificate, or Registration Number \_\_\_\_\_

74287

Issuing State

MA

National Registry Number

5016069012

Driver's Signature

Wm. F. Collier

Driver's License Number

535350658

Issuing State/Province

MA

Driver's Address

59 Myrtle St. City

---

State/Province: MA

1000

01841

CLIC/CLIA: 11-11-11

CLP/CDL Appl

Street Address: \_\_\_\_\_

Myrtle

State/Province: MA

01841

CLP/CDL Appl

- ☒ Yes ☐ No

**EMT**

**EMT/ENVIRONMENTAL  
MANAGEMENT TRAINING,  
CORPORATION**

65 Merrimack Street, Ste# 12  
Lawrence, MA 01843  
Tel# 978-691-1102 / Fax# 978-691-1103  
emtcorp2004@aol.com

**ALEXIS COLON**

has attended and successfully  
completed the course:

**OSHA 10-HOUR  
CONSTRUCTION SAFETY  
AND HEALTH**

Instructor: Franklyn Rodriguez  
Certificate #: OCSHS0810187  
Date of Course: 10/04/2008

**EMT**

# LAWRENCE TRAINING SCHOOL, INC.

This is to Certify

**Daniel Parra**

Has successfully completed the 8 hour course

*Asbestos Worker Refresher-Spanish*

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



AR0817-19-DP2680

Certificate Number

AUG 19, 2017

Date(s) of Training

AUG 19, 2017

Date of Examination

AUG 19, 2018

Expiration Date

*Maria Hernandez*

President/Director of Training





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

William D. McKinney,  
Director

**Asbestos Work**  
**DANIEL A. PARRA**  
Eff. Date: 11/23/17  
Exp. Date: 08/22/18  
AW0831247  
Member of CONES  
HV/R





# LAWRENCE TRAINING SCHOOL, INC.

An Occupational Training Center

SDO (MBE/WBE & DBE) CERTIFIED

## FIT TEST AND RESPIRATOR TRAINING CHECK LIST

### PRUEBA DE AJUSTE DEL RESPIRADOR

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

I CERTIFY THAT ON THE DATE STATED BELOW I WAS TESTED FOR THE RESPIRATOR TYPE AND MODEL LISTED BELOW. I WAS ALSO GIVEN TRAINING REGARDING THE PROPER USE OF THE RESPIRATOR AND THE MAINTENANCE PROCEDURES REQUIRED.

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

Qualified Instructor Signature: \_\_\_\_\_

*Mario Acosta*

Employee/Subcontractor Signature: \_\_\_\_\_

*Daniel Parra*

DANIEL PARRA08192017

Date: AUG 19, 2017

1. Challenge substance: (Circle One) Irritant Smoke Oil Saccharin

2. Fit Check Procedures:

A. Negative Pressure Check

PASS / FAIL

B. Positive Pressure Check

PASS / FAIL

3. Testing Procedure:

Reaction

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

NONE

4. Overall Evaluation:

PASS / FAIL

5. Respirator Approvals:

Approval AR0817-19-DP2680

Type HALF-FACE

Brand: North

Size M

**LAWRENCE WALK-IN MEDICAL CENTER**  
**NEVILLE NAVARATNAM, M.D.**  
100 Franklin Street  
Lawrence, MA 01840  
(978)682-8343

**EMPLOYERS ASBESTOS CLEARANCE LETTER**

NAME: Parra Daniel S.S.#: XXXXXX 2680  
DATE OF EXAM: Aug. 25<sup>th</sup> 2017 EXP. DATE: Aug. 24<sup>th</sup> 2018

This letter confirms that the above named individual was examined in compliance with the OSHA asbestos standard (29 CFR 1926 - 1101). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

**CHEST X-RAYS:**

Next indicated in 20

RESULTS: Normal: / Abnormal: /

**PULMONARY FUNCTION TEST RESULTS:**

Normal: / Abnormal: /

**COMMENTS:**

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure:

The following limitations on personal protective equipment, including respirators are indicated:  
( ☒ ) None: The patient is medically qualified to wear all personal protection equipment.  
( ) Patient Limitations:

The employee has been informed of the results of the medical examination, both with regard to occupation and general medical conditions. The employee has been educated about increased risk of lung cancer. Smokers are advised regarding smoking cessation if indicated in accordance with the standard finding and diagnosis unrelated to asbestos exposure may not be communicated to the employer. Also in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Thank you for the opportunity to examine this individual.

Physician: N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

Signature N. Navaratnam

center

Address

Phone# 978-682-8343

Spirometry Report  
Puritan-Bennett Renaissance II  
S/N: G040702007  
Version: 1.2.0

Session Date: 25AUG2017  
Session Time: 02:48PM  
Last Cal Check: 01JAN2000

BEST FVC/FVL REPORT

ID: XXXXX2680  
Name: PARRA DANIEL  
Gender: MALE  
Medication:  
Dosage:

Height: 69"  
Age: 50YRS  
Weight: 195LBS  
Smoker: NO  
Ethnicity/Correction: HISPANIC

Physician:  
Technician:

Sensor Code: 339772  
Temperature: 59F  
Barometric Press: 523mmHg  
BTPS Correction: 1.166  
Normals: KNUDSON 83

Clinical Format: PREMED - 02:48PM  
Best Criteria:

VAL

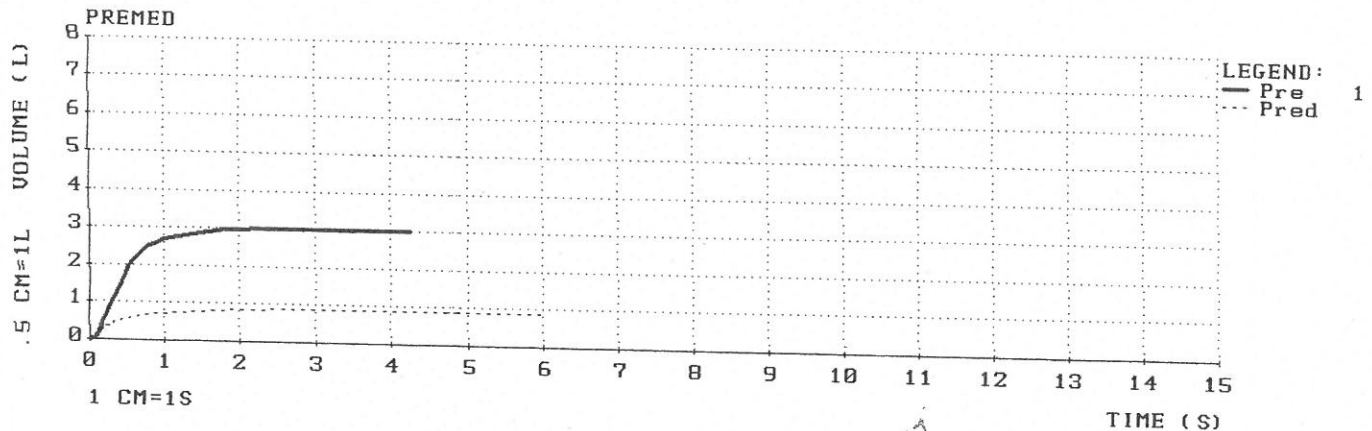
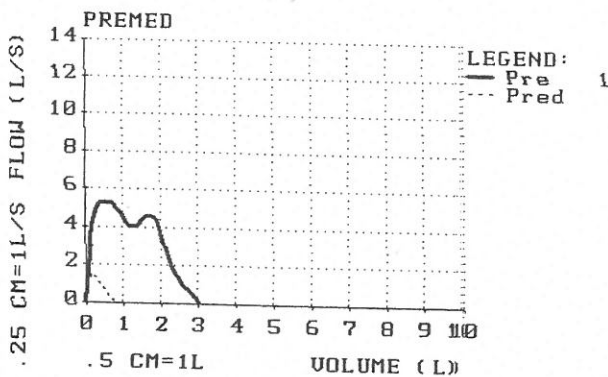
< Indicates Below LLN

MEASUREMENT	BEST	Trial	%Pred	Pred	LLN
FVC (L)	3.10	1	343	0.90	0.66
FEV1 (L)	2.78	1	378	0.73	0.57
FEV1%	90		103	87	75
FEF25-75 (L/S)	3.78	1	496	0.76	
PEF(L/S)	5.52	1	317	1.74	
FET (S)	2.27	1			

Report Summary:

Pre Med: Tests 1 Acceptable 0 Reproducible 0 FVC VAR: FEV1 VAR: PEF VAR:

ATS Interpretation: PREMED - Normal Spirometry  
Comment:



*R.L.N. Navaratnam*  
R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

OSHA

001951170



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

**Daniel Parra**

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

Construction Safety & Health

**Maria Alcantara**  
Trainer

**9/9/06**

(Date)

# LAWRENCE TRAINING SCHOOL, INC.

This is to Certify

**Wilthon Gonzalez**

Has successfully completed the 8 hour course

*Asbestos Worker Refresher-Spanish*

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



AR1117-11-WG7352

Certificate Number

NOV 11, 2017

Date(s) of Training

NOV 11, 2017

Date of Examination

NOV 11, 2018

Expiration Date

*Maria Montano*  
President/Director of Training





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF LABOR STANDARDS

William D. McKinney,  
Director

**Asbestos Worker**  
**WILTHON GONZALEZ**  
Eff. Date 11/15/17  
Exp. Date 11/14/18  
AW936179  
Member of C.O.N.E.S.  
HVIR HV-11/11/18





# LAWRENCE TRAINING SCHOOL, INC.

An Occupational Training Center

SDO (MBE/WBE & DBE) CERTIFIED

## FIT TEST AND RESPIRATOR TRAINING CHECK LIST

### PRUEBA DE AJUSTE DEL RESPIRADOR

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

I CERTIFY THAT ON THE DATE STATED BELOW I WAS TESTED FOR THE RESPIRATOR TYPE AND MODEL LISTED BELOW. I WAS ALSO GIVEN TRAINING REGARDING THE PROPER USE OF THE RESPIRATOR AND THE MAINTENANCE PROCEDURES REQUIRED.

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

Qualified Instructor Signature: \_\_\_\_\_

Employee/Subcontractor Signature: \_\_\_\_\_

Withon Gonzalez11112017

Date: Nov 11, 2017

1. Challenge substance: (Circle One) Irritant Smoke Oil Saccharin
2. Fit Check Procedures:
  - A. Negative Pressure Check PASS FAIL
  - B. Positive Pressure Check PASS / FAIL
3. Testing Procedure:

	Reaction
a. Normal breathing	NONE
b. Deep breathing	
c. Turn head from side to side	
d. Nod head up and down	
e. Talking and/or counting backwards from 100	
f. Jogging in place	
g. Bend over and touch toes	
h. Grimace and frown	
i. Repeat rainbow passage	
j. Breathe normally	

4. Overall Evaluation: PASS FAIL

5. Respirator Approvals:

Approval LTS1117-11-WG7352

Type HALF-FACE

Brand: North

Size M

## Hazwoper Clearance Letter

This letter confirms that the above named individual was examined in compliance with the OSHA, Hazwoper standard (CFR 1910.120 and 1910.134). The required questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

The following conditions were identified which may place this employee at increased risk of health impairment:

( ) None: The patient is medically qualified to wear all personal protection equipment.  
( ) Patient Limitations: \_\_\_\_\_

Thank you for the opportunity to examine this individual.

R. N. Novak  
Signature  
978-(82-8343  
Phone #

S/N: G040702007

Version: 1.2.0

Session Time: 01:24PM  
Last Cal Check: 01JAN2000

BEST FVC/FVL REPORT

ID: XXXXX7352  
Name: GONZALEZ WILTON  
Gender: MALE  
Medication:  
Dosage:

Height: 67"  
Age: 48YRS  
Weight: 170LBS  
Smoker: NO  
Ethnicity/Correction: HISPANIC

Physician:  
Technician:

Sensor Code: 247970  
Temperature: 59F  
Barometric Press: 523mmHg  
BTPS Correction: 1.166  
Normals: KNUDSON 83

Clinical Format: PREMED - 01:25PM  
Best Criteria:

20.0%

< Indicates Below LLN

MEASUREMENT	BEST	Trial	%Pred	Pred	LLN
FVC (L)	3.29	1	397	0.83	0.61
FEV1 (L)	3.18	1	468	0.68	0.52
FEV1%	97		111	87	76
FEF25-75 (L/S)	6.10	1	850	0.72	
PEF(L/S)	7.55	1	454	1.66	
FET (S)	1.39	1			

Report Summary:

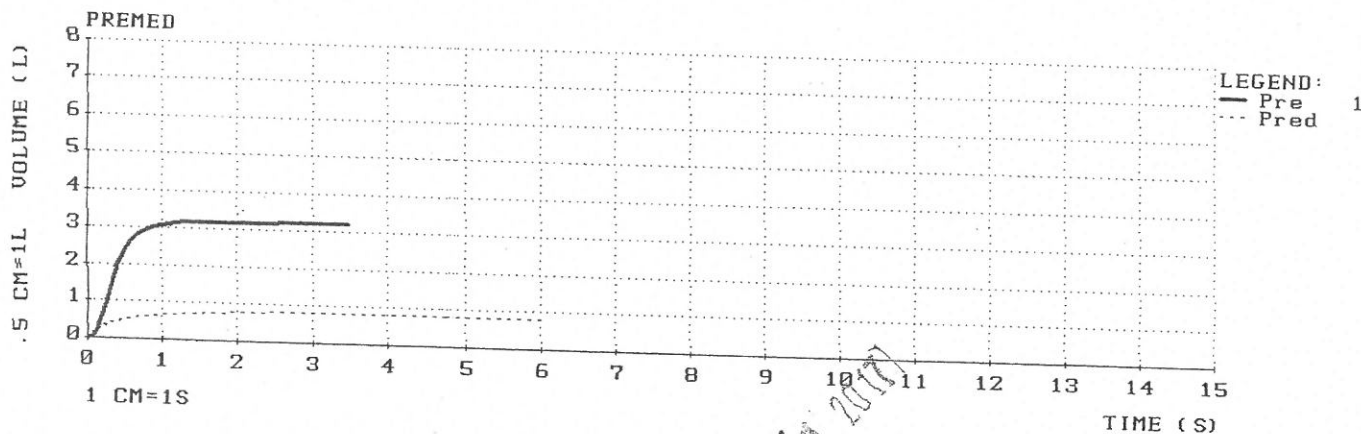
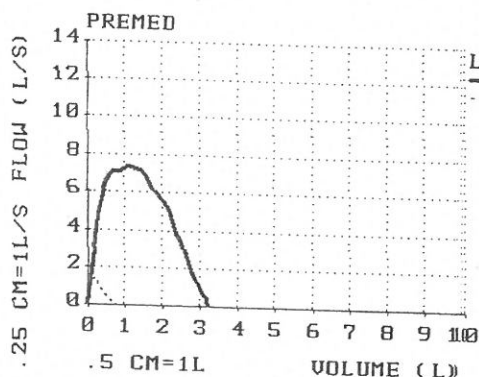
Pre Med: Tests 1 Acceptable 0 Reproducible 0 FVC VAR:

FEV1 VAR:

PEF VAR:

ATS Interpretation:

Comment: PREMED - Normal Spirometry



*R.L.N. Navaratnam*

R.L.N. Navaratnam, M.D.  
Lawrence Walk-In Medical Center  
100 Franklin Street  
Lawrence, MA 01840  
978-682-8343

OSHA

OSHA is a federal agency that sets and enforces safety and health standards for the construction industry. OSHA is responsible for ensuring that construction workers are safe and healthy.

Withhold Compliance

Withhold Compliance

Withhold Compliance