

# **Asbestos Abatement Project Monitoring Report**

August 6, 2022

Roger Sherman Elementary School – Faculty Lounge  
250 Fern Street  
Fairfield, CT

**Fairfield Public Schools**

Fairfield, CT

August 2022



**FUSS & O'NEILL**

59 Elm Street, Suite 500  
New Haven, CT 06510



September 29, 2022

Mr. Angelus Papageorge  
Executive Director of Operations  
Fairfield Public Schools  
501 Kings Highway East, Suite 210  
Fairfield, CT 06824  
[apapageorge@fairfieldschools.org](mailto:apapageorge@fairfieldschools.org)

**RE: Asbestos Abatement Project**  
**August 6, 2022**  
**Roger Sherman School – Faculty Lounge**  
**250 Fern Street, Fairfield, CT**  
Fuss & O'Neill Project No. 20101044.A10

Dear Mr. Papageorge:

Enclosed please find the report for the asbestos abatement project completed in the Faculty Lounge at Roger Sherman Elementary School located at 250 Fern Street in Fairfield, Connecticut.

Additionally, this report is important documentation that must be placed with the Asbestos Hazard Emergency Response Act (AHERA) Asbestos Management Plan (AMP) that was generated for the Roger Sherman Elementary School. A copy should be placed at the School, as well as the central location where the AMPs are stored.

If you have any questions regarding the enclosed report, please do not hesitate to contact me at (203) 374-3748, extension 5574. Thank you for this opportunity to have served your environmental needs.

Sincerely,

Eduardo Miguel Marques  
Senior Environmental Analyst

EMM/nw

Enclosure

59 Elm Street,  
Suite 500  
New Haven, CT  
06510  
t 203.374.3748  
800.286.2469  
f 860.533.5143

[www.fando.com](http://www.fando.com)

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# Table of Contents

## Asbestos Abatement Project Monitoring Report Roger Sherman School – Faculty Lounge Fairfield Public Schools

<b>1</b>	<b>Introduction .....</b>	<b>1</b>
<b>2</b>	<b>Scope of Work .....</b>	<b>2</b>
<b>3</b>	<b>Conclusion.....</b>	<b>2</b>

### Appendices

### End of Report

APPENDIX A	- FUSS & O'NEILL LICENSE AND CERTIFICATION
APPENDIX B	- PROJECT DESIGN
APPENDIX C	- PROJECT DESIGNER LICENSE AND ACCREDITATION
APPENDIX D	- CONTRACTOR'S LICENSE & WORKERS' CERTIFICATIONS
APPENDIX E	- CTDPH NO STUDENT/CHILDREN OCCUPANCY LETTER
APPENDIX F	- AREA AIR MONITORING WORKSHEET/FINAL AIR CLEARANCE REPORT
APPENDIX G	- FUSS & O'NEILL SITE LOGS
APPENDIX H	- FUSS & O'NEILL SIGN-IN SHEET
APPENDIX I	- CONTRACTOR SIGN-IN LOG/CONTRACTOR DAILY/CONTRACTOR PERSONAL AIR SAMPLE RESULTS, WASTE MANIFEST LOG/CONTRACTOR PERSONAL AIR SAMPLE RESULTS
APPENDIX J	- FINAL VISUAL INSPECTION FORM

# 1 Introduction

Fuss & O'Neill, Inc. (Fuss & O'Neill) was retained to provide asbestos abatement project monitoring services at the Roger Sherman Elementary School located at 250 Fern Street in Fairfield, Connecticut (the "Site"). Asbestos abatement was necessary due to renovation activities (cabinet removal) from the Faculty Lounge at the Site. Asbestos abatement work occurred on Saturday, August 6, 2022. Please refer to *Appendix A* for the Fuss & O'Neill License and Certification.

Fuss & O'Neill prepared an Asbestos Abatement Work Procedure Plan (the "Plan") for this project. Please refer to *Appendix B* for a copy of the Project Design and *Appendix C* for a copy of the Project Designer License and Accreditation. The Asbestos Abatement Contractor was Spectrum Environmental, LLC of West Haven, Connecticut (the "Contractor"). Please refer to *Appendix D* for the Contractor's License and Contractor's Workers' Certifications.

Notification of Demolition and Renovation with the Environmental Protection Agency (EPA) and an Asbestos Abatement Notification with the State of Connecticut Department of Public Health (CTDPH) were not necessary as the quantity of material being abated did not exceed notifiable limits.

All abatement work was conducted during no student/children occupancy. See *Appendix E* for a copy of the CTDPH No Student/Children Occupancy Letter provided by the School.

Upon commencement of abatement activities, a background air sample was collected for analysis using Phase Contrast Microscopy (PCM). The background sample was collected at the entrance to the worker decontamination facility. This sample was collected and analyzed in order to monitor the air quality outside the containment during the abatement process. PCM air samples were analyzed by a trained Asbestos Project Monitor listed on the Asbestos Analysts Registry (AAR) maintained by the American Industrial Hygiene Association (AIHA). Please refer to *Appendix F* for the Area Air Monitoring Worksheet.

Following the completion of final cleaning and encapsulation of the work area, aggressive final air clearance sampling was performed inside the work area to comply with state and federal regulatory requirements. Samples were analyzed by PCM as required. Please refer to *Appendix F* for the Final Air Clearance Report.

In addition to air sampling, Fuss & O'Neill's Environmental Technician, Ms. Sandra Guzman, performed Site inspections. Prior to the beginning of removal activities, a pre-abatement inspection was conducted. This was to document that work area preparations were performed in accordance with the Plan. During removal activities, progress inspections were conducted inside the work area to assess work progress and work procedures for adherence to the Plan. A pre-sealant inspection was also conducted to verify that the work area met the no visible dust criteria prior to conducting final air clearance. A post-teardown inspection was also performed to ensure that all asbestos-containing materials (ACM) were removed. Please refer to *Appendix G* for the Fuss & O'Neill Site Log and *Appendix H* for the Fuss & O'Neill Sign-in Sheet. In addition, Fuss & O'Neill was provided copies of the Contractor's documents - Sign-In Log, Daily Log, Personal Air Sample Results, and Waste Manifest (*Appendix I*).



## 2 Scope of Work

The scope of the abatement work included the removal and disposal of ACM listed for the following location:

Removal Location	Material Removed	Quantity Removed
Faculty Lounge	Floor Tile/associated Mastic	8 Square Feet

## 3 Conclusion

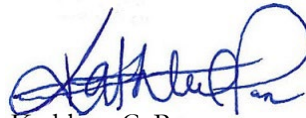
The work area passed a pre-sealant visual inspection prior to work area encapsulation by the Contractor. Following encapsulation, aggressive final air clearance sampling by PCM was conducted in accordance with the requirements of the CTDPH Standards for Asbestos Abatement (19a-332a-1 through 19a-332a-16) and the EPA Asbestos Hazard Emergency Response Act (AHERA) Regulation (40 CFR Part 763 Final Rule and Notice). The work area passed final air clearance. Please refer to *Appendix J* for a copy of the Final Visual Inspection Form.

A copy of the Waste Shipment Record was provided by the Contractor and can be found in *Appendix K*.

Reviewed by:



Eduardo Miguel Marques  
Senior Environmental Analyst



Kathleen C. Pane  
Associate | Department Manager

## **Appendix A**

---

### Fuss & O'Neill License and Certification

1001731 SP

1164

-C01-P01734-I



SANDRA L GUZMAN  
FUSS & O'NEILL INC  
146 HARTFORD ROAD  
MANCHESTER CT 06040



Dear SANDRA L GUZMAN,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

MANISHA JUTHANI, MD, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A

**ASBESTOS CONSULTANT-PROJECT MONITOR**

SANDRA L GUZMAN

CERTIFICATE NO.

**000688**

CURRENT THROUGH

**08/31/23**

VALIDATION NO.

**03-966755**

SIGNATURE

COMMISSIONER

**EMPLOYER'S COPY**

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

NAME

**SANDRA L GUZMAN**

VALIDATION NO.

**03-966755**

CERTIFICATE NO.

**000688**

CURRENT THROUGH

**08/31/23**

PROFESSION

**ASBESTOS CONSULTANT-PROJECT MONITOR**

SIGNATURE

COMMISSIONER

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**WALLET CARD**

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

NAME

**SANDRA L GUZMAN**

VALIDATION NO.

**03-966755**

CERTIFICATE NO.

**000688**

CURRENT THROUGH

**08/31/23**

PROFESSION

**ASBESTOS CONSULTANT-PROJECT MONITOR**

SIGNATURE

COMMISSIONER

## **Appendix B**

---

### Project Design

# **Asbestos Abatement Work Procedure**

Roger Sherman Elementary School – Faculty Lounge  
250 Fern Street  
Fairfield, CT

## **Fairfield Public Schools**

Fairfield, CT

August 3, 2022



**FUSS & O'NEILL**

59 Elm Street, Suite 500  
New Haven, CT 06510



FUSS & O'NEILL

August 3, 2022

Mr. Angelus Papageorge  
Executive Director of Operations  
Fairfield Public Schools  
501 Kings Highway East, Suite 210  
Fairfield, CT 06824  
[apapageorge@fairfieldschools.org](mailto:apapageorge@fairfieldschools.org)

RE: **Asbestos Abatement Work Procedure**  
**Roger Sherman Elementary School – Faculty Lounge**  
**250 Fern Street, Fairfield, CT**  
Fuss & O'Neill Project No. 20101044.A10

Dear Mr. Papageorge:

Enclosed please find the Asbestos Abatement Work Procedure for the removal of approximately 8 square feet of floor tile/associated mastic from the Faculty Lounge at Roger Sherman Elementary School located at 250 Fern Street in Fairfield, Connecticut.

If you should have any questions regarding the contents of this letter, please contact me at (203) 374-3748, ext. 5574. Thank you for this opportunity to have served your environmental needs.

Sincerely,

Eduardo Miguel Marques  
Senior Environmental Analyst

EMM/nw

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## Asbestos Abatement Work Procedure Roger Sherman Elementary School Fairfield Public Schools

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<b>1</b>	<b>Introduction .....</b>	<b>1</b>
<b>2</b>	<b>Description of Work.....</b>	<b>1</b>
2.1	Sequence of Work.....	1
<b>3</b>	<b>Work Area Preparation .....</b>	<b>1</b>
3.1	General .....	1
3.2	For Interior Abatement Activities .....	2
<b>4</b>	<b>Decontamination System.....</b>	<b>2</b>
<b>5</b>	<b>Work Procedures .....</b>	<b>3</b>
5.1	General .....	3
5.2	Abatement Activities .....	3
<b>6</b>	<b>Regulations .....</b>	<b>4</b>
<b>7</b>	<b>Submittals.....</b>	<b>4</b>
<b>8</b>	<b>Disposal .....</b>	<b>5</b>
<b>9</b>	<b>Consultant.....</b>	<b>5</b>
9.1	Consultant Re-Occupancy Air Clearance Testing .....	5
9.2	Consultant Inspection Responsibilities .....	5

# 1 Introduction

This Asbestos Abatement Work Procedure (“Work Plan”) has been prepared for Fairfield Public Schools (the “Owner”) in response to the need for removal of approximately 8 square feet (SF) of floor tile/associated mastic from the Faculty Lounge at the Roger Sherman Elementary School located at 250 Fern Street in Fairfield, Connecticut (the “Site”).

Abatement outlined in this Work Plan will be performed by a licensed Connecticut Department of Public Health (CTDPH) Asbestos Abatement Contractor (the “Contractor”) utilizing properly certified and trained workers and supervisors.

Asbestos abatement is scheduled to occur during no student/children occupancy.

## 2 Description of Work

The following procedures related to the abatement of the above referenced materials shall also be performed by the Contractor.

Any deviations from these procedures require written approval from the Owner’s Consultant, Fuss & O’Neill, Inc. (the “Consultant”).

---

### 2.1 Sequence of Work

The Contractor will follow the following sequence:

- Work area preparation for abatement activities;
- Abatement of approximately 8 SF of floor tile/associated mastic;
- Final visual inspection and/or re-occupancy air clearance testing following completion of abatement activities;
- Removal of regulated work area containment barriers.

## 3 Work Area Preparation

---

### 3.1 General

- A. Provide Ground Fault Circuit Interrupter (GFCI) devices, temporary power, and temporary lighting installed in compliance with the applicable electrical codes. A State of Connecticut licensed electrician shall make all installations.
- B. Provide temporary water for use during abatement as well as decontamination of equipment and personnel.
- C. Deactivate and/or isolate heating, ventilation, and air conditioning (HVAC) air systems or zones to prevent contamination and fiber dispersal to non-work areas of the building.



- D. Provide a temporary secured opening for exhausting High Efficiency Particulate Air (HEPA) filtered negative air exhaust from the work area to an exterior location away from persons who may potentially be outside of the building.

---

### **3.2 For Interior Abatement Activities**

- A. Install a critical barrier of 6 mil polyethylene sheeting. Seal edges with glue and tape to form an airtight barrier isolating the contaminated area.
- B. Construct a contiguous worker decontamination unit as required in Section 4.
- C. Install caution tape and “Asbestos Warning” signs on critical barriers creating a regulated area. Workers within the regulated area shall be restricted to properly trained, licensed personal afforded the appropriate Personal Protective Equipment (PPE).
- D. Establish negative pressure within the regulated area by the use of acceptable negative air pressure equipment sufficient to provide four air changes per hour and maintain a minimum of -0.02 column inches of water pressure differential on a water gauge. Negative pressure shall be vented to the exterior.
- E. Seal off non-moveable objects with critical barriers of 6-mil polyethylene sheeting, sealed with duct tape and glue.
- F. Cover the walls with two layers of 4-mil polyethylene sheeting, sealed with tape and glue to create a full containment.
- G. Install a ceiling consisting of at least one layer of 4-mil polyethylene sheeting, sealed with tape and glue, and supported from above to prevent collapse, completing the negative pressure enclosure.

## **4 Decontamination System**

- A. The Contractor shall establish on Site, a contiguous decontamination enclosure consisting of equipment room, shower room, and clean room in series.
- B. Access between rooms in the decontamination system shall be through double flap-curtained openings. The clean room, shower, and equipment rooms within the decontamination enclosure shall be completely sealed other than double flap-curtained openings located between chambers, into the work area and at the outside entrance.
- C. Construct a proper decontamination system so that both sides are covered with a double layer of 6-mil polyethylene sheeting, spray glued or taped at the joints.
- D. The decontamination system shall be equipped with a shower and hot and cold water adjustable from within.

- E. The shower shall be equipped with a leak tight water collecting base pan equipped with a two stage 3-micron filter to filter shower water prior to disposing it into a sanitary sewer.
- F. Shower shall be equipped with asbestos waste bags in the dirty and clean room on each side of the shower as well as disposable towels in the clean room.

## 5 Work Procedures

---

### 5.1 General

- A. The Contractor shall have a designated “competent person” (supervisor) on the job at all times to ensure proper work practices throughout the project. The supervisor shall be a CTDPH-licensed Asbestos Abatement Supervisor. Workers shall be CTDPH-licensed Asbestos Abatement Workers.
- B. The Contractor shall regulate the work area as required for compliance with Occupation Safety and Health Administration (OSHA) regulation 29 CFR 1926.1101 to prohibit non-trained workers from entering regulated areas. Signs shall be posted at the entrances to work area as required.
- C. Required PPE shall be utilized by workers within the regulated work area.
- D. The Contractor shall establish worker decontamination unit contiguous to the work areas.
- E. The Contractor shall spray asbestos-containing and/or asbestos contaminated materials with amended water using airless spray equipment or apply approved removal wetting agent to ensure no visible emissions during removal. Removal shall be performed adequately wet.
- F. Remove and containerize all visible accumulations of asbestos-containing and/or asbestos-contaminated debris. Containers containing asbestos waste shall be properly labeled.
- G. The Contractor shall continually inspect the work area during removal procedures to ensure that work area is not being compromised. If the work area is compromised, the Contractor shall stop work immediately, and make the necessary corrections to maintain the regulated work area.

---

### 5.2 Abatement Activities

- A. The Contractor shall wet the ACM with amended water so that entire surface is wet. Do not allow water to puddle or run off other areas.
- B. The Contractor shall keep the material continuously wet throughout removal operation. Removal shall be conducted in manageable sections.
- C. Once a final visual inspection has been completed and the containment is encapsulated and dry, final re-occupancy air clearance testing shall be completed.

## 6 Regulations

The Contractor shall be solely responsible for conducting this project and supervising all work in a manner which will be in conformance with all federal, state, and local regulations and guidelines pertaining to ACM abatement. Specifically, the Contractor shall comply with the requirements of the following agencies:

- CTDPH Standards for Asbestos Abatement (Sections 19a-332a-1 to 19a-332a-16);
- CTDPH Licensing Regulations (Sections 20-440-1 to 20-440-9);
- CTDPH Asbestos-Containing Materials in Schools (Sections 19a-333a-1 to 19a-333a-13);
- Connecticut Department of Energy and Environmental Protection (DEEP) Regulations (Sections 22a 209 8(i) and 22a 220 of the Connecticut General Statutes);
- Environmental Protection Agency (EPA) National Emission Standards for Hazardous Air Pollutants (NESHAP) Regulations (Title 40 CFR, Part 61, Subpart M);
- EPA Asbestos Hazard Emergency Response Act (AHERA) (Title 40, Part 763, Subpart E);
- OSHA Asbestos in Construction Regulations (Title 29 CFR, Part 1926.1101);
- United States Department of Transportation (DOT) Hazardous Materials Regulations (49 CFR, Parts 171 – 180);
- 2003 International Building Code as adopted by the 2003 International Building Code as adopted by the 2005 State of Connecticut Building Code including the 2009, 2011, 2013, 2016 and 2018 amendments; and
- Local Health and Safety Codes, Ordinances or Regulations pertaining to Asbestos Remediation and all National Codes and Standards including American Society of Testing and Materials (ASTM), American National Standards Institute (ANSI), and Underwriter's Laboratories (UL).

## 7 Submittals

The Contractor shall submit the following in one complete package to the Consultant a minimum of 10 business days prior to start of the Work:

1. Submit copies of personnel training, medical, and fit-test records for each employee who may be on the project site. Medical records shall include the printed or typed name of the examining physician, and telephone number. Fit-test record will conform to the type of respirator being used.
2. CTDPH Asbestos Abatement Contractor License and insurance certificate.
3. Operating permits, licenses, and insurance certificates of the waste transporter and waste landfill.

The following shall be submitted to the Consultant at the completion of work:

1. Copies of all personal air sampling results
2. Contractor logs
3. Work area access logs
4. Completed copies of Waste Shipment Records

## 8 Disposal

Waste generated during abatement shall be containerized and disposed of as asbestos waste and asbestos contaminated waste in accordance with all federal, state, and local regulations. The Contractor shall provide the Owner with signed and approved Waste Shipment Record (WSR) within 30 days of removal.

## 9 Consultant

The Owner has retained Fuss & O'Neill, Inc. (Fuss & O'Neill) as the Asbestos Consultant (the "Consultant") for the purpose of work procedure development, final visual inspections, and re-occupancy air clearance sampling of the work area after the asbestos removal has been completed. Mr. Eduardo Miguel Marques (License #000312) of Fuss & O'Neill is the CTDPH-approved Asbestos Project Designer for this project. The Consultant will represent the Owner in the above tasks of the abatement project at the discretion of the Owner. The Contractor will regard the Consultant's direction as authoritative and binding as provided herein, in matters particularly but not limited to approval of work areas, review of monitoring results, final completion of the abatement, submission of data, and daily field punch list items.

---

### 9.1 Consultant Re-Occupancy Air Clearance Testing

- A. After the Consultant completes the final visual inspection and all surfaces in the abatement work area have completely dried, the Consultant will begin final re-occupancy clearance air testing. Aggressive air sampling will be conducted. Sample location selection will be the Consultant's responsibility. Air monitoring volumes shall be sufficient to provide a detection limit of 0.010 fibers per cubic centimeter (f/cc) of air using Phase Contrast Microscopy (PCM) NIOSH 7400 Method sampling protocol as required.
- B. The Contractor shall continue to clean areas that do not comply with the Standard of Cleaning (free of asbestos material and/or contaminated material and all visible dust dirt and debris) for Initial Clearance at the Contractor's expense, until the specified Standard of Cleaning is achieved as the area passes re-occupancy air clearance results. Additional Consultant fees will be at the Contractor's expense.

---

### 9.2 Consultant Inspection Responsibilities

The Consultant shall perform the final visual inspection at the completion of abatement activities upon request of the Contractor. Following the removal of the asbestos materials and/or contaminated materials, the Consultant shall conduct a final visual inspection inside the work area. If residual asbestos material is identified during the course of the final inspection, the Contractor shall comply with the request of the Consultant in order to render the area "free" of asbestos material and/or contaminated material and all visible dust dirt and debris.

## **Appendix C**

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### Project Designer License and Accreditation

1002952 SP

0564

-C01-P02956-I



EDUARDO M MARQUES  
FUSS & ONEILL INC  
146 HARTFORD ROAD  
MANCHESTER CT 06040

Dear EDUARDO M MARQUES,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplcdph@ct.gov  
www.ct.gov/dph/license

Sincerely,

MANISHA JUTHANI, MD, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME		
EDUARDO M MARQUES		
VALIDATION NO.	CERTIFICATE NO.	CURRENT THROUGH
03-932226	000312	02/28/23
PROFESSION		
ASBESTOS CONSULTANT-PROJECT DESIGNER		
SIGNATURE 		COMMISSIONER 

## STATE OF CONNECTICUT

### DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A

ASBESTOS CONSULTANT-PROJECT DESIGNER

EDUARDO M MARQUES

CERTIFICATE NO.

000312

CURRENT THROUGH

02/28/23

VALIDATION NO.

03-932226

SIGNATURE

COMMISSIONER

### INSTRUCTIONS:

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## **Appendix D**

---

### Contractor's License and Workers' Certifications



SPECTRUM ENVIRONMENTAL LLC  
4000 TRIANGLE LN STE 160  
EXPORT, PA 15632-9306

Dear Certified Professional: This is your validated certificate for the coming year. Should you have any questions about your certificate, please email [opl.dph@ct.gov](mailto:opl.dph@ct.gov).

Department of Public Health  
P.O. Box 340308  
Hartford, CT 06134-0308  
[ct.gov/dph/license](http://ct.gov/dph/license)

Sincerely,



Manisha Juthani, MD  
Commissioner

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**


THE INDIVIDUAL NAMED BELOW IS CERTIFIED BY THIS DEPARTMENT AS A  
Asbestos Contractor  
ACTIVE

SPECTRUM ENVIRONMENTAL LLC

CERTIFICATE NO.  
879  
CURRENT THROUGH  
11/30/2022  
VALIDATION NO.  
18085642

SIGNATURE

  
COMMISSIONER

**EMPLOYER'S COPY**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
NAME  
SPECTRUM ENVIRONMENTAL LLC  
VALIDATION NO. 18085642 CERTIFICATE NO. 879 CURRENT THROUGH 11/30/2022  
PROFESSION  
Asbestos Contractor  
ACTIVE  
SIGNATURE COMMISSIONER 

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**WALLET CARD**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
NAME  
SPECTRUM ENVIRONMENTAL LLC  
VALIDATION NO. 18085642 CERTIFICATE NO. 879 CURRENT THROUGH 11/30/2022  
PROFESSION  
Asbestos Contractor  
ACTIVE  
SIGNATURE COMMISSIONER 



# Employee Training

(Expiration Date / Yes / N/A)

CRUZ, ARACELY	Employee Name
9/30/2022	Current Asbestos License
7/30/2023	Current Asbestos Training
6/27/2023	Current Medical
6/27/2023	Current Respirator Fit Test
7/9/2023	Hazwoper
N/A	Current Lead Abatement License
	Current Lead AWARENESS
YES	OTHER OSHA 10 4-15-2027

1000509 SP

1364

-C01-P00591-1



ARACELY CRUZ  
86 LEXINGTON AVE # 1F  
NEW HAVEN CT 06513-4449



Dear ARACELY CRUZ,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
www.ct.gov/dph/license

Sincerely,

DEIDRE S. GIFFORD, MD, MPH, ACTING COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME ARACELY CRUZ		
VALIDATION NO. 03-908753	CERTIFICATE NO. 015727	CURRENT THROUGH 09/30/22
PROFESSION ASBESTOS ABATEMENT WORKER		
 SIGNATURE		 ACTING COMMISSIONER

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A  
ASBESTOS ABATEMENT WORKER.

ARACELY CRUZ

CERTIFICATE NO.  
015727

CURRENT THROUGH  
09/30/22

VALIDATION NO.  
03-908753

  
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ACTING COMMISSIONER

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2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME ARACELY CRUZ		
VALIDATION NO. 03-908753	CERTIFICATE NO. 015727	CURRENT THROUGH 09/30/22
PROFESSION ASBESTOS ABATEMENT WORKER		
 SIGNATURE		 ACTING COMMISSIONER

**RHODE ISLAND  
SAFETY ENVIRONMENTAL  
TRAINING CENTER**

THIS IS TO CERTIFY THAT

**ARACELY CRUZ GONZALEZ**

Has successfully completed the requisite training for asbestos Accreditation.  
90 Summer Street, Providence Rhode Island 02903  
(401) 323-4821  
Under TSCA Title II.

**"Annual Review" – Asbestos  
Spanish Worker (8hrs.)**

07/30/2022

DATE OF COURSES

07/30/2023

EXPIRATION DATE

ATC00040-03

STATE LICENSE NO.

88

EXAM SCORE

TRAINING PROVIDER

0730221

CERTIFICATION NUMBER

**RISE**

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513 Service Date: 06/27/2022  
Phone: (203) 503-0482 Fax: (203) 503-0492

**WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)**

*To be maintained in patient's medical chart with copy to employer and patient.*

EMPLOYEE NAME: Cruz, AracelyEMPLOYER NAME: AAISDOB: 12/09/1988

EMPLOYER CONTACT: \_\_\_\_\_

Last 4 SSN: XXX-XX-7623

CONTACT PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

**NOTES:**

This document does not replace mandated state forms where applicable.

Employer form shall not be substituted for this written medical opinion that is determined to be OSHA and/or EPA compliant for listed exposures. If requested or preferred by employer, exposure specific WMO forms available to print on MyConcentra may be used alternatively.

☒ 29 CFR 1926 Construction ☐ 29 CFR 1910 General & Maritime Other \_\_\_\_\_

**Check applicable exposure(s) for Written Opinion: (check all that apply)**

This form does not replace Silica or Beryllium Written Medical Opinions or Reports that print from Concentra OccuSource at registration for those exposures.

<input checked="" type="checkbox"/> Asbestos	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Lead	<input type="checkbox"/> Hazwoper/Hazmat
<input type="checkbox"/> Acrylonitrile	<input type="checkbox"/> Benzene	<input type="checkbox"/> Manganese	<input type="checkbox"/> Zinc Oxide	<input type="checkbox"/> Inorganic Mercury
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Diesel Exhaust	<input type="checkbox"/> Ethylene Oxide	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Methylene Chloride
<input type="checkbox"/> Polychlorinated biphenyls	<input type="checkbox"/> 1,3- Butadiene	<input type="checkbox"/> Hexavalent Chromium	<input type="checkbox"/> Xylene/Toluene	<input type="checkbox"/> Metal Working Fluid
<input type="checkbox"/> Other (specify): _____				

**The following were performed: (check all that apply)**

☒ Medical examination, including a medical and work history with special emphasis on body symptoms related to the above marked exposure(s).

☒ Completion and review of the OSHA questionnaire(s) (asbestos, benzene, cadmium, formaldehyde, methylene chloride, cotton dust, and 1,3 -butadiene, vinyl chloride).

☒ Pulmonary function test, including forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and ATS standards. Monitor for 10-15% decline in FEV1.

☐ 1 view PA chest x-ray. (Read using ILO standards required for asbestos)

Periodic chest x-ray schedules: Arsenic- annually; Cadmium- baseline and clinician's discretion;

Asbestos - see chart below:

Years since first exposure	Age 15-35	Age 36-45	Age 45+
0 to 10	Every 5 years	Every 5 years	Every 5 years
10 +	Every 5 years	Every 2 years	Every 1 year

☒ All medical examinations and procedures were performed by or under the supervision of a licensed physician.

☐ The employee has been informed of the results of the medical examination and/or biologic monitoring and any medical conditions which require further examination or treatment.

☐ The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure if indicated.

**The content of medical examination was determined by the physician or licensed health care provider (PLHCP) based on the following information provided by the employer (check only items available or provided):**

☐ Description of employee's duties

☒ Information from previous medical examinations dated 05/18/2022 not performed at Concentra

☐ Description of personal protective equipment used or to be used

☐ Employee's exposure levels or anticipated levels

**Concentra Medical Centers (CT)**

370 James St Suite 304 NEW HAVEN, CT 06513 Service Date: 06/27/2022  
 Phone: (203) 503-0482 Fax: (203) 503-0492

**WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)**

*To be maintained in patient's medical chart with copy to employer and patient.*

EMPLOYEE NAME: Cruz, Aracely EMPLOYER NAME: AAIS  
 DOB: 12/09/1988 EMPLOYER CONTACT: \_\_\_\_\_  
 Last 4 SSN: XXX-XX-7623 CONTACT PHONE: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_

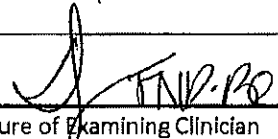
**Biologic Monitoring:**

Blood Lead Level/ZPP <sup>I</sup> _____/_____/_____	<input type="checkbox"/> Was performed and results are normal <input checked="" type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Urine Mercury Testing <sup>II</sup> Benzene CBC Testing <sup>II</sup> Other _____	<input type="checkbox"/> Was performed and results are normal <input checked="" type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Cadmium <sup>IV</sup> _____/_____/_____	<input type="checkbox"/> Was performed and results are normal <input checked="" type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Acetylcholinesterase(RBC and plasma) <sup>V</sup> _____/_____/_____	<input type="checkbox"/> Was performed and results are normal <input checked="" type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____

Other Labs: \_\_\_\_\_

**This medical monitoring evaluation indicates (check all that apply):**

- ☒ There are no detected medical conditions which would place the employee at an increased risk of material health impairment from exposure to the marked exposures.
- ☐ There is/are detected medical condition(s) which would place the employee at an increased risk of material health impairment from exposure to the above marked exposures.
- ☒ There are no limitations upon the employee's use of personal protective clothing or equipment, including respirators. *For methylene chloride, this includes the use of a supplied-air respirator in the negative-pressure mode, or a gas mask with an organic-vapor canister for emergency escape.*
- ☐ The following restrictions or limitations are indicated: *(do not include PHI)* \_\_\_\_\_

**Daniella Gould N<sup>r</sup>**  06/27/22  
 Clinician's Name (printed) Signature of Examining Clinician Date

Physician signature cosign: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>I</sup> OSHA: If BLL <40, every 6 months; if >40, <60 repeat every 2 months, until less than 40 for 2 draws; >60 ( Repeat in 2 weeks to confirm) or if avg of last 3 samples is >50 mandatory removal until testing <40. ACOEM/Concentra: BLL > 10 no exposure if pregnant; BLL >20 x2 or >30 no exposure. See Concentra's Lead Exposure Clinical Guidance

<sup>II</sup> Every 6 months if <PEL, every 3 months if > PEL; test weekly if total mercury level > 0.200 mg of mercury/liter of urine, or 0.02 mg of elemental mercury/liter of urine. If not decreasing in 2-4 weeks, advise specialist consult

<sup>III</sup> Required repeat at 2 week if H/H and Platelet count 20% of prior testing or abnormal, WBC 4,000 mm3 or abn diff

<sup>IV</sup> Beta 2 microglobulin, cadmium blood and random urine with creatinine. See Concentra's Cadmium ESPS for bio monitoring frequency

<sup>V</sup> Baseline prior to handling pesticides (2 separate draws). Follow-up testing within 3 days for pesticide use >6 days in any 30 day period beginning on the first day of handling, for total of three consecutive qualifying periods. Follow-up testing at 60 day intervals after three qualifying periods, unless otherwise specified. Baseline values every 2 years. CAL-OSHA. EPA.

Concentra Medical Centers (CT)  
370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 06/27/2022

### Written Medical Opinion for Respirator Use Opinión médica por escrito para el uso de respirador

Patient Name: Cruz, Aracely Date of Birth: 12/09/1988 Employee ID/Alternative ID: \_\_\_\_\_  
Nombre del paciente Fecha de nacimiento Id. del empleado/Id. alternativa

Provide a copy to employee and employer, store in chart

<input checked="" type="checkbox"/> This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitations upon the workplace conditions in which the respirator will be used unless remarked in Comments section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required.	Esta evaluación indica que el empleado puede usar el tipo (s) de respirador (es) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.
<input checked="" type="checkbox"/> Disposable N, P or R, 95, 99 or 100 filtering face piece <input checked="" type="checkbox"/> Half-face respirator with particulate gas/vapor cartridges <input checked="" type="checkbox"/> Full-face respirator with particulate gas/vapor cartridges <input type="checkbox"/> Self-contained breathing apparatus (SCBA) <input type="checkbox"/> Supplied air (loose fitting) <input type="checkbox"/> Powered air purifying respirator (PAPR) <input type="checkbox"/> Other: _____	Desechable pieza facial filtrante Respirador de media cara con cartuchos de partículas de gas/vapor Respirador de cara completa con cartuchos de gas/vapor de partículas (Un equipo de respiración autónomo) Aire suministrado (ajuste suelto) Respirador purificador de aire motorizado Otro: _____
<input type="checkbox"/> The employee may not wear a respirator.	El empleado no puede usar un respirador.
<input type="checkbox"/> Employee must schedule a medical examination prior to respirator approval and usage.	Programar un examen médico antes de la aprobación del respirador
<input type="checkbox"/> The following restrictions or limitations are indicated: <input type="checkbox"/> Powered air purifying respirator (PAPR) <input type="checkbox"/> No emergency response or immediately dangerous to life and health (IDLH) work <input type="checkbox"/> Other: _____	Se indican las siguientes restricciones o limitaciones: Respirador purificador de aire motorizado Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud Otro: _____
<input checked="" type="checkbox"/> The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment, and they were provided with a copy of this written statement: <input checked="" type="checkbox"/> In person <input type="checkbox"/> In writing (Questionnaire review only, without the employee present)	El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se les proporcionó una copia de esta declaración por escrito: En persona Escrito solo una revisión del Cuestionario, empleado no presente
<input type="checkbox"/> The employee needs to be re-evaluated by: _____  Employees are to report any difficulties in respirator use or change in health status to their supervisor or physician/licensed health care provider.	La empleada necesita ser reevaluada por: _____  Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.
<input type="checkbox"/> Comments: <input type="checkbox"/> Eyewear conversion kit needed. <input type="checkbox"/> Facial hair needs to be shaved to assure a tight seal on tight fitting masks. <input type="checkbox"/> Other: _____	Comentarios: Se necesita un kit de conversión de gafas. El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas. Otro: _____

Clinician Name: Daniella Gould NP  
Nombre del médico

Clinician Signature: \_\_\_\_\_  
Firma del médico

Date: 06/27/2024  
Fecha



Claim Number:

## Concentra Medical Centers (CT)

Service Date: 06/27/2022

370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492

### Non-Injury Work Status Report

Patient: Cruz, Aracely

SSN: XXXXX7623

Address: 154 BLATCHLEY AVE  
NEW HAVEN, CT 06513

Employer Location: AAIS

Address: PO Box 26066,  
West Haven, CT 065168066

Contact: Roy Albanese

Role: Primary Contact

Home: (203) 507-8603

Phone: (203) 932-2992 Ext.:

Work:

Ext.:

Auth. by:

Fax:

---

#### This Visit:

Time In: 10:23 am

Time Out: 01:10 pm

Visit Type: New

#### *Asbestos Physical PrePlacement*

Asbestos Physical PrePlacement

OSHA Respirator Questionnaire

Pulmonary Function Test

---

#### Result Status:

Job description was provided by employer and reviewed by examining provider  
May work without limitations/restrictions

Remarks:

**Concentra Medical Centers (CT)**370 James St Suite 304 NEW HAVEN, CT 06513  
Phone: (203) 503-0482 Fax: (203) 503-0492**PLMNFUNC****PULMONARY FUNCTION TEST RECORD**Cruz, Aracely

Patient's Last Name, First Name and Middle Initial:

Employee ID/Alternative ID:

154 BLATCHLEY AVENEW HAVEN, CT 06513

Address:

AAIS

Employer Name:

☐ (Check ☒ when print out is attached)Employee SSN: XXX-XX-7623

Test Number: \_\_\_\_\_

Age 33

Test Date: \_\_\_\_\_

Race ☐ Black ☐ Hispanic ☐ White ☐ Asian ☐ Other:

Time of Test: \_\_\_\_\_

Sex: ☐ Male ☒ Female

Location: \_\_\_\_\_ In Clinic \_\_\_\_\_ In Plant \_\_\_\_\_ Other

Check ☒ indicates the one that applies☐ Non Smoker ☐ Former Smoker ☐ SmokerHeight in Inches<sup>†</sup> \_\_\_\_\_**Spirometer/Pulmonometer (circle one)** (S) (P)

Hours Since Medication Used \_\_\_\_\_

Date of last calibration \_\_\_\_\_

List Medications Used: \_\_\_\_\_

Ambient Temp - C° \_\_\_\_\_

Hours Since Last Smoked \_\_\_\_\_

**Complete this section when print out is not available****Observed Values (BTPS)**

FEV1 FVC FEV1/FVC%

  **Predicted Normals \***

FEV1% FVC%

 **Change (%)**

FEV1 (&gt; 8%) FVC (&gt; 8%) FEV1/FVC% (&gt; 6 %)

  **Attach Print Out Here Or To The Back Of This Form**

Comments:

Technicians Name (Signature)

Technicians Name (Print)

\* The predicted FEV and FVC in Black individuals must be multiplied by 0.85.

† In stocking feet

BTPS- Body Temperature Ambient Pressure Saturated with Water Vapor Calculation



Patient Information

Name ARACELY  
 ID 00000  
 Age 33  
 Height 5 ft 2 in  
 Weight 145 lbs, BMI 26.7  
 Gender FEMALE  
 Ethnic HISPANIC  
 Smoker NO  
 Asthma NO

Test Information

Test Date/Time  
 Post Time  
 Test Mode  
 Interpretation  
 Predicted Ref  
 Value Select  
 Tech ID  
 Automated QC  
 BTPS (IN/EX)

06/27/2022 10:43am

DIAGNOSTIC  
 NLHEP  
 NHANES III  
 BEST VALUE

ON  
 -- 1.02

Test Results

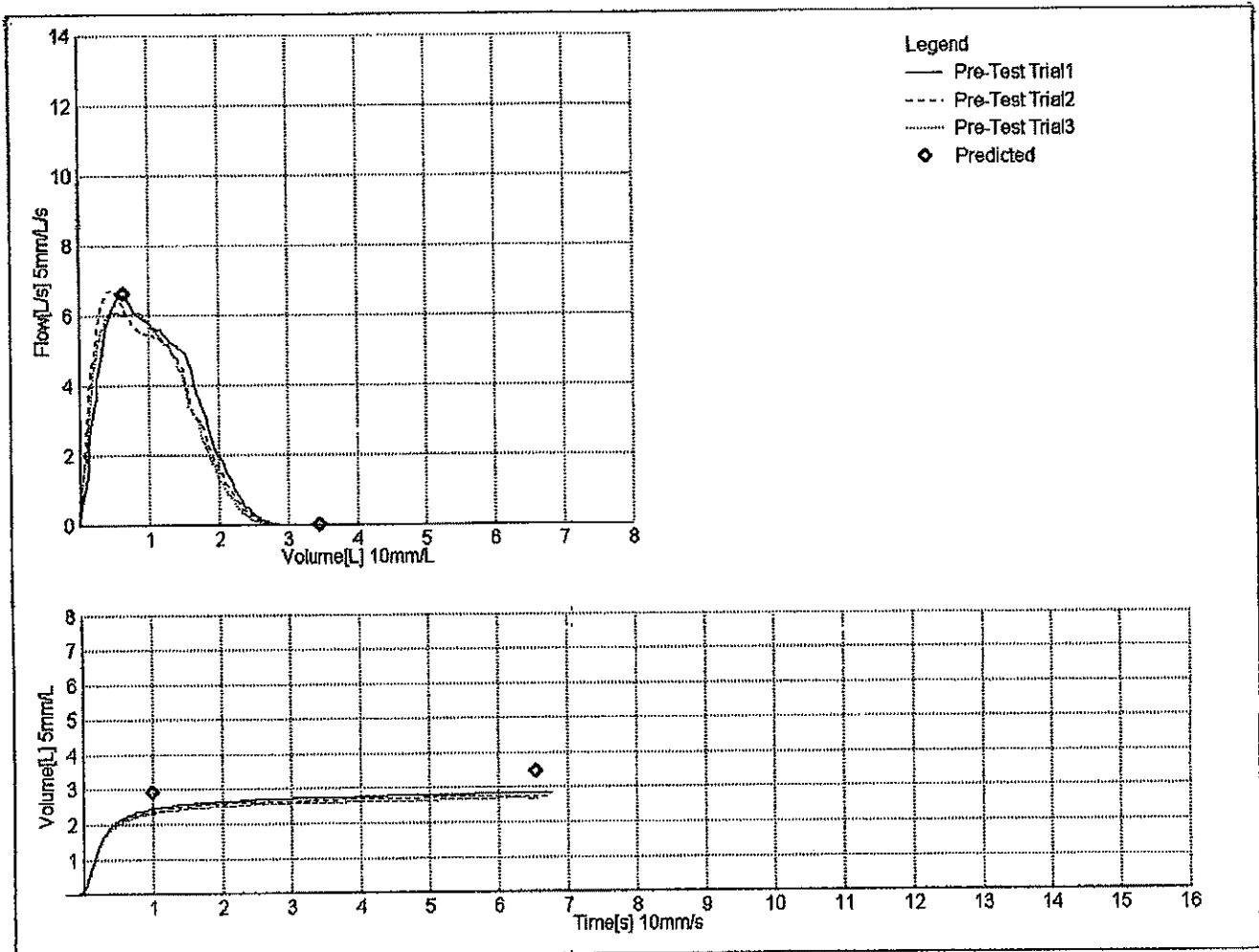
Your FEV1 is 84% Predicted

Parameter	Pre-Test	Best	Trial1	Trial2	Trial3	Pred	%Pred
FVC[L]		2.86	2.88	2.78*	2.71*	3.48	82
FEV1[L]		2.47	2.47	2.40	2.34*	2.94	84
FEV1/FVC[%]		86.3	86.3	86.4	86.5	84.9	102
PEF[L/min]		395.8	395.8	402.9	366.7	398.2	99
FEF25-75[L/s]		3.66	3.66	3.39	3.47	3.40	108
FET[s]		6.54	6.54	6.52	6.30	--	--

\* Indicates Below LLN or Significant Post Change

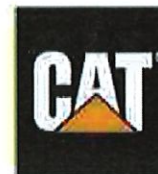
Pre-Test FEV1 Var=0.07L 2.8%; FVC Var=0.08L 2.9%; Session Quality A  
 Interpretation Normal Spirometry

*J. F. P. B.*  
*06/29/2022*





SELECTIVE DEMOLITION • ASBESTOS • LEAD • MOLD



### RESPIRATOR FIT TEST

Employee Name:

Aracely Cruz

Social Security #:

7623

Location:

16 Hamilton St, West Haven, CT 06516

Location if different from above:

Date Tested:

06/27/22

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North 1/2 Face (7700-30 Small Medium or Large)

Test Results: Pass - Fail

Type of Respirator: Racial PAPR

Test Results: Pass - Fail

Other Type of Respirator

Test Results: Pass - Fail

Employee Signature:

[Signature]

Date:

06/27/22

Administrator:

[Signature]

Date:

6/27/22

802 Boston Post Road • West Haven, CT 06516 • Phone: 203-932-2992 • Fax: 203-932-9892 • [www.aaiscorp.com](http://www.aaiscorp.com)

Affirmative Action / Equal Opportunity Employer





Occupational Safety  
and Health Administration

11-006109865

This card acknowledges that the recipient has successfully completed:

## 10-hour Construction Safety and Health

This card issued to:

ARACELY CRUZ

Jose Fernandez

Trainer Name

4/15/2022

Date of Issue




THIS IS TO CERTIFY THAT  
**ARACELY CRUZ GONZALEZ**

Has successfully completed the requisite training and passed the course Exam for Hazardous Waste operation and Emergency Response Course to Satisfy Requirement of 29CFR 1910.120(e) and new Hazard Communication Standard GHS(77F217574)  
90 Summer Street, Providence Rhode Island 02903  
(401) 323-4821

**"Annual Review"**  
(8hrs.)

07/09/2022  
DATE OF COURSES  
07/09/2023  
EXPIRATION DATE

NE01370  
STATE LICENSE NO.  
84  
EXAM SCORE

  
TRAINING PROVIDER  
0709221  
CERTIFICATION NUMBER





**RHODE ISLAND  
SAFETY ENVIRONMENTAL  
TRAINING CENTER**

THIS IS TO CERTIFY THAT

**ARACELY CRUZ GONZALEZ**

Has successfully completed the requisite training for asbestos accreditation  
90 Summer Street, Providence Rhode Island 02903

(401) 323-4821

Under TSCA Title II.

**"Annual Review" – Asbestos  
Spanish Worker (8hrs.)**

08/07/2021

DATE OF COURSES

08/07/2022.

EXPIRATION DATE

ATC00040

STATE LICENSE NO.

88

EXAM SCORE

TRAINING PROVIDER

0807219

CERTIFICATION NUMBER

**RISE**

Certificate Number: 053020AWR695



## Earth Environmental Consultants LLC

Training Division

11 Norden Place, Unit 14, Norwalk, CT 06855, Tel: (203) 831-8911. Office Location: 25 Van Zant Street, Norwalk CT 06855

Certifies that

# Aracely Cruz Gonzalez

86 Lexington Avenue, New Haven, CT 06513

8 Hour Asbestos Abatement Worker Refresher Training Course  
(In Spanish Language)

In accordance with

EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22

Course Date: 05-30-2020  
Examination Date: 05-30-2020

Examination Grade: 88 %  
Expiration Date: 05-30-2021

  
\_\_\_\_\_  
Sandra Uribio, Training Manager





## Environmental Compliance and Occupational Safety Training

44-01 21st Street, Long Island City, NY 11101

Tel: (718) 349-3235 Fax: (718) 349-3238

**HEREBY CERTIFIES THAT**  
**Aracely Cruz Gonzalez**

HAS COMPLETED A NYS DOH/US EPA AHERA 32 HOURS COURSE ENTITLED

**ASBESTOS HANDLER**  
(Spanish)

FOR THE PURPOSE OF TITLE 10 NYCRR PART 73 AND EPA 40 CFR PART 763 ACCREDITATION  
THE OFFICIAL RECORD OF COMPLETION OF THIS COURSE IS THE NYS DOH FORM 2832

On this 12th Day of May, 2019

Date(s) of course: 05/04, 05, 11, 12/2019

Director: Nicolas Portela

Nicolas Portela

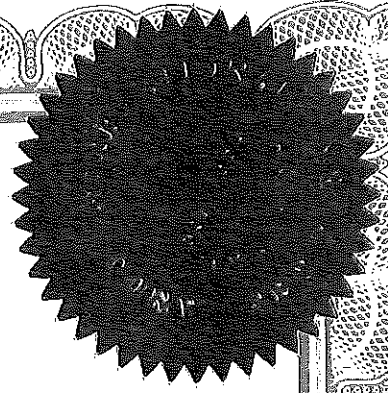
Exam Grade:

92%

Expiration Date: 05/12/2020

Certificate #: 05122019AHNY-01

Exam Date: 05/12/2019



# Employee Training

(Expiration Date / Yes / N/A)

ASITIMBAY, JAIME		Employee Name
4/30/2023		Current Asbestos License
3/5/2023		Current Asbestos Training
5/6/2023		Current Medical
5/6/2023		Current Respirator Fit Test
2/5/2023		Hazwoper
2/5/2023		Current Hazcom
2/5/2023		Current Lead Awareness Training
YES		OSHA 30 10-31-2025
		OTHER SKID STEER 7-7-2022
		LULL 7-7-2022
		SCAFFOLDING SAFETY
		3/1/2024
		MEWP 4-30-2025
		LEAD RRP 11-6-2026





State of Connecticut

# Lookup Detail View

Name

Name
JAIMIE B ASITIMBAY

## License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	5532	04/30/2023	05/14/2014	JAIMIE B ASITIMBAY	ACTIVE	CURRENT	None

Generated on: 3/29/2022 6:58:04 AM

**RHODE ISLAND  
SAFETY ENVIRONMENTAL  
TRAINING CENTER**

THIS IS TO CERTIFY THAT

**JAIME B ASITIMBAY**

Has successfully completed the requisite training for Asbestos Accreditation.

90 Summer Street, Providence Rhode Island 02903

(401) 323-4821

Under TSCA Title II.

**"Annual Review" – Asbestos  
Supervisor Contractor (8hrs.)**

03/05/2022

DATE OF COURSES

03/05/2023

EXPIRATION DATE

ATC00040

STATE LICENSE NO.

82

EXAM SCORE

TRAINING PROVIDER

0005224S

CERTIFICATION NUMBER

**RISE**

Patient: Aslinbay, Jaime

DOB: 04/30/1982

Employee ID/Alternative ID:

Service Date: 05/06/2022

Concentra Medical Centers (CT)

972A W Main St New Britain, CT 06053

Phone: (860) 827-0745 Fax: (860) 827-0824

Written Medical Opinion for Respirator Use

(Provide a copy to employee and employer, store in chart)

Medical evaluation for respirator use was completed in accordance with 29 CFR 1910.134.

(La evaluación médica y opinión para el uso de respiradores se completó de acuerdo con 29 CFR 1910.134)

This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitations upon the workplace conditions in which the respirator will be used unless remarked in Comments section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required. (Esta evaluación indica que el empleado puede usar el tipo (s) de respirador (s) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.)

☒ Disposable N, P or R, 95, 99 or 100 filtering face piece (Descartable pieza facial (filtro))

☒ Half face respirator with particulate gas/vapor cartridges (Respirador de media cara con cartuchos de partículas de gas / vapor)

☒ Full face respirator with particulate gas/vapor cartridges (Respirador de cara completa con cartuchos de gas / vapor de partículas)

☐ Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)

☐ Supplied air (loose fitting) (Aire suministrado (ajusta suelto))

☐ The employee may not wear a respirator. (El empleado no puede usar un respirador.)

☐ Employee must schedule a medical examination prior to respirator approval and usage.  
(Programar un examen médico antes de la aprobación del respirador)

☐ The following restrictions or limitations are indicated (Se indican las siguientes restricciones o limitaciones):

☐ Positive air purifying respirator (PAPR) (Respirador purificador de aire positivo)

☐ No emergency response or immediately dangerous to life and health (IDLH) work  
(Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud)

☐ Other (otro):

☒ The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment and they were provided with a copy of this written statement: (El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se le proporcionó una copia de esta declaración por escrito.)

☒ In person (En persona)

☐ In writing (Questionnaire review only, without the employee present)  
(Escrito solo una revisión del Cuestionario, empleado no presente)

☒ This medical evaluation expires on (Esta evaluación médica expira el): 5-6-23

Employees are to report any difficulties in respirator use or change in health status to their supervisor, physician or licensed health care provider. (Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.)

Comments: (Comentarios)

☐ Eyewear conversion kit needed. (Se necesita un kit de conversión de gafas.)

☐ Facial hair needs to be shaved to assure a tight seal on tight fitting masks.  
(El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas.)

☐ Other (otro):

Clinician Name: Elena Zhakov, NP

Clinician Signature: 

Date: 5-6-22

RESPCLEARMMO -1

**Concentra Medical Centers (CT)**

972A W Main St. New Britain, CT 06053 Service Date: 09/09/2022  
 Phone: (860) 827-0745 Fax: (860) 827-0824

**WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)**

*To be maintained in patient's medical chart with copy to employer and patient.*

EMPLOYEE NAME: Aslunbey, Jaime EMPLOYER NAME: AAIS  
 DOB: 04/30/1982 EMPLOYER CONTACT: \_\_\_\_\_  
 Last 4 SSN: XX-XX-1209 CONTACT PHONE: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_

**NOTES:**  
 This document does not replace mandated state forms where applicable.  
 Employer form shall not be substituted for this written medical opinion that is determined to be OSHA and/or EPA compliant for listed exposures.  
 If requested or preferred by employer, exposure specific WWO forms available to print on MyConcentra may be used alternatively.

\_\_\_\_ 29 CFR 1926 Construction \_\_\_\_ 29 CFR 1910 General & Maritime Other \_\_\_\_\_

**Check applicable exposure(s) for Written Opinion: (check all that apply)**

This form does not replace Silica or Beryllium Written Medical Opinions or Reports that print from Concentra Occurrence at registration for those exposures.

<input type="checkbox"/> Asbestos	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Lead	<input type="checkbox"/> Hexafluoride/Hazmat
<input type="checkbox"/> Acrylonitrile	<input type="checkbox"/> Benzene	<input type="checkbox"/> Manganese	<input type="checkbox"/> Zinc Oxide	<input type="checkbox"/> Inorganic Mercury
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Diesel Exhaust	<input type="checkbox"/> Ethylene Oxide	<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Methylene Chloride
<input type="checkbox"/> Polychlorinated biphenyls	<input type="checkbox"/> 1,3- Butadiene	<input type="checkbox"/> Hexavalent Chromium	<input type="checkbox"/> Xylene/Toluene	<input type="checkbox"/> Metal Working Fluid
<input type="checkbox"/> Other (specify): _____				

**The following were performed: (check all that apply)**

- ☒ Medical examination, including a medical and work history with special emphasis on body symptoms related to the above marked exposure(s).
- ☒ Completion and review of the OSHA questionnaire(s) (asbestos, benzene, cadmium, formaldehyde, methylene chloride, cotton dust, and 1,3-butadiene, vinyl chloride).
- ☒ Pulmonary function test, including forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and ATS standards. Monitor for 10-15% decline in FEV1.

☐ 1 view PA chest x-ray. (B) read using ILCO standards required for asbestos)

Periodic chest x-ray scheduled: Arsenic- annually; Cadmium- baseline and clinician's discretion;

Asbestos - see chart below:				
Years since first exposure	Age 15-35	Age 36-45	Age 45+	
0 to 10	Every 5 years	Every 3 years	Every 5 years	
10 +	Every 5 years	Every 2 years	Every 1 year	

- ☒ All medical examinations and procedures were performed by or under the supervision of a licensed physician.
- ☒ The employee has been informed of the results of the medical examination and/or biologic monitoring and any medical conditions which require further examination or treatment.
- ☐ The employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure if indicated.
- The content of medical examination was determined by the physician or licensed health care provider. (PLHCP) based on the following information provided by the employer (check only items available or provided):**
- ☐ Description of employee's duties
- ☐ Information from previous medical examinations dated \_\_\_\_\_ not performed at Concentra
- ☐ Description of personal protective equipment used or to be used
- ☐ Employee's exposure levels or anticipated levels



**Concentra Medical Centers (CT)**

972A W Main St New Britain, CT 06053 Service Date: 05/09/2022  
 Phone: (860) 827-0745 Fax: (860) 827-0824

**WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)**

*To be maintained in patient's medical chart with copy to employer and patient.*

EMPLOYEE NAME: Ashtimbay, Jaime  
 DOB: 04/30/1982  
 Last 4 SSN: XXX-XX-1209  
 EMPLOYER NAME: AAIS  
 EMPLOYER CONTACT: \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_

**Biologic Monitoring:**

Blood Lead Level/ ZPP	<input type="checkbox"/> Was performed and results are normal <input type="checkbox"/> Was not done
Urine Mercury Testing <sup>a</sup> Benzene CBC Testing <sup>a</sup> Other: _____	<input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____ <input type="checkbox"/> Was performed and results are normal <input type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Cadmium <sup>b</sup>	<input type="checkbox"/> Was performed and results are normal <input type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Acetylcholinesterase (RBC and plasma) <sup>c</sup>	<input type="checkbox"/> Was performed and results are normal <input type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Other Labs: _____	<input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____

**This medical monitoring evaluation indicates (check all that apply):**

- ☒ There are no detected medical conditions which would place the employee at an increased risk of material health impairment from exposure to the marked exposures.
- ☐ There is/are detected medical condition(s) which would place the employee at an increased risk of material health impairment from exposure to the above marked exposures.
- ☐ There are no limitations upon the employee's use of personal protective clothing or equipment, including respirators. For methylene chloride, this includes the use of a supplied-air respirator in the negative-pressure mode, or a gas mask with an organic-vapor canister for emergency escape.
- ☐ The following restrictions or limitations are indicated: (do not include PHI) \_\_\_\_\_

Elena Zhukov, NP

Clinician's Name (printed)

Signature of Examining Clinician

Date

Physician signature co-sign: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>a</sup> OSHA: If BLL <40, every 6 months; if >40, <60 repeat every 2 months, until less than 40 for 2 draws; >60 (Repeat in 2 weeks to confirm) or if any of last 3 samples is >90 mandatory removal until testing <40. ACOEM/Concentra: BLL > 10 no exposure if pregnant; BLL >20 x2 or >30 no exposure. See Concentra's Lead Exposure Clinical Guidelines.  
<sup>b</sup> Every 6 months if <ELC, every 3 months if > ELC, test weekly if total mercury level > 0.200 mg of mercury/liter of urine, or 0.02 mg of elemental mercury/liter of urine. If not decreasing in 2-4 weeks, advise specialist consult.  
<sup>c</sup> Repeat repeat at 2 week if Hg/H and Phosphate count 20% or prior testing or abnormal; WBC 4,000 mm3 or abn diff.  
<sup>d</sup> Beta 2 microglobulin, cadmium blood and random urine with creatinine. See Concentra's Cadmium EPS for bio monitoring frequency. Baseline prior to handling pesticides (2 separate draws). Follow-up testing within 3 days for pesticides use >6 days in any 30 day period beginning on the first day of handling, for total of three consecutive qualifying periods. Follow-up testing at 60 day intervals after three qualifying periods, unless otherwise specified. Baseline values every 2 years. CAL-OSHA, EPA.

EasyOne™ DIAGNOSTIC 6.6  
© Ind 2000, 2010  
SN 108894 Rack# 4903  
05/08/2022 08:22am

**Patient Information**  
Name JANE  
ID 018201209  
Age 40  
Height 5 ft 5 in  
Weight 163 lbs BMI 27.2  
Gender MALE  
Ethnic HISPANIC  
Smoker NO  
Asthma NO

**Test Information**  
Test Date/Time  
Post Time  
Test Mode  
Interpretation  
Predicted Ref  
Value Select  
Tech ID  
Automated QC  
BTPS (INEX)

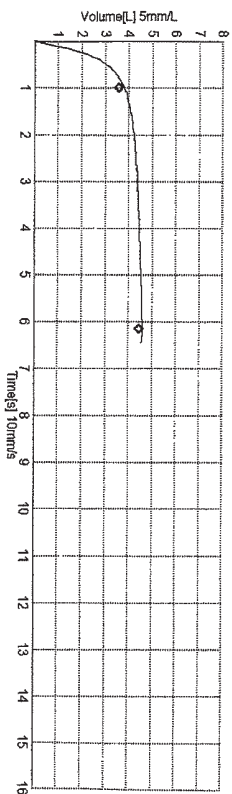
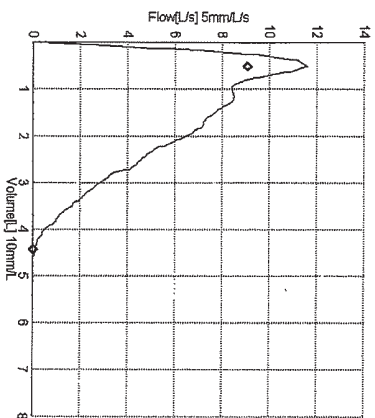
05/08/2022 08:21am  
DIAGNOSTIC  
GOLD/Handie  
N/A/NES II  
BEST VALUE  
ON  
--1.02

**Test Results**

Your FEV1 is 107% Predicted

Parameter	Pre-Test	Test1	Test2	Test3	Pre-Test	%Pred
FVC(L)	4.61	4.61	4.55	4.44	4.44	104
FEV1(L)	3.83	3.83	3.78	3.57	3.57	107
FEV1/FVC(%)	83.1	83.1	83.1	82.6	81.2	102
PEF(L/min)	695.1	695.1	643.6	670.5	542.4	128
FEF25-75(L/s)	4.12	4.12	4.06	3.89	3.68	112
FET(s)	6.16	6.16	6.15	6.48	--	--

Pre-Test FEV1 Var=0.8L 1.4% FVC Var=0.08L 1.3%  
Interpretation Normal Spirometry Session Quality A





SAFETY • DEMOLITION • ASBESTOS • LEAD • MOLD



RESPIRATOR FIT TEST

Employee Name: James Restano

Social Security #: 018-20-1209

Location: 16 Hamilton St, West Haven, CT 06516

Location if different from above: \_\_\_\_\_

Date Tested: 05-26-2022

Type of Test: Irritant Smoke Qualitative Testing ✓

Type of Respiratory: North 1/2 Face (7700-30 Small PASS / Medium PASS / Large PASS)

Type of Respirator: North Full Face : PASS

Type of Respirator : 3M P.A.P.R. / PASS

Employee Signature: [Signature] Date: 5/26/22

Administrator: [Signature] Date: 5/26/22



11-602034-454

This card acknowledges that the recipient has successfully completed

**30-hour Construction Safety and Health**

This card issued to:

**Jaimie Asinbay**

Richard Meier Jr

Trainer Name

10/31/2020

Date of Issue



CERT#: R-I-18329-21-05025

## Lead Safety for Renovation Repair and Painting

8 Hour Initial Training in English

**Jaime B. Asitimbay**

86 Lexington Avenue  
New Haven CT 06513



has completed this course in accordance with 40 CFR PART 745

***Date of Course Completion: 11/06/2021***

***Exam Date: 11/06/2021***

***Expiration Date: 11/06/2026***

  
Daniel Sullivan, Training Manager

Chem Scope, Inc  
15 Moulthrop Street  
North Haven CT 06473  
Phone: 203.865.5605  
[www.chem-scope.com](http://www.chem-scope.com)



## Training Certificate

Jaime Asitimbay

Has successfully completed safety training in accordance with  
OSHA 29 CFR 1926.453 and ANSI A92 for:

### Mobile Elevated Working Platform

The training completed for JLG 450AJ & Skyjack SJ3219 is in accordance with OSHA 29 CFR 1926.453, ANSI A92.20-A92.24 & manufactures instruction manual which covered personnel responsibilities, types of aerial lifts, hazard assessment and inspection and hazard assessment paired with hands on Verification of Competency Performance Training.

Trainer: Mark DeAngellis  
Certificate # AAIS033

Current: April 30, 2022  
Expires: April 30, 2025



# **Training Certificate**

**Jaime Asitimbay**

**Has successfully completed refresher training for  
Hazardous Waste Operations and Emergency Response  
In accordance with 29 CFR 1910.120**

**Course Completion Date: 2/5/2022**

**Expiration Date: 2/5/2023**

**Certificate # AAIS020522-8**

**Trainer: Rich Meier #329**

# **Training Certificate**

**Jaime Asitimbay**

**Has successfully completed a training course for**

**Lead Awareness**

**In accordance with 29 CFR 1926.62**

**Presented in West Haven, CT**

**The 5th Day of February 2022**

**Rich Meier – Instructor #329**

**Certificate # AIS-20522-L8**

# **Training Certificate**

**Jaime Asitimbay**

**Has successfully completed a training course for**

**Hazard Communications**

**In accordance with 29 CFR 1910.1200**

**Presented in West Haven, CT**

**The 5th Day of February, 2022**

**Instructor / Rich Meier - #329**

**Certificate # AIS20522-HC8**

# **Training Certificate**

**Jaime Asitimbay**

**Successfully completed safety training in accordance with  
OSHA 29 CFR 1910.178 and 29 CFR 1926.602 for**

**Class VII – Rough Terrain Forklift**

**Presented in Newington, CT on the 7th Day of July, 2021**

**Trainer: Rich Meier**

**Certificate #AA71721 – 1 - 11**

# **Training Certificate**

**Jaime Asitimbay**

**Successfully completed safety training in accordance with  
OSHA 29 CFR 1910.178 and 29 CFR 1926.602 for**

**Skid Steer**

**Presented in Newington, CT on the 7th Day of July, 2021**

**Trainer: Rich Meier**

**Certificate #AA71721 – 2 - 11**



eTraining, Inc.

# Certificate of Completion

This certifies that

**Jaime Asitimbay**

has received the proper training for successfully completing

**Scaffolding Safety for the Competent Person**

*OSHA 29 CFR 1926.451 Subpart L - 5 Hours*

March 01, 2021

Certificate Number: **162027**

[www.etraintoday.com](http://www.etraintoday.com)

Niall O'Malley, President

Larry A. Baylor, VP Content Development



**RHODE ISLAND  
SAFETY ENVIRONMENTAL  
TRAINING CENTER**

THIS IS TO CERTIFY THAT

**JAIME B ASITIMBAY**

Has successfully completed the requisite training for asbestos accreditation  
90 Summer Street, Providence Rhode Island 02903

(401) 323-4821

Under TSCA Title II.

**"Annual Review" – Asbestos  
Supervisor Contractor (8hrs.)**

03/06/2021


DATE OF COURSES  
03/06/2022

EXPIRATION DATE

ATC00040

STATE LICENSE NO.  
88

EXAM SCORE

  
TRAINING PROVIDER  
030621S

CERTIFICATION NUMBER

**RISE**



CERT#: A-103S-1569

**CHEMSCOPE TRAINING DIVISION  
ASBESTOS CONTRACTOR/SUPERVISOR REFRESHER  
8-HOUR TRAINING CERTIFICATE**

**Jaime B. Asitimbay**

**86 Lexington Avenue, New Haven CT**

Has attended an 8-hour annual refresher course on the subject discipline on

3/24/2020 and has passed a written examination.

"The person receiving this certificate has completed the requisite training required for asbestos accreditation as a supervisor under TSCA Title II"

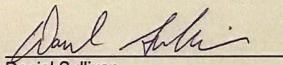
Course topics include a review and update on asbestos health hazards, personal protection, emission control measures, government regulations, planning work areas, removal practices and procedures and air monitoring.

This training course has been accredited by the State of Connecticut.

**Examination Score: 83%**

**Exam Date: 3/24/2020**

**Expiration Date: 3/24/2021**

  
Daniel Sullivan  
Training Manager

Chem Scope, Inc.  
15 Moulthrop Street  
North Haven CT 06473  
Phone: 203.865.5605  
[www.chem-scope.com](http://www.chem-scope.com)



Certificate Number: 033019ASR401



## Earth Environmental Consultants LLC

Training Division

11 Norden Place, Unit 14, Norwalk, CT 06855, Tel: (203) 831-8911. Office Location: 25 Van Zant Street, Suite 8B, Norwalk, CT 06855

Certifies that

# Jaime B. Asitimbay

320 Exchange Street, New Haven, CT 06513

Has successfully met certificate requirements for  
**8 Hour Asbestos Abatement Site Supervisor Refresher  
Training Course**

In accordance with  
EPA Standards for Asbestos Accreditation under TSCA Title II 40 CFR Part 763 and CT Title 19a Part 332a-22

Course Date: March 30, 2019  
Examination Date: March 30, 2019

Examination Grade: 72 %  
Expiration Date: March 30, 2020

Eduardo J Meza, Training Manager

# Asbestos Supervisor Refresher



Name:		Jaime B. Asltimbay	
Identifier:		XXX-XX-1209	
Certificate Number:		1209ASBSR0418	
Exam:		4/18/2019	
Class Start		4/18/2018	
Class End		4/18/2018	



# ENVIRONMENTAL TRAINING AND ASSESSMENT

## *Certificate of Completion* *Asbestos Abatement Site Supervisor*

**Jaime B Asitimbay**  
*73 Knox Street*  
*West Haven, CT 06516*

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 4/30/2016  
Examination Date: 4/30/2016

Examination Grade: 87%  
Certificate Number: ASR-02128  
Expiration Date: 4/30/2017

  
Stephen J. Craig Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

**NORTH STAR**  
Center for Human Development Inc.  
Certifies that

**Jaime Bolivar Asitimbay -**

**73 Knox Street, West Haven, CT 06516**  
*has successfully complete the requirements for*

**8 Hour Asbestos Abatement Supervisor Refresher Certification**

*in accordance with*  
*EPA Standards for Asbestos Accreditation under TSCA Title II*  
*40 CFR Part 763 and CT Title 19a Part 332a-22*

**Conducted February 06, 2016**  
*by North Star, 2550 Main Street, Hartford, Connecticut-(860) 246-3526*  
**Certificate Number**  
**020616ASR112**

*February 06, 2016*

*Course Completion*

*February 06, 2017*

*Certification Expires*



Instructor: Guido A. Cortes, CPEA, CPHSA, CMC

**NORTH STAR**  
Center for Human Development Inc.

**Certifies that**

**Jaime Bolivar Asitimbay xxx-xx**

**73 Knox Street, Apt. 111, West Haven, CT 06516**

*has successfully complete the requirements for*

**8 Hour Asbestos Abatement Supervisor Refresher Certification**

*in accordance with*

*EPA Standards for Asbestos Accreditation under TSCA Title II  
40 CFR Part 763 and CT Title 19a Part 332a-22*

**Conducted March 04, 2015**

*by North Star, 2550 Main Street, Hartford, Connecticut-(860) 246-3526*

**Certificate Number**

**030415ASR249**

*March 04, 2015*

*Course Completion*

*March 04, 2016*

*Certification Expires*

  
Instructor: Guido A. Cortes, CPEA, CPHSA, CMC



**NORTH STAR**  
Center for Human Development Inc.  
Certifies that

**Jaime Bolivar Asitimbay xxx-xx-**

**73 Knox Street, Apt. 111, West Haven, CT 06516**  
*has successfully complete the requirements for*

**40 Hour Asbestos Abatement Supervisor Initial Certification**

*in accordance with*  
*EPA Standards for Asbestos Accreditation under TSCA Title II*  
*40 CFR Part 763 and CT Title 19a Part 332a-22*

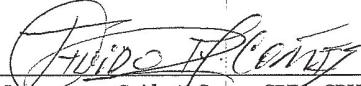
**Conducted April 26-30, 2014**  
*by North Star, 2550 Main Street, Hartford, Connecticut-(860) 246-3526*  
**Certificate Number**  
**043014AS1247**


April 30, 2014

Course Completion

April 30, 2015

Certification Expires

  
Instructor: Guido A. Cortes, CPEA, CPHSA, CMC

  
Certifying Official



## Appendix E

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### CTDPH No Student/Children Occupancy Letter



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August 3, 2022

State of Connecticut  
Department of Public Health- Asbestos Program  
410 Capitol Avenue, MS #51AIR  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

**RE: Asbestos Abatement During No Student/Children Occupancy  
Roger Sherman Elementary School – Faculty Lounge  
250 Fern Street, Fairfield, Connecticut**

To Whom it May Concern:

As the Executive Director of Operations for the Fairfield Public Schools, I am writing to inform the Connecticut Department of Public Health (CTDPH) of asbestos abatement being performed during no student/children occupancy at the above referenced facility. Asbestos removal activities are scheduled to be performed during no student/children occupancy on Saturday, August 6, 2022.

Asbestos removal activities are being conducted under a project design written by Eduardo Miguel Marques of Fuss & O'Neill, Inc. (Fuss & O'Neill). Mr. Marques' Connecticut Department of Public Health (CTDPH) Project Designer license number is #000312. The abatement contractor is AAIS Corporation; a CTDPH licensed Asbestos Abatement Contractor (CTDPH license #000017). During this project, the asbestos abatement contractor will be monitored by an industrial hygiene firm, Fuss & O'Neill, located at 59 Elm Street, New Haven, Connecticut (Contact Person/Project Manager; Eduardo Miguel Marques, (203) 374-3748).

The asbestos removal to be performed during the noted time period includes the removal of approximately 8 square feet of floor tile/associated mastic from the Faculty Lounge at the Site.

Should you have any questions regarding this project, please contact Angelus Papageorge, Interim Executive Director of Operations, Fairfield Public Schools, at (203) 255-8373.

Sincerely,

Angelus Papageorge  
Executive Director of Operations

## Appendix F

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### Area Air Monitoring Worksheet/ Final Air Clearance Report

# PCM Air Monitoring Worksheet For Asbestos Analysis

146 Hartford Road, Manchester, CT 06040 (860) 646-2469

Project Name: Roger Sherman Elementary School

Rotometer Number: 101833 Cassette Lot#: \_\_\_\_\_

Sampler Name: Sandra Guzman

Faculty Lounge \_\_\_\_\_

Rotometer Cal. Date: 09/02/2021

Analyst Name: Sandra Guzman AAR# 9287

Project Number: 20101044.A10 Task # \_\_\_\_\_

Microscope Number: 100863

Analyst Signature: \_\_\_\_\_

Project Manager: Eduardo Miguel Marques

Phase Ring Aligned? Y/N

Sample Date: 08/06/2022 Analysis Date: 08/06/2022

Project Address: 250 Fern St, Fairfield, CT

HSE/NPL checked Y/N

Sample ID Number	Sample Location	Activity Code/ Comment	Sample Time		Sample Duration (Minutes)	Flow Rate (LPM)			Total Volume (Liters)	Limit of Det. Fib/cc (=2.7/Total Vol.)	Fiber Count Fib/Flds	Fiber Density (Fib/mm²)	Fiber Conc. (Fibers/cc)
			On	Off		Pre	Post	Avg.					
08062022-01	Field Blank #1		Submit at least 2 field blanks or 10% of the number of samples collected in 1 work shift.								0/100	<>	
08062022-02	Field Blank #2				0/100	<>							
08062022-03	Faculty Lounge by Decon	3	8: 35	10:05	78	15.4	15.4	15.4	1,201	0.002	12/100	15.28	0.005
08062022-04	Faculty Lounge in Containment	4	10:15	11:33	78	15.4	15.4	15.4	1,201	0.002	4/100	5.09	0.002
08062022-05	Faculty Lounge in Containment	4	10:15	11:33	78	15.4	15.4	15.4	1,201	0.002	4/100	5.09	0.002
08062022-06	Faculty Lounge in Containment	4	10:15	11:33	78	15.4	15.4	15.4	1,201	0.002	4/100	5.09	0.002
08062022-07	Faculty Lounge in Containment	4	10:16	11:34	78	15.4	15.4	15.4	1,201	0.002	6/100	7.64	0.002
08062022-08	Faculty Lounge in Containment	4	10:16	11:34	78	15.4	15.4	15.4	1,201	0.002	4/100	5.09	0.002
08062022-09 (6)	Duplicate Count										4/100	5.09	0.002

Reference Method: NIOSH 7400 Issue 2, 8/15/94 Method Limit of Detection: 5.5 Fibers/100 Fields

Sample Type: 25 mm 3 piece 0.8µ mixed cellulose ester PCM Air Monitor

FIBER DENSITY (Fibers/mm<sup>2</sup>) = (SAMPLE fibers/field) – (Average BLANK fibers/field)  
(0.00785mm<sup>2</sup>/field)

CONCENTRATION (fibers/cc) = (SAMPLE fibers/field) – (Average BLANK fibers/field) x (385) mm<sup>2</sup>/filter  
(0.00785mm<sup>2</sup>/field) x liters x 1000 cc/liter

IC	Inside Containment
OCB	Outside Critical Barrier
Decon	Decontamination Facility

Range	Intra Lab Sr	Inter Lab Sr
1 (5-20 fibers/100 fields)	0.40	0.50
2 (>20-50 Fibers/100 fields)	0.45	0.39
3 (>50 Fibers/100 fields)	0.26	0.35

Project Activity:

Code	Type
1	Background
2	Setup
3	During
4	Clearance
5	Environmental
6	Personal
7	

## **Appendix G**

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### Fuss & O'Neill Site Log

## Daily Site Log

Project Name/Number: Roger Sherman Elementary School/20101044.A10 Date: 08/06/2022

Project Address: 250 Fern Street, Fairfield, CT

Page Number: 1 of 1

Specific Work Area: Faculty Lounge

On-Site Technician: Sandra Guzman (SG)

Time	Comments	Initials
7:10 am	Sandra Guzman (SG) and Spectrum Environmental (SE) on site.	SG
7:30 am	SG meets James Asitimbay from SE to review the work area and scope of the work and following start mobilization of equipment and supplies necessary for the abatement.	SG
8:00	SE starts to set up a negative enclosure in the Faculty Lounge	SG
8:30 am	SG performs a pre-visual inspection of the containment and sets up a PCM background air samples at the decontamination system. Material to be removed comprises 8 square feet (SF) of floor tiles and mastic.	SG
9:00 am	SE removes floor tiles and mastic from the work area	SG
9:30 am	SG performs a final visual inspection of the area; floor tiles and mastic were removed. Area passes the final visual and SE proceeds to apply lock down. After locking down of the encapsulant SG will set up the PCM final Air Samples.	SG
10:10	SG sets up PCM final air samples within the containment	SG
11:00	SG mobilizing equipment for PCM air samples analysis and updating paperwork.	SG
11:30	SG Pulling off PCM air samples from the containment	SG
12:00	SG analyses PCM air samples, concentrations were below 0.01 fibers per cubic centimeter of air (f/cc)	SG





146 Hartford Road, Manchester, CT 06040

www.fando.com  
(860) 646-2469 Fax (860) 649-6883

12:30	SG and SE leaving the work site	SG
-------	---------------------------------	----

## Appendix H

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### Fuss & O'Neill Sign-In Sheet



FUSS & O'NEILL

146 Hartford Road, Manchester, CT 06040

www.fando.com  
(860) 646-2469

WORKER SIGN-IN LOG

Project Name/Address: Roger Sherman Elementary School  
250 Fern St, Fairfield CT Date: 8/6/2022

Project No. 20101044.A10 Work Area: Faculty Lounge

Worker's Name (Print Neatly) (Nombre del Trabajador - Escriba claramente)	Signature (Firma)	Type of Work
1. <u>Jaime Ariztimby</u>	<u>[Signature]</u>	<u>abatement</u>
2. <u>Aracely Cruz</u>	<u>[Signature]</u>	<u>abatement</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

## Appendix I

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### Contractor Documents:

- Contractor Sign-In Log
  - Contractor Daily Log
- Contractor Personal Air Sample Results

## *Certificate of Completion*

Date: 9-29-2022

FAIRFIELD PUBLIC SCHOOLS  
501 KINGS HIGHWAY EAST #201  
FAIRFIELD, CT 06825

WALTER FITZGERALD CAMPUS  
309 BARBERRY ROAD  
SOUTHPORT, CT 06890

Start Date: 8-6-2022

Completion Date: 8-6-2022

The asbestos abatement project listed above was completed by AAIS A DIVISION OF SPECTRUM ENVIRONMENTAL LLC. in accordance with the State of Connecticut Asbestos Abatement Standards 19a332a-1 through 16. As required by the State of Connecticut Asbestos Abatement Standards Section 19a-332a-4. AAIS A DIVISION OF SPECTRUM ENVIRONMENTAL LLC will maintain all the required records for thirty years. An X indicates what is applicable and enclosed:

### Notification

- X Waste Manifest
- X Personal Air Samples
- Final Air Samples
- X Daily Logs
- X Access Logs Sheets

Respectfully Submitted,

KEITH GODREAU

3100823





422122

## E.P.A. AGENCY

CT, MA, RI, VT, NH, ME  
GENERATORSEPA New England  
1 Congress Street  
Boston, MA 02114-2023  
(617) 918-1111

NY GENERATORS

EPA Region 2  
290 Broadway, 26th Floor  
New York, NY 10007-1866  
(212) 637-3000

# 5007

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-83003 Barker Drive • Wallingford, CT 06492  
(203) 269-8300 • Fax: (203) 269-8600

## TK# ASBESTOS DISPOSAL &amp; DOCUMENTATION FORM

Job Number 3100823 P.O. # \_\_\_\_\_

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 4.13.2022 Date of Pickup 8-9-2022

Type of Container 40 Yard

VOLUME .41 CY Friable ☐ Non-Friable ☒

MUST BE IN CUBIC YARDS

Bag ☒ Drum ☐ Wrapped ☐ Other ☐

**RQ, NA2212, ASBESTOS, 9, PG III**

**GENERATOR/BUILDING OWNER**

Fairfield Public Schools

Address 501 Kings Highway East 201

City Fairfield CT State CT Zip 06825

Phone Number \_\_\_\_\_

**GENERATING LOCATION**

Sherman Elementary

Address 250 Fern Street

City Fairfield CT State CT Zip 06824

Phone Number \_\_\_\_\_

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

## AUTHORIZED SIGNATURE

**Transporter 1:** \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials.

**Transporter 2:** TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: Registration #: 60719A CT Date: 9-8-2022

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials.

**Transporter 3:** TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials.

Site ☐ Modern Landfill Site ☒ Minerva Enterprises Site ☐ Hakes Landfill Site ☐ \_\_\_\_\_

Address: 4400 Mount Pisgah Rd. Address: 9000 Minerva S.E. Address: 4376 Manning Ridge Rd. Address: \_\_\_\_\_

York, PA 17402 Waynesburg, OH 44688 Painted Post, NY 14870

Phone: 717-246-4615 Phone: 330-866-3435 Phone: 607-937-6044 Phone: \_\_\_\_\_

Certification of receipt of materials covered by this manifest.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Gabe SwitzerSan-9-9-22

Name of Authorized Agent

Signature

Receipt Date

GENERATOR



Chem Scope, Inc.  
15 Moulthrop Street,  
North Haven CT 06473

# Certificate of Analysis

8/15/2022  
\*Page 1 of 1

Numeration of fibers on 0.8 micron cellulose-ester from 25mm cassette by Phase Contrast Microscopy, NIOSH Method 7400, Issue #3, 14 June 2019:

Estimated Level of Detection based on Method = 7 f/mm<sup>2</sup> (5.5 fibers/100 fields)

CS Sample #	Type	By	Col'd	Date	Rec. By	Rec. Date	Client	Location	Description	F/MM2	FICC	Result (f/cc)	Reporting Limit (f/cc)	Analyst	Date Analyzed	8-Hr TWA
Sherman Elementary School, 250 Fern Street, Fairfield CT (Job #3100823)																
CS# 207-193																
207-193-1	Excursion	Cust		8/6/22	SM	8/9/22	AAIS, Inc.	1st Flr-Faculty Rm	A. Cruz Half Face-Floor Tile/Mastic Removal	<7 f/mm <sup>2</sup>	< 0.043	< 0.043	0.043	SC	8/12/22	<0.010
207-193-2	Personal	Cust		8/6/22	SM	8/9/22	AAIS, Inc.	1st Flr-Faculty Rm	A. Cruz Half Face-Floor Tile/Mastic Removal	7.5	0.035	0.035	0.033	SC	8/12/22	
207-193-3	Blank	Cust		8/6/22	SM	8/9/22				<7 f/mm <sup>2</sup>				SC	8/12/22	
207-193-4	Blank	Cust		8/6/22	SM	8/9/22				<7 f/mm <sup>2</sup>				SC	8/12/22	

AIHA LAP, LLC. Accredited Laboratory #100134

Connecticut Approved Environmental Lab PH 0581

Rhode Island Department of Health-Asbestos Program Certification #PCM00070

The results are mathematically corrected for blanks.

\*These page numbers represent the number of pages for the Certificate of Analysis section only and additional pages are associated with this report:

1. For all reports, signature page (1 page, 2-sided) and air sample data sheets (1 page) and chain of custody (1 page, 2-sided)
2. For finals/samples collected by Chem Scope, drawing(s) (Not Applicable)
3. Additional documentation required for schools are referenced in the school report contents page. (Not Applicable)

This report pertains only to the samples tested and may not be reproduced in part.

The condition of the samples at the time of receipt was acceptable unless otherwise noted.

F/mm<sup>2</sup> = Fibers / millimeter squared TWA = Time Weighted Average PC = Possible Contamination UC = Uncountable

FICC = Fibers/cubic centimeter = the calculated concentration of fibers in the air volume sampled.

Result (f/cc) = The comparison of the calculated FICC with the Reporting Limit (f/cc)

Reporting Limit (f/cc) = Lowest measurable concentration based on volume of air drawn per sample (minimum reporting 0.01 f/cc)

The calculated 8-Hr TWA assumes that the individual being monitored had no other exposures other than the indicated sampling time.

Reviewed by:

 Date: 8/15/2022

# ChemScope INDUSTRIAL HYGIENE • ENVIRONMENTAL CHEMISTRY

15 Moulthrop Street, North Haven, CT 06473-3686 • Phone (203) 865-5605 • Fax (203) 498-1610

A.A.I.S., Inc.  
PO Box 26066  
West Haven CT 06516-8066

Date: 08/15/2022  
CS#: 207-193

Personal sample(s) from Sherman Elementary School, 250 Fern Street, Fairfield CT, First Floor-Faculty Room (Job #3100823), received by Chem Scope, Inc. on 08/09/2022:

NIOSH Method 7400 (Issue #3, 14 June 2019) is used for Phase Contrast Microscopy (PCM) air samples. A minimum of two field blanks must be submitted for each set of samples. It is Chem Scope's policy that in the unlikely event that there is to be any deviation from the standard test you will be consulted by phone before the work. Those clients who have not had NIOSH 582 or AHERA asbestos training courses (either supervisor or project monitor) should consult with the laboratory director for more information. The test parameters are further explained in the analytical report.

For samples received and not collected by Chem Scope the air sample concentrations reported are based in part upon information provided by the client.

We will retain air samples for at least one month unless you advise us otherwise.


You are welcome to visit the laboratory at any time to discuss the work, monitor the work or verify our testing services. We appreciate your business and encourage any feedback regarding improvement of our services or our quality system.

Suzanne Cristante  
Laboratory Director  
SC

or

Izabela Kremens  
Quality Manager  
IK

or

  
Daniel Sullivan  
President  
DS

See test parameters on reverse side of page.  
We would love to hear from you. Comments? Questions?  
Please call or email us at [chem.scope@snet.net](mailto:chem.scope@snet.net)

**PARAMETERS OF THE NIOSH 7400 METHOD** (Revised 06/08/2021)  
(Issue #3: 14 June 2019)

1. The method counts all fibers greater than 5 microns in length whether or not they are asbestos fibers.
2. The method is used for OSHA compliance for worker personal exposure sampling. The OSHA compliance limits are:

PEL (Permissible Exposure Limit):

0.1 fibers/cubic centimeter (f/cc) for an 8 hour time weighted average.

EL (Excursion Limit):

1.0 fibers/cubic centimeter (f/cc) for a 30 minute sample at the peak exposure during the day.

3. The method is used for State of Connecticut/EPA required final air testing after an asbestos abatement project. The regulations require that at least five samples be collected aggressively in each contained work area using forced air blown on the work area surfaces. The regulations require that each of the final samples have concentrations below 0.01 f/cc which is the Limit of Detection in the EPA protocol.

4. The intralab relative standard of deviation of the method (CV) for this laboratory is expressed below as a function of filter density in fibers/square mm:

<u>Fibers/sq mm</u>	<u>CV</u>
<25.5	0.24
25.6-64.3	0.28
64.4-127	0.23
>127	0.23

5. The upper 95% confidence levels (UCL):

$$UCL = \frac{2X + 2.25 + [(2.25 + 2X)^2 - 4(1 - 2.23 S_r^2)X^2]^{1/2}}{2(1 - 2.23 S_r^2)}$$

The lower 95% confidence levels (LCL):

$$LCL = \frac{2X + 4 - [(4 + 2X)^2 - 4(1 - 4 S_r^2)X^2]^{1/2}}{2(1 - 4 S_r^2)}$$

Where  $S_r = 0.45$  (based on NIOSH 7400 method) is the subjective interlaboratory relative standard deviation, which is close to the total interlaboratory  $S_r$  when approximately 100 fibers are counted.

$X$  = total fibers counted on samples.

Note that the range between these two limits represents 90% of the total range.

6. Fiber counts outside the 100-1300 fibers/mm<sup>2</sup> range are "greater than optimal variability" and "probably biased".



P.O. # \_\_\_\_\_

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill. Y\_N\_

Faxed \_\_\_\_\_

Called \_\_\_\_\_

Logged ☒Sample Source Sherman ESCS# 207-193  
Job # 310082Sampled by Jaime Asimbay Date Sampled 8/6/22 Customer Name A.A.I.S. Corp.Analyst [Signature] Date Received 8/12/22 2:30 PM Date Tested 8/12/22

Sample # / Description	Time Start	Time End	Flow l/m Start	Flow l/m End	Liters	f/ fids	f/ mm2	f/ cc	LOD f / cc
<u>207-193-1</u> 1 Date: <u>8/6/22</u> Mask: <u>H Face</u> Name: <u>A. Cruz</u> SS # <u>7603</u> Code: <u>5</u> Task: <u>Floor tile mask</u>	<u>8:50</u>	<u>9:20</u>	<u>2.1</u>	<u>2.1</u>		<u>2/100</u>			
<u>207-193-2</u> 2 Date: <u>8/6/22</u> Mask: <u>H Face</u> Name: <u>A. Cruz</u> SS # <u>7602</u> Code: <u>1</u> Task: <u>Floor tile mask</u>	<u>9:20</u>	<u>10:20</u>	<u>2.1</u>	<u>2.0</u>		<u>6/102</u>			
3 Date: <u>8/6/22</u> Mask: Name: SS # Code: <u>FB</u> Task:									
4 Date: <u>8/6/22</u> Mask: Name: SS # Code: <u>LB</u> Task:									
Date: Mask: Name: SS # Code: _____ Task:									
Report Reviewed by <u>N/A</u> Date _____					Blank (s)	Received? Y <input checked="" type="checkbox"/> N _____			
Field Blanks	<u>1 207-193-3</u>					<u>0/100</u>	Reference Slide #:		
Laboratory Blank	<u>1 207-193-4</u>					<u>0/100</u>	<u>A-L+B3-1</u>		
Project <u>Sherman E.S. Floor Tile Emergency</u>						Sample Codes:			
Location <u>First Floor Faculty rm</u>						1-Personal			
Foreman <u>Jaime Asimbay</u>						2-Work Area			
Superintendent <u>Keith Gerbrecht</u>						3-Outside Area			
						4-Final Clearance			
						5-Excursion			

I, \_\_\_\_\_, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

8/12/22  
Accelerant: 203-205-6  
Triaction: 201-456-1

Emailed \_\_\_\_\_  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged \_\_\_\_\_

[illegible]

Other Special Instructions:

Result Transmittal Instructions (for Chem Scope to transmit): \_\_\_\_\_

Result Transmittal Instructions (for outside Laboratory to Chem Scope, Inc): ***PLEASE FAX RESULTS***

Page of





SELECTIVE DEMOLITION • ASBESTOS • LEAD • MOLD

## AAIS Daily Log

<b>Project Location:</b>	Fairfield	<b>Job Address:</b>	250 Fern Street
<b>Project Name:</b>	Sherman Elementary School floor tile emergency	<b>Project Supervisor:</b>	JAIME ASITIMBAY
<b>Project Number:</b>	3100823	<b>Project Manager:</b>	Keith Godreau

### Log

#### Daily Log

Pick up truck 6am  
Arrive on site 645am  
Access to school 7:10am  
Sandra F&O arrive 7:30 while unloading and mobilizing  
Mobilize equipment into faculty room  
Preclean area  
Start set up containment  
Set up and attach decon  
Pass pre abatement  
Remove tile  
Remove mastic  
Final clean  
Post abatement inspection  
Pass inspection  
Lock down area for air test  
F&O perform air test  
Air test pass  
Break down containment  
Demobilize  
Back to warehouse

#### Visitors To Site

Sandra FO

#### Equipment Inspection(s) Performed Today

Power tools extension cords were inspected before used it

**Foreman** JAIME ASITIMBAY  
**Verification:**

VERIFIED by JAIME ASITIMBAY @ 08/06/2022 01:44 PM

Were Personal Air Samples Ran Today?

Yes

#### List of Employees Sampled

One



## Tracking

---

Did you receive a dumpster on site today?

No

If YES, provide hauler, can size/number & purpose

Was any waste removed from site today?

Yes

If YES, provide details

5 bags asbestos none friable were take to warehouse

Upload Manifest HERE

No files uploaded

---

### Daily Site Waste Storage Inspection

Was a Daily Inspection of Waste Storage Area Performed?

No

Were any changes to the waste storage area made?

No

If YES, what changes were made/identified?

No on site waste dumpster

---

# 3100833

A.A.I.S. Corp.

JOB Sherman ES Emergency LOCATION 1st Floor Faculty Ctr

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Aracely Cruz	8/6/22	8:50	9:45					
S.S.# 7622								
Jaime Asikumbay	8/6/22	8:50	9:45					
S.S.# 1709								
Gundun	9/6/22	9:34	9:40	10:07	10:20			
Gundun								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Aracely CruzEXCURSION SAMPLE WORN BY: Aracely CruzFOREMAN: Jaime AsikumbayAMOUNT AND TYPE OF ASBESTOS REMOVED: Floor tileAMOUNT OF ASBESTOS DISPOSED OF: 4 BAGS WRAPPEDDRUMS OTHER

DIVE SHEET

## Appendix J

---

### Final Visual Inspection Form





FUSS &amp; O'NEILL

## Final Visual Inspection Form

Asbestos Abatement

Date: 8/6/22	<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Encapsulation	<input type="checkbox"/> Enclosure	<input type="checkbox"/> Repair	<input type="checkbox"/> Cleanup
PROJECT NAME:	Roger Sherman Elementary School		PROJECT NO.:	20101044.A10	
SITE LOCATION:	250 Fern St, Fairfield Ct		BUILDING:		
WORK AREA:	Faculty Lounge		<input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL		
CONTRACTOR:	Spectrum Environmental LLC				

☐ Neg Pressure Contain. ☐ Mini-Enclosure ☐ Glovebag ☐ Other (Describe Below) ☐ None

## MATERIALS ABATED IN THIS SPECIFIC WORK AREA:

1. Floor tiles/Hazmat	QTY:	8 SF	2.	QTY:
3.	QTY:		4.	QTY:
5.	QTY:		6.	QTY:
7.	QTY:		8.	QTY:
9.	QTY:		10.	QTY:

## SUSPECT ACM REMAINING IN CONTAINMENT NOT SPECIFIED FOR REMOVAL

1.	QTY:		2.	QTY:
3.	QTY:		4.	QTY:

## SURFACES INSPECTED

Instructions: Check surfaces that pass. Circle surfaces that fail. Strike through N/A.

<input checked="" type="checkbox"/> Floor	<input checked="" type="checkbox"/> Horizontal Surfaces	<input type="checkbox"/> Pipes	<input type="checkbox"/> Mechanical Equipment
<input type="checkbox"/> Duct Work	<input checked="" type="checkbox"/> Vertical Surfaces	<input type="checkbox"/> Decon Unit	<input checked="" type="checkbox"/> Contractor's Equipment
<input type="checkbox"/> Fixtures	<input type="checkbox"/> Enclosed Items	<input checked="" type="checkbox"/> Waste Load Out	<input type="checkbox"/> Other:

## FIELD OBSERVATIONS

No visible dust or debris were observed within the work area

WORK AREA CLEARANCE:	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> TEM	<input type="checkbox"/> Visual Only	<input type="checkbox"/> None Performed
----------------------	---	------------------------------	--------------------------------------	---

## ACKNOWLEDGEMENT

I acknowledge that I inspected this work area on this day.

Fuss & O'Neill Inspector: Sandra Gorman  
PRINTED

[Signature]  
SIGNATURE

I have read and understand the inspection results.

Contractor's Supervisor: June Asikovich  
PRINTED

[Signature]  
SIGNATURE