



Wednesday, February 01, 2023

Ross Local Schools
Attn: Devin Huff
3371 Hamilton-Cleves Rd
Hamilton, OH 45013-9535
devin.huff@rossrams.com

**RE: Closeout Package for Asbestos Abatement
Administrative Building – 1st Floor Women's Restroom & Ceiling
3371 Hamilton-Cleves Rd, Hamilton, OH 45013
EDG Job #: 22P-118**

Dear Devin Huff,

Attached is the project closeout package for the Asbestos Abatement at the above referenced project. Please note that physicals and respirator fit tests are valid for one year from the issue date. Enclosed are the following items:

- Asbestos Contractor License
- Workers Compensation Certificate
- Insurance Certificate
- Waste Manifest Records
- Air Monitoring Test Results
- Notifications
- Employee Asbestos Compliance Package
 - Training Certificate
 - License *(if applicable)*
 - Physical
 - Respirator Fit Test

If you have any questions regarding these documents, please let us know!

Also – If you need a PDF copy, please e-mail me: mdarr@edgllc.biz

Sincerely,

Megan Darr

Office Assistant
mdarr@edgllc.biz

Enclosures

www.edgllc.biz

Asbestos Abatement Closeout Package

Prepared For:

***Ross Local Schools
Attn: Devin Huff
3371 Hamilton-Cleves Rd
Hamilton, OH 45013-9535***

Project Location:

***Administrative Building
1st Floor Women's Restroom & Ceiling
3371 Hamilton-Cleves Rd, Hamilton, OH 45013***

www.edgllc.biz

Asbestos Contractor License

www.edgllc.biz

STATE OF OHIO
ENVIRONMENTAL PROTECTION AGENCY

Asbestos Hazard Abatement Contractor

Be it known that **Environmental Demolition Group, LLC** is hereby licensed, having qualified as required by law in accordance with rules adopted by the Ohio Environmental Protection Agency relative to Asbestos Contractors.

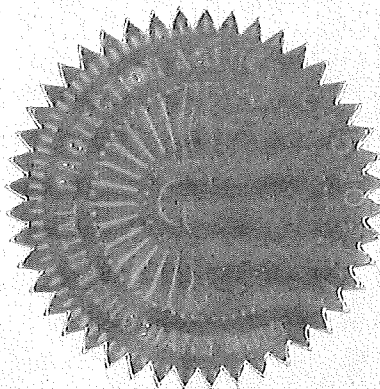
In Witness whereof, I have subscribed my name and affixed the Ohio Environmental Protection Agency on **11/16/2021** in the city of Columbus.

License Number: AC1885

Expiration Date: 1/2/2023

In witness thereof


Laurie A. Stevenson
Director



Workers Compensation Certificate

www.edgllc.biz



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

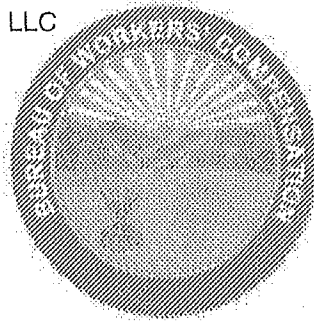
This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01455922

Period Specified Below
07/01/2022 to 07/01/2023

ENVIRONMENTAL DEMOLITION GROUP LLC
3520 TURFWAY RD
ERLANGER KY 41018-3171



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Insurance Certificate

www.edgllc.biz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 201 E. 4th Street, Ste 625 Cincinnati OH 45202	CONTACT NAME: Debbie Swinford		
	PHONE (A/C, No, Ext): 513-977-3100	FAX (A/C, No): 513-977-4752	
	E-MAIL ADDRESS: Debbie_Swinford@ajg.com		
INSURED Environmental Demolition Group LLC 3520 Turfway Rd. Erlanger, KY 41018	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Indemnity Company		23280
	INSURER B: Admiral Insurance Company		24856
	INSURER C: Kentucky Employers' Mutual Insurance		10320
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1394597920**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			FEI-ECC-27028-01	1/28/2022	1/28/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 OH Stop Gap \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Car <input checked="" type="checkbox"/> Phys Damage			ENP 0122502	1/28/2022	1/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Limit \$ 100,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FEI-EXS-27029-01	1/28/2022	1/28/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	356454	5/26/2022	5/26/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER KY E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Mold Removal Pollution/Asbestos Professional Liability			FEI-ECC-27028-01	1/28/2022	1/28/2023	Limit \$5,000,000 Limit \$5,000,000 Each Claim \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Leased or Rented Equipment Policy No. ENP 0122502 Effective 1/28/22-1/28/23 - Limit - \$300,000

Workers Compensation (IA, IL, IN, MI, PA, TN WI) Zurich American Insurance Company of IL #WC9282405 -02 5/26/22-5/26/23; Per state statute
Employers Liability \$1,000,000 each accident; \$1,000,000 disease each employee; \$1,000,000 disease policy limit
Shawn McGinness Excluded Member on Work Comp

CERTIFICATE HOLDER**CANCELLATION**

SPECIMEN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization

This endorsement, effective 1/28/2022 attaches to and forms a part of Policy Number FEI-ECC-27028-01. This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	Those project locations where this endorsement is required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Additional Insured – Owners, Lessees or Contractors – Completed Operations

This endorsement, effective 1/28/2022 attaches to and forms a part of Policy Number FEI-ECC-27028-01 . This endorsement changes the Policy. Please read it carefully.

In consideration of an additional premium of \$Applied, this endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person(s) or organization(s) whom the Named Insured agrees, in a written contract, to name as an additional insured. However, this status exists only for the project specified in that contract.	Those project locations where this endorsement is required by contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
- © ISO Properties, Inc., 2016



2. Available under the applicable Limits of Insurance shown in the
Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance
shown in the Declarations.



Automatic Primary and Non-Contributory Insurance Endorsement Designated Work Or Project(s)

This endorsement, effective 1/28/2022 attaches to and forms a part of Policy Number FEI-ECC-27028-01 . This endorsement changes the Policy. Please read it carefully.

This endorsement modifies insurance provided under the Coverage Part(s) indicated below:

COMMERCIAL GENERAL LIABILITY COVERAGE CONTRACTORS POLLUTION LIABILITY COVERAGE

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) whom the *Named Insured* agrees, in a written contract, to provide Primary and/or Non-contributory status of this insurance. However, this status exists only for the project specified in that contract.

In consideration of an additional premium of \$Applied and notwithstanding anything contained in this policy to the contrary, it is hereby agreed that this policy shall be considered primary to any similar insurance held by third parties in respect to work performed by you under any written contractual agreement with such third party. It is further agreed that any other insurance which the person(s) or organization(s) named in the schedule may have is excess and non-contributory to this insurance.



Automatic Waiver of Subrogation Endorsement

This endorsement, effective 1/28/2022 attaches to and forms a part of Policy Number FEI-ECC-27028-01 . This endorsement changes the Policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
CONTRACTORS POLLUTION LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization:

Any person(s) or organization(s) to whom the *Named Insured* agrees, in a written contract, to provide a waiver of subrogation. However, this status exists only for the project specified in that contract.

The Company waives any right of recovery it may have against the person or organization shown in the above Schedule because of payments the Company makes for injury or damage arising out of the *insured's* work done under a contract with that person or organization. The waiver applies only to the person or organization in the above Schedule.

Under no circumstances shall this endorsement act to extend the policy period, change the scope of coverage or increase the Aggregate Limits of Insurance shown in the Declarations.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION FOR WHOM YOU ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT TO OBTAIN THIS WAIVER OF RIGHTS FROM US.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET WAIVER OF SUBROGATION - AUTO

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 01-28-2022	Policy Number: ENP 0122502
Named Insured: ENVIRONMENTAL DEMOLITION GROUP, MAC2MAC INVESTMENTS LLC	
Countersigned by:	

(Authorized Representative)

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

1. Blanket Waiver of Subrogation

SECTION IV - BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer of Rights of Recovery Against Others to Us is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because

of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the "insured contract".

Waste Manifest Records

www.edgllc.biz



22P118

WASTE COLLECTION SERVICES

12764 McCOY FORK RD. WALTON, KY 41094

PHONE (859) 485-4416 • www.bavarianwaste.com

ASBESTOS WASTE MANIFEST Permit # _____

No. **103838****GENERATOR**Generator Name: ROSS Local School District Ph. #: 513-868-4517Address: 3371 Hamilton-Cleveland Rd, Hamilton, OH 45013Waste Generated At: ROSS Admin Bldg, WOMENS RR, 3371 Hamilton-Cleveland Rd, Hamilton, OH 45013Waste Name/Description: Enable Ceiling PlasterQUANTITY TO BE DISPOSED OF: 3BIB QUANTITY 3060 TYPE OF CONTAINER PERMIT APP. DATE: _____

I hereby certify that the above named material is what is being shipped, does not contain any free liquid and that the waste is not regulated as a hazardous waste under 401 KAR Chapter 31 which requires storage, treatment or disposal at a hazardous waste facility under 401 KAR 32-40, I understand that failure to properly manage a hazardous waste could lead to possible civil and criminal penalties under KRS 224 or RCRA of 1978, I hold and have read the permit which granted me permission to Dispose of this waste at Bavarian's Landfill (Permit #008.04). I hereby declare that the contents of this consignment are classified, packed, marked, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Darold Eggleston
Generator Agent Name (Print)[Signature]
Signature10 / 21 / 2022
Shipment Date

RESPONSIBLE AGENCY: DIVISION FOR AIR QUALITY, 8020 VETERANS MEMORIAL DRIVE, SUITE 110, FLORENCE, KY 41042

TRANSPORTERTruck #: 3495 Transporter: Republic ServicesAddress: 11503 Mosteller Rd, Cincinnati, OH 45241 Ph. #: 513-771-4200

I hereby certify that the above named material was picked up at the generator site listed above and delivered without incident to the destination listed below.

[Signature]
Driver Name (Print)[Signature]
Signature11 / 10 / 22
Date**DESTINATION**Site Name: Bavarian Landfill Permit #008.04 Per. Mod Date _____Site Add: 12764 McCoy Fork Rd., Walton, KY 41094 (BOONE COUNTY)

Discrepancy Indication: Yes/No If yes: _____

Waste Gen #: ASB Load Gross 52140 Tare 37400 Net 2.360

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

Regina Pfiffer
Name of Agent[Signature]
Signature11 / 10 / 22
Date



EDG
ENVIRONMENTAL DEMOLITION GROUP

Environmental Demolition Group, LLC
3520 Turfway Road, Erlanger, KY 41018
(859) 363-4863

REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENERATOR SECTION

1. Facility Name: Ross Admin. Building Women's RR
Address: 3371 Hamilton-Cleves Rd
City: Hamilton State: OH Zip Code: 45013
Telephone: (513) 868-4517 EDG Job #: 22P-118

Owner's Name: Ross Local School District
Address: 3374 Hamilton-Cleves Rd
City: Hamilton State: OH Zip Code: 45013
Telephone: (513) 868-4517

2. Operator's Name: Environmental Demolition Group, LLC

Address: 3520 Turfway Road

City: Erlanger State: KY Zip Code: 41018 Telephone: (859) 363-4863

3. Waste Disposal Site (WDS) Name: Bavarian Waste Collection Services "On-site" disposal ☒ Yes ☐ No

Physical Location:

Address: 12764 McCoy Fork Rd

City: Walton State: KY Zip Code: 41094

Telephone: (859) 485-4416 Fax: _____

Mailing Address:

Address: 12764 McCoy Fork Rd

City: Walton State: KY Zip Code: 41094

Telephone: (859) 485-4416

4. Responsible Agency (Local, District, State, or EPA Office where notification was sent)

Name: OEPA Southwest District Office

Address: 401 E 5th St City: Dayton State: OH Zip Code: 45402

5. Description of Materials:

Friable Plaster

6. Containers

69 BB

7. Total Quantity (Cu. Yds.)

30 YD

U.S. ASBESTOS, 11A2212
Shipping Name: U.S. ASBESTOS, 11A2212, 9, P.O. III

8. Special Handling Instructions and Additional Information:

Please send signed copy of manifest to: **EDG, LLC, 3520 Turfway Road, Erlanger, KY 41018**

Emergency Response Phone #: **859-363-4863, Environmental Demolition Group, Suits & Respirators.**

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

Randy Eggleston
Signature

11/22/22
Date

Randy Eggleston, Operations/Safety Manager
Type/Print Name & Title

TRANSPORTER SECTION (Acknowledgment of receipt of materials)

10. Transporter 1

Name: Environmental Demolition Group, LLC

Address: 3520 Turfway Road

City: Erlanger State: KY Zip Code: 41018

Telephone: (859) 363-4863

11. Transporter 2

Name: Republic Services

Address: 11563 Mosteller Road

City: Cincinnati State: OH Zip Code: 45241

Telephone: (513) 771-4200

Randy Eggleston
Signature

11/22/22
Date

Randy Eggleston, Operations/Safety Manager
Type/Print Name & Title

AR
Signature

12-14-22
Date

AR
Type/Print Name & Title

DISPOSAL SITE SECTION

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

J. Riddle
Signature

12-14-22
Date

T. Riddle
Type/Print Name & Title

Air Monitoring Test Results

www.edgllc.biz



Client: Environmental Demolition Group, LLC
3520 Turfway Road
Erlanger, KY 41018

Date Received: 10/25/2022
Analyzed Date: 10/26/2022
Report Date: 10/26/2022

Client Project Number: 22P-118
Project: 3371 Hamilton Cleves Road

SIERRA Project Number: EDG.1671
Sierra Analyst: Chuck Callahan

LABORATORY RESULTS

Lab Sample Number	Client Sample Number	Volume Liters (L)	Blank Avg.	Fibers/Fields	Fibers/mm2	Fibers/CC
22428	RA-1	369.6	NA	10/100	12.74	0.013
22429	RA-2	60	NA	12/100	15.29	0.098

Method: NIOSH 7400, Issue 2, 08-15-94

Analyst: 
Chuck Callahan

Date: 10/26/2022

Note: Concentrations less than the LOQ and LOD will be reported as less than LOQ. All results will be blank corrected when blanks have been submitted. Samples shall be assumed to be received in acceptable condition unless otherwise noted. Results are based on information supplied by client.



Client: Environmental Demolition Group, LLC
3520 Turfway Road
Erlanger, KY 41018

Date Received: 11/29/2022
Analyzed Date: 11/30/2022
Report Date: 11/30/2022

Client Project Number: 22P-118
Project: Ross Administration Building

SIERRA Project Number: EDG.1682
Sierra Analyst: Mike Bryson

LABORATORY RESULTS

Lab Sample Number	Client Sample Number	Volume Liters (L)	Blank Avg.	Fibers/Fields	Fibers/mm2	Fibers/CC
22883	R-1	63.3	NA	0/100	<8.92	<0.054
22884	R-2	696	NA	Overloaded	NA	NA
22885	R-3	63.3	NA	1/100	<8.92	<0.054
22886	R-4	1,128.6	NA	42/100	53.50	0.018
22887	R-5	63.3	NA	3.5/100	<8.92	<0.054
22888	R-6	379.8	NA	2/100	<8.92	<0.009

Method: NIOSH 7400, Issue 2, 08-15-94

Analyst: Mike Bryson
Mike Bryson

Date: 11/30/2022

Note: Concentrations less than the LOQ and LOD will be reported as less than LOQ. All results will be blank corrected when blanks have been submitted. Samples shall be assumed to be received in acceptable condition unless otherwise noted. Results are based on information supplied by client.

228-118

Project Name: 2005 Helms - Warren's R.R.

Project Name: 2005 Helms - Warren's R.R.

Project Address: 3371 Hamilton Circle

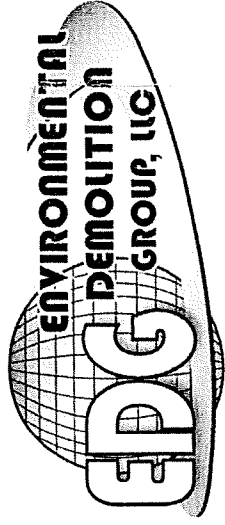
Ed Hamilton 04 45013

Calibration Equip.: Rotameter # 17

Calibration Equip. Date: 11-17-22

Samples Taken By: Brad Usher

Work Area: Wb. 1125



3520 Turfway Road
Erlanger, KY 41018
O: (859) 363-4863
F: (859) 363-4864
www.edqlc.biz

☒ **ASBESTOS** (PCM Cassette)
☐ **LEAD** (37mm Cassette)
☐ **SILICA** (PPI Cassette)

☒ **ASBESTOS** (PCM Cassette)
☐ **LEAD** (37mm Cassette)
☐ **SILICA** (PPI Cassette)

SAMPLE DATA SHEET

Dates Collected: 11-21-22 - 11-23-22

Number of Personnel in Work Area:

Personal Protection Used:

☒ Full Body Suit☐ Half Face Respirator☐ Full Face Respirator☐ PAPR☐ Type C Respirator☐ Other:[illegible]

COMMENTS:

- Instructions to Laboratory -
Please Analyze using NIOSH 7400
For Silica, Please Analyze using NIOSH 7500
Method unless specified otherwise

- Sampling Medium -
Mixed Cellulose Ester Filter Membrane
with Pore size of 0.80 Micron

- Collection Device -
25MM Diameter Cassette with an Open Faced
50MM (Carbon Impregnated) Extension Cowl
PVC Filter

- Occurrence of Analysis -
Methods Located on
Laboratory Report Form

11-29-22

White Copy - Laboratory

Yellow Copy - Office

Pink Copy - Jobsite

Notifications

www.edgllc.biz



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. The Ohio EPA Asbestos Website has form instructions, a fee calculation worksheet, and links for online form and payment submission through eBusiness Center. Questions? asbestos@epa.ohio.gov or 614-466-0061

Ohio EPA Use
Only

Notification #: 196446

Postmarked:

Received: 10/26/2022

☐ Hand-Delivered

1. Notification Information (Check all that apply)

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision # (count): 0	<input type="checkbox"/> Installation	<input type="checkbox"/> Emergency	<input type="checkbox"/> Annual	<input type="checkbox"/> Cancellation	Project County: BUTLER
<input type="checkbox"/> NESHAP Residential Exemption						

2. Owner, Asbestos Abatement Contractor, Billing, and Fire Department Information

Revised? ☐

Owner

Name: Ross Local School District		Is this a company? <input checked="" type="checkbox"/> Yes
Address: 3374 Hamilton-Cleves Rd.,		Contact Person: Devin Huff
City: Hamilton	State: OHIO	Zip: 45013
Email: devin.huff@rossrams.com	Phone: (513) 863-1253	Fax: () -

Asbestos Abatement Contractor (if applicable)

Name: Environmental Demolition Group, LLC		License #: AC1885	Expiration Date: 1/2/2023
Address: 3520 Turfway Road,		Contact Person: Randy Eggleston	
City: Erlanger	State: KENTUCKY	Zip: 41018	
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864	

Billing Contact (Entity paying for original notification)

Is this contact associated with the <input type="checkbox"/> Owner, <input checked="" type="checkbox"/> Asbestos Abatement Contractor, or <input type="checkbox"/> Demolition Contractor (if not installation)?		
Address: 3520 Turfway Road,		Contact Person: Randy Eggleston
City: Erlanger	State: KENTUCKY	Zip: 41018
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864

Fire Department (if applicable)

Name:		
Address: ,		Contact Person:
City:	State:	Zip:
Email:	Phone: () -	Fax: () -

3. Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised? ☐

Evaluation Specialist: Chuck Callahan	Certification #: ES31960	Expiration Date: 11/13/2023
Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of regulated asbestoscontaining material (RACM) and Category I and Category II non-friable asbestoscontaining material: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input type="checkbox"/> Other Method (Explain Below):		

4. Procedures to be followed should unexpected RACM be discovered (check all that apply)

Revised? ☐

<input checked="" type="checkbox"/> Stop Work and Keep wet	<input type="checkbox"/> Evacuate area	<input checked="" type="checkbox"/> Demarcate area	<input type="checkbox"/> Contact licensed abatement contractor	<input checked="" type="checkbox"/> Contact district office/local air authority
<input checked="" type="checkbox"/> Other (Explain): Contact Environmental Representative & School District. Update notification if necessary				

5. Planned Demolition (check all that apply)

Revised? ☐

Describe demolition work to be performed and method(s) to be employed, including demolition techniques to be used:	
<input type="checkbox"/> Implosion <input type="checkbox"/> Fire Training <input checked="" type="checkbox"/> Wet Methods <input type="checkbox"/> Manual Demolition <input type="checkbox"/> Mechanical Demolition <input checked="" type="checkbox"/> Other (Explain): Asbestos Abatement & Clean up to accommodate building renovations	
Description of affected facility components (include attachment if necessary): Plaster ceilings in restroom	
Demolition Attachment:	



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

6. Asbestos Description and Engineering Controls (if asbestos is being abated) Revised? ☐

For the material listed in each project, describe the type(s) of ACM to be abated, engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:

Type of ACM to be abated:	<input checked="" type="checkbox"/> Surfacing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:		
Engineering Controls:	<input checked="" type="checkbox"/> Wet Methods	<input type="checkbox"/> Glove Bag	<input checked="" type="checkbox"/> NPE	<input checked="" type="checkbox"/> AFD	<input type="checkbox"/> Other:
Work Practices:	<input type="checkbox"/> Intact Removal	<input checked="" type="checkbox"/> Manual	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:	

7. Asbestos Waste Transporter (if applicable) Revised? ☐

Transporter Name: Environmental Demolition Group		
Address: 3520 Turfway Rd.,		Contact Person: Randy Eggleston
City: Erlanger	State: KENTUCKY	Zip: 41018
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864

8. Asbestos Waste Disposal Site (if applicable) Revised? ☐

Name: Bavarian Landfill		
Address: 12764 McCoy Forks Rd,		Contact Person: Anita Butler
City: Walton	State: KENTUCKY	Zip: 41094
Email: anitab@bavarianwaste.com	Phone: (859) 485-3265	Fax: () -

9. Emergency Demolition (complete if you checked "Emergency" above and "Demolition" for any project) Revised? ☐

A copy of the issued order, including the following information, **must be attached** to this notification.

Government Official Issuing Order:	Title:
Agency:	Authority of Order (Citation of Code):
Date of Order:	Demolition Date:
Issued Order Document:	

10. Emergency Renovation/Abatement (complete if you checked "Emergency" above and "Renovation/Abatement" for any project) Revised? ☐

Date of Emergency:	Time of Emergency:
Description of Sudden, Unexpected Event:	
Explanation of how the event caused unsafe conditions or equipment damage:	
General Notification Attachments:	

11. Attestation

In accordance with Ohio Administrative Code rule 3745-20-03 (A)(4)(p), I certify that at least one person trained as required by paragraph (B) of rule 3745-20-04 of the Administrative Code will supervise the stripping and removal described by this notification. I acknowledge that the submission of false or misleading statements is prohibited by law and I certify that facts contained in this notification are true, accurate, and complete.

Signature: Submitted Online via eBiz	Date: 10/26/2022
Name: Randy Eggleston	Title: Operations/Safety Manager
Organization: Environmental Demolition Group, LLC	



Notification of Demolition and Renovation/Abatement
Section 2: Project Address Specific Information
Division of Air Pollution Control



Notification of Demolition and Renovation/Abatement

Section 2: Project Address Specific Information

Division of Air Pollution Control

Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Only Project ID #: 196446 - 1

A. Facility Description

Revised? ☐

Building Name (if applicable): Ross Administration Bldg.		Site Location (specific): Lower level "Girls" Restroom	
Address: 3371 Hamilton-ross Rd. St. Rt. 128,			
City: Hamilton	State: OH	Zip: 45013	
Building Size (square feet): 60000.0	No. of Floors: 3	Age (years): 85.0	
Present Use: Administration Bldg.		Prior Use: School	

B. Type of Operation (check all that apply)

Revised? ☐

☐ Demolition ☒ Renovation / Abatement – Type: ☒ Removal ☒ Repair ☐ Encapsulation ☐ Enclosure

C. Asbestos Present? (check one)

Revised? ☐

☒ Yes ☐ No No, previously abated Year Abated:

D. Approximate Amount of Asbestos Containing Materials (complete table below and Section 1 #6 if asbestos is present)

Revised? ☐

	Material to be Removed				Material NOT to be Removed	
	Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material	
	RACM	Category I	Category II	Category I	Category I	Category II
Pipes (linear feet)	0.0	0.0	0.0	0.0	0.0	0.0
Surface area on other facility components (ft²)	180.0	0.0	0.0	0.0	0.0	0.0
Volume if length or area cannot be measured (ft³)	0.0					

E. Asbestos Abatement Schedule and Abatement Specialist (original notification is required 10 working days prior to the start of work)

Revised? ☐

Setup Date: 11/21/2022 Abatement Date: 11/21/2022 Complete Date: 11/23/2022

Abatement Specialist Name: Juan Miranda		Certification #: AS33009		Expiration Date: 7/25/2023		
Monday 7:0 to 18:0	Tuesday 7:0 to 18:0	Wednesday 7:0 to 18:0	Thursday	Friday	Saturday	Sunday

F. Demolition Contractor (if applicable)

Revised? ☐

Name:		
Address: ,		Contact Person:
City:	State:	Zip:
Email:	Phone: () -	Fax: () -

G. Demolition Schedule (original notification is required 10 working days prior to the start of work)

Revised? ☐

Start Date:	Complete Date:
-------------	----------------

H. Project Hold

Revised? ☐

Asbestos Abatement: Hold Begin Date:	Asbestos Abatement: Work Resume Date:
Demolition: Hold Begin Date:	Demolition: Work Resume Date:



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

Work on projects cannot begin until 10 working days after a COMPLETE original notification form, **including payment**, is submitted to Ohio EPA. The Ohio EPA [Asbestos Website](#) has form instructions, a fee calculation worksheet, and links for online form and payment submission through [eBusiness Center](#). Questions? asbestos@epa.ohio.gov or 614-466-0061

Ohio EPA Use
Only

Notification #: 196446	Postmarked:	Received: 11/17/2022	<input type="checkbox"/> Hand-Delivered
------------------------	-------------	----------------------	---

1. Notification Information (Check all that apply)

<input type="checkbox"/> Original	<input checked="" type="checkbox"/> Revision # (count): 1	<input type="checkbox"/> Installation	<input type="checkbox"/> Emergency	<input type="checkbox"/> Annual	<input type="checkbox"/> Cancellation	Project County: BUTLER
<input type="checkbox"/> NESHAP Residential Exemption						

2. Owner, Asbestos Abatement Contractor, Billing, and Fire Department Information

Revised? ☐

Name: Ross Local School District		Is this a company? <input checked="" type="checkbox"/> Yes
Address: 3374 Hamilton-Cleves Rd.,		Contact Person: Devin Huff
City: Hamilton	State: OHIO	Zip: 45013
Email: devin.huff@rossrams.com	Phone: (513) 863-1253	Fax: () -

Asbestos Abatement Contractor (if applicable)

Name: Environmental Demolition Group, LLC		License #: AC1885	Expiration Date: 1/2/2024
Address: 3520 Turfway Road,		Contact Person: Randy Eggleston	
City: Erlanger	State: KENTUCKY	Zip: 41018	
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864	

Billing Contact (Entity paying for original notification)

Is this contact associated with the <input type="checkbox"/> Owner, <input checked="" type="checkbox"/> Asbestos Abatement Contractor, or <input type="checkbox"/> Demolition Contractor (if not installation)?		
Address: 3520 Turfway Road,		Contact Person: Randy Eggleston
City: Erlanger	State: KENTUCKY	Zip: 41018
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864

Fire Department (if applicable)

Name:		
Address: ,		Contact Person:
City:	State:	Zip:
Email:	Phone: () -	Fax: () -

3. Ohio Asbestos Hazard Evaluation Specialist and Evaluation Procedure

Revised? ☐

Evaluation Specialist: Chuck Callahan	Certification #: ES31960	Expiration Date: 11/13/2023
Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of regulated asbestoscontaining material (RACM) and Category I and Category II non-friable asbestoscontaining material: <input checked="" type="checkbox"/> PLM <input type="checkbox"/> Point Count <input type="checkbox"/> TEM <input type="checkbox"/> Other Method (Explain Below):		

4. Procedures to be followed should unexpected RACM be discovered (check all that apply)

Revised? ☐

<input checked="" type="checkbox"/> Stop Work and Keep wet	<input type="checkbox"/> Evacuate area	<input checked="" type="checkbox"/> Demarcate area	<input type="checkbox"/> Contact licensed abatement contractor	<input checked="" type="checkbox"/> Contact district office/local air authority
<input checked="" type="checkbox"/> Other (Explain): Contact Environmental Representative & School District. Update notification if necessary				

5. Planned Demolition (check all that apply)

Revised? ☐

Describe demolition work to be performed and method(s) to be employed, including demolition techniques to be used:	
<input type="checkbox"/> Implosion <input type="checkbox"/> Fire Training <input checked="" type="checkbox"/> Wet Methods <input type="checkbox"/> Manual Demolition <input type="checkbox"/> Mechanical Demolition <input checked="" type="checkbox"/> Other (Explain): Asbestos Abatement & Clean up to accommodate building renovations	
Description of affected facility components (include attachment if necessary): Plaster ceilings in restroom	
Demolition Attachment:	



Notification of Demolition and Renovation/Abatement

Section 1: General Information

Division of Air Pollution Control

6. Asbestos Description and Engineering Controls (If asbestos is being abated) Revised? ☐

For the material listed in each project, describe the type(s) of ACM to be abated, engineering controls and work practices to be used to minimize emissions and ensure proper waste handling:					
Type of ACM to be abated:	<input checked="" type="checkbox"/> Surfacing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:		
Engineering Controls:	<input checked="" type="checkbox"/> Wet Methods	<input type="checkbox"/> Glove Bag	<input checked="" type="checkbox"/> NPE	<input checked="" type="checkbox"/> AFD	<input type="checkbox"/> Other:
Work Practices:	<input type="checkbox"/> Intact Removal	<input checked="" type="checkbox"/> Manual	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other:	

7. Asbestos Waste Transporter (If applicable) Revised? ☐

Transporter Name: Environmental Demolition Group		
Address: 3520 Turfway Rd.,		Contact Person: Randy Eggleston
City: Erlanger	State: KENTUCKY	Zip: 41018
Email: reggleston@edgllc.biz	Phone: (859) 363-4863	Fax: (859) 363-4864

8. Asbestos Waste Disposal Site (If applicable) Revised? ☐

Name: Bavarian Landfill		
Address: 12764 McCoy Forks Rd,		Contact Person: Anita Butler
City: Walton	State: KENTUCKY	Zip: 41094
Email: anitab@bavarianwaste.com	Phone: (859) 485-3265	Fax: () -

9. Emergency Demolition (complete if you checked "Emergency" above and "Demolition" for any project) Revised? ☐

A copy of the issued order, including the following information, must be attached to this notification.	
Government Official Issuing Order:	Title:
Agency:	Authority of Order (Citation of Code):
Date of Order:	Demolition Date:
Issued Order Document:	

10. Emergency Renovation/Abatement (complete if you checked "Emergency" above and "Renovation/Abatement" for any project) Revised? ☐

Date of Emergency:	Time of Emergency:
Description of Sudden, Unexpected Event:	
Explanation of how the event caused unsafe conditions or equipment damage:	
General Notification Attachments:	

11. Attestation

In accordance with Ohio Administrative Code rule 3745 20 03 (A)(4)(p), I certify that at least one person trained as required by paragraph (B) of rule 37452004 of the Administrative Code will supervise the stripping and removal described by this notification. I acknowledge that the submission of false or misleading statements is prohibited by law and I certify that facts contained in this notification are true, accurate, and complete.	
Signature: Submitted Online via eBiz	Date: 11/17/2022
Name: Randy Eggleston	Title: Operations/Safety Manager
Organization: Environmental Demolition Group, LLC	



Notification of Demolition and Renovation/Abatement

Section 2: Project Address Specific Information

Division of Air Pollution Control

Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Only

Project ID #: 196446 - 1

A. Facility Description

Revised? ☐

Building Name (if applicable): Ross Administration Bldg.		Site Location (specific): Lower level "Girls" Restroom	
Address: 3371 Hamilton-ross Rd. St. Rt. 128,			
City: Hamilton		State: OH	Zip: 45013
Building Size (square feet): 60000.0		No. of Floors: 3	Age (years): 85.0
Present Use: Administration Bldg.		Prior Use: School	

B. Type of Operation (check all that apply)

Revised? ☐

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation / Abatement – Type: <input checked="" type="checkbox"/> Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure
-------------------------------------	---

C. Asbestos Present? (check one)

Revised? ☐

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	No, previously abated Year Abated:
---	-----------------------------	------------------------------------

D. Approximate Amount of Asbestos Containing Materials (complete table below and Section 1 #6 if asbestos is present)

Revised? ☐

	Material to be Removed				Material NOT to be Removed	
	RACM	Non-friable Asbestos-Containing Material		Non-friable Asbestos-Containing Material		
		Category I	Category II	Category I	Category II	
Pipes (linear feet)	0.0	0.0	0.0	0.0	0.0	
Surface area on other facility components (ft²)	180.0	0.0	0.0	0.0	0.0	
Volume if length or area cannot be measured (ft³)	0.0					

E. Asbestos Abatement Schedule and Abatement Specialist (original notification is required 10 working days prior to the start of work)

Revised? ☒

Setup Date: 11/21/2022

Abatement Date: 11/21/2022

Complete Date: 11/23/2022

Abatement Specialist Name: Brad Vehr		Certification #: AS31084	Expiration Date: 12/2/2023			
Monday 7:0 to 18:0	Tuesday 7:0 to 18:0	Wednesday 7:0 to 18:0	Thursday	Friday	Saturday	Sunday

F. Demolition Contractor (if applicable)

Revised? ☐

Name:		
Address: ,		Contact Person:
City:	State:	Zip:
Email:	Phone: () -	Fax: () -

G. Demolition Schedule (original notification is required 10 working days prior to the start of work)

Revised? ☐

Start Date:	Complete Date:
-------------	----------------

H. Project Hold

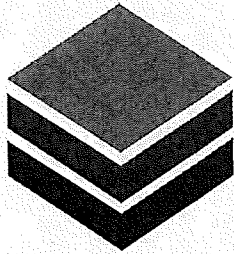
Revised ☐

Asbestos Abatement: Hold Begin Date:	Asbestos Abatement: Work Resume Date:
Demolition: Hold Begin Date:	Demolition: Work Resume Date:

Employee Asbestos Compliance Package

- ***Training Certificates***
- ***License (if applicable)***
- ***Physical***
- ***Respirator Fit Test***

(Physical and Respirator Fit Tests are good for one year from the issue date)



M·E·T·A

Mayhew Environmental Training Associates

I N C O R P O R A T E D

Certificate # Z976MPJLL6

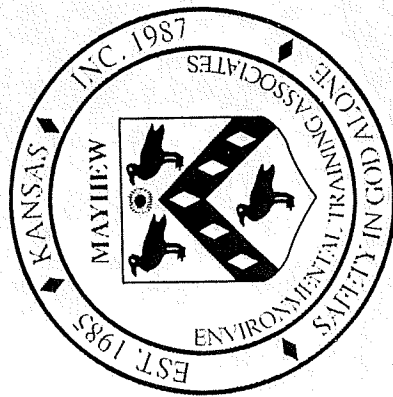
Victor Done Tejeda

has on 12/10/2021, in Erlanger, KY completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 USC 2646

Asbestos Supervisor Refresher

as approved by the US EPA under 40 CFR 763 (AHERA)

on 12/10/2021 - 12/10/2021 and passed the associated exam on 12/10/2021 with a score of at least 70%



SSN: XXX-XX-6016

Expiration: 12/10/2022

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

www.metaenvironmental.net

Robert Brooks Instructor

Thomas Mayhew

President

Concentra Medical Centers (KY)

1825 Airport Exchange Blvd Ste 100 Erlanger, KY 41011

Phone: (859) 647-6228 Fax: (859) 372-6350

Service Date: 09/28/2022

WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)*To be maintained in patient's medical chart with copy to employer and patient.*EMPLOYEE NAME: Done, Victor A.EMPLOYER NAME: Environmental Demolition Group LLCDOB: 07/28/1961

EMPLOYER CONTACT: _____

Last 4 SSN: XXX-XX-6016

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 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 _____ not performed at Concentra
- ☒ Description of personal protective equipment used or to be used
- ☒ Employee's exposure levels or anticipated levels

Concentra Medical Centers (KY)

1825 Airport Exchange Blvd Ste 100 Erlanger, KY 41014 Service Date: 09/28/2022

Phone: (859) 647-6228 Fax: (859) 372-6350

WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)*To be maintained in patient's medical chart with copy to employer and patient.*

EMPLOYEE NAME: Done, Victor A.

EMPLOYER NAME: Environmental Demolition Group LLC

DOB: 07/28/1961

EMPLOYER CONTACT:

Last 4 SSN: XXX-XX-6016

CONTACT PHONE:

JOB TITLE:

Biologic Monitoring:

Blood Lead Level/ZPP ⁱ _____/_____/_____	<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: _____
Urine Mercury Testing ⁱⁱ Benzene CBC Testing ⁱⁱⁱ Other _____	<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 ^{iv} _____/_____/_____	<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) ^v _____/_____/_____	<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: _____

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) _____

Daniel Mullins PA-C

Clinician's Name: KY #PA 2572
OH #50.006585Rx

Signature of Examining Clinician

Date

9/28/22

Physician signature cosign: _____

Date: _____

ⁱ 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

ⁱⁱ 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

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

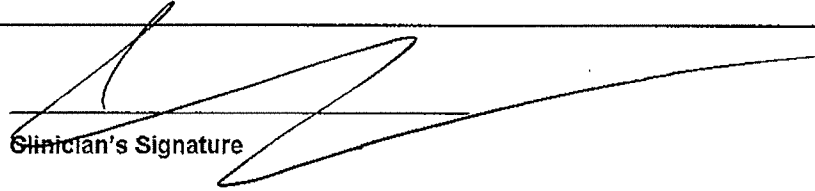
^{iv} Beta 2 microglobulin, cadmium blood and random urine with creatinine. See Concentra's Cadmium ESPS for bio monitoring frequency

^v 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.

1825 Airport Exchange Blvd Ste 100 Erlanger, KY 41011

Phone: (859) 647-6228 Fax: (859) 372-6350

Physical Examination

Patient Name: Done, Victor A.Date of Birth: 07/28/1961Employer Name: Environmental Demolition Group LLC**Job Description**☒ Job description was provided by the employer and has been reviewed by the examining provider.☐ Job description not available. Determination is based solely upon description of duties provided by the patient/applicant.**Examination Results for:**Exam Type: ☒ Standard Physical Examination ☐ Medical Surveillance ☐ Fit for Duty☒ May work without limitations/restrictions.☐ May work without limitations/restrictions. Clinician review of pending test(s) may result in a change in work status.☐ No obvious signs or symptoms of communicable disease.☐ May work only with the following limitations/restrictions: _____☐ Unable to meet physical requirements of the job.☐ Determination pending, additional information required. Requested information and/or additional evaluation must be completed within 45 days.Remarks: **No protected health information (PHI)*Daniel Mullins PA-CClinician's Printed Name
KY #PA2572
OH #50.006585Rx
Clinician's Signature****If status above listed as determination pending, please document status after review of additional records/testing:**☐ May work without limitations/restrictions.☐ No obvious signs or symptoms of communicable disease.☐ May work only with the following limitations/restrictions: _____☐ Unable to meet physical requirements of the job.

Date Final Determination

Clinician's Printed Name

Clinician's Signature

Concentra Medical Centers (KY)

1825 Airport Exchange Blvd Ste 100 Erlanger, KY 41018
Phone: (859) 647-6228 Fax: (859) 372-6350

Service Date: 09/28/2022

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

Patient Name: Done, Victor A. Date of Birth: 07/28/1961 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

- ☒ 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.

- ☒ Disposable N, P or R. 95, 99 or 100 filtering face piece
☒ Half-face respirator with particulate gas/vapor cartridges
☒ Full-face respirator with particulate gas/vapor cartridges
☒ Self-contained breathing apparatus (SCBA)
☒ Supplied air (loose fitting)
☒ Powered air purifying respirator (PAPR)
☐ Other: _____

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.

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: _____

- ☐ 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:

- ☐ Powered air purifying respirator (PAPR)
☐ No emergency response or immediately dangerous to life and health (IDLH) work
☐ Other: _____

Respirador purificador de aire motorizado
Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud
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 les proporcionó una copia de esta declaración por escrito:

- ☐ In person
☐ In writing (Questionnaire review only, without the employee present)

En persona
Escrito solo una revisión del Cuestionario, empleado no presente

- ☐ The employee needs to be re-evaluated by:

La empleada necesita ser reevaluada por:

Employees are to report any difficulties in respirator use or change in health status to their supervisor or physician/licensed health care provider.

Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.

- ☐ Comments:

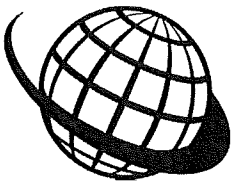
Comentarios:

- ☒ Eyewear conversion kit needed.
☐ Facial hair needs to be shaved to assure a tight seal on tight fitting masks.
☐ Other: _____

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: Daniel Mullins PA-C
Nombre del médico KY #PA2572
OH #50.006585Rx

Clinician Signature: [Signature] Date: 9/28/2022
Firma del médico Fecha



EDG
ENVIRONMENTAL DEMOLITION GROUP

RESPIRATOR FIT TEST

Employee Name: Victor Done Tejeda

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Large NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

Type: Half Face
Manufacturer: North Model: 7700
Size: Large NIOSH #: TC-84A-0590

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

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

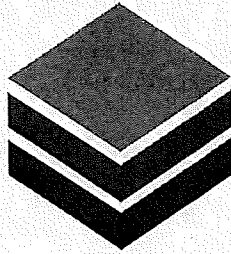
Certified Abatement Specialist: _____

Jenny Holloway

Employee: _____

[Signature]

Expires: 09/28/2023



M.E.T.A.

Mayhew Environmental Training Associates

I N C O R P O R A T E D

Certificate # FROOOYMIEM

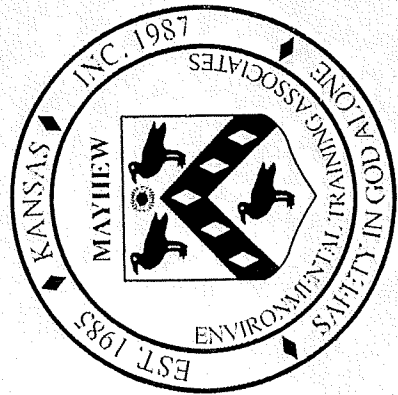
Bradley Vehr

has on 12/10/2021, in Erlanger, KY completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 USC 2646

Asbestos Supervisor Refresher

as approved by the US EPA under 40 CFR 763 (AHERA)

on 12/10/2021 - 12/10/2021 and passed the associated exam on 12/10/2021 with a score of at least 70%



SSN: XXX-XX-2969

Expiration: 12/10/2022

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

www.metaenvironmental.net

Robert Brooks Instructor

Thomas Mayhew

President

Concentra Medical Centers (Ohio)2884 East Kemper Rd Cincinnati, OH 45241
Phone: (513) 771-2233 Fax: (513) 612-3572Service Date: 10/11/2022**WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)***To be maintained in patient's medical chart with copy to employer and patient.*EMPLOYEE NAME: Vehr, Bradley D.EMPLOYER NAME: Environmental Demolition Group LLCDOB: 09/25/1975

EMPLOYER CONTACT: _____

Last 4 SSN: XXX-XX-2969

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 checked="" 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 _____ not performed at Concentra☐ Description of personal protective equipment used or to be used☐ Employee's exposure levels or anticipated levels

Concentra Medical Centers (Ohio)

2884 East Kemper Rd Cincinnati, OH 45241 Service Date: 10/11/2022
Phone: (513) 771-2233 Fax: (513) 612-3572

WRITTEN MEDICAL OPINION (SINGLE OR MULTI-EXPOSURE)

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

EMPLOYEE NAME: Vehr, Bradley D.

EMPLOYER NAME: Environmental Demolition Group LLC

DOB: 09/25/1975

EMPLOYER CONTACT: _____

Last 4 SSN: XXX-XX-2969

CONTACT PHONE: _____

JOB TITLE: _____

Biologic Monitoring:

Blood Lead Level/ZPP ¹ <u>3.0</u> / <u><50</u>	<input checked="" type="checkbox"/> Was performed and results are normal <input type="checkbox"/> Was not done <input type="checkbox"/> Results indicate: _____ <input type="checkbox"/> Reevaluation date: _____
Urine Mercury Testing ¹¹ Benzene CBC Testing ¹¹ Other _____	<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 ^{1v} _____/_____/_____	<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) ^v _____/_____	<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: _____

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) _____

Shannon L. Grubb M.D.

Clinician's Name (printed)

Signature of Examining Clinician

Date

Physician signature cosign: _____

Date: _____

¹ 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

¹¹ 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

^{1v} Required repeat at 2 week if H/H and Platelet count 20% of prior testing or abnormal, WBC 4,000 mm3 or abn diff

^v Beta 2 microglobulin, cadmium blood and random urine with creatinine. See Concentra's Cadmium ESPS for bio monitoring frequency

^v 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.

Patient Name: Vehr, Bradley D.Date of Birth: 09/25/1975Employer Name: Environmental Demolition Group LLC**Job Description**☒ Job description was provided by the employer and has been reviewed by the examining provider.☒ Job description not available. Determination is based solely upon description of duties provided by the patient/applicant.**Examination Results for:**Exam Type: ☐ Standard Physical Examination ☒ Medical Surveillance ☐ Fit for Duty☒ May work without limitations/restrictions.☐ May work without limitations/restrictions. Clinician review of pending test(s) may result in a change in work status.☐ No obvious signs or symptoms of communicable disease.☐ May work only with the following limitations/restrictions: _____☐ Unable to meet physical requirements of the job.☐ Determination pending, additional information required. Requested information and/or additional evaluation must be completed within 45 days.Remarks: **No protected health information (PHI)***Shannon L. Grubb M.D.**

Clinician's Printed Name

Clinician's Signature

**If status above listed as determination pending, please document status after review of additional records/testing:

☐ May work without limitations/restrictions.☐ No obvious signs or symptoms of communicable disease.☐ May work only with the following limitations/restrictions: _____☐ Unable to meet physical requirements of the job.

Date Final Determination

Clinician's Printed Name

Clinician's Signature

Physician's Written Statement
Medical Surveillance for Asbestos Exposure

Declaración escrita del medico

Vigilancia médica para la exposición al asbesto

11/04/2022

Service Date

Fecha del servicio

Vehr, Bradley D

09/25/1975

xxx-xx-2969

Patient Name

Nombre del paciente

Date of Birth

Fecha de Nacimiento

Social Security Number

Número de seguro social

☒ 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.

- ☒ Disposal N, P, or R. 95, 99, or 100 filtering face piece
☒ Half-face respirator with particulate gas/vapor cartridges
☒ Full-face respirator with particulate gas/vapor cartridges
☐ Self-contained breathing apparatus (SCBA)
☐ Supplied air (loose fitting)
☒ Powered air purifying respirator (PAPR)
☐ Other: _____

Esta evaluación indica que el empleado puede usar los tipos de respiradores marcados a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se utilizará el respirador, a menos que se indique en la sección Comentarios. Tenga en cuenta: si se utilizan tipos nuevos/adicionales de respirador(es) en el futuro, se requiere una nueva autorización médica para el respirador.

Eliminación N, P o R. Pieza facial filtrante 95, 99 o 100
Respirador de media cara con cartuchos para partículas de gas/vapor
Respirador de cara completa con cartuchos para partículas de gas/vapor
Aparato de respiración autónomo (SCBA)
Aire suministrado (ajuste suelto)
Respirador purificador de aire motorizado (PAPR)
Otro: _____

☐ 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.

El empleado debe programar un examen médico antes de la aprobación y el uso del respirador.

☐ The following restrictions or limitations are indicated:

Se indican las siguientes restricciones o limitaciones:

- ☐ Powered air purifying respirator (PAPR)
☐ No emergency response or immediately dangerous to life and health (IDLH) work
☐ Other: _____

Respirador purificador de aire motorizado (PAPR)
Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud (IDLH)
Otro: _____

☐ The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment, and they are provided with a copy of this written statement:

El empleado ha sido informado de los resultados de esta evaluación y cualquier condición médica que requiera un examen o tratamiento adicional, y se le proporciona una copia de esta declaración escrita:

- ☐ In person
☐ In writing (Questionnaire review only, without the employee present)

En persona
Por escrito (solo revisión del cuestionario, sin la presencia del empleado)

☒ The employee needs to be re-evaluated by: 11-04-2023

El empleado necesita ser reevaluado por:

Employees are to report any difficulties in respirator use or change in health status to their supervisor or physician/licensed health care provider.

Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud a su supervisor o médico/proveedor de atención médica autorizado.

☐ Comments:

Comentarios:

- ☐ Eyewear conversion kit needed
☐ Facial hair needs to be shaved to assure a tight seal on tight fitting masks
☐ Other: _____

Se necesita un kit de conversión de gafas
El vello facial debe afeitarse para asegurar un sellado hermético en máscaras ajustadas
Otro: _____

Physician's Signature

Firma del medico

Keith Everitt, FNP, RN, MSN

Physician's Printed Name

Nombre impreso del medico

Date

Fecha

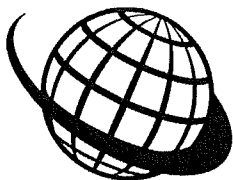
Physician's Address (Street, City, State, Zip Code)

Dirección del médico (calle, ciudad, estado, código postal)

(859) 338-3610

Telephone Number

Número de teléfono



EDG
ENVIRONMENTAL DEMOLITION GROUP

RESPIRATOR FIT TEST

Employee Name: Bradley Vehr

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Medium NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

Type: Half Face
Manufacturer: North Model: 7700
Size: Medium NIOSH #: TC-84A-0590

Test Performed

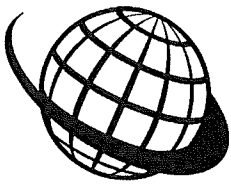
Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

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

Certified Abatement Specialist: *Randy Egger*

Employee: *B. Vehr*

Expires: 10/11/2023



EDG
ENVIRONMENTAL DEMOLITION GROUP

RESPIRATOR FIT TEST

Employee Name: Bradley Vehr

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Medium NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

Type: Half Face
Manufacturer: North Model: 7700
Size: Medium NIOSH #: TC-84A-0590

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

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

Certified Abatement Specialist: Raulf Eggert

Employee: B. Vehr

Expires: 11/04/2023

Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

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

Florida

*

Georgia

*

Tennessee

*

Alabama

*

Louisiana

Certifies that:

José Omar Rivas

***-**-6301



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

AHERA Asbestos Worker Refresher (Spanish)

Provider #: 0005086

Course #: 0006350

Attended Class

Aug 20, 2022

Exam Date

Aug 20, 2022

Expiration Date

Aug 20, 2023

AE108202022WR03

Certificate Authentication Number

[Signature]
María A Ospina
Course Administrator

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

This Certificate is not valid without
the authentication seal

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

Physician's Written Opinion for Respirator Use / Asbestos Form

Name: Jose Omar Rivas

Company Name: _____

Address: 1918 Westview Ln Apt

Address: _____

4104 Cincinnati OH 45205

Phone: 412 807 9960

Phone: _____

Contact: _____

1. Does the employee have a detectable medical condition that would place the employee at an increased risk of material impairment from exposure to asbestos (circle one)? No Yes If yes, specify _____
2. Is the employee physically fit to wear the following types of respirator(s)?
 - a) Negative Pressure Air Purifying Respirator No Yes
 - b) Powered Air Purifying Respirator No Yes
 - c) Self-Contained Breathing Apparatus No Yes

If any above are "no", or "yes, with limitations", please specify reason: _____

3. For employees who:

- i. Are or may be exposed to hazardous substances;
- ii. Wear respirators more than 30 days per year;
- iii. Become ill/injured, or have signs of overexposure; or
- iv. Are members of Hazmat teams;

Are there any medical conditions found that would place the employee at increased risk for material impairment of health from respirator use or work in the essential functions of the job? No Yes
If yes, specify _____

The history and physical examination indicate that the employee above should be placed in the following respirator use class (Provider to circle and initial appropriate class / subclass):

- | | | |
|---------|---|----------|
| Class 1 | No restrictions on respirator use | <u>✓</u> |
| Class 2 | Specific restrictions - should not use the following: <ol style="list-style-type: none">a) Negative Pressure Air Purifying Respiratorb) Powered Air Purifying Respiratorc) Self-Contained Breathing Apparatus | _____ |
| Class 3 | No respirator use permitted. | _____ |

Complete this form and inform the employer of the results of the examination. A copy of this form must be returned to the Company. The Company must provide the employee with a copy of this form within 30 days of receipt.

Examining Provider (print): Rose Maldonado DLP-NP-C

Provider Signature: Rose Maldonado DLP-NP-C

Date: 03/04/2022

Phone: 513 671 5050

Address: _____

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



RESPIRATOR FIT TEST

Employee Name: José Rivas

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Medium NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

Type: Half Face
Manufacturer: North Model: 7700
Size: _____ NIOSH #: TC-84A-0590

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

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

Certified Abatement Specialist: Harry Hollman

Employee: José Rivas

Expires: 03/28/23

ALPHA Environmental Training, Inc.

1419 Harland Street, Charlotte, North Carolina 28216 (980) 722-3388 Fax: (704) 817-7178
www.alphaenvironmentaltraining.com



Maria M. Canalez

8973

Has completed the course, passed the examination, and the requisite training for asbestos accreditation under Section 206 TSCA Title II, 15 U.S.C. 2646 of the Toxic Substance Control Act for Discipline.

Florida DBPR Course Provider # 0005829, Florida DBPR Training Course # 0006371

AHERA ASBESTOS WORKER REFRESHER SPANISH TRAINING COURSE

Training Location

2704 S. Main Street Salisbury, NC 28147

Certificate # 01-5899

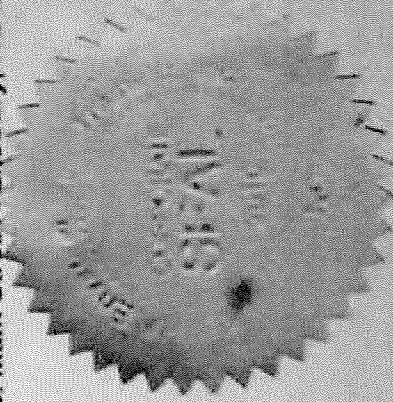
February 19, 2022

Course Date

February 19, 2022

Examination Date

Expires: February 19, 2023



[Signature]

Humberto Adams, Principal Instructor

[Signature]

Humberto Adams, Course Administrator

Patient: Canalez, Maria

DOB: 02/22/1979

Employee ID/Alternative ID:

Service Date: 03/22/2022

Concentra Medical Centers (Ohio)
4623 Wesley Ave Suite C CINCINNATI, OH 45212
Phone: (513) 841-1122 Fax: (513) 366-4432

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 (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.)

- ☒ Disposable N, P or R, 95, 99 or 100 filtering face piece (Desachable pieza facial filtrante)
- ☒ 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 suabo))

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 requiere un examen o tratamiento adicional y se les 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): 3/22/23

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): _____

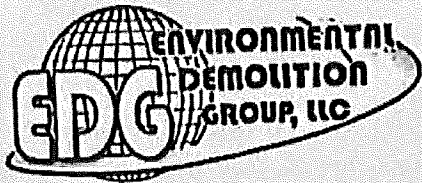
Abby M. Rapking, PA-C

Clinician Signature:

Abby M. Rapking, PA-C

Date: 3/22/23

RESPCLEARWMO -1



RESPIRATOR FIT TEST

Employee Name: Maria Canalez

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Medium NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail:
Saccharin: Pass: Fail:

Type: Half Face
Manufacturer: North Model: 7700
Size: NIOSH #: TC-84A-0590

Test Performed

Irritant Smoke: X Pass: X Fail:
Saccharin: Pass: Fail:

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

Certified Abatement Specialist: Mary Hollaway

Employee: Maria Canalez

Expires: 06/11/23

ALPHA Environmental Training, Inc.

1419 Hartland Street, Charlotte, North Carolina 28216 (980) 722-3398 Fax: (704) 817-7178
www.alphaenvironmentaltraining.com



Pablo S. Bonilla

7595

Has completed the course, passed the examination, and the requisite training for asbestos accreditation under Section 206 TSCA Title II, 15 U.S.C. 2646 of the Toxic Substance Control Act for Discipline.

Florida DBPR Course Provider # 0005829, Florida DBPR Training Course # 0006371

AHERA ASBESTOS WORKER REFRESHER SPANISH TRAINING COURSE

Training Location

2704 S. Main Street Salisbury, NC 28147

Certificate # 01-5900

February 19, 2022
Course Date

February 19, 2022
Examination Date

Expires: February 19, 2023


Humberto Adame, Principal Instructor


Humberto Adame, Course Administrator

Patient: Bonnie, Pablo

DOB: 03/02/1960

Employee ID/Alternative ID:

Service Date: 03/22/2022

Concentra Medical Centers (Ohio)
4623 Wesley Ave Suite C CINCINNATI, OH 45212
Phone: (513) 841-1122 Fax: (513) 366-4432

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 (as) 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 (Desechable pieza facial filtrante)
- ☒ 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 (ajuste 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 requiere un examen o tratamiento adicional y se les 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): 3/22/23

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.)

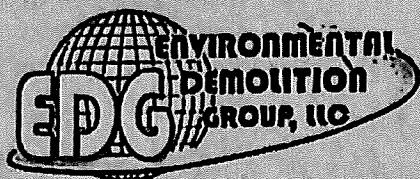
Comments: (Comentarios)

- ☐ 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: Abby M. Rapping, PA-C

Clinician Signature: Abby M. Rapping, PA-C Date: 3/22/22

RESPCLEARWMO



RESPIRATOR FIT TEST

Employee Name: Pablo S Bonilla

Respirator Information:

Type: Full Face PAPR
Manufacturer: Survive Air Model: 1080
Size: Medium NIOSH #: TC21C-499

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

Type: Half Face
Manufacturer: North Model: 7700
Size: _____ NIOSH #: TC-84A-0590

Test Performed

Irritant Smoke: X Pass: X Fail: _____
Saccharin: _____ Pass: _____ Fail: _____

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

Certified Abatement Specialist: Henry Hollaway

Employee: Pablo Bonilla

Expires: 06/11/23