

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
  - o License (if applicable)
  - Physical
  - o 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

### Asbestos Contractor License

# STATE OF OHIO ENVIRONMENTAL PROTECTION AGENCY

# **Asbestos Hazard Abatement Contractor**

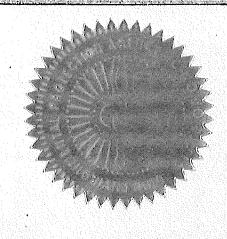
Be it known that **Environmental Demolition Group, LLC** is hereby licensed, having qualified as required by law in accordance with rules adopted by the Ohio Environmental Protection Agency relative to Asbestos Contractors.

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 Laure A. Stevenson
Director



### **Workers Compensation Certificate**



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

ENVIRONMENTAL DEMOLITION GROUP LLC 3520 TURFWAY RD

ERLANGER KY 41018-3171

www.bwc.ohio.gov Issued by: BWC Period Specified Below 07/01/2022 to 07/01/2023

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



### 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 this certificate does not confer rights to the certificate holder in lieu of su						he policy, certain policies may require an endorsement. A statement on such endorsement(s).						
	DUCER	0 (110	0011	moute notati in nea or st	CONTACT Debbie Swinford							
Art	hur J. Gallagher Risk Management	Serv	ices,	Inc.	PHONE	513-977 . Ext):		FAX (A/C, No):	512 07			
	1 E. 4th Street, Ste 625 cinnati OH 45202					ss: Debbie_S			313-37	1-4132		
	10111111111111111111111111111111111111				ADDRE			DING COVERAGE		NAIC#		
					INCIIDE	RA: Cincinna				23280		
INSL	RED					Rв: Admiral I				24856		
	vironmental Demolition Group LLC							Mutual Insurance		10320		
35.	20 Turfway Rd. anger, KY 41018				INSURE		Linployers	mataar moaranoo		10020		
''	anger, it i i i i i				INSURE							
					INSURE							
co	VERAGES CER	TIFIC	CATE	NUMBER: 1394597920	MOOKE			REVISION NUMBER:				
1N E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMEI AIN, <sup>*</sup> CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I	DOCUMENT WITH RESPECT TO	OT TO Y	WHICH THIS		
INSR LTR	1	INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
В	B X COMMERCIAL GENERAL LIABILITY FEI-ECC-27028-01				1/28/2022	1/28/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 5,000	,000			
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 50,00	0			
								MED EXP (Any one person)	\$ 5,000			
								PERSONAL & ADV INJURY	\$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 5,000,000			
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 5,000					
<u> </u>	OTHER:			END 0400F00		110010000	44004000	OH Stop Gap COMBINED SINGLE LIMIT	\$1,000			
A	A AUTOMOBILE LIABILITY ENP 0122502			1/28/2022	1/28/2023	(Ea accident)	\$1,000	,000				
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 400.0			
В	Y Y			FEL EVC 27000 04		4/00/0000	4 100 10000	Limit	\$ 100,0			
"	-varaavus - Coock			FEI-EXS-27029-01		1/28/2022	1/28/2023	EACH OCCURRENCE	\$ 5,000			
	ODAMO-WADL							AGGREGATE	\$ 5,000	,000		
C	DED   RETENTION \$   WORKERS COMPENSATION			356454		5/26/2022	5/26/2023	X PER X OTH-	\$			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			330434		3/20/2022	3/20/2023	•	KY			
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	<u> </u>		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE				
В	DÉSCRIPTION OF OPERATIONS below  Mold Removal			FEI-ECC-27028-01		1/28/2022	1/28/2023	E.L. DISEASE - POLICY LIMIT Limit	\$1,000 \$5.00	0,000		
	Pollution/Asbestos Professional Liability			1 E-200-27020-01		172072022	1720/2020	Limit Each Claim	\$5,00	00,000 00,000		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC						space is requir	ed)				
Lea	ased or Rented Equipment Policy No. El	NP 01	2250	2 Effective 1/28/22-1/28/23	3 - Limi	t - \$300,000						
Em	rkers Compensation (IA, IL, IN, MI, PA, ployers Liability \$1,000,000 each accide awn McGinness Excluded Member on W	nt; \$	1,000	,000 disease each employ					statute			
<u></u>												
CE	RTIFICATE HOLDER				CANO	CELLATION						
					THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.				

**SPECIMEN** 

AUTHORIZED REPRESENTATIVE



### 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 <u>\$Applied</u>, 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.

- 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:

- 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 <u>\$Applied</u>, this endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Location And Description Of Completed Operations
Those project locations where this endorsement is required by contract.

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 <u>\$Applied</u> 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.

(Ed. 4-84)

### 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 IN	NVESTMENTS 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



ZZP118

### **WASTE COLLECTION SERVICES**

12764 McCOY FORK RD. WALTON, KY 41094 PHONE (859) 485-4416 • www.bavarianwaste.com

ASBESTOS WASTE MANIFEST Permit #	No
GENERATOR	
Generator Name: 12055 LoCal School District Address: 3371 Haniitor Cleves Rd Hami	
Waste Generated At: 1205 Adnin Bldg, WDWLLS Waste Name/Description: Frable ('n ling Plast	er 3371Hanntor-(1eur) Rd Hannile
QUANTITY TO BE DISPOSED OF: 388 TYPEO	PERMIT APP. DATE:
I hereby certify that the above named material is what is being shippe waste is not regulated as a hazardous waste under 401 KAR Chadisposal at a hazardous waste facility under 401 KAR 32-40, I chazardous waste could lead to possible civil and criminal penalties urread the permit which granted me permission to Dispose of this waste declare that the contents of this consignment are classified, packed, mattransport by highway according to applicable international and government.	ed, does not contain any free liquid and that the opter 31 which requires storage, treatment or nderstand that failure to properly manage a der KRS 224 or RCRA of 1978, I hold and have at Bavarian's Landfill (Permit #008.04). I hereby ked, and are in all respects in proper condition for
Signatur Generator Agent Nabre (Printi)	10 / 21 / 202 Z Shipment Date
RESPONSIBLE AGENCY: DIVISION FOR AIR QUALITY, 8020 VETERANS M  TRANSPORTER	
Truck #: 3995 Transporter: Pupubliz &CAddress: 11503 Mosteller Rol Can Canvati OH	MICOS 45241 Ph. #: 513-771-4200
I hereby certify that the above named material was picked up at the cincident to the destination listed below.	generator site listed above and delivered without
Driver Name (Print) Signatur	Date
DESTINATION	
Site Name: Bavarian Landfill Permit #008.04 Per. Mod I	Date
Site Add: 12764 McCoy Fork Rd., Walton, KY 41094 (BOO	NE COUNTY)
Discrepancy Indication: Yes/No If yes:	
Waste Gen #: ASB Load Gross 52/4/0 Ta	re <u>3740</u> Net <u>2, 36</u>
I hereby certify that, to the best of my knowledge, the above name accepted, and that the foregoing is true and accurate.  Name of Agent	d material was properly packaged, has been



### REGULATED ASBESTOS MATERIAL WASTE SHIPMENT RECORD

GENER	RATOR 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	Address: 3374 Hamilton-Cleves Rd  City: Hamilton State: OH Zip Code: 45013					
	ip Code: <u>41018</u> Telephone: <u>(859) 363-4863</u>					
3. Waste Disposal Site (WDS) Name: <u>Bavarian Waste</u> Physical Location: Address: <u>12764 McCoy Fork Rd</u> City: <u>Walton</u> State: <u>KY</u> Zip Code: <u>41094</u> Telephone: <u>(859)</u> 485-4416 Fax:	Mailing Address:  Address: 12764 McCoy Fork Rd  City: Walton State: KY Zip Code: 41094					
Telephone: (859) 485-4416 Fax: 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 7. Total Quantity (Cu. Yds.) 69 BB 30 YD					
R.O. ASBESTOS, IIA2212 Shipping litms: R. O. ASBESTOS, IIA2212, S. P.O. III 8. Special Handling Instructions and Additional In	formation:					
Please send signed copy of manifest to: EDG, LLC, 352 Emergency Response Phone #: 859-363-4863, Environm 9. Generator's Certification: I hereby declare that the described above by proper shipping name and are cla	O Turfway Road, Erlanger, KY 41018 ental Demolition Group, Suits & Respirators. ne contents of this consignment are fully and accurately ussified, packed, marked and labeled, and are in all respects in					
proper condition for transport by highway according to Signature 11/22/	applicable international and government regulations.					
	cknowledgment of receipt of materials)					
10. Transporter 1 Name: Environmental Demolition Goup, LLC Address: 3520 Turfway Road City: Erlanger State: KY Zip Code: 41018	11. Transporter 2 Name: Republic Services Address: 11563 Mosteller Road					
Telephone: (859) 363-4863  Au 11/22/22 Rendy Egglisten, Operational Sold Type/Print Name & Type/Print Name & Type	Telephone: (513) 771-4200					
	AL SITE SECTION					
12. Discrepancy indication space	AL OIL OLOTION					
manifest except as noted in Item 12.	cation of receipt of asbestos materials covered by this  14.22  Type/Print Name & Title					

### Air Monitoring Test Results



Date Received:

**Analyzed Date:** 

Report Date:

10/25/2022

10/26/2022

10/26/2022

Client: Environmental Demolition Group, LLC

3520 Turfway Road

Erlanger, KY 41018

Client Project Number: 22P-118

Project: 3371 Hamilton Cleves Road

SIERRA Project Number: EDG.1671

Sierra Analyst: Chuck Callahan

### LABORATORY RESULTS

Lab Sample	Client Sample	Volume				
Number	Number	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 Callaban

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.

Project Number:	er:	23R 118	MAN.			/				Number of Personnel in Work Area:	inel in Work Are	.e.		
Project Name: Reso Ochrina	Coro Oc	- Wernery RR D			V INCOME.	NIRODIMENTHICA SEMOLITICA	A	3520 Turfway Road	ly Road	Personal Protection Used:	on Used:			
Project Address:	188: 37	3371 Homulden 20mg	स्त		GROUP, UC	100		Erlanger, KY 41018 O: (859) 363-4863	3-4863	-Full Body Suit	dy Suit			
Hanny		210				1	LL.	F: (859) 363-4864 www.edgllc.biz	3-4864 lc.biz	Half Fa	Half Face Respirator	ator		
Calibration Equip.:		Rotameter # 7								□ Full Fa	Full Face Respirator	tor		
Calibration Equip. Date:	quip. Date:	12-4-1	Q.	ASBESTOS (PCM Cassette)	SO	☐ LEAD	LEAD (37mm Cassette)	SILICA (PPI Cassette)	CA sette)	□ PAPR				
Samples Taken By:	en By:	V-tom	- PM 214	STA SA	MPLE	MPLE DATA SHEET	SHEET	_		□ Type C	Type C Respirator	_		
Work Areal Sownow	Somo	Pathoem We	Dates Collected:	ected:	10/	21/2	^			□ Other:				
				Sar	Sampling Period	Po	Pump	Pump Flow Rates (LPM)	(LPM)	Sample		Laboratory		TWA
Sample I.D. Code	Pump I.D. Nos.	Type / Location / Activity If Personal – Need Name & SSN	NS	Start	Stop	Total Min	Start Flow	Stop Flow	Average Flow	Tot. Min. X Average Flow Rate	Lead Conc. µg/M3	Asbestos Conc. F/cc	Silica Conc. µg/M3	8 Hr TWA
RA	_	O Dono dicultural Co.	Course	4:00	2 730	200	216	991	176	3,69.6				
F. F.		John Herold I	the contraction of the contracti	ait	9016	20	0/91)	991)	7	60				
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						. 200			The state of					
COMMENTS: GDG.	(C)	5. 1671 Au	8	(0.25.	22			=						

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

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

White Copy - Laboratory

Collection Device
 Collection Device
 SOMM (Carbon Impregnated) Extension Cowl
 PVC Filter

- Occurrence of Analysis -Methods Located on Laboratory Report Form

Pink Copy - Jobsite

Yellow Copy - Office



Date Received:

**Analyzed Date:** 

Report Date:

11/29/2022

11/30/2022

11/30/2022

Client: Environmental Demolition Group, LLC

3520 Turfway Road Erlanger, KY 41018

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

Miles Davis

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.

Silica Conc. µg/M3 N Laboratory Asbestos Conc. Half Face Respirator Full Face Respirator Number of Personnel in Work Area: Type C Respirator Lead Conc. µg/M3 Full Body Suit Personal Protection Used: PAPR Other: 3798 633 X Average Flow Rate 11286 Volume 769 Sample 63.3 65.3 Tot. Min.  $\Box$ 777 17:11 7.5 1. E 3520 Turfway Road Erlanger, KY 41018 O: (859) 363-4863 F: (859) 363-4864 Average Flow www.edgllc.biz Pump Flow Rates (LPM) □ SILICA N (PPI Cassette) 7.08 H. N 7117 バニ バニ 2/// Stop Flow SAMPLE DATA SHEET 7.17 バジ ろに 7.11 1/2 Start Flow 11-21-22-11-23-22 (37mm Cassette) □ LEAD **HENVIRONMENTAL** DEMOLITION 880 22 180 B HGROUP, IIC Total Min 3 8 Sampling Period 10:00 500 1730 1.3 Soci Stop ☑ ASBESTOS 2.30 7:40 500 17.00 7.30 (PCM Cassette) Start B Dates Collected: An plante Cellag Permiss Pable 5# 7895 CREGIO 5#7595 From the end lost and Lation / Pablo 5# 7595 Pakio ケボロタフラ Mania 19, #8973 135/1/1 9365ts Ploste famola If Personal - Need Name & SSN Herr calling formers Acon plaster removal Type / Location / Activity Sample Description Project Name: 2005 Help 0 - Wolfering P.P. Project Address: 3371 Hemilton-Clevies くなられてのひとり Final items Calibration Equip. Date: 11-17-22 Calibration Equip.: Rotameter # 17 HEMISTER DIA 45013 Samples Taken By: Dicare 12h, Kanstroom, nother of Restrain 25Thrain Project Number: 22-7-118 Work Area: いろうかえれつ Pump I.D. Nos. 5 K K 4 Ó Sample I.D. Code R. 2 7,4 12-5

8 Hr TWA

TWA

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

ì

 $\mathcal{O}C$ 

F1/6.16

COMMENTS:

Occurrence of Analysis Methods Located on
Laboratory Report Form

Pink Copy - Jobsite

Mixed Cellulose Ester Filter Membrane with Pore size of 0.80 Micron

Please Analyze using NIOSH 7400 For Silica, Please Analyze using NIOSH 7500 Method Method unless specified otherwise

Instructions to Laboratory

White Copy - Laboratory

Sampling Medium -

Yellow Copy - Office

### **Notifications**

# Protection Agency

### **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 <u>Asbestos Website</u> has form instructions, a fee calculation worksheet, and links for online form and payment submission through <u>eBusiness Center</u>. Questions? <u>asbestos@epa.ohio.gov</u> or 614-466-0061

Ohio EPA Use Only	Notification #:19644	6	Postmarke	d:	Received: 10/26/2022		☐Hand-Delivered	
. Notification	Information (Check a	ill that apply)			J			
	Revision # (count): 0		□Emergency	□Annu	al	☐ Cancellation	Proj	ect County: BUTLER
☐ NESHAP Res	sidential Exemption				I		L	
	estos Abatement Con	tractor, Billing, a	nd Fire Depart	tment Info	rmation			Revise
<i>lwner</i> Name: Ross Loc	al School District					ls ti	his a con	npany? [☑] Yes
Address: 3374 H	amilton-Cleves Rd.,				Contact	Person: Devin Hu	ff	
City: Hamilton				State: OHI	IO ·		Zip: 4	5013
Email: devin.huff(	@rossrams.com			Phone: (5	313) 863-12	253	Fax: (	) -
Shestos Ahatem	ent Contractor (if appli	cable)						
	ental Demolition Group, I			Ţi	_icense #:	AC1885		Expiration Date: 1/2/2023
Address: 3520 Tu	ırfway Road,				Contact	Person: Randy Eg	gleston	
City: Erlanger				State: KEN	VTUCKY		Zip:41	018
Email: regglestor	n@edgllc.biz			Phone: (8	59) 363-48	63	Fax: (	859) 363-4864
illing Contact (E	ntity paying for original	notification)						
ls this contact as	ssociated with the	wner, 🔀 Asbestos	Abatement Cor	ntractor, or	□Demolitio	on Contractor (if not	installatio	on)?
Address: 3520 Τι	urfway Road,				Contact	Pėrson: Randy Eg	ggleston	
City: Erlanger				State: KEI	NTUCKY		Zip: 4	1018
Email: reggleston	n@edgllc.biz			Phone: (8	59) 363-48		Fax:	(859) 363-4864
<i>ire Department</i> ( Name:	if applicable)							
			·····		Camback	Danana		Alway
Address: , City:			1	State:	Contact	Person:	Zip:	
Email:				Phone: ()			Fax:	/) -
	4	- 0	Fratrotles Dra		·		1. 47.	Revise
	tos Hazard Evaluation ialist: Chuck Callahan	n Specialist and I	evaluation Pro		rtification #	t: ES31960	Expi	ration Date: 11/13/2023
Procedure, inclu (RACM) and Cat Below):	ding analytical method tegory I and Category	s, employed to de Il non-friable asbe	tect the presen	ce of and t material:[	to estimate ☑ <sup>PLM</sup> [	the quantity of reg Point Count	ulated as	bestoscontaining material Other Method (Explain
. Procedures	to be followed shoul	d unexpected RA	CM be discov	ered (che	ck all that	apply)		Revise
Stop Work and						ement contractor	Contac authority	ct district office/local air
☑Other (Explain	n): Contact Environmer	ntal Representativ	e & School Dis	trict. Upda	ate notificat	tion if necessary		
. Planned De	molition (check all th	nat apply)						Revise
Describe demoli	tion work to be perform Fire Training	ned and method(s)						: Asbestos Abatement & Clean u
to accommodate  Description of affe	building renovations ected facility componen	ts (include attachm	ent if necessary	): Plaster	ceilings in re	estroom		
Demolition Attach	-							



## Notification of Demolition and Renovation/Abatement Section 1: General Information Division of Air Pollution Control

6. For the material listed in e	Asbestos Descriptio	n and Engineering	Controls (if	Controls (if asbestos is being abated) Revi e abated, engineering controls and work practices to be used to minimize					
emissions and ensure pro	per waste handling:	type(s) of Acivi to b	e abateu, enç	Juiceiiii	y controls and	work practices to be used to mil	mmze		
Type of ACM to be abated:	Surfacing	Mechanical	☐Other:						
Engineering Controls:	Wet Methods	☐Glove Bag	<b>X</b> NPE		☑AFD	□Other:			
Work Practices:	□Intact Removal	<b>⋉</b> Manual	□Mecha	nanical Other:					
7. Asbestos Waste Tra	nsporter (if applicable						Revised?		
Transporter Name: Enviro									
Address: 3520 Turfway Rd	•••			Conta	act Person: Ra	andy Eggleston			
City: Erlanger			State: KEN	TUCKY	7	Zip: 41018			
Email: reggleston@edgllc.	biz		Phone: (85	9) 363-	4863	Fax: (859) 363-4864			
8. Asbestos Waste Dis	posal Site (if applicabl	e)					Revised?		
Name: Bavarian Landfill									
Address: 12764 McCoy Fo	rks Rd,			Conta	act Person: Ar	nita Butler			
City: Walton				TUCKY		Zip: 41094			
Email: anitab@bavarianwaste.com			Phone: (8	59) 485	-3265	Fax: () -			
Fmergency Demoils	on (complete if you ch	ecked "Emergenc	v" above an	d "Don	olition" for a	inv project)	Revised?		
A copy of the issued order	, including the following	nformation, <b>must b</b>	e attached to	this no	tification.	my projecty	Keviscui		
Government Official Issuir	ıg Order:		Title:						
Agency:			Authority of Order (Citation of Code):						
Date of Order:			Demolition Date:						
Issued Order Document:									
10. Emergency Renovat	ion/Abatement (comple	ete if vou checked "	'Emergency"	above :	and "Renovati	lon/Abatement" for any project)	Revised?		
Date of Emergency:			Time of I	Emerge	ency:				
Description of Sudden, Un	expected Event:	***************************************							
Explanation of how the eve	ent caused unsafe cond	tions or equipment	damage:						
General Notification Attach	nments:								
11. Attestation									
In accordance with Ohio A 37452004 of the Administration	trative Code will supervis	se the stripping and	removal des	cribed b	by this notifica	on trained as required by paragra tion. I acknowledge that the sub re true, accurate, and complete.	mission of		
Signature: Submitted On	line via eBiz				Date:	10/26/2022			
Name: Randy Eggleston	ŧ	W	Title: Op	eration	ıs/Safety Man	ager			
Organization: Environmen	ntal Demolition Group, L	LC		<del>~~~~~~~~</del>					



## 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 O	nly		Project ID	#: 196446 - 1					
A. Facility Des								Revised?	П
Building Name (i	f applicable): Ross Adn	ninistration Bldg.		Site Location (sp	pecific): Lowe	r level "Girls" Restroor	n		T
Address: 3371 F	lamilton-ross Rd. St. R	t. 128,		I					
City: Hamilton				State: O	Н	Zip: 45013	······································	77,70	1
Building Size (sq	uare feet): 60000.0			No. of Floors:3		Age (years): 85.0			1
Present Use: Adı	ministration Bldg.			Prior Use: School	<u>l</u> ol				1
B. Type of Ope	eration (check all that	apply)						Revised?	
□Demolition		Abatement – Type: [3	<b>Z</b> Removal	<b>⊠</b> Repair □	Encapsulation	□Enclosure			尴
C. Asbestos Pi	resent? (check one)							Revised?	╛
ĭ∑Yes	□No	No, previously a	bated Ye	ear Abated:					T
D. Approximate	e Amount of Asbestos	Containing Materials	(complete	e table below an	d Section 1	#6 If asbestos Is pre	sent)	Revised?	_ 
	RACM	Material to be Rer	noved bestos-Con	taining Material		Material <b>NOT</b> Non-friable Asbesto	to be Removed s-Containing Ma	terial	T
Pipes (linear feet) 0.0 Category I Category I				Category II 0.0		Category I 0.0	Catego 0.0	ry II	
Surface area on other facility components (ft²)	er 180.0 0.0					0.0	0.0		
Volume if length or area cannot be measured (ft³)	0.0								1
E. Asbestos Al Setup Date	batement Schedule ar e: 11/21/2022	Abatem	ent Date:	al notification is red 11/21/2022		ing days prior to the sta Complete Date: 11/		Revised?	
Abatement Spe	cialist Name: Juan Mira		ion #: AS3			Expiration Date: 7/2	25/2023	••••••••••	
Monday 7:0 to 18:0	Tuesday 7:0 to 18:0	Wednesday 7:0 to 18:0	Th	ursday	Friday	Saturday	/ Su	ınday	
F. Demolition (	Contractor (if applical	ole)				***************************************	***************************************	Revised?	; 
Name:			***************************************	V.1					尴
Address:,				Cont	act Person:				1
City:			S	State:		Zip:			1
Email:			F	Phone: () -		Fax: () -			
	Schedule (original not	ification is required 1	0 working			rk)	***************************************	Revised?	-
Start Date:				Complete Date	:		****		
H. Project Hold				[ A 1 / A 1				Revised	$\Box$
	ment: Hold Begin Date:			Asbestos Abate			-		-
Demolition: Hold	i Begin Date:			Demolition: Wo	ork Resume D	ate:			1



### **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 <u>Asbestos Website</u> has form instructions, a fee calculation worksheet, and links for online form and payment submission through <u>eBusiness Center</u>. Questions? <u>asbestos@epa.ohio.gov</u> or 614-466-0061

1. Notification Information (Check all that apply)  Original Revision # (count): 1 Installation Emergency Annual Cancellation Project County: BUTLER  NESHAP Residential Exemption	
□ Original Revision # (count): 1 □ Installation □ Emergency □ Annual □ Cancellation Project County: BUTLER	
MECHAD Decidential Evernation	
INCOMAP Residential Exemption	
	lsed?
Owner	36U I
Name: Ross Local School District   Is this a company?   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 ☐Owner, ☑Asbestos Abatement Contractor, or ☐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 Revaluation Specialist: Chuck Callahan Certification #: ES31960 Expiration Date: 11/13/2023	lsed?
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: PLM Point Count DTEM Other Method (Explain Below):	
	lsed?
Stop Work and Keep	
☑Other (Explain): Contact Environmental Representative & School District. Update notification if necessary	
5. Planned Demolition (check all that apply)	lsed?
Describe demolition work to be performed and method(s) to be employed, including demolition techniques to be used:    Implosion	л ир
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	on and Engineering	g Controls (if	asbest	os is being a	abated)		Revised?
For the material listed in e emissions and ensure pro	each project, describe the oper waste handling:	type(s) of ACM to b	oe abated, eng	jineerin	ig controls an	d work pr	ractices to be used to m	inimize
Type of ACM to be abated:	Surfacing	□Mechanical	☐Other:					
Engineering Controls:	₩Wet Methods	☐Glove Bag	⊠NPE		<b>⊠</b> AFD		Other:	· · · · · · · · · · · · · · · · · · ·
Work Practices:	□Intact Removal	Manual	□Mecha	□Mechanical □Other:				
7. Asbestos Waste Tra	nsporter (if applicable	)		***************************************				Revised?
Transporter Name: Enviro								
Address: 3520 Turfway Rd.,				Contact Person: Randy Eggleston				
City: Erlanger			State: KEN	State: KENTUCKY Zip: 41018			Zip: 41018	
Email: reggleston@edgllc.biz			Phone: (85	Phone: (859) 363-4863 Fax: (859) 363-			Fax: (859) 363-4864	
8. Asbestos Waste Dis	posal Site (if applicabl	(e)						Revised?
Name: Bavarian Landfill								
Address: 12764 McCoy Fo	orks Rd,			Cont	act Person: A	nita Butle	er	
City: Walton			State: KEN	TUCKY	,		Zip: 41094	
Email: anitab@bavarianwa	aste.com		Phone: (8	Phone: (859) 485-3265			Fax: () -	
9. Emergency Demoilt	lon (complete if you ch	ecked "Emergend	y" above an	d "Den	nolition" for	any proj	ect)	Revised?
A copy of the issued order		information, <b>must b</b>		this no	otification.			
Government Official Issuing Order:			Title:					
Agency:			Authority of Order (Citation of Code):					
Date of Order:			Demolition Date:					
Issued Order Document:								
10. Emergency Renova	tion/Abatement (compl	ete If you checked '				tion/Abat	tement" for any project	Revised?
Date of Emergency:			Time of I	Emerge	ency:			
Description of Sudden, Un	expected Event:							
Explanation of how the even	ent caused unsafe cond	itions or equipment	damage:			***************************************		
General Notification Attacl	nments:						MINIO MARIA (M. 1941)	
11. Attestation								
In accordance with Ohio and 37452004 of the Administrates or misleading stater	Administrative Code rule trative Code will supervi nents is prohibited by la	3745 20 03 (A)(4) se the stripping and w and I certify that t	)(p), I certify t I removal des facts containe	hat at lo cribed I d in this	east one pers by this notification a	on traine ation. I a are true,	ed as required by parag acknowledge that the su accurate, and complete	raph (B) of rule bmission of e.
Signature: Submitted On	line via eBiz			Date: 11/17/2022			2022	
Name: Randy Eggleston			Title: Op	peration	ns/Safety Mar	nager		
Organization: Environme	ntal Demolition Group, L	LC	L					



## 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

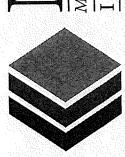
Please complete Section 2 for the address included with this notification. If the project is an "Installation" per OAC 3745-20, complete a separate Section 2 page for each address associated with this notification.

Ohio EPA Use Oi	nly	P	roject ID	#: 196446 - 1	, , , , , , , , , , , , , , , , , , ,			
A. Facility Des							Revis	sed?
Building Name (in	f applicable): Ross Admi	nistration Bldg.	·	Site Location (sp	ecific): Lowe	r level "Girls" Restroor	n	
Address: 3371 H	lamilton-ross Rd. St. Rt.	128,		<del>V.,</del>			A	
City: Hamilton				State: OF	1	Zip: 45013		
Building Size (sq	uare feet): 60000.0			No. of Floors:3		Age (years): 85.0		
Present Use: Adr	ministration Bldg.			Prior Use: Schoo	l			
3. Type of Ope	ration (check all that a	pply)	1				Revis	sed?
□Demolition		Abatement – Type: 🔀	Removal	Repair □E	ncapsulation	□Enclosure		
. Asbestos Pi	resent? (check one)						Revis	sed?
<b>⋉</b> Yes	□No	No, previously aba	ated Ye	ear Abated:				
). Approximate	e Amount of Asbestos(	ontaining Materials (c	complete	e table below and	d Section 1	#6 if asbestos is pre	esent) Revis	sed?
	RACM -	Material to be Remo Non-friable Asbes		taining Material		Material <b>NOT</b> Non-friable Asbesto	to be Removed s-Containing Material	
Pipes (linear	-	Category I		Category II		Category I	Category II	
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							
	batement Schedule and e: 11/21/2022	Abatemer	nt Date:	11/21/2022		Complete Date: 11/	/23/2022	
Abatement Spe	cialist Name: Brad Vehr	Certification			***************************************	Expiration Date: 12	::::::::::::::::::::::::::::::::::::::	
Monday 7:0 to 18:0	Tuesday 7:0 to 18:0	Wednesday 7:0 to 18:0	Th	ursday	Friday	Saturda	y Sunday	
	Contractor (if applicab	(e)	~~~~				Revis	sed?
Name:								
Address:,				Conta	act Person:			
City:			S	State:		Zip:		
Email:			F	hone: () -		Fax: () -		
	Schedule (original noti	fication is required 10	working			ork)	Revis	sed?
Start Date:			****	Complete Date:		··········		
. Project Hold		,		A-L4 A! (		D	Rev	vised
	ment: Hold Begin Date:			Asbestos Abate				
Demolition: Hold Begin Date:				Demolition: Wo	rk Resume 🏻	)ate:		

### 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)



# 

Mayhew Environmental Training Associates

# INCORPORATED

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

on 12/10/2021 - 12/10/2021 and passed the associated exam on 12/10/2021 with a score of at least 70% as approved by the US EPA under 40 CFR 763 (AHERA)

Kerturah

SYSNAY

MAYIIEW

Robert Brooks Instructor

P.O. Box 786

ON GODNIC

Expiration: 12/10/2022

SSN: XXX-XX-6016

Lawrence, KS. 66044

800.444.6382

Thomas Mayhew

President

BullMa

www.metaenvironmental.net

### **Concentra Medical Centers (KY)**

1825 Airport Exchange BlvdSte 100 Erlanger, KY 410 dervice 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.

	Done, Victor A.		EMPLOYER NAME:	Environmental Dem	olition Group LLC		
DOB: <u>07/28/1961</u>			EMPLOYER CONTACT:				
Last 4 SSN: XXX-XX-6016			CONTACT PHONE:				
JOB TITLE:					ļ		
Employer form shall no	t be substituted for t	state forms where applical his written medical opinio sure specific WMO forms	ole. n that is determined to be 0 available to print on MyCon	OSHA and/or EPA complia centra may be used alter	nt for listed exposures		
29 CFR 1926 C	Construction	29 CFR 1910 Gene	ral & Maritime Othe	r			
Check applicable e	exposure(s) for W	/ritten Opinion: (che			at registration for those		
exposures.	☐ Pesticides	☐ Cadmiur	n Lead	ПЦлаг	woner/Unament		
☐ Acryonitrile	☐ Benzene	☐ Mangan			woper/Hazmat ganic Mercury		
☐ Arsenic	☐ Diesel Exha			dehyde 🛘 Met	hylene pride		
☐ Polychlorinated biphenyls	☐ 1,3- Butad	iene 🗆 Hexavalo Chromiu		Toluene □ Met Fluid	al Working d		
☐ Other (specify):		***************************************		1	*****		
chloride, cottor	n dust, and 1,3 -b ction test, includi	utadiene, vinyl chlori ng forced vital capaci	(asbestos, benzene, o de). ity (FVC) and forced ex Monitor for 10-15% d	piratory volume at c	1		
Periodic che	: x-ray. (B read us	ing ILO standards re rsenic- annually; Cadmiun	<i>quired for asbestos)</i> n- baseline and clinician's di	scretion;	· ·		
Periodic che Asbestos - se	: x-ray. ( <i>B read us</i> st x-ray schedules: A			scretion; Age 45+			
Periodic che: Asbestos - se Years since	x-ray. (B read us stx-ray schedules: A se chart below: first exposure to 10	rsenic- annually; Cadmiun Age 15-35 Every 5 years	Age 36-45 Every 5 years	Age 45+ Every 5 years			
Periodic che: Asbestos - se Years since	x-ray. (B read us st x-ray schedules: A se chart below: strict exposure to 10 +	rsenic- annually; Cadmiun Age 15-35 Every 5 years Every 5 years	Age 36-45 Every 5 years Every 2 years	Age 45+ Every 5 years Every 1 year	· ·		
Periodic che: Asbestos - se Years since  O  All medical exa	x-ray. (B read us stx-ray schedules: A se chart below: strict exposure ±010 + to 10 + to 10 minations and present that been informed.	Age 15-35 Every 5 years Every 5 years eocedures were perfo	Age 36-45 Every 5 years Every 2 years braned by or under the	Age 45+ Every 5 years Every 1 year supervision of a lice			
Periodic che: Asbestos - se Years since  O  All medical exa  I The employee medical condit  I the employee	x-ray. (B read us st x-ray schedules: A se chart below: first exposure te 10 10 + minations and pr has been informe	Age 15-35 Every 5 years Every 5 years cocedures were performed of the results of the further examinations of the increased ries.	Age 36-45 Every 5 years Every 2 years braned by or under the	Age 45+ Every 5 years Every 1 year supervision of a lice and/or biologic mo	nitoring and any		
Periodic che: Asbestos - se Years since O  All medical exa  I The employee medical condit I the employee smoking and as The content of me	x-ray. (B read us stx-ray schedules: A see chart below: first exposure to 10 + minations and pr has been informed ions which require has been informed bestos exposure dical examinatio	Age 15-35 Every 5 years Every 5 years Cocedures were performed of the results of the further examination and of the increased riftindicated.  In was determined between the second of the increased of the increased riftindicated.	Age 36-45 Every 5 years Every 2 years brined by or under the medical examination on or treatment.	Age 45+ Every 5 years Every 1 year supervision of a lice and/or biologic mo	nitoring and any ined effect of		
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### **Concentra Medical Centers (KY)**

1825 Airport Exchange BlvdSte 100 Erlanger, KY 410 dervice 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.

DOB: 07/28/1961	EMPLOYER NAME: Environmental Demolition Group LLC
	EMPLOYER CONTACT:
_ast 4 SSN: XXX-XX-6016	CONTACT PHONE:
JOB TITLE:	
Biologic Monitoring:	
Blood Lead Level/ZPP <sup>I</sup>	[ ] Was performed and results are normal .
	[ ] Was not done
/	[ ] Results indicate:
	[ ] Was not done [ ] Results indicate: [ ] Reevaluation date:
Urine Mercury Testing <sup>II</sup>	[ ] Was performed and results are normal
Benzene CBC Testing <sup>III</sup>	[ ] Was not done
Other	[ ] Results indicate:
	[ ] Reevaluation date:
Cadmium <sup>lv</sup>	[ ] Was performed and results are normal
	[ ] Was not done
////	[ ] Results indicate:
	[ ] Reevaluation date:
Acetylcholinesterase(RBC and plasma) <sup>v</sup>	[ ] Was performed and results are normal
	[ ] Was not done
,	[ ] Results indicate:
/	[ ] Reevaluation date:
health impairment from exposure t	
health impairment from exposure  There are no limitations upon the exposure respirators. For methylene chloride, to gas mask with an organic-vapor canist	employee's use of personal protective clothing or equipment, including this includes the use of a supplied-air respirator in the negative-pressure mode, or a
health impairment from exposure  There are no limitations upon the exposure respirators. For methylene chloride, to gas mask with an organic-vapor canist	to the above marked exposures. employee's use of personal protective clothing or equipment, including this includes the use of a supplied-air respirator in the negative-pressure mode, or a ter for emergency escape.
health impairment from exposure There are no limitations upon the crespirators. For methylene chloride, to gas mask with an organic-vapor canist The following restrictions or limitations.	to the above marked exposures. employee's use of personal protective clothing or equipment, including this includes the use of a supplied-air respirator in the negative-pressure mode, or a ter for emergency escape.
health impairment from exposure There are no limitations upon the crespirators. For methylene chloride, t gas mask with an organic-vapor canist. The following restrictions or limitation.  Daniel Mullins PA-C  Clinician's Name i printed 2  H #50.006585Rx	to the above marked exposures. employee's use of personal protective clothing or equipment, including this includes the use of a supplied-air respirator in the negative-pressure mode, or a ter for emergency escape. Itions are indicated: (do not include PHI)
health impairment from exposure There are no limitations upon the crespirators. For methylene chloride, to gas mask with an organic-vapor canist. The following restrictions or limitations.  Daniel Mullins PA-C	to the above marked exposures. employee's use of personal protective clothing or equipment, including this includes the use of a supplied-air respirator in the negative-pressure mode, or a ter for emergency escape. Itions are indicated: (do not include PHI)  Signature of Examining Clinician  Date

qualifying periods, unless otherwise specified. Baseline values every 2 years. CAL-OSHA. EPA.

### **Concentra**°

### **Concentra Medical Centers (KY)**

Service Date: 09/28/2022

1825 Airport Exchange BlvdSte 100 Erlanger, KY 4101

Physical Examination

Patient Name: Done, Victor A. Date of Birth: 07/28/1961	ax: (859) 372-6350  Employer Name: Environmental Demolition Group LLC
July 2017 Dilling	Limptoyer Hume,
; •	
Job Description	•
Job description was provided by the employer and has been reviewe	od by the evenining provider
Job description not available. Determination is based solely upon de	
oob description not available. Determination is based solely upon de	in the provided by the patient applicant.
Examination Results for:	
Exam Type: Standard Physical Examination Medical Su	veillance Fit for Duty
Model of	The following th
May work without limitations/restrictions.	;
May work <u>without</u> limitations/restrictions. Clinician review of pending	test(s) may result in a change in work status
No obvious signs or symptoms of communicable disease.	test(s) may result in a change in work status.
May work only with the following limitations/restrictions:	
Unable to meet physical requirements of the job.	
Determination pending, additional information required. Requested in	aformation and/or additional evaluation must be completed
within 45 days.	:
;	
Remarks: *No protected health information (PHI)	
Daniel Mullins PA-C	
Clinician's Printed Name PA2572 Slinician's Signature OH #50.006585Rx	
**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 <u>with</u> the following limitations/restrictions:	
i Unable to meet physical requirements of the job.	
	AND THE PROPERTY OF THE PROPER
Date Final Determination Clinician's Printed Name	
	Clinician's Signature

### Concentra<sup>e</sup>

RESPCLEARWMO -1

### **Concentra Medical Centers (KY)**

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

RES	PCLEARWMO -:	1
		_

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Rev. 02/17/2022

Service Date: <u>09/28/2022</u>

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

Patient Name: <u>Done</u> , <u>Victor A.</u>	Date of Birth: _0;	7/28/1961	Employee ID/Alternative ID:
Nombre del paciente	Fecha de nacim	iento	ld. del empleado/ld. alternativa
Provide a copy to employee and employer, store in	n 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.		respirador (es) que recomendadas su usará el respirado Comentarios. Tel	indica que el empleado puede usar el tipo (s) de ue se muestra a continuación. No hay limitaciones obre las condiciones del lugar de trabajo en las que se or, a menos que se indique lo contrario en la sección nga en cuenta: Si en el futuro se utilizan más / nuevos ores, se requiere una nueva autorización médica para
Disposable N, P or R. 95, 99 or 100 filtering		Desechable pieza	a facial filtrante
Half-face respirator with particulate gas/vap	or cartridges	Respirador de me	edia cara con cartuchos de partículas de gas/vapor
Full-face respirator with particulate gas/vapo	_	Respirador de ca	ra completa con cartuchos de gas/vapor de partículas
Self-contained breathing apparatus (SCBA)		(Un equipo de res	spiración autónomo)
Supplied air (loose fitting)		Aire suministrado	(ajuste suelto)
Powered air purifying respirator (PAPR)		Respirador purific	cador de aire motorizado
Other:		Otro:	
The employee may not wear a respirator.		El empleado no p	puede usar un respirador.
Employee must schedule a medical examination papproval and usage.	orior to respirator	Programar un ex	ramen médico antes de la aprobación del respirador
The following restrictions or limitations are indicate	ed:	Se indican las sig	guientes restricciones o limitaciones:
Powered air purifying respirator (PAPR)		Respirador purifi	cador de aire motorizado
No emergency response or immediately dar health (IDLH) work	igerous to life and	Trabajo sin respu la salud	uesta de emergencia o peligro inmediato para la vida y
Other:		Otro:	
The employee has been informed of the results of any medical conditions which require further exame and they were provided with a copy of this written.  In person In writing (Questionnaire review only, without	nination or treatment, statement:	de cualquier con adicional y se les En persona	sido informado de los resultados de esta evaluación y dición médica que requiera un examen o tratamiento s proporcionó una copia de esta declaración por escrito:
present)			
The employee needs to be re-evaluated by:		La empleada nec	cesita ser reevaluada por:
Employees are to report any difficulties in respirate health status to their supervisor or physician/licens provider.		Los empleados d respirador o cam	deben informar cualquier dificultad en el uso del abio en el estado de salud.
Comments:	**************************************	Comentarios:	
Eyewear conversion kit needed.		Se necesita un k	it de conversión de gafas.
Facial hair needs to be shaved to assure a ti masks.	Facial hair needs to be shaved to assure a tight seal on tight fitting		be afeitarse para asegural un cierre hermético en las das.
Other:		Otro:	
Daniel Mullins P			Anglans
Clinician Name: KY #PA2572	Clinician Signatur	e:	Date: // Co / Co C
Nombre del médico OH #50.006585	Rx Firma del médico		Fecha /



Employee Name:	Victor Done Tejeda		***************************************
	Respirator Ir	nformation:	
	Full Face PAPR		
	Survive Air	Model:	1080 TC21C-499
31ZE	Large 		16216-499
	<u>Test Per</u>		
Irritant Smoke:	X Pass: _	X	Fail: Fail:
Saccharin: _	Pass: _		Fail:
	Half Face		
' <del>'''</del>	North Large		7700 TC-84A-0590
SIZE.			TC-64A-0590
	<u>Test Per</u>		
Irritant Smoke:	X Pass:	X	Fail:
Saccharin: _	Pass: _		Fail:
	rator. An individual w	as available t	r instructed on how to use and to interpret this information in h.
Certified Abateme	ent Specialist:	) gumy	Holloway
	Employee:	log	
	Expires: <b>09/28/2</b>	2023	



## 

Mayhew Environmental Training Associates

### NCORPORATED

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

on 12/10/2021 - 12/10/2021 and passed the associated exam on 12/10/2021 with a score of at least 70% as approved by the US EPA under 40 CFR 763 (AHERA)

ON GODNI MAYHEW シマススソン

SSN: XXX-XX-2969

Expiration: 12/10/2022

Lawrence, KS. 66044

P.O. Box 786

www.metaenvironmental.net

800.444.6382

Thoma's May'hew 2 BUMMA

Robert Brooks Instructor

Kolon Brook

President

### 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)

	be maintained i		t a medical ch			
EMPLOYEE NAME: Vehr, Bradley D.			EMPLOYER NAME: Environmental Demolition Group LLC			
DOB: 09/25/1975			`EMPLOYER CONTACT:CONTACT PHONE:			
Last 4 SSN: XXX-XX-2969				CONTACT PH	ONE:	
JOB TITLE:	JOB TITLE:					
NOTES: This document does not	replace mandated s	state forms	s where applicabl	e.	ed to be OSHA and/o	r EPA compliant for listed exposure
If requested or preferre	t <b>be su</b> pstituted for t d by employer, expo	nis written sure specif	fic WMO forms a	vailable to print o	on MyConcentra may	be used alternatively.
if requested of preferre	a by chiployer, expe	Sure specim	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tanada da panta	,	•
29 CFR 1926 C	onstruction	29 CFF	R 1910 <b>Ge</b> ner	al & Maritime	Other	
Check applicable e This form does not reple exposures.	xposure(s) for Wace Silica or Berylliur	V <b>ritten O</b> n Written I	<b>Opinion: (chec</b> Medical Opinions	k all that app or Reports that	<b>lγ)</b> print from Concentra	OccuSource at registration for tho
Asbestos	☐ Pesticides		☐ Cadmium	1 1	Lead	☐ Hazwoper/Hazmat
☐ Acryonitrile	☐ Benzene		☐ Mangane	se 🗆	Zinc Oxide	☐ Inorganic Mercury
☐ Arsenic	☐ Diesel Exh	aust	☐ Ethylene	Oxide 🗆	Formaldehyde	☐ Methylene Chloride
☐ Polychlorinated biphenyls	☐ 1,3- Butad	liene	☐ Hexavale		Xylene/Toluene	☐ Metal Working Fluid
☐ Other (specify):			Cironita	1		
E Other (opecity)						
<b>*</b>	ation, including sed exposure(s).	a medica	al and work h	istory with spe	ecial emphasis or	n body symptoms related to
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Page 1 of 2

### 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. EMPLOYER NAME: Environmental Demolition Group LLC EMPLOYEE NAME: Vehr, Bradley D. EMPLOYER CONTACT: DOB: 09/25/1975 CONTACT PHONE: Last 4 SSN: XXX-XX-2969 JOB TITLE: Biologic Monitoring: Was performed and results are normal Blood Lead Level/ZPPi [] Was not done 450 3,0 [ ] Results indicate: \_\_\_\_\_ [ ] Reevaluation date: [ ] Was performed and results are normal Urine Mercury Testing<sup>II</sup> [] Was not done Benzene CBC Testinglii [ ] Results indicate: Other\_\_\_\_ [ ] Reevaluation date: \_\_\_ [ ] Was performed and results are normal Cadmiumiv [ ] Was not done [ ] Results indicate:\_\_\_\_ [ ] Reevaluation date: \_\_\_ [ ] Was performed and results are normal Acetylcholinesterase(RBC and plasma)v [ ] Was not done [ ] Results indicate:\_\_\_\_ [ ] 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. Signature of Examining Clinician 10-11-22 Clinician's Name (printed) Date: Physician signature cosign: 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 Goidance 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 Required repeat at 2 week if H/H and Platelet count 20% of prior testing or abnormal, WBC 4,000 mm3 or abn diff 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. Başeline values every 2 years. CAL-OSHA. EPA.



Patient Name: Vehr, Bradley D.

### Concentra Medical Centers (Ohio)

2884 East Kemper Rd Cincinnati, OH 45241

Service Date: <u>10/11/2022</u>

Physical Examination

Job Description
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.
Turning the Paralle for
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.Ö.
Clinician's Printed Name Clinician's Signature
Clinician's Printed Name Clinician's Signature
**If status above listed as determination pending, please document status after review of additional records/testing:
I Status above listed as accommendating persons, persons as a second person persons as a second person person persons as a second person per
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 Bi Fecha de Nac		Social Security Number Número de seguro social
<ul> <li></li></ul>	nded   mitations or will be used  Fadditional/new v respirator    ece   1	respiradores marc recomendadas so utilizará el respira Comentarios. Ten respirador(es) en para el respirador Eliminación N, P Respirador de ma Respirador de ca gas/vapor Aparato de resp Aire suministrad	dica que el empleado puede usar los tipos de cados a continuación. No hay limitaciones bre las condiciones del lugar de trabajo en las que se dor, a menos que se indique en la sección ga en cuenta: si se utilizan tipos nuevos/adicionales de el futuro, se requiere una nueva autorización médica o R. Pieza facial filtrante 95, 99 o 100 ledia cara con cartuchos para partículas de gas/vapor ara completa con cartuchos para partículas de liración autónomo (SCBA) o (ajuste suelto) icador de aire motorizado (PAPR)
<ul><li>The employee may not wear a respirator.</li><li>Employee must schedule a medical examination price</li></ul>			uede usar un respirador.
approval and usage.		:i empleado debe / el uso del respira	programar un examen médico antes de la aprobación ador.
<ul> <li>□ The following restrictions or limitations are indicated</li> <li>□ Powered air purifying respirator (PAPR)</li> <li>□ No emergency response or immediately dangero Health (IDLH) work</li> <li>□ Öther:</li> </ul>		Respirador purif	ientes restricciones o limitaciones: icador de aire motorizado (PAPR) uesta de emergencia o peligro Inmediato para la vida y
<ul> <li>□ The employee has been informed of the results of the any medical conditions which require further examinate treatment, and they are provided with a copy of this statement:</li> <li>□ In person</li> <li>□ In writing (Questionnaire review only, without the employee present)</li> </ul>	nation or constitution or written	cualquier condició adicional, y se le p En persona	do informado de los resultados de esta evaluación y in médica que requiera un examen o tratamiento roporciona una copia de esta declaración escrita: revisión del cuestionario, sin la presencia del
The employee needs to be re-evaluated by:  //-C  Employees are to report any difficulties in respirator health status to their supervisor or physician/license	use or change in	Los empleados d respirador o cari	sita ser reevaluado por: leben Informar cualquier dificultad en el uso del ablo en el estado de salud a su supervisor o
provider.  Comments:  Eyewear conversion kit needed  Facial hair needs to be shaved to assure a tight se masks  Other:		Comentarios: Se necesita un ki	or de atención médica autorizado. It de conversión de gafas De afeitarse para asegurar un sellado hermético en adas
They have	Keith Everitt, F	NP. RN. MS	$\int \int -\beta c f - 2 \beta 2 \gamma$
Physician's Signature Firma del medico	Physician's Printed Nombre impreso del med	Name	Date Fecha
325 Flord Brok	104 Bereu	Ky 40	(0 2859) 338-3610
Physician's Address (Street, City, State, Zip Cod Dirección del médico (calle, ciudad, estado, código postal)	le)		Telephone Number Número de teléfono



Employee Name:	Bradley Vehr					
Respirator Information:						
	Full Face PAPR Survive Air	Model:	1080			
<b>!</b>	Medium	NIOSH #:				
	<u>Test Perf</u>		Property of the second			
Irritant Smoke:		<del></del>	Fail:			
Saccharin:	Pass:	<b>^</b>	Fail: Fail:			
Type:	Half Face					
	North	Model:	7700			
i e e e e e e e e e e e e e e e e e e e			TC-84A-0590			
	<u>Test Perf</u>	ormed				
Irritant Smoke:	X Pass:	X	Fail:			
Saccharin:	Pass: _		Fail:			
maintain his/her respi		as available t	instructed on how to use and o interpret this information in า.			
Certified Abateme	ent Specialist:	V Eggs				
	Employee:					
	Expires: 10/11/2	023				



Employee Name: Bradley Vehr					
	Respirator In	formation:			
Manufacturer:	Full Face PAPR Survive Air Medium Test Perf				
Irritant Smoke: Saccharin:	X Pass:	X	Fail: Fail:		
Manufacturer:	Half Face North Medium		7700 TC-84A-0590		
	<u>Test Perf</u>	ormed			
Irritant Smoke: Saccharin:	X Pass: _ Pass: _	X	Fail: Fail:		
maintain his/her respi	tested employee has brator. An individual wave employee does not	as available t	instructed on how to use and to interpret this information in h.		
Certified Abateme	ent Specialist:	V Eggs			
	Employee:				
	Expires: _ <b>11/04/2</b>	023			

# Active Environmental Training, LLC

37826 Sky Ridge Circle Dade City, Florida 33525

UN #1 407-860-0369 active a active et. com

Georgia

Florida

Alabama. Tennessee

Louisiana

Certifies that:





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, n the Discipline of:

1069-\*\*-\*\*

# AHERA Asbestos Worker Refresher (Spanish)

Provider #: 0005086 Course #: 0006350

Attended Class

Exam Date

**Expiration Date** 

Aug 20, 2022

Aug 20, 2023 Aug 20, 2022

ourse Administrator Marie Cspins

Certificate Authenticatedy/umber

VE 10820202NR03

Active Environmental Training For verification Call 407-860-0369 Not Vaild Without This Stamp 

his Certificate is not valid without he authentication seal

Pleuse grapped froudation activities by calling 407-860-0369 for authentication of this certificate

Physician's Written Opinion	for Respirator Use / Asbestos Form
Name: jose oman Rivar	Company Name:
Address: 1918 Westmon In Apt	Address:
4104 Cincinati OH 45005	
Phone: 412 807 9960	Phone:
	Contact:
I. Does the employee have a detectable medical c material impairment from exposure to asbestos	ondition that would place the employee at an increased risk of (circle one)? No Yes If yes, specify
2. Is the employee physically fit to wear the follow	wing types of respirator(s)?
<ul> <li>a) Negative Pressure Air Purifying Respirator</li> <li>b) Powered Air Purifying Respirator</li> <li>c) Self-Contained Breathing Apparatus</li> </ul>	irator No (Ces No (Ces No (Ces
If any above are "no", or "yes, with limital	tions", please specify reason
of health from respirator use or work in the es	vould place the employee at increased risk for material impairment
se class (Provider to circle and initial appropriate	class / subclass):
, a) Negative Pressu b) Powered Air Pu	irator use should not use the following: re Air Purifying Respirator rifying Respirator Breathing Apparatus
Class 3 No respirator uso perm	ritted.
omplete this form and inform the employer if the the Company. The Company must provide the	p results of the examination. A copy of this form must be returned the examination of this form within 30 days of receipt.
Examining Provider (print): ROS 2 Provider Signature:	Phone: SM 671 SDSO  NT CARE  JOSEPH  J



Employee Name: _	José Rivas				
	<u>Respirator</u>	Information:			
	Full Face PAPR Survive Air Medium Test Pe	NIOSH#:	TC21C-499		
Irritant Smoke: _ Saccharin: _	X Pass:	<b>X</b>	Fail:		
Type: _ Manufacturer: _ Size: _	Half Face North		7700 TC-84A-0590		
Irritant Smoke; Saccharin:	X Pass:	X	Fall:		
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 Abateme	ent Specialist: <u>//</u>	my Holl	may		
	Employee:	se ne	149		
	Expires: 03/	28/23			

## ALPHA Environmental Training, Inc.

1419 Harland Street, Charlotte, North Carolina 28216 (980) 722-3398 Fax: (704) 817-7178 www.wiphsamvinormentaltraining.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 COURS **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

W. To an

Humberlo Adama, Principal Instructo

AND ON

Humbado Adame, Course Administra

Patient: Canalez, Maria

004

Concentra Medical Centers (Ohlo)

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)

	57A 3 A S - 5													and the second second		
	1.0												La Contract of the S			4 May 25 7 7 9
														游水浴器。	3.00 0-23	A SHOW SHOW
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	100000			Long Street Street	ir razm	3 x 3 1 4 4 2 88.	A STATE OF THE PARTY OF	termedition (State).	and menan				200000000000000000000000000000000000000	P 400 1 17	5 C 3 T T A	
FL 63	2013		.a.mar	8 L - E 2 Sk hs.	i <b>r rosp</b> inlån pa					A CONTRACTOR OF THE PARTY OF TH		an and re	ron Il	医神经性毒素	10.1	
医硬件	20.00	Automobile Contraction	State Bullion State Stat	ASSESSMENT OF STREET				or the set of the		COLOR PARTIES	D 00 8		APPLY AND SHOW			
	17 S. 17 W. 17		1000	10 20 10 20 40 20 20				UITELLU	<b>" 斯基·多斯</b> "		SCHOOL STATE					
200			a merchant to	- U 00	unun Da	THE REAL PROPERTY.										
1.1	22 1 1	UBCIDI	3.333.000.5	A STATE OF THE REAL PROPERTY.												

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 que el empleado puede usar el tipo (s) de respirador (es) que se investo en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de 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 pieze facial filtranta)  Half face respirator with particulate gas/vapor cartridges (Respirador de media care con cartridge)  Full face respirator with particulate gas/vapor cartridges (Respirador de care completa con cartridge)  [] Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)  [] Supplied air (loose fitting) (Aire suministrado (ajuste sunito))	uchos de particulas de gas / vapor) artuchos de gas / vapor de particulas)
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.  (Programmer un examen médico antes de la aprobación del respirador)	
The following restrictions or limitations are indicated (Se indican les siguientes restricciones o limitacions	ones): , aurien mid i
[] Positive air purifying respirator (PAPR) (Respirador purificador de aira positivo) [] No emergency response or immediately dangerous to life and health (IDLH (Trabajo ain respuesta de amergancia o paligro inmediato para la vida y la salud [] Other (otro):	
The amployee has been informed of the results of this evaluation and any medical condition examination or treatment and they were provided with a copy of this written statement: (resultados de este evaluación y de cualquier condición mádica que requiere un examen o tratamiento adicional y se declaración por escrito:)	El empleado ha sido informado de los e les proporciono una copia de esta
In person (En persons)  [] In writing (Questionnaire review only, without the employee present)  (escrito solo una revisión del Cuestionario, empleado no presents)	
This medical evaluation expires on (Esta evaluación médica expire el): 3/22/23	
This medical evaluation expires on (and available) in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the Employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in respirator use or change in health status to the employees are to report any difficulties in the employees are to report any difficulties in the employees are to report any difficulties in the employees are to report any diff	neir supervisor, physician or ador o cambio en el estado de salud.)
Comments: (Comentarios)	
[] Eyewear conversion kit needed. (Se necesite un kit de conversión de gafes.) [] Facial hair needs to be shaved to assure a tight seal on tight fitting mask: (El vallo facial deba afeitarse para assgurar un cierra hermático en las máscaras ajustadas.) [] Other (otro):	
Clan Name: Abby M. Rapking, PA-C Clinician Signature: Als mounts	0A- Date: 3/22/2>



Employee Name: _	Maria Canalez					
	Respirator Information:					
Type: _ Manufacturer: _ Size: _	Full Face PAPR Survive Air Medium Test Perf	Model: NIOSH#: o <u>rmed</u>	1080 TC21C-499			
Irritant Smoke: _ Saccharin: _	X Pass:	<u> </u>	Fail:			
Type: _ Manufacturer: _ Size: _	Half Face North	Model: NIOSH#:	7700 TC-84A-0590			
Irritant Smoke: Saccharin:	Test Per	<u>X</u>	Fail:			
d maintain his/her the event that the a	above employee does r	not speak En				
Certified Abatem	ent Specialist: <u>Man</u> Employee: <u>Ma</u>					
	Employee: NAME   1972					

# ALPHA Environmental Training, Inc.

1419 Harland Street, Charlotte, North Carolina 28216 (980) 722-3398 Fac: (704) 817-7178 www.alphaenvinorunantalinaling.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.

AHERA ASBESTOS WORKER REFRESHER SPANISH TRAINING COURSE Florida DBPR Course Provider # 0005829, Florida DBPR Training Course # 0006371

2704 S. Main Street Salisbury, NC 28147 Training Location

Certificate # 01-5900

February 19, 2022 Course Date

February 19, 2022 Examination Data Expires: February 19, 2023

Sh To am

Humberto Adame, Principal Instructor

4 70 M

Service Date: 01/2/2002

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 exploración módica y openión pera al use de respiradores sa completo de scuerdo con 19 CFR 1910-154)

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 apprendictive v types or respirator(s) are othered in the follow. No hay imitationes recomended as sobre les conditiones del lugar de trabajo que de empleoco puede user el tipo (s) de respirador (es) que se muestre e continueción. No hay imitationes recomended as sobre les conditiones del lugar de trabajo que de empleoco puede user el tipo (s) de respirador (es) que se muestre el muestre en la succión Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de en las que se succión comentarios. dores, se requiereuna nueva autorización médica para respiradores.)

respiradores, se requiere una nueve autorización médica para respiradores.	
Disposable N, P or R. 95, 99 or 100 filtering face piece (Desechable plaze facial filtrants)  Half face respirator with particulate gas/vapor cartridges (Respirador de madis cara con cartuchos  [ ] Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)  [ ] Supplied air (loose fitting) (Aire suministrado (ajusta sualto))	de particulas de gas / vapor) ios de gas / vapor de particulas)
The employee may not wear a respirator. (Elempleado no puede usar un respirador.)	
Employee must schedule a medical examination prior to respirator approval and usage.  (Programer un asamen médico antes de la aprobación del respirador)	
The following restrictions or limitations are indicated (Se indican les siguientes restricciones o limitaciones)	I was applied to
Positive air purifying respirator (PAPR) (Respirador purificador de sira positivo)     No emergency response or immediately dangerous to life and health (IDLH) wo   (Traba)o sin respuents de emergencie o peligro inmediato para la vide y le salud     Other (otro):	ark :
The employee has been informed of the results of this evaluation and any medical conditions of examination or treatment and they were provided with a copy of this written statement: (El an important established on the examination of treatments advisorally select decignation por ascrito:)  In person (En persons)  In writing (Questionnaire review only, without the employee present)  (escrito solo una revisión del Cuestionario, ampleado no presente)	mpleado ha sido informado de los proporcionó una copia da esta
3/22/23	
This medical evaluation expires on (15th evaluation in the status of their Employees are to report any difficulties in respirator use or change in health status to their licensed health care provider. (Los empleados deben informar cualquier difficultad en el uso del respirado c	supervisor, physician or r o cambio an el estado de salud.)
Comments: (Comentarios)  [ ] Eyewear conversion kit needed. (Se necesite un kit de conversión de gafas.)  [ ] Facial heir 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):	
an Name: Abby M. Rapking, PA-C Clinician Signature: ASI MRAPE C	RESPCLEARWMO

Ncian Name:



Employee Name:	Pablo S Bonilla						
	Resp	olrator In					
Type: Manufacturer: Size:		APR Air n Test Perf		1080 TC21C-499			
Irritant Smoke: Saccharin:	X	Pass: Pass:	<u>X</u>	Fail:			
Type: Manufacturer: Size:	Half Fac North	30	Model: NIOSH#:	7700 TC-84A-0590			
Irritant Smoke: Saccharin:		Pass: _ Pass: _		Fail:			
I certify that the abov and maintain his/her r in the event that the a	espirator. An	individual	l was availab	erly instructed on how to use le to interpret this information lish.			
Certified Abateme	ent Specialist:	Hom	y soll	enage			
			o Boni				
	Expires:	06/1	1/23				