

# ACM Removal Project Completion Documentation

Federal Center – Building 122B  
4300 Goodfellow  
St. Louis, Missouri

Contract #: GX-06P-10-GX-A-0021/GS-P-06-11-GX-5188, (06020805)

Terracon Project No: 15119080

**Prepared for:**

General Services Administration  
Heartland Region  
Facilities Management Division  
1500 East Bannister Rd (6PME)  
Room 2101  
Kansas City, Missouri 64131

**Prepared by:**

Terracon Consultants, Inc.  
Lenexa, Kansas

**Date:**

January 10, 2012

Offices Nationwide  
Employee-Owned

Established in 1965  
terracon.com

# Terracon

Geotechnical ■ Environmental ■ Construction Materials ■ Facilities



January 10, 2012

General Services Administration  
Heartland Region  
Facilities Management Division  
1500 East Bannister Rd (6PME)  
Room 2101  
Kansas City, Missouri 64131

Attn: Mr. Gary Adams  
P: 816-823-1704  
E: [gary.adams@gsa.gov](mailto:gary.adams@gsa.gov)

Re: Asbestos Removal  
Federal Center – Building 122B  
4300 Goodfellow  
St. Louis, Missouri  
Terracon Project Number: 15119080

Dear Mr. Adams:

Terracon Consultants, Inc. is pleased to provide project completion documentation regarding the removal of asbestos performed at the above referenced site. The work was conducted in general accordance with contract GX-06P-10-GX-A-0021/GS-P-06-11-GX-5188, (06020805).

We appreciate the opportunity to be of service to you on this project. If there are any questions concerning the report, or if we may be of further assistance, please contact Allen R. Bartels at 913.492.7777 or by e-mail at [arbartels@terracon.com](mailto:arbartels@terracon.com).

Sincerely,  
**TERRACON CONSULTANTS, INC.**

(b) (6)

A large black rectangular redaction box covers the signature area of the sender, obscuring the name and any handwritten notes.

Allen Bartels, MBA  
Department Manager Asbestos Services

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**SECTION 2 - GEI CONTRACTOR CLOSEOUT PACKAGE**

**Section 1**

**TERRACON PROJECT OVERSIGHT LOGS**

# Terracon

## DAILY OBSERVATION LOG

Project Name 122 B Good fellow

Date 11-4-11

Project No. 15119080

3:00 - On-site w/ Occa T & G&E

3:30 - Trucks from G&E arrives, ~~supplies~~ supplies are unloaded; prep begins

5:45 - Removal starts

7:30-8:00 - Lunch Break

~~10:30 - Sta~~

11:00 - End of shift



**SECTION 2**

**GEI CONTRACTOR CLOSEOUT PACKAGE**



**SBA 8(a) CERTIFIED  
W/DBE & S/DBE**

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**GSA**

**CLOSEOUT PACKAGE**

**PROJECT:**

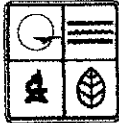
**FEDERAL CENTER – BUILDING 122B  
4300 GOODFELLOW  
ST. LOUIS, MO  
JOB NUMBER: ASB2111960**

**TERRACON CONTRACT#: GX-06P-10-GX-A-0021/  
GS-P-06-11-GX-5188**

---

**7225 St. Charles Rock Road  
Pagedale, MO 63133**





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS POST- NOTIFICATION**

**GENERAL INSTRUCTIONS**

Persons who perform asbestos abatement projects are required to submit post-notification to the department within sixty (60) days of the completion date indicated on the initial notification. This post-notification shall include signed and dated receipt(s) of asbestos disposal as well as final air clearance results (if applicable). These documents, along with the completed post-notification form shall be mailed to the following address\*:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
 P.O. BOX 176  
 JEFFERSON CITY, MISSOURI 65102

\*For projects under the jurisdiction of a local agency, send post notification to the appropriate office.

**PART A. ASBESTOS PROJECT INFORMATION**

PROJECT NAME Federal Center - Building 122B		PROJECT ID ASSIGNED BY MDNR A5508-2011	
ADDRESS 4300 Goodfellow			
CITY St. Louis		STATE MO	ZIP CODE 63120
START DATE 11/4/2011		COMPLETION DATE 11/5/2011	

**PART B. CONTRACTOR INFORMATION**

NAME OF CONTRACTOR GEI		CONTRACTOR REGISTRATION NUMBER 12-06-0350	
CONTRACTOR CONTACT PERSON Vicki Dunn-Wolfe		TELEPHONE NUMBER 636-928-2500	

**PART C. WASTE DISPOSAL INFORMATION**

NAME OF LANDFILL Roxana Landfill Authority			
ADDRESS 4600 Cahokia Creek			
CITY Roxana		STATE IL	ZIP CODE 62048

**NOTE:** INCLUDE COPIES OF ALL WASTE SHIPMENT RECORDS AND DISPOSAL RECEIPTS

**PART D. AIR SAMPLING INFORMATION**

NAME OF AIR SAMPLING PROFESSIONAL Patricia Garcia		CERTIFICATION NUMBER 7031008MOAS11347	
COMPANY NAME OCCU-TEC		TELEPHONE NUMBER 816-719-6149	

**NOTE:** INCLUDE COPIES OF FINAL AIR CLEARANCE RESULTS (IF APPLICABLE)

**PART E. AUTHENTICATION**

I CERTIFY THAT THE INFORMATION LISTED ABOVE AND ENCLOSED IS TRUE AND ACCURATE.

SIGNATURE OF ASBESTOS ABATEMENT CONTRACTOR (b) (6)	DATE 12/1/11
---	-----------------

ASBZ11196D

**TEM ANALYSIS OF AIR SAMPLES**

4151 North Mulberry Drive, Suite 275  
 Kansas City, Missouri 64116  
 (816) 231-5580  
 Toll Free: (800) 950-1953  
 Fax: (816) 231-5641



OCCU-TEC Project #: 91101.02  
 Sample Date: 11/5/2011  
 Analysis Date: 11/29/2011  
 Report Date: 11/29/2011  
 Rotometer #: PJG

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

FILTER TYPE: 25mm, 0.45 um

Client Sample ID	Activity/ Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	# Asbestos Structures	Asbestos Structures/m <sup>3</sup>	Concentration Structures/cc
				Start	End	Avg	Start	Stop					
MO0620-T001	Blank	BLK										Not Analyzed	
MO0620-T002	Blank	BLK										Not Analyzed	
MO0620-T003	Blank	BLK										Not Analyzed	
MO0620-T004	Basement Ice Machine Room	CL	68	10.11	10.11	10.11	15:50	17:51	121	1223		Not Analyzed	
MO0620-T005	Basement Ice Machine Room	CL	Terr1	10.11	10.11	10.11	15:51	17:53	122	1233		Not Analyzed	
MO0620-T006	Basement Fan Room	CL	Terr2	10.11	10.11	10.11	15:52	17:54	122	1233		Not Analyzed	
MO0620-T007	Basement Fan Room	CL	Terr3	10.11	10.11	10.11	15:53	17:55	122	1233		Not Analyzed	
MO0620-T008	Basement Fan Room	CL	Terr4	10.11	10.11	10.11	15:54	17:56	122	1233		Not Analyzed	

**SAMPLE TYPE**  
 PRS-personal  
 BLK= blank  
 ICL=inside clearance  
 IGLD=background

**ACTIVITY**  
 PREP=site prep.  
 GLBG=glue bag  
 GRE=ingress removal

**RESPIRATOR TYPE**  
 FFD=half mask  
 PFF=full face  
 P=powered  
 SCBA=self contained breathing apparatus

**RESPIRATOR TYPE**  
 APR=air purifying resp.  
 SA=supplied air  
 PD=pressure demand  
 SCBA=self contained breathing apparatus

**ACTIVITY**  
 PREP=site prep.  
 GLBG=glue bag  
 GRE=ingress removal

**RESPIRATOR TYPE**  
 FFD=half mask  
 PFF=full face  
 P=powered  
 SCBA=self contained breathing apparatus

Sampled By: Pat Garcia

Z:\SHARE\CLIENT\GSA Heartland Region\2011\91101 2011 3rd Party Air Monitoring and Project Oversight\Goodfellow Federal Center - St. Louis, MO\Bldg #122B\Abatement Report\TEM

PCM ANALYSIS OF AIR SAMPLES



4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 FAX: (816) 231-5641

OCCU-TEC Project #: 91101.02  
 Sample Date: 11/5/2011  
 Analysis Date: 11/5/2011  
 Report Date: 11/29/2011  
 Rotometer #: P.JG  
 Blank Average = 0.5

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

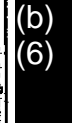
FILTER TYPE: 25mm, 0.8 um NCE

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/ Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/ mm2	Fibers/ cc
				Start	End	Avg	Start	Stop						
MO0620-011	Blank	BLK												
MO0620-012	Blank	BLK												
MO0620-013	Basement - Ice Machine Rm; HM; GLBG	IWA	407	3.08	3.08	3.08	7:24	15:45	501	1543	30.5	100	38.22	0.010
MO0620-014	Basement - Hallway; HM; GLBG	OWA	409	3.08	3.08	3.08	7:25	15:29	484	1491	13	100	15.92	0.004
MO0620-015	Basement - Fitness Rm; HM; GLBG	OWA	401	3.08	3.08	3.08	7:26	15:28	482	1485	23	100	28.66	0.007
MO0620-016	Basement - Ice Machine	CL	407	10.11	10.11	10.11	15:45	17:51	126	1274	1	100	0.64	< 0.003
MO0620-017	Basement - Ice Machine	CL	392	10.11	10.11	10.11	15:46	17:53	127	1284	1	100	0.64	< 0.003
MO0620-018	Basement - Air Handler	CL	393	10.11	10.11	10.11	15:47	17:54	127	1284	4	100	4.46	< 0.003
MO0620-019	Basement Air Handler	CL	408	10.11	10.11	10.11	15:48	17:55	127	1284	5	100	5.73	< 0.003
MO0620-020	Basement Air Handler	CL	408	10.11	10.11	10.11	15:49	17:56	127	1284	2	100	1.91	< 0.003

SAMPLE TYPE

PRE-personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA=outside work area CTe=clean room  
 CL=cleanroom BGD=background

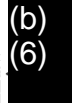


Analyzed By: \_\_\_\_\_

Checked By: \_\_\_\_\_

ACTIVITY

PREP=site prep. BGL=bag load out  
 GLBG=grabbing CLN=clean up  
 GAG=gross removal EAC=exhaust



RESPIRATOR TYPE

HiP=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 C=compressor breathing apparatus

The NIOSH 7400 counting rules A does not distinguish between asbestos and non-asbestos fibers

The NIOSH 7400 method assumes the lowest quantitative fiber density is 7 fibers / 100 fields at 95% confidence level. OCCU-TEC's limit of detection (LOD) is equal to 7 fibers/100 fields.

Samples processed by a < sign are calculated using a count of 7 fibers per 100 fields.

This report should not be reproduced except in full.

The estimated intralaboratory coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

Low Range = 5 to 20 Fibers, Medium Range = 20 to 50 Fibers, High Range = 50 to 100 Fibers

The estimated interlaboratory CV for the quality control program that this laboratory participates in is 0.45.

12/06/2011 3:08 12:35 FAX

AIHA PAT Lab #: 1071206

ASB211194D

WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Elevation \_\_\_\_\_  
North \_\_\_\_\_ East \_\_\_\_\_

1-A. Special Waste Profile Number <b>43381019946</b>		NESHAP Notified ____ YES ____ NO		WSR Number <b>007727</b>	
1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code) <b>Terracon 13910 West 96th Terrace Lenexa, KS 62215</b>				1-C. Generator's Phone Number <b>913-220-6827</b>	
1-D. Work Site Address <b>Federal Center - Building 122B 4300 Goodfellow Blvd. St. Louis, MO 63120</b>				1-E. 24 Hour Emergency Response Telephone Number <b>913-220-6827</b>	
2. Operator's Name and Complete Mailing Address <b>GEI 7225 St. Charles Rock Road Pagedale, MO 63133</b>				Operator's Phone Number <b>636-928-2500</b>	
3. Waste Disposal Site (WDS) Name and Complete Mailing Address <b>Roxana Landfill Authority 4600 Cahokia Creek Road Roxana, IL 62048</b>				WDS Phone Number <b>618-656-6912</b>	
4. Name and Address of Responsible Agency <b>City Of St. Louis Air Pollution 1520 Market, 4th floor, room 4058 St. Louis, MO 63105</b>					
5. Description of Materials					
friable asbestos		Asbestos, 9, MA2212, III, RQ		6. Containers No. Type <b>154 bags</b>	7. Total Quantity yds. <b>8</b>
non-friable asbestos		Cat I _____ Cat II _____			
8. Special Handling Instructions and Additional Information <b>24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL. MUST BE BURIED</b>					
9. GENERATOR/OPERATOR'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. I hereby certify that the asbestos is not contaminated with hazardous, PCB, and/or any special waste.					
Printed/Typed Name and Title <b>Vicki Dunn-Wolfe / President</b>		Signature <b>(b) (6)</b>		Date <b>11-5-11</b>	
10. Transporter 1 Company Name <b>Allied Waste</b>			Driver Signature <b>(b) (6)</b>		
Complete Mailing Address <b>12976 St. Charles Rock Road Bridgeton, MO 63044</b>			Printed Name and Title <b>MICHAEL TILLMAN</b>		
Telephone Number (including area code) <b>636-947-5959</b>			Date <b>12-14-11</b>		
11. Transporter 2 Company Name			Driver Signature		
Complete Mailing Address			Printed Name and Title		
Telephone Number (including area code)			Date		
12. Discrepancy Indication Space <b>Manifest did not accompany the load.</b>					
13. Waste Disposal Site Owner or Operator Special Waste Approval is issued by signature in the case of a Generic Asbestos Approval. Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.					
Printed/Typed Name and Title <b>Rory Townik</b>		Signature <b>(b) (6)</b>		Date <b>4/28/14</b>	

ASB211194D



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM  
 P.O. BOX 176, JEFFERSON CITY, MO 63102-0176  
**ASBESTOS NOTIFICATION AMENDMENT**  
 (Please type information) # 1

FOR OFFICE USE ONLY

**PART A CONTRACTOR INFORMATION**

1. ASBESTOS ABATEMENT CONTRACTOR NAME  
**GEI**

2. CONTRACTOR STREET ADDRESS CITY STATE ZIP TELEPHONE NUMBER  
**7225 St. Charles Rock Road, Pagedale, MO 63133 636-928-2500**

3. MISSOURI REGISTRATION NUMBER REGISTRATION EXPIRATION DATE CONTACT PERSON  
**12-06-0350 6/30/2012 Vicki Dunn-Wolfe**

**PART B PROJECT INFORMATION**

1. PROJECT SITE NAME  
**Federal Center - Building 122B**

2. PROJECT SITE ADDRESS CITY STATE ZIP TELEPHONE NUMBER  
**4300 Goodfellow, St. Louis, MO 63120 913-220-6827**

3. PROJECT I.D. NUMBER ASSIGNED BY THE MISSOURI DEPARTMENT OF NATURAL RESOURCES

**PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)**

PROJECT INFORMATION AS NOTIFIED (Example: Start Time: 7:00 a.m.)	AMENDED TO
	Start Time: 7:30 a.m.)
Work Schedule: 11/3/11	Work Schedule: 11/4/11
Prep: 7:00 am - 9:00 am	Prep: 5:30 pm - 7:00 pm
11/3/11 - 11/14/11	Abatement: 7:00 pm - 12:00 am
Abatement: 7:00 am - 3:30 pm	11/5/11
Lunch: 11:30 am - 12:00 pm	Abatement: 7:00 am - 3:00 pm
Project completed.	Lunch: 11:30 am - 12:15 pm
	Project completed.

**PART D SUPPLEMENTAL INFORMATION (AS NEEDED)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

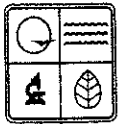
\_\_\_\_\_

**PART E AUTHENTICATION**

\_\_\_\_\_  
 (b) (6) TITLE  
 Office Coordinator

PRINTED OR TYPED NAME DATE  
 Lindsay Dunn 10/26/11

JOB FILE



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
P.O. BOX 176, JEFFERSON CITY, MO 65102-0176  
**ASBESTOS PROJECT NOTIFICATION**

FOR APCP USE ONLY	
DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

**PART A. NOTIFICATION INFORMATION**

1. TYPE OF NOTIFICATION (CHECK ONE)  
 ORIGINAL    REVISION    CANCELLATION

2. TYPE OF PROJECT NOTIFICATION

160 SQUARE FEET, 260 LINEAR FEET, 35 CUBIC FEET OR MORE OF FRIABLE ASBESTOS MATERIAL INVOLVED\*  
 LESS THAN 160 SQUARE FEET, 260 LINEAR FEET, OR 35 CUBIC FEET OF FRIABLE ASBESTOS MATERIAL INVOLVED  
DOES THIS PROJECT INVOLVE STRUCTURAL RENOVATION  OR DEMOLITION \*\*

\*NOTE: A NON-REFUNDABLE REVIEW FEE OF \$100 MUST BE SUBMITTED FOR ANY ASBESTOS ABATEMENT PROJECT INVOLVING 160 SQUARE FEET, 260 LINEAR FEET, 35 CUBIC FEET, OR MORE OF FRIABLE ASBESTOS-CONTAINING MATERIAL, AND FOR PLANNED RENOVATION PROJECTS AS DEFINED IN U.S. EPA REGULATION 40 CFR PART 61 SUBPART M.

\*\*THIS NOTIFICATION DOES NOT SATISFY THE REQUIREMENT FOR DEMOLITION NOTIFICATION. USE FORM NUMBER 780-1923 FOR DEMOLITION NOTIFICATION.

MAKE CHECKS PAYABLE TO MISSOURI AIR POLLUTION CONTROL PROGRAM OR THE APPROPRIATE LOCAL AGENCY.

3. IF AN UNSAFE STRUCTURE IS BEING DEMOLISHED UNDER THE ORDER OF A STATE OR LOCAL GOVERNMENT AGENCY, INCLUDE A COPY OF THE UNSAFE BUILDING DECLARATION AND COMPLETE THE FOLLOWING:

A. NAME OF INDIVIDUAL ORDERING DEMOLITION	B. TITLE
C. AUTHORITY OF THE INDIVIDUAL	D. TELEPHONE NUMBER

4. FOR EMERGENCY RENOVATIONS COMPLETE THE FOLLOWING:

A. DATE AND HOUR OF THE EMERGENCY
B. DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT
C. EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN

5. IF A WAIVER OF ANY REQUIREMENT IS REQUESTED, INDICATE THE WAIVER DESIRED AND THE JUSTIFICATION FOR SUCH A WAIVER. (USE SUPPLEMENTAL SHEET IF NECESSARY)

A. WAIVER	B. JUSTIFICATION
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**PART B. CONTRACTOR INFORMATION AND AUTHORIZATION**

1. ASBESTOS ABATEMENT CONTRACTOR NAME GEI (Global Environmental, Inc.)		
2. CONTRACTOR ADDRESS 7225 St. Charles Rock Road		
3. CITY Pagedale	4. STATE MO	5. ZIP CODE 63133
6. MISSOURI REGISTRATION NUMBER 12-06-0350	7. REGISTRATION EXPIRATION DATE 6/30/2012	
8. ON-SITE SUPERVISOR AND CERTIFICATION NUMBER Chris Townsend - 7112100710MOSR337	9. CONTRACTOR TELEPHONE NUMBER 314-575-2134	

10a. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF FEDERAL REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE PROJECT AND PROOF THAT THIS PERSON HAS COMPLETED THE REQUIRED TRAINING WILL BE AVAILABLE FOR INSPECTION BY THE DEPARTMENT.

10b. BY MY SIGNATURE, I ATTEST THAT ALL ASBESTOS ABATEMENT PROCEDURES SHALL BE PERFORMED IN COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL REGULATIONS.

10c. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING, THE INFORMATION PROVIDED IN THIS NOTIFICATION IS TRUE AND CORRECT.

11. SIGNATURE (b) (6)	12. DATE 10/20/2011
-----------------------	------------------------

13. PRINTED NAME AND TITLE Vicki Dunn-Wolfe/President
--

ASB2111916D

**PART C. PROJECT DESCRIPTION**

1. FACILITY PROJECT NAME

Federal Center - Building 122B

2. ADDRESS

4300 Goodfellow Blvd.

3. PROJECT CITY

St. Louis

4. COUNTY

St. Louis City

5. STATE

MO

6. ZIP CODE

63120

7. OWNER NAME

GSA (General Service Administration)

8. OWNER ADDRESS

1500 East Bannister Road, Room 2101

9. OWNER CITY

Kansas City

10. STATE

MO

11. ZIP CODE

63141

12. OWNER CONTACT

Allen Bartels (Terracon)

13. OWNER TELEPHONE NUMBER

913-220-6827

14. BUILDING SIZE

200 X 200

15. NUMBER OF FLOORS

4

18. AGE IN YEARS

30 +

17. PRESENT USE

Federal Center

18. PRIOR USE

Same

**PART D. ASBESTOS MATERIALS TO BE DISTURBED****1. DESCRIPTION AND QUANTITY OF FRIABLE ASBESTOS MATERIALS TO BE DISTURBED**

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
Piping		570	
Fittings		150	
MATERIAL			
MATERIAL			

**2. DESCRIPTION AND QUANTITY OF NON-FRIABLE ASBESTOS MATERIALS TO BE DISTURBED**

MATERIAL	SQUARE FEET	LINEAR FEET	CUBIC FEET
MATERIAL			
MATERIAL			
MATERIAL			
MATERIAL			

3. DESCRIBE THE PROCEDURE FOR THE DETECTION OF ASBESTOS CONTAINING MATERIALS INCLUDING THE ANALYTICAL METHOD EMPLOYED. INCLUDE A COPY OF THE ASBESTOS INSPECTION REPORT.

PLM 74DD

**PART E. PROJECT SCHEDULE**

	START DATE	COMPLETION DATE	TIME
1. SITE PREPARATION PHASE	11/3/2011	11/3/2011	7:00-9:00
2. ASBESTOS ABATEMENT PHASE	11/3/2011	11/14/2011	3:30
3. DAILY WORK SCHEDULE	START TIME 7:00	QUIT TIME 3:30	LUNCH BREAK 11:30

**PART F. OTHER MISSOURI CERTIFIED PERSONNEL INVOLVED WITH PROJECT**

DISCIPLINE	NAME	CERTIFICATE NUMBER	TELEPHONE
1. AIR SAMPLING PROFESSIONAL	OCCU-TEC (Pat Garcia)		816-719-6149
2. INSPECTOR	OCCU-TEC (Pat Garcia)	701102210MOIR1134 7	816-719-6149
3. MANAGEMENT PLANNER			
4. PROJECT DESIGNER			

**PART G. PROJECT DESCRIPTION**

1. DESCRIBE ABATEMENT WORK INCLUDING LOCATION IN BUILDING, PLANNED DEMOLITION/RENOVATION, AND METHODS TO BE USED

Removal of asbestos piping & fittings throughout Building 122B; removal and re-insulation of ACM fittings.

2. DESCRIBE WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS

Work area to be demarcated with barrier tape and signs. Drop cloths to be placed beneath work area. If ACM is damaged, fittings to be wrapped in poly prior to installation of glove bags. ACM to be removed by glove bag method utilizing HEPA filtration vacuums and localized negative pressure HEPA filtration within work area.

3. DESCRIBE THE CONTINGENCY PLAN IF UNEXPECTED RACM IS DISCOVERED

Stop work, cover material with poly, and notify building owner upon discovery.

**PART H. WASTE DISPOSAL**

1. NAME OF WASTE TRANSPORTER Allied Waste				
2. ADDRESS 12976 St. Charles Rock Road				
3. CITY Bridgeton			4. STATE MO	5. ZIP CODE 63044
6. CONTACT PERSON N/A		7. TELEPHONE NUMBER 636-947-5959		
8. WASTE DISPOSAL SITE Roxana Landfill Authority				
9. ADDRESS 4600 Cahokia Creek Road				
10. CITY Roxana			11. STATE IL	12. ZIP CODE 62048
13. CONTACT PERSON Darlene Witt		14. TELEPHONE NUMBER 618-656-6912		









EMSL Analytical, Inc.  
3029 S. Jefferson, Saint Louis, MO 63118

Phone: (314) 577-0150 Fax: (314) 776-3313 Email: [saintlouislab@emsl.com](mailto:saintlouislab@emsl.com)

Attn: **Jeff Smith**  
**Occu-Tec, Inc.**  
**6501 East Commerce Avenue**  
**Suite 230**  
**Kansas City, MO 64120**

Customer ID: OCCU21  
Customer PO:  
Received: 10/26/09 10:10 AM  
EMSL Order: 390906070

Fax (816) 231-5641 Phone: (816) 231-5580  
Project: **Bldg M00620 Goodfellow**

EMSL Proj:  
Analysis Date: 11/2/2009

### Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
VC-14-01 390906070-0020		Various Non-Fibrous Heterogeneous	40% Glass	60% Non-fibrous (other)	None Detected
VC-15-01 390906070-0021		Various Fibrous Heterogeneous	65% Fibrous (other)	35% Non-fibrous (other)	None Detected
PM-16-01 390906070-0022		Various Non-Fibrous Heterogeneous	5% Fibrous (other)	95% Non-fibrous (other)	None Detected
PF-17-01 390906070-0023		Various Non-Fibrous Heterogeneous		80% Non-fibrous (other)	5% Amosite 15% Chrysotile
PF-17-02 390906070-0024		Various Non-Fibrous Heterogeneous		80% Non-fibrous (other)	5% Amosite 15% Chrysotile
PF-17-03 390906070-0025		White Non-Fibrous Heterogeneous		67% Non-fibrous (other)	4% Amosite 29% Chrysotile
PF-18-01 390906070-0026		Various Non-Fibrous Heterogeneous		55% Non-fibrous (other)	10% Amosite 35% Chrysotile

(b) (6)

Analyst(s)

Donald Schmidt (49)  
Sue Ferrario (14)

Jeff Siria, Laboratory Manager  
or other approved signatory

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Samples analyzed by EMSL Analytical, Inc. Saint Louis 3029 S. Jefferson, Saint Louis MO NVLAP Lab Code 200742-0, AIHA IHLAP 102636



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Customer PO:  
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EMSL Order: 390906070

Fax (816) 231-5641 Phone: (816) 231-5580  
Project: **Bldg M00620 Goodfellow**

EMSL Proj:  
Analysis Date: 11/2/2009

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
PF-18-02 390906070-0027		Various Non-Fibrous Heterogeneous		55% Non-fibrous (other)	10% Amosite 35% Chrysotile
PF-18-03 390906070-0028		Various Non-Fibrous Heterogeneous	2% Fibrous (other)	65% Non-fibrous (other)	4% Amosite 29% Chrysotile
PF-19-01 390906070-0029		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile
PF-19-02 390906070-0030		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile
PF-19-03 390906070-0031		Various Non-Fibrous Heterogeneous	6% Fibrous (other)	64% Non-fibrous (other)	4% Amosite 26% Chrysotile
PF-20-01 390906070-0032		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile
PF-20-02 390906070-0033		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile

(b) (6)

Analyst(s)

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Samples analyzed by EMSL Analytical, Inc. Saint Louis 3029 S. Jefferson, Saint Louis MO NVLAP Lab Code 200742-0, AIHA IHLAP 102685



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Project: Bldg M00620 Goodfellow

EMSL Proj:
Analysis Date: 11/2/2009

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Table with 7 columns: Sample, Description, Appearance, % Fibrous, % Non-Fibrous, Asbestos % Type. Rows include samples PF-20-03, PF-21-01, PF-21-02, PF-21-03, TI-22-01, TI-22-02, and TI-22-03.

(b) (6)

Analyst(s)

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**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
DI-23-01 390906070-0041		Various Non-Fibrous Heterogeneous	30% Glass	70% Non-fibrous (other)	None Detected
DI-23-02 390906070-0042		Various Non-Fibrous Heterogeneous	20% Glass	80% Non-fibrous (other)	None Detected
DI-23-03 390906070-0043		Various Non-Fibrous Heterogeneous	29% Glass	71% Non-fibrous (other)	None Detected
PI-24-01 390906070-0044		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	30% Chrysotile
PI-24-02 390906070-0045		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	30% Chrysotile
PI-24-03 390906070-0046		Various Non-Fibrous Heterogeneous		45% Non-fibrous (other)	2% Amosite 53% Chrysotile
TW-25-01 390906070-0047		Various Fibrous Heterogeneous	90% Cellulose 5% Fibrous (other)	5% Non-fibrous (other)	None Detected

(b) (6)

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EMSL Proj:  
Analysis Date: 11/2/2009

### Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
PI-26-01 390906070-0048		Various Fibrous Heterogeneous	5% Cellulose	25% Non-fibrous (other)	70% Chrysotile
PI-26-02 390906070-0049		Various Fibrous Heterogeneous		30% Non-fibrous (other)	70% Chrysotile
PI-26-03 390906070-0050		Various Non-Fibrous Heterogeneous		31% Non-fibrous (other)	69% Chrysotile
PI-27-01 390906070-0051		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	5% Amosite 25% Chrysotile
PI-27-02 390906070-0052		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	5% Amosite 25% Chrysotile
PI-27-03 390906070-0053		Various Non-Fibrous Heterogeneous	6% Fibrous (other)	64% Non-fibrous (other)	4% Amosite 26% Chrysotile
PI-28-01 390906070-0054		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile

(b) (6)

Analyst(s)

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*Sue Ferrario (14)*

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EMSL Proj:  
Analysis Date: 11/2/2009

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
PI-28-02 390906070-0055		Various Non-Fibrous Heterogeneous		70% Non-fibrous (other)	5% Amosite 25% Chrysotile
PI-28-03 390906070-0056		Various Non-Fibrous Heterogeneous		67% Non-fibrous (other)	4% Amosite 29% Chrysotile
PI-29-01 390906070-0057		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	5% Amosite 25% Chrysotile
PI-29-02 390906070-0058		Various Non-Fibrous Heterogeneous	5% Cellulose	65% Non-fibrous (other)	5% Amosite 25% Chrysotile
PI-29-03 390906070-0059		Various Non-Fibrous Heterogeneous		45% Non-fibrous (other)	2% Amosite 53% Chrysotile
FTM-30-01 390906070-0060		Brown Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
WG-31-01 390906070-0061		Various Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected

(b) (6)

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EMSL Proj:  
Analysis Date: 11/2/2009

**Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy**

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
CA-1-01 390906070-0001		Various Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
CT-2-01 390906070-0002		Various Fibrous Heterogeneous	30% Cellulose 40% Min. Wool	30% Non-fibrous (other)	None Detected
CT-2-02 390906070-0003		Various Fibrous Heterogeneous	30% Cellulose 40% Min. Wool	30% Non-fibrous (other)	None Detected
CT-2-03 390906070-0004		Various Fibrous Heterogeneous	29% Cellulose 39% Min. Wool	3% Non-fibrous (other) 29% Perlite	None Detected
CT-3-01 390906070-0005		Various Fibrous Heterogeneous	30% Cellulose 40% Min. Wool	30% Non-fibrous (other)	None Detected
CT-3-02 390906070-0006		Various Fibrous Heterogeneous	30% Cellulose 40% Min. Wool	30% Non-fibrous (other)	None Detected
CT-3-03 390906070-0007		Various Fibrous Heterogeneous	28% Cellulose 37% Min. Wool	7% Non-fibrous (other) 28% Perlite	None Detected

(b) (6)

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### Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
CT-4-01 390906070-0008		Various Fibrous Heterogeneous	30% Cellulose 40% Min. Wool	30% Non-fibrous (other)	None Detected
BBA-5-01 390906070-0009		Black Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
BBA-6-01 390906070-0010		Brown Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
DWP-7-01 390906070-0011		Various Non-Fibrous Heterogeneous	15% Cellulose	85% Non-fibrous (other)	None Detected
DWP-8-01 390906070-0012		Various Non-Fibrous Heterogeneous	15% Cellulose	85% Non-fibrous (other)	None Detected
DWJC-9-01 Spackle 390906070-0013		White Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
DWJC-9-01 Drywall 390906070-0013A		Various Non-Fibrous Heterogeneous	15% Cellulose	85% Non-fibrous (other)	None Detected

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### Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
DWJC-9-02 Spackle 390906070-0014		White Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
DWJC-9-02 Drywall 390906070-0014A		Various Non-Fibrous Heterogeneous	15% Cellulose	85% Non-fibrous (other)	None Detected
DWJC-9-03 390906070-0015		White Non-Fibrous Heterogeneous		4% Mica 67% Non-fibrous (other) 29% Perlite	None Detected
DM-10-01 390906070-0016		Various Non-Fibrous Heterogeneous	40% Fibrous (other)	60% Non-fibrous (other)	None Detected
FS-11-01 390906070-0017		Various Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
FTM-12-01 390906070-0018		Various Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected
FTM-13-01 390906070-0019		Various Non-Fibrous Heterogeneous		100% Non-fibrous (other)	None Detected

(b) (6)

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 Name: Jeff Smith  
 Telephone #: 816-994-3421  
 Project Name/Number: Bl'dg MO0620 Goodfellow

Fax Results to:  
 Name: Jeff Smith  
 Fax #: jsmith@occutech.com  
 Purchase Order #: \_\_\_\_\_

### TURNAROUND TIME

- 3 Hours  6 Hours  12 Hours  24 Hours  48 Hours  72 Hours  4 Days  5 Days  6-10 Days

### SAMPLE MATRIX

- Air  Bulk  Soil  Wipe  Micro-Vac  Drinking Water  Wastewater  Chips  Other

### ASBESTOS ANALYSIS

#### PCM - Air

- NIOSH 7400 (A) Issue 2 August 1994  
 OSHA w/TWA

#### TEM AIR

- AHERA 40 CFR, Part 76.3 Subpart E  
 NIOSH 7402 Issue 2

#### PLM - Bulk

- EPA 600/R-93/116  
 NY Stratified Point Count  
 California Air Resource Board (CARB) 435  
 NIOSH 9002  
 PLM NOB (Gravimetric) NYS 198.1  
 EPA Point Count (400 Points)  
 EPA Point Count (1,000 Points)  
 Standard Addition Point Count

#### SOILS

- EPA Protocol Qualitative  
 EPA Protocol Quantitative  
 EMSL MSD 9000 Method fibers/gram  
 Superfund EPA 540-R097-028 (dust generation)

#### TEM BULK

- Drop Mount (Qualitative)  
 Chatfield SOP-1988-02  
 TEM NOB (Gravimetric) NY 198.1

#### TEM MICROVAC

- ASTM D 5755-95 (Quantitative)

#### TEM WIPE

- ASTM D-6430-99  
 Qualitative

#### TEM WATER

- EPA 100.1  
 EPA 100.2  
 NYS 198.2

OTHER

### LEAD ANALYSIS

#### Flame Atomic Absorption

- Wipe, SW846-7420  ASTM  non ASTM  
 Soil, SW846-7420  
 Air, NIOSH 7082  
 Chips, SW846-7420 or AOAC 5.009 (974.02)  
 Wastewater, SW 846-7420  
 TCLP LEAD SW846-1311/7420

#### Graphite Furnace Atomic Absorption

- Air, NIOSH 7105  
 Wastewater, SW846-7421  
 Soil, SW846-7421  
 Drinking Water, EPA 239.2

#### ICP - Inductively Coupled Plasma

- Wipe, SW846-6010  ASTM  non ASTM  
 Soil, SW846-6010  
 Air, NIOSH 7300

### MATERIALS ANALYSIS

- Full Particle Identification  
 Optical Particle Identification  
 Dust Mites and Insect Fragments  
 Particle Size & Distribution  
 Product Comparison  
 Paint Characterization  
 Failure Analysis  
 Corrosion Analysis  
 Glove Box Containment Study  
 Petrographic Examination of Concrete  
 Portland Cement in Workplace Atmospheres (OSHA 10-113)  
 Man-Made Vitreous Fibers - MMVF's  
 Synthetic Fiber Identification  
 Other

### MICROBIAL ANALYSIS

#### Air Samples

- Mold & Fungi by Air O Cell  
 Mold & Fungi by Agar Plate count & id  
 Bacterial Count and Gram Stain  
 Bacterial Count and Identification

#### Water Samples

- Total Coliforms, Fecal Coliforms  
 Escherichia Coli, Fecal Streptococcus  
 Legionella  
 Salmonella  
 Giardia and Cryptosporidium

#### Wipe and Bulk Samples

- Mold & Fungi - Direct Examination  
 Mold & Fungi - (Culture follow up to direct examination if necessary)  
 Mold & Fungi - Culture (Count & ID)  
 Mold & Fungi - Culture (Count only)  
 Bacterial Count & Gram Stain  
 Bacterial Count & Identification (3 most prominent types)  
 Other:

### IAQ ANALYSIS

- Nuisance Dust (NIOSH 0500 & 0600)  
 Airborne Dust (PM10, TSP)  
 Silica Analysis by XRD  NIOSH 7500  
 HVAC Efficiency  
 Carbon Black  
 Airborne Oil Mists  
 Other:

Client Sample # (S)

CA-1-6

WG-31-1

TOTAL SAMPLE #

61

Relinquished:

(b) (6)

Date: 10/21/09

Time: 1300

Received:

Date: 10/21/09

Time: 10/0 FX

Relinquished:

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

Time: \_\_\_\_\_

Received:

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

Time: \_\_\_\_\_



SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME Air (L)	Area (Inches sq.)
CA-1-01	Yellow Carpet Adhesive		
CT-2-01	2'x4' White w/divots Ceiling Tile		
CT-2-02	↓		
CT-2-03			
CT-3-01		2'x4' white w/ fissures and holes	
CT-3-02	↓		
CT-3-03		Ceiling Tile	
CT-4-01	2'x4' white w/smest Divots Ceiling Tile		
BBA-5-01	4" Black Cove base		
10 BBA-6-01	4" Brown Cove base		
DWP-7-01	2' Drywall Partitions		
DWP-8-01	4' Drywall Partitions		
DWJC-9-01	↓		
DWJC-9-02			
DWJC-9-03		Drywall and Joint Compound	
DM-10-01	White Duct Mastic		
FS-11-01	Red Fire Stop		
FTM-12-01	12x12" Gray w/white + Gray spots Floor Tile		
FTM-13-01	12x12" Tan w/ Gray Strips Floor Tile		
20 VC-14-01	Brown Vibration Cloth		
VC-15-01	White Vibration Cloth		
PM-16-01	White Pipe Mastic		
PF-17-01	↓		
PF-17-02			
PF-17-03			
PF-18-01	3-4" Pipe Fittings		
PF-18-02	↓		
26 PF-18-03			

Relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

24  
see  
41

	SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	VOLUME Air (L)	Area (Inches sq.)
29	PF-19-01	5" Pipe Fitting		
30	PF-19-02			
	PF-19-03			
	PF-20-01	6" Pipe Fitting		
	PF-20-02			
	PF-20-03			
	PF-21-01	8" Pipe Fitting		
	PF-21-02			
	PF-21-03			
	TI-22-01	Tank Insulation		
	TI-22-02			
40	TI-22-03			
	DI-23-01	Duct Insulation		
	DI-23-02			
	DI-23-03			
	PI-24-01	12" Pipe Insulation		
	PI-24-02			
	PI-24-03			
	TW-25-01	Tar Wrap on Fiberglass		
	PI-26-01	3"-4" Pipe Insulation		
	PI-26-02			
50	PI-26-03			
	PI-27-01	5" Pipe Insulation		
	PI-27-02			
	PI-27-03			
	PI-28-01	6" Pipe Insulation		
	PI-28-02			
70	PI-28-03			

Relinquished: _____	Date: _____	Time: _____
Received: _____	Date: _____	Time: _____
Relinquished: _____	Date: _____	Time: _____
Received: _____	Date: _____	Time: _____



Expiration Date 10/29/2011  
Training Date: 10/22/2010

Certificate Number: 7011102210MOIR11347

**Missouri State Certificate for Asbestos Related Occupations**

Issued by Department of Natural Resources  
P.O. Box 176  
Jefferson City, MO 65102  
Phone (573) 751-4817

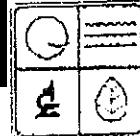
**Patricia J. Garcia**

has successfully completed the requirements for certification as a INSPECTOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

10/29/2010  
Date

(b) (6)

Director of Air Pollution Control Program



CERTIFICATION  
NUMBER: 7011102210MOIR11347

(b) (6)

THIS CERTIFIES  
**Patricia J. Garcia**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
Inspector

APPROVED: 10/29/2010 TRAINING DATE: 10/22/2010

EXPIRES: 10/29/2011

(b) (6)





Certificate # 7ME09151101AJR0015

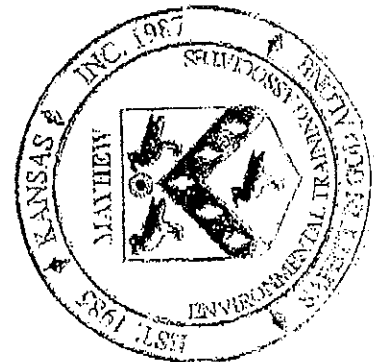
*This is to certify that*

# Patricia J. Garcia

*has on 09/15/2011, in Lawrence, KS completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

## AHERA Asbestos Building Inspector Refresher Course

*as approved by the State of Missouri and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) on 09/15/2011 - 09/15/2011 and passed the associated examination on 09/15/2011 with a score of 70% or better*



(b) (6)

Instructor  
Thomas Mayhew

(b) (6)

President  
Thomas Bradford Mayhew

(b) (6)  
Accreditation Expires: 9/15/12

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

Expiration Date: 6/9/2010

Certificate Number: 7011060909MOIR12619

Training Date: 6/9/2009

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Joshua K. Ashley**

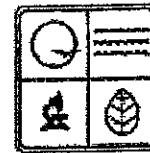
has successfully completed the requirements for certification as a INSPECTOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

7/27/2009

Date

(b) (6)

Director of Air Pollution Control Program



WARNING: DO NOT CASH THIS INTUIT® CheckLock™ SECURE CHECK IF ANY FEATURES LISTED ON BACK INDICATE TAMPERING OR COPYING

REGIONS BANK

20886

70-138/810

10/20/2011



GEI  
7225 ST. CHARLES ROCK RD  
PAGEDALE, MO 63133

PAY TO THE  
ORDER OF

Missouri Department of Natural Resources

\$ \*\*100.00

One Hundred and 00/100

DOLLARS

Missouri Department of Natural Resources  
Air Pollution Control Program (Asbestos)  
P.O. Box 176  
Jefferson City, MO 65102

(b) (6)

MEMO

RE: Federal Center - Building 122B

(b) (4)



Jeremiah W. (Jay) Nixon, Governor • Sara Parker Pauley, Director

## DEPARTMENT OF NATURAL RESOURCES

[www.dnr.mo.gov](http://www.dnr.mo.gov)

OCT 28 2011

Ms. Vicki Dunn-Wolfe, President  
GEI (Global Environmental, Incorporated)  
7225 St. Charles Rock Road  
Pagedale, MO 63133

### RE: Notice of Receipt

Dear Ms. Dunn-Wolfe:

This letter serves to acknowledge, on October 24, 2011, the Missouri Department of Natural Resources' Air Pollution Control Program (APCP) received your asbestos project notification dated October 20, 2011. This notice applies to abatement of the Federal Center-Building 122B located at 4300 Goodfellow Boulevard in St. Louis, Missouri. The APCP assigned this notice **#A5508-2011**.

State and federal regulation require demolition and asbestos project notifications be submitted to this program. However, the APCP is not conducting a detailed review of each notice. It remains the responsibility of the facility owner and the person conducting the activity to maintain compliance with all applicable laws and regulations pertaining to the conduct of demolition, renovation and asbestos projects.

The notice start date is **November 3, 2011**.

Please note if there are any changes to the project information, an amendment must be sent to the APCP and the St. Louis Regional Office (SLRO) which has jurisdictional responsibility for this project. Please use the enclosed APCP amendment form when submitting changes. SLRO contact information is as follows: 7545 South Lindbergh Suite 210 in St. Louis, MO 63125. They can also be reached by phone at (314) 416-2960 or fax (314) 416-2970. The regional office staff may conduct a detailed review of this notice, as well as on-site inspections to determine compliance. Please contact the SLRO if you need to discuss your project with Department staff.

**Please be aware, the City of St. Louis, Department of Health may continue to regulate asbestos projects impacting asbestos containing material in amounts less than those regulated under the NESHAP.** For abatement projects that fall into this category (under 160 square feet, 260 linear feet or 35 cubic feet) please notify the City of St. Louis, Department of Health.

Expiration Date: 2/10/2012

Certificate Number: 7002020411MOWI11883

Training Date: 2/4/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Ethan A. Bohannan**

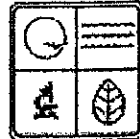
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

(b) (6)

2/10/2011

Date

Director of Air Pollution Control Program



EPA REGION VII/MoDNR-APPROVED  
ASBESTOS ABATEMENT WORKER COURSE

(b) (6)

Name: Ethan Bohannan

(b) (6)

Completed Worker Course: 1/31/2011-  
2/4/2011

Passed Provider Exam: 2/4/2011

Expiration (Refresher Due): 2/4/2012

Certificate #: 7-AG-1533

Complies with EPA 40 CFR Part 763, Appendix C, Subpart E  
and 10 CSR 10-6.250 and Chapter 643, RSMo



**LABORERS-AGC  
TRAINING CENTER**



35 Opportunity Road  
High Hill, Missouri 63350

(636) 585-2391

(b) (6)

(b) (6)

Instructor



Director of Training

Date 02/09/11

Page 2

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: Ethan A Bohannon

(b) (6)

Attention: Mark Watkins  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: (b) (6)

DOB: (b) (6)

Department:

Job Title:

Provider: Tobiasz, Andrea T, APRN, BC  
Visit Date: 2/09/11 Time In: 2:06PM Out: 3:27PM

Phone: (b) (6)

Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Andrea Tobiasz, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/6/11 CONDUCTED BY: (b) (6)

NAME: Ethan Bohannan (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face    Negative pressure full/face    PAPR    Supplied air

### BRAND (CIRCLE ONE)

North    MSA    Glen Air    Pro Tech    Wilson    Other \_\_\_\_\_

### SIZE (CIRCLE ONE)

Small    Medium    Large    One size fits all    Cartridge # \_\_\_\_\_





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: GSA-Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 43DD GDDDFEILDW, St. LOUIS, MD

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- |                                      |   |
|--------------------------------------|---|
| Physical characteristics of asbestos | Health hazards associated with asbestos     |
| Respiratory protection               | Use of protective equipment                 |
| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: (b) (6) (b) (6)

PRINTED NAME: Ethan Bohannon WITNESS: N. Briguglio

Expiration Date: 5/23/2012

Certificate Number: 7118051211MOSR12086

Training Date: 5/12/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Joseph R. Dunn**

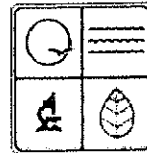
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

5/23/2011

Date

(b) (6)

Director of Air Pollution Control Program



CERTIFICATION

NUMBER: 7118051211MOSR12086

(b) (6)

THIS CERTIFIES

**Joseph R. Dunn**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR

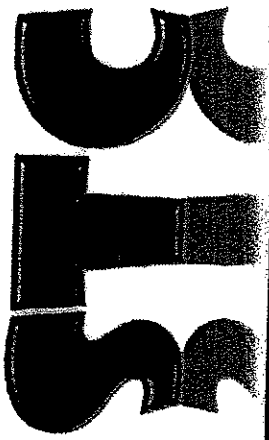
**Supervisor**

APPROVED: 5/23/2011

TRAINING DATE: 5/12/2011

(b) (6)

EXPIRES: 5/23/2012



# SAFETY TRAINING CENTER

4512 Manchester Avenue, Suite 101, St. Louis, MO 63110 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Joseph Dunn**



*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

## Asbestos Contractor / Supervisor Refresher

Class Date: May 12, 2011  
Examination Date: 05/12/2011  
STC Certificate Number: STC-05122011-000056ACSR  
Certification Expiration: 05/12/2012



David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

# Respirator Clearance Physical Examination

## BarnesCare

Build A Healthy Business™

This form does not contain information protected under GINA and may be given to the employer.

Employee Name: <i>Joseph Dunn</i>	Birth Date: <i>(b) (6)</i>	Today's Date: <i>8/24/11</i>
--------------------------------------	-------------------------------	---------------------------------

This employee has been examined under the provisions of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following fulfill the provisions for the Provider's written opinion:

- There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or personal protective equipment.
- There are limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or personal protective equipment as follows:
- No respirator use permitted.

Comments: *Facial hair present*

The employee has been informed by the Provider of the results of the medical examination and any medical conditions which require further examination.

Provider signature: *(b) (6)* Date: *8-24-11*

BarnesCare Midtown  
5000 Manchester  
St. Louis, MO 63110  
Phone: (314) 747-5800  
Fax: (314) 747-5866

BarnesCare Westport  
11501 Page Service Dr.  
St. Louis, MO 63146  
Phone: (314) 993-3014  
Fax: (314) 993-2065

BarnesCare St. Peters  
1901 Trade Center Drive  
St. Peters, MO 63376  
Phone: (636) 978-1008  
Fax: (636) 993-2065



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 12/4/11 CONDUCTED BY: (b) (6)

NAME: Joseph Dunn (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

#### BRAND (CIRCLE ONE)

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: <sup>GSA-</sup> Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 4300 GDDDFELLOW, ST. LOUIS, MO

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- |                                      |   |
|--------------------------------------|---|
| Physical characteristics of asbestos | Health hazards associated with asbestos     |
| Respiratory protection               | Use of protective equipment                 |
| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: (b) (6) (b) (6)

PRINTED NAME: Joe Dunn WITNESS: (b) (6)

Expiration Date: 12/15/2011

Certificate Number: 7112120210MOSR2221

Training Date: 12/2/2010

### Missouri State Certificate for Asbestos Related Occupations

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

## Vicki J. Dunn

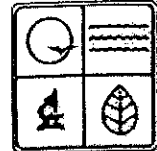
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

12/15/2010

Date

(b) (6)

Director of Air Pollution Control Program



The holder of this card is certified to conduct the specified occupation in conjunction with an asbestos abatement project under the Certification requirements, in RSMo 10 CSR 10-6.250.

It is unlawful for any person to use this card other than the individual to whom it is issued or in any manner inconsistent with the law.

Violations of Missouri State Rule 10 CSR 10-6.080, "Emission Standards for Hazardous Air Pollutants," which adopts by reference 40 CFR, Part 61, Subpart M, the "National Emission Standards for Asbestos" are subject to fines of not more than \$10,000 per day per violations. This Missouri State Certification is subject to review and the director may deny, suspend or revoke this certification per RSMo chapter 643.230.

If found, please return to: Air Pollution Control Program  
P.O. Box 176  
Jefferson City, MO 65102  
Phone: (573)751-4817 Fax: (573)751-2706  
www.dnr.mo.gov/env/apcp



CERTIFICATION NUMBER: 7112120210MOSR2221

(b) (6)

THIS CERTIFIES  
**Vicki J. Dunn**

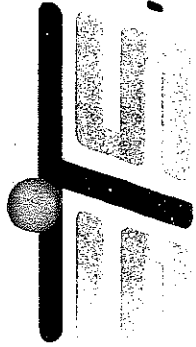
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Supervisor**

APPROVED: 12/15/2010

TRAINING DATE: 12/2/2010

EXPIRES: 12/15/2011

(b) (6)



**SAFETY TECHNOLOGIES & SOLUTIONS**  
**"EXCELLENCE IN SAFETY ENGINEERING"**

6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Environmental Health and Occupational Safety Consultants

Does hereby certify that

Vicki Dunn-Wolfe  
[REDACTED]

*has successfully completed and passed the course examination  
with a minimum score of 70 percent for re-accreditation  
under AHERA (TSCA Title II)*

**Asbestos Contractor/Supervisor Refresher**

Class Date: NOVEMBER 23, 2011

Examination Date: 11/23/2011

Certificate Number: STS20111123-2175ACSR

Certificate Expiration: 11/23/2012

Student SSN: [REDACTED]

[REDACTED]  
(b) (6)

Douglas L. Mueller, MS, CSP  
Training Manager  
STS Safety Technologies & Solutions



Patient: Dunn, Vicki Company: GLOBAL ENVIR-  
ONMENTAL Date of Service: 10-5-11

Form: ASB02

Page 1

### Asbestos Clearance

This letter confirms that the above individual was examined in compliance with the OSHA asbestos standard (CFR 1910.1001 and 1926.58). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAY WITH "B" READING RESULT: Normal  Abnormal   
Should have B Reader in \_\_\_\_\_

PULMONARY FUNCTION TEST RESULT: Normal  Abnormal

COMMENTS: Borderline obstructive pattern.

None: \_\_\_\_\_

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure: Smoker:  None:

Patient was cautioned regarding the increased risk of lung cancer when asbestos exposure and cigarette smoking are combined.

The following limitations on personal protective equipment, including respirators, are indicated:

NONE: The patient is medically qualified to wear all personal protective equipment.

PATIENT LIMITATIONS: \_\_\_\_\_

The employee has been informed of the results of the medical examination, both with regard to occupational and general medical conditions. In accordance with the Standard, findings and diagnoses unrelated to asbestos exposure may not be communicated to the employer. Also, in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

(b) (6) \_\_\_\_\_

(b) (6) \_\_\_\_\_

Examining Provider [Signature]

Signature

CC: Employee



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 12/4/11 CONDUCTED BY: (b) (6)  
NAME: VICKI DUNN-WOLFE (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: <sup>GSA-</sup> Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 4300 GODDARD FLDW, ST. LOUIS, MO

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: (b) (6)

(b) (6)

PRINTED NAME: Vicki Down

WITNESS (b) (6)

(b) (6)

OCT 25 2011

Expiration Date: 10/20/2012  
Training Date: 10/6/2011

Certificate Number: 7112100611MOSR4890

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources  
P.O. Box 176  
Jefferson City, MO 65102  
Phone (573) 751-4817

**Thomas P. Kadlez**

has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

10/21/2011

Date

(b) (6)

Director of Air Pollution Control Program





**SAFETY TECHNOLOGIES & SOLUTIONS**  
**"EXCELLENCE IN SAFETY ENGINEERING"**

Environmental Health and Occupational Safety Consultants

6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

Thomas Kadlez



has successfully completed and passed the course examination  
with a minimum score of 70 percent for re-accreditation  
under AHERA (TSCA Title II)

Asbestos Contractor/Supervisor Refresher

Class Date: October 6, 2011  
Examination Date: 10/06/2011  
Certificate Number: STS20111006-2104ACSR  
Certificate Expiration: 10/06/2012

(b) (6)

Douglas L. Mueller, MS, CSP  
Training Manager

STS Safety Technologies & Solutions

(b) (6)

This training course is accredited by the Missouri Department of Natural Resources and the Illinois Department of Public Health

**BarnesCare Midtown**  
5000 Manchester, AFTER HOURS #314-995-0999  
St Louis, MO 63110-2012  
(314) 747-5800, Fax: (314) 747-5866

**Encounter Summary**

<b>Company:</b> Midwest Service Group (2716C) 560 Turner Blvd St Peters, MO 63376-1082	<b>Employee:</b> Thomas P Kadlez (b) (6)	<b>Ident:</b> (b) (6)	<b>DOB:</b> (b) (6)
<b>Attention:</b> Pauline Bessie	<b>Department:</b>	<b>Job Title:</b>	<b>Phone:</b> (b) (6)
<b>Telephone:</b> (636) 926-7800	<b>Job Title:</b>		
<b>Fax:</b> (636) 926-7802 mwatkins@maa-stl.com	<b>Purpose:</b> Respirator Exam		
<b>Provider:</b> Kibby, Thomas B, MD			
<b>Visit Date:</b> 8/17/11 Time In: 12:09PM Out: 2:53PM			

**Description of Services**

	Auth	Authorization for Visit
	BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
	Biometric	Biometrics Form
	BCPE Ex Form	BarnesCare Physical Examination Form
94010	PFT	Spirometry - PFT
84202	ZPP	Zinc Protoporphyrin Blood
94799-885	94799-885	Respirator Clearance Exam
99499-BHW99499-BHWE		BarnesCare Hazardous Waste Exam
99199-700	Asbestos-P	Asbestos Periodic Medical Questionnaire

**RECEIVED**  
**AUG 24 2011**  
**MIDWEST SERVICE GROUP**

**Orders & Instructions**

**Instructions: ALL-HAZARD EXAM WRITTEN OPINION**

This employee has been examined for the following exposures or assignments: Specific Hazards

Asbestos 1910.1001, 1926.1101

There are no detected medical conditions that may place this employee at increased risk of material impairment of the employee's health from this work or further exposure. There are no recommended special protective measures or limitations upon the employee's exposure to this material. There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or other personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination. The employee has been informed by the provider of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. The provider has determined that no non-routine follow-up evaluations are needed.

The employee has been provided a copy of this statement.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/16/11 CONDUCTED BY: (b) (6)  
NAME: Thomas Kadletz (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
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- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face    Negative pressure full/face    PAPR    Supplied air

**BRAND (CIRCLE ONE)**

North    MSA    Glen Air    Pro Tech    Wilson    Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small    Medium    Large    One size fits all    Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

**PROJECT NAME:** GSA - Federal Ctr. (Bldg. 122B)

**PROJECT ADDRESS:** 4300 GDDDFEILDW, St. LOUIS, MD

**CONTRACTOR'S NAME:** GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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**TRAINING COURSE:** You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- |                                      |   |
|--------------------------------------|---|
| Physical characteristics of asbestos | Health hazards associated with asbestos     |
| Respiratory protection               | Use of protective equipment                 |
| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

**SIGNATURE:** (b) (6) \_\_\_\_\_ (b) (6)

**PRINTED NAME:** Thomas Kadlez **WITNESS:** Nicolina Briguglio



Expiration Date **9/2/2012**

Certificate Number: 7112081311MOSR11428

Training Date: **8/13/2011**

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Jeremy James King**

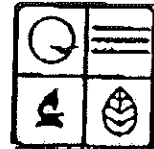
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

9/2/2011

Date

(b) (6)

Director of Air Pollution Control Program



782

Name: *Jeremy King*  
Class Date: *August 13, 2011*  
Exam Date: *08/13/2011*  
Cert. Number: *STS20110813-2039ACSR*  
Expires: *08/13/2012*  
Student SSN: [REDACTED]

(b) (6)

---

*Thomas J. Scaturro, Training Manager*  
*STS Safety Technologies & Solutions*  
*6520 Manchester Avenue*  
*St. Louis, Missouri 63139*  
*Phone 314-644-3323 • Fax 314-644-3303*

THIS TRAINING COURSE IS APPROVED BY THE MISSOURI DEPARTMENT OF HEALTH SERVICES AS A MAJOR COURSE OF TRAINING FOR THE ASBESTOS CONTRACTOR SUPERVISOR/INSPECTOR EXAMINATION.

Asbestos Contractor/Supervisor/Inspector Refresher  
under AHERA (TSCA Title II)  
with a minimum score of 70 percent for re-accreditation  
has successfully completed and passed the course examination

(b) (6)

Jeremy King

Does hereby certify that

Environmental and Occupational Safety & Health Consultants

PHONE (314) 544-3323 • FAX (314) 544-3303

Date 03/25/11

BarnesCare St Peters  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

Page 1

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: Jeremy I King  
(b) (6)

Attention: Mark Watkins  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: (b) (6)  
Department:  
Job Title:

DOB: (b) (6)

Provider: Leahy, Richard J DO  
Visit Date: 3/25/11 Time In: 2:20PM Out: 3:35PM

Purpose: Respirator Exam

Phone: (b) (6)

**Description of Services**

Auth	Authorization for Visit
Biometric	Biometrics Form
BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
BCPE Ex Form	BarnesCare Physical Examination Form
80100-865 P710	Drug Screen 10/50
94010 PFT	Spirometry - PFT
84202 ZPP	Zinc Protoporphyrin Blood
99499-944 99499-944	Annual Asbestos Exam
71010 71010	X-Ray Chest PA 1 View
76499-345 XrayBRead	X-Ray B Reader
94799-885 94799-885	Respirator Clearance Exam
Resp Clr For	Respirator Clearance Form
99199-700 Asbestos Per	Asbestos Periodic Medical Questionnaire

**Orders & Instructions**

RECEIVED

APR 04 2011

MIDWEST SERVICE GROUP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/11/11 CONDUCTED BY: (b) (6)

NAME: Jeremy King (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face Negative pressure full/face PAPP Supplied air

**BRAND (CIRCLE ONE)**

North MSA Glen Air Pro Tech Wilson Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small Medium Large One size fits all Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

**PROJECT NAME:** GSA- Federal Ctr. (Bldg. 122B)  
**PROJECT ADDRESS:** 4300 GORDONFIELD, ST. LOUIS, MO  
**CONTRACTOR'S NAME:** GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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- |                                      |   |
|--------------------------------------|---|
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| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

**SIGNATURE:** (b) (6) (b) (6)

**PRINTED NAME:** Jeremy King **WITNESS:** (b) (6)

Expiration Date 2/17/2012

Certificate Number: 7011012211MOSI12828

Training Date: 1/22/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Richard G Maddalon**

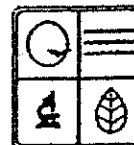
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

2/17/2011

Date

(b) (6)

Director of Air Pollution Control Program



CERTIFICATION

NUMBER: 7011012211MOSI12828

(b) (6)

THIS CERTIFIES

**Richard G Maddalon**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR

**Supervisor**

APPROVED: 2/17/2011

TRAINING DATE: 1/22/2011

EXPIRES: 2/17/2012

(b) (6)

The holder of this card is certified to conduct the specified occupation in conjunction with an asbestos abatement project under the Certification requirements, in RSMo 10 CSR 10-6.250.

It is unlawful for any person to use this card other than the individual to whom it is issued or in any manner inconsistent with the law.

Violations of Missouri State Rule 10 CSR 10-6.080, "Emission Standards for Hazardous Air Pollutants," which adopts by reference 40 CFR, Part 61, Subpart M, the "National Emission Standards for Asbestos" are subject to fines of not more than \$10,000 per day per violations. This Missouri State Certification is subject to review and the director may deny, suspend or revoke this certification per RSMo chapter 643.230.

If found, please return to:

Air Pollution Control Program  
P.O. Box 176

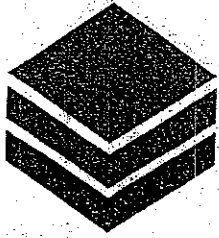
Jefferson City, MO 65102

Phone: (573)751-4817 Fax: (573)751-2706

www.dnr.mo.gov/env/apcp



Missouri  
Department of  
Natural Resources



**M·E·T·A**  
 Mayhew Environmental Training Associates  
 I N C O R P O R A T E D

Certificate # 7ME01221101ASR0016

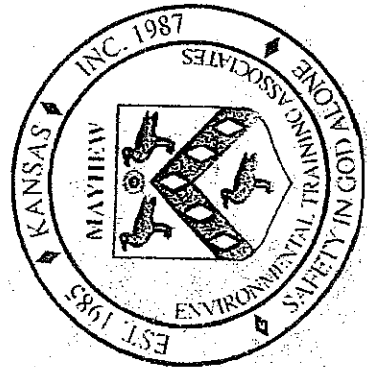
*This is to certify that*

**Richard Gregg Maddalon**

*has on 01/22/2011, in St. Charles, MO  
 completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

**AHERA Asbestos Supervisor Refresher Course**

*as approved by the State of Missouri and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)  
 on 01/22/2011 - 01/22/2011 and passed the associated examination on 01/22/2011  
 with a score of 70% or better*



(b) (6)

Instructor  
 Robert Brooks

(b) (6)

President  
 Thomas Bradford Mayhew



Accreditation Expires: 1/22/12

M.E.T.A. - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

Date 03/11/11

BarnesCare Westport  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

Page 3

**Encounter Summary**

Company: Midwest Service Group (2716C) Employee: Richard G Maddalon  
560 Turner Blvd (b) (6)  
St Peters, MO 63376-1082

Attention: Mark Watkins Ident: (b) (6) DOB: (b) (6)  
Telephone: (636) 926-7800 Department:  
Fax: (636) 926-7802 Job Title: Labor  
mwatkins@maa-stl.com Provider: Robison-Rainey, Carla S ACNP Phone:  
Visit Date: 3/11/11 Time In: 7:30AM Out: 10:00AM Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

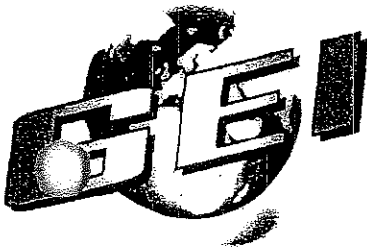
There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Carla Robison-Rainey, NP





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/6/11 CONDUCTED BY: (b) (6)

NAME: Gregg Maddalon (b) (6)

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PASS: X FAIL: \_\_\_\_\_

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- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT**

**PROJECT NAME:** GSA - Federal Ctr. (Bldg. 122B)

**PROJECT ADDRESS:** 4300 GORDONFRIEDW, St. LOUIS, MO

**CONTRACTOR'S NAME:** GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

**RESPIRATORY PROTECTION:** You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

**TRAINING COURSE:** You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

Physical characteristics of asbestos  
Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

**SIGNATURE:** (b) (6)

(b) (6)

**PRINTED NAME:** Gregg Maddalon **WITNESS:** Nicolina Brigugli

Expiration Date: 1/22/2012

Certificate Number: 7011012211MOSR6769

Training Date: 1/22/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176  
Jefferson City, MO 65102  
Phone (573) 751-4817

**Thomas A. Miller**

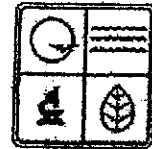
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

4/11/2011

Date

(b) (6)

Director of Air Pollution Control Program



CERTIFICATION  
NUMBER: 7011012211MOSR6769

(b) (6)

THIS CERTIFIES  
**Thomas A. Miller**

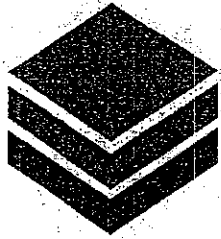
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Supervisor**

APPROVED: 4/11/2011

TRAINING DATE: 1/22/2011

EXPIRES: 1/22/2012

(b) (6)



**M·E·T·A**  
Mayhew Environmental Training Associates  
I N C O R P O R A T E D

Certificate # 7ME01221101ASR0013

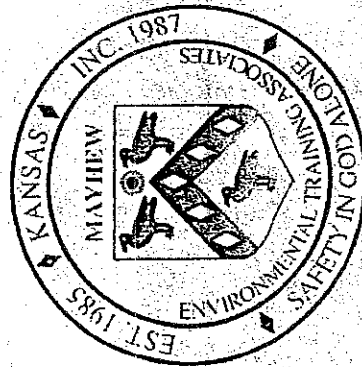
*This is to certify that*

**Thomas A. Miller**

*has on 01/22/2011, in St. Charles, MO completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

**AHERA Asbestos Supervisor Refresher Course**

*as approved by the State of Missouri and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) on 01/22/2011 - 01/22/2011 and passed the associated examination on 01/22/2011 with a score of 70% or better*



(b) (6)

Instructor  
Robert Brooks

(b) (6)

President  
Thomas Bradford Mayhew

(b) (6)  
Accreditation Expires: 1/22/12

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

Date 04/18/11

Page 2

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

Company: Midwest Service Group (2716C) Employee: Thomas A Miller  
560 Turner Blvd (b) (6)  
St Peters, MO 63376-1082

Attention: Pauline Bessie Ident: (b) (6) DOB: (b) (6)  
Telephone: (636) 926-7800 Department:  
Fax: (636) 926-7802 Job Title:  
mwatkins@maa-stl.com  
Provider: Tobiasz, Andrea T, APRN, BC Phone: (b) (6)  
Visit Date: 4/18/11 Time In: 3:03PM Out: Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Andrea Tobiasz, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/6/11 CONDUCTED BY: (b) (6)

NAME: Thomas Miller (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: GSA - Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 4300 GDDDFELLOW, St. LOUIS, MD

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- |                                      |   |
|--------------------------------------|---|
| Physical characteristics of asbestos | Health hazards associated with asbestos     |
| Respiratory protection               | Use of protective equipment                 |
| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: (b) (6)

(b) (6)

PRINTED NAME: Thomas Miller WITNESS: Nicolina Briguglio

Expiration Date: 1/5/2012

Certificate Number: 7112121810MOWR14302

Training Date: 12/18/2010

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Scott A. Rose**

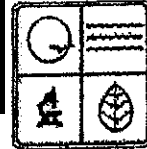
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

1/5/2011

Date

(b) (6)

Director of Air Pollution Control Program



CERTIFICATION NUMBER: 7112121810MOWR14302

(b) (6)

THIS CERTIFIES  
**Scott A. Rose**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Worker**

APPROVED: 1/5/2011

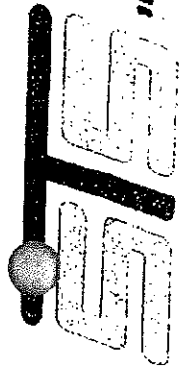
TRAINING DATE: 12/18/2010

EXPIRES: 1/5/2012

(b) (6)

Director of Air Pollution Control Program





# SAFETY TECHNOLOGIES & SOLUTIONS "EXCELLENCE IN SAFETY ENGINEERING"

Environmental Health and Occupational Safety Consultants

6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

Scott Rose

has successfully completed and passed the course examination  
with a minimum score of 70 percent for reaccreditation  
under AHERA (TSCA Title II)

Asbestos Worker Refresher

Class Date: December 18, 2010  
Examination Date: 12/18/2010  
Certificate Number: STS20101218-0361AWR  
Certificate Expiration: 12/18/2011

Thomas J. Scaturro  
Training Manager

STS Safety Technologies & Solutions

(b) (6)

This training course is accredited by the Missouri Department of Natural Resources and the Illinois Department of Public Health

Date 01/07/11

Page 2

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

<b>Company:</b> Midwest Service Group (2716C) 560 Turner Blvd St Peters, MO 63376-1082	<b>Employee:</b> Scott A Rose (b) (6)
<b>Attention:</b> Mark Watkins <b>Telephone:</b> (636) 926-7800 <b>Fax:</b> (636) 926-7802 mwwatkins@mzaa-stl.com	<b>Ident:</b> (b) (6) <b>DOB:</b> (b) (6)
<b>Provider:</b> Tobiasz, Andrea T, APRN, BC	<b>Department:</b>
<b>Visit Date:</b> 1/07/11 Time In: 8:50AM Out: 10:19AM	<b>Job Title:</b> Laborer
	<b>Phone:</b> (b) (6)
	<b>Purpose:</b> Respirator Exam

**Instructions:** RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Andrea Tobiasz, NP

**Comments**

waiting for lab results



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/16/11 CONDUCTED BY: (b) (6)  
NAME: SCOTT RDSE (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other 3M

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: GSA - Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 4300 GODD FELLOW, ST. LOUIS, MO

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: (b) (6)

(b) (6)

PRINTED NAME: SCOTT RDS

WITNESS: (b) (6)

Expiration Date: 10/21/2012

Certificate Number: 7112100611MOSR337

Training Date: 10/6/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources  
P.O. Box 176  
Jefferson City, MO 65102  
Phone (573) 751-4817

**Christopher Townsend**

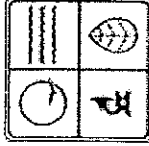
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

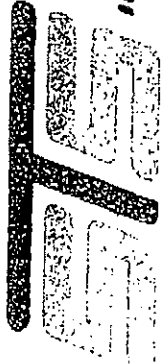
(b) (6)

Director of Air Pollution Control Program

10/22/2011

Date





# **SAFETY TECHNOLOGIES & SOLUTIONS** **"EXCELLENCE IN SAFETY ENGINEERING"**

Environmental Health and Occupational Safety Consultants

8520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

**Chris Townsend**

*has successfully completed and passed the course examination  
with a minimum score of 70 percent for re-accreditation  
under AHERA (TSCA Title II)*

**Asbestos Contractor/Supervisor Refresher**

Class Date: October 6, 2011  
Examination Date: 10/06/2011  
Certificate Number: STS20111006-2106ACSR  
Certificate Expiration: 10/06/2012

Michael Clark  
Training Manager  
STS Safety Technologies & Solutions

(b) (6)

This training course is accredited by the Missouri Department of Natural Resources and the Illinois Department of Public Health

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: Christopher Townsend  
(b) (6)

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: (b) (6)  
Department:  
Job Title: Field Superintendent

DOB: (b) (6)

Provider: Robinson-Rainey, Carla S ACNP  
Visit Date: 4/08/11 Time In: 8:00AM Out: 9:22AM

Purpose: Respirator Exam

Phone: (b) (6)

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Carla Robinson-Rainey, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/16/11 CONDUCTED BY: (b) (6)

NAME: Chris Townsend (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: GSA - Federal Ctr. (Bldg. 122B)

PROJECT ADDRESS: 4300 GODD FELLOW, ST. LOUIS, MO

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

(b) (6)

(b) (6)

PRINTED NAME:

CHRIS TOWNSEND

WITNESS:

(b) (6)

Expiration Date 10/26/2012

Certificate Number: 7112101511MOWR14846

Training Date: 10/15/2011

**Missouri State Certificate for Asbestos Related Occupations**

Issued by Department of Natural Resources

P.O. Box 176

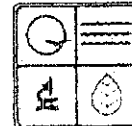
Jefferson City, MO 65102

Phone (573) 751-4817

**Luke A. Wagstaff**

has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

(b) (6)



10/27/2011

Date

Director of Air Pollution Control Program

Missouri Department of  
**PUBLIC HEALTH**

**ASBESTOS  
WORKER LICENSE**

WORKER ID	ISSUED	EXPIRES
057313932	2/16/2011	2/1/2012

LUKE A WAGSTAFF

4208 LITTLE PINEY DR

LAKE ST LOUIS, MO 63367

Environmental Health

See Reverse for Endorsements

(b) (6)



**SAFETY TECHNOLOGIES & SOLUTIONS**  
"EXCELLENCE IN SAFETY ENGINEERING"  
PHONE (314) 644-3323 • FAX (314) 644-3308

Environmental and Occupational Safety & Health Consultants

Does hereby certify that  
**Luke Wagstaff**

(b) (6)

has successfully completed and passed the course examination  
with a minimum score of 70 percent for reaccreditation  
under AHERA (19CA Title II)

**Asbestos Worker Refresher**

This training course is accredited by the Missouri Department of Natural Resources and the Missouri Department of Public Health

MEMBERSHIP CARD  
**LABORERS' INTERNATIONAL  
UNION  
OF NORTH AMERICA**



Name: *Luke Wagstaff*  
 Class Date: *October 15, 2011*  
 Exam Date: *10/15/2011*  
 Cert. Number: *STS20111015-0443AWR*  
 Expires: *10/15/2012*

(b) (6)

(b) (6)

*Michael Clark, Training Manager*  
**STS Safety Technologies & Solutions**  
6520 Manchester Avenue  
Saint Louis, Missouri 63139  
Phone 314-644-3323 • Fax 314-644-3303

**Encounter Summary**

Company: Midwest Service Group (2716C) Employee: Luke A Wagstaff  
 560 Turner Blvd (b) (6)  
 St Peters, MO 63376-1082

Attention: Pauline Bessie Ident: (b) (6) DOB: (b) (6)  
 Telephone: (636) 926-7800 Department:  
 Fax: (636) 926-7802 Job Title:  
 mwatkins@maa-stl.com  
 Provider: Tobiasz, Andrea T, APRN, BC Phone: (b) (6)  
 Visit Date: 5/18/11 Time In: 8:39AM Out: 10:05AM Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Andrea Tobiasz, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/6/11 CONDUCTED BY: (b) (6)

NAME: LUKE WAGSTAFF (b) (6)

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

### BRAND (CIRCLE ONE)

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

### SIZE (CIRCLE ONE)

Small

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/OBE & S/OBE

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT**

**PROJECT NAME:** GSA - Federal Ctr. (Bldg. 122B)

**PROJECT ADDRESS:** 4300 GDDDFELLOW, ST. LOUIS, MO

**CONTRACTOR'S NAME:** GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

**RESPIRATORY PROTECTION:** You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

**TRAINING COURSE:** You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- |                                      |   |
|--------------------------------------|---|
| Physical characteristics of asbestos | Health hazards associated with asbestos     |
| Respiratory protection               | Use of protective equipment                 |
| Pressure Differential Systems        | Work Practices including hands on or on-Job |
| Training                             | Personal decontamination procedures         |
| Air monitoring, personal and area    |   |

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

**SIGNATURE:** (b) (6) \_\_\_\_\_ (b) (6)

**PRINTED NAME:** Luke Wagstaff **WITNESS:** Nicolina Briguglio

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2111960				
<b>Project Name:</b>	GSA - Federal Center, 4300 Goodfellow	<b>Day:</b>	Friday		
<b>Date:</b>	11-4-11	<b>Weather:</b>	Cloudy	<b>Temp.:</b>	52
<b>Supervisor:</b>	Chris Townsend	<b>Workers:</b>	6		
<b>Start Time:</b>	4:00 pm	<b>Lunch:</b>	None	<b>Quit Time:</b>	12:00 am

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed: (Building 122B - Basement Mechanical Room)

Crew arrived at the jobsite and signed in with security then proceeded to work area along with Terracon & OCCU-TEC to discuss scope of work. Unloaded the materials and equipment from the box truck. Work area was demarcated with barrier tape and signs. Placed one layer of poly on the floor in the work area. Set-up decontamination unit & loadout area. Negative air units were set-up throughout work area and exhausted to the outside air. Hung glove bags over designated pipe insulation. Glove bags were inspected by OCCU-TEC prior to abatement. Performed removal of friable asbestos pipe insulation by glove bag method; pipe insulation was double-bagged in 6 mil poly bags and labeled as ACM. Approximately 35% of removal was completed. Bags were loaded into a locked container. Work area was secured at the end of the shift.

**Comments:** Work was inspected by OCCU-TEC & Terracon.

**Air Test:** OCCU-TEC - Pat Garcia

**Visitors:** Terracon, OCCU-TEC

**Schedule and proposed work:** Continue abatement.

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2111960			
<b>Project Name:</b>	GSA - Federal Center, 4300 Goodfellow	<b>Day:</b>	Saturday	
<b>Date:</b>	11-5-11	<b>Weather:</b>	Windy	
<b>Supervisor:</b>	Chris Townsend		<b>Workers:</b>	6
<b>Start Time:</b>	7:00 am	<b>Lunch:</b>	11:00 am	
		<b>Quit Time:</b>	3:30 pm	

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed: (Building 122B - Basement Mechanical Room)

Crew arrived at the jobsite and signed in with security. Re-inspected critical barriers and continued abatement. Changed primary and secondary filters on the negative air units. Asbestos abatement was completed. Work area was inspected by OCCU-TEC & Terracon prior to lockdown and/or encapsulant being applied. Work area was cleared by OCCU-TEC. Waste and equipment were loaded into the box truck for transport to the warehouse. At the warehouse, loaded all of the bags into a lined dumpster; dumpster was taken to an EPA-approved landfill for disposal.

**Comments:** Work was inspected by OCCU-TEC & Terracon.

**Air Test:** OCCU-TEC - Pat Garcia

**Visitors:** Terracon, OCCU-TEC

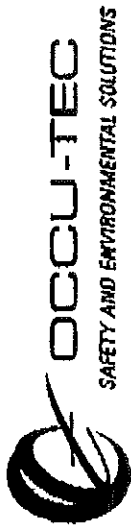
**Schedule and proposed work:** Completed.





PCM ANALYSIS OF AIR SAMPLES

4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 FAX: (816) 231-5641



OCCU-TEC Project #: 91101.02  
 Sample Date: 11/5/2011  
 Analysis Date: 11/5/2011  
 Report Date: 11/29/2011  
 Rotometer #: PJG  
 Blank Average = 0.5

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

ANALYTICAL METHOD: MOSH 7400

Client	Sample ID	Activity/Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/mm2	Fibers/cc
					Start	End	Avg	Start	Stop						
	MO0620-011	Blank	BLK									1	100		
	MO0620-012	Blank	BLK									0	100		
	MO0620-013	Basement - Ice Machine Rm, HM, GLBG	IWA	407	3.08	3.08	3.08	7:24	15:45	501	1543	30.5	100	38.22	0.010
	MO0620-014	Basement - Hallway, HM, GLBG	OWA	409	3.08	3.08	3.08	7:25	15:29	484	1491	13	100	15.92	0.004
	MO0620-015	Basement - Fitness Rm, HM, GLBG	OWA	401	3.08	3.08	3.08	7:26	15:28	482	1485	23	100	28.66	0.007
	MO0620-016	Basement - Ice Machine	CL	407	10.11	10.11	10.11	15:45	17:51	126	1274	1	100	0.64	< 0.003
	MO0620-017	Basement - Ice Machine	CL	392	10.11	10.11	10.11	15:46	17:53	127	1284	1	100	0.84	< 0.003
	MO0620-018	Basement - Air Handler	CL	393	10.11	10.11	10.11	15:47	17:54	127	1284	4	100	4.46	< 0.003
	MO0620-019	Basement Air Handler	CL	408	10.11	10.11	10.11	15:48	17:55	127	1284	5	100	5.73	< 0.003
	MO0620-020	Basement Air Handler	CL	408	10.11	10.11	10.11	15:49	17:56	127	1284	2	100	1.91	< 0.003

SAMPLE TYPE

PR=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA=outside work area CR=clean room  
 CL=clearance BGL=background

Analyzed By: [Redacted]

Checked By: [Redacted]

ACTIVITY  
 PREP=site prep  
 GLBG=glue bag  
 GREH=grease removal

BGLG=bag tied out  
 CLN=clean up  
 EOC=exitation

RESPIRATOR TYPE

HM=half mask  
 FF=full face  
 P=powered  
 SC=special contained pressure apparatus  
 APR=air purifying resp.  
 SA=supplied air  
 PD=pressure demand  
 SC=special contained pressure apparatus

The MOSH 7400 counting rules A does not distinguish between asbestos and non-asbestos fibers

The MOSH 7400 method assumes the lowest quantitative fiber density is 7 fibers / 100 fields at 95% confidence level. OCCUTE's limit of detection (LOD) is equal to 7 fibers/100 fields.

Samples processed by a < sign are calculated using a count of 7 fibers per 100 fields.

This report should not be reproduced except in full.

The estimated intralaboratory coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

Low Range = 5 to 20 Fibers; Medium Range = 20 to 50 Fibers; High Range = 50 to 100 Fibers

The estimated interlaboratory CV for the quality control program that this laboratory participates in is 0.46.

ALPHA PAT Lab #: 101296

ASB211194D

WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Elevation \_\_\_\_\_  
North \_\_\_\_\_ East \_\_\_\_\_

1-A Special Waste Profile Number  
43381019946

NESHAP Notified  
\_\_\_\_ YES \_\_\_\_ NO

WSR Number  
007727

1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code)  
Terracon  
13910 West 96th Terrace  
Lenexa, KS 62215

1-C. Generator's Phone Number  
913-220-6827

1-D. Work Site Address  
Federal Center - Building 122B  
4300 Goodfellow Blvd.  
St. Louis, MO 63120

1-E. 24 Hour Emergency Response Telephone Number  
913-220-6827

2. Operator's Name and Complete Mailing Address  
GFI  
7225 St. Charles Rock Road  
Pagedale, MO 63133

Operator's Phone Number  
636-928-2500

3. Waste Disposal Site (WDS) Name and Complete Mailing Address  
Roxana Landfill Authority  
4600 Cahokia Creek Road  
Roxana, IL 62048

WDS Phone Number  
618-656-6912

4. Name and Address of Responsible Agency  
City Of St. Louis Air Pollution  
1520 Market, 4th floor, room 4058  
St. Louis, MO 63105

5. Description of Materials

Description of Materials	Asbestos, 9. NA2212, III, RO	6. Containers		7. Total Quantity yd3
		No.	Type	
friable asbestos	Asbestos, 9. NA2212, III, RO	154	bags	8
non-friable asbestos	Cat I _____ Cat II _____			

8. Special Handling Instructions and Additional Information  
24 HOUR NOTICE GIVEN PRIOR TO DISPOSAL. MUST BE BURIED

9. GENERATOR/OPERATOR'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. I hereby certify that the asbestos is not contaminated with hazardous, PCB, and/or any special waste.

Printed/Typed Name and Title  
Vicki Dunn-Wolfe / President

Signature  
(b) (6)

Date  
11-5-11

10. Transporter 1 Company Name  
Allied Waste

Complete Mailing Address  
12976 St. Charles Rock Road  
Bridgeton, MO 63044

Telephone Number (including area code)  
636-947-5959

Printed Name and Title  
MIKE TILLMAN

Date  
12-14-11

11. Transporter 2 Company Name

Complete Mailing Address

Telephone Number (including area code)

Driver Signature

Printed Name and Title

Date

12. Discrepancy Indication Space  
Manifest did not accompany the load.

13. Waste Disposal Site Owner or Operator  
Special Waste Approval is issued by signature in the case of a Generic Asbestos Approval. Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/Typed Name and Title  
Ray Towne, II

Signature  
(b) (6)

Date  
4/25/14

ASB211194D

Generator

Transporter

Disposal Site