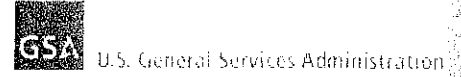




# ASBESTOS ABATEMENT CLOSEOUT

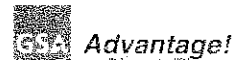
## Goodfellow - Building



Contract Number: GSA/47-0000-0000-0000-0000  
Single Line Item Contract Number: 0000-0000-0000-0000  
Contract Title: ASBESTOS ABATEMENT CLOSEOUT  
Contract Location: 0000-0000-0000-0000

Project Number: 0000-0000

Order Number: 0000-0000



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### **Appendices:**

- A: Accreditation Documentation
- B: Daily Field Reports
- C: Asbestos Air Monitoring Reports (PCM)
- D: Asbestos Clearance Reports (TEM)
- E: Laboratory Reports (TEM)

## 1. INTRODUCTION

As authorized by GSA-Heartland, OCCU-TEC provided air monitoring and project oversight services for an asbestos abatement project in Goodfellow - Building 107 located at 4300 Goodfellow, in St. Louis, Missouri. This final report contains the OCCU-TEC representatives' air sampling data, laboratory results, and accreditation documentation. This report has been prepared to document completion of the project in accordance with the Task Order prepared for the project.

## 2. PROJECT DESCRIPTION

The abatement project at Goodfellow - Building 107 took place to prevent possible asbestos exposure to employees that work in and near the Basement Crawl Space. Global Environmental Inc. (GEI), of St. Louis, Missouri, a sub-contractor for Terracon of Lenexa, Kansas, performed the asbestos abatement activities in the building from September 17, 2012 through October 09, 2012. GEI abated the following asbestos-containing materials while OCCU-TEC was on-site:

Description	Location	Quantity Removed
Thermal Pipe Insulation Debris	Basement - Crawl Space	700 Cubic Yards (Compacted)

OCCU-TEC was on-site during the entire abatement process. Appendix A contains accreditation documentation for OCCU-TEC staff on-site during asbestos abatement activities.

## 3. OBSERVATIONS

Airborne fiber concentrations measured outside the work area by OCCU-TEC ranged from between < 0.002 fibers per cubic centimeter (f/cc) to 0.005 f/cc. All results were below the EPA-AHERA clearance level of 0.01 f/cc.

Following completion of abatement, OCCU-TEC conducted clearance air monitoring using aggressive sampling techniques and transmission electron microscopy (TEM). These procedures were performed to indicate successful completion of the abatement activities. Airborne fiber concentrations in the clearance samples were less than 70.0 asbestos structures/mm<sup>2</sup> by TEM. This indicated that the area were ready for re-occupancy. Visual inspections and clearance air monitoring indicated successful completion of the asbestos abatement actions. OCCU-TEC authorized the abatement contractor to remove the containment enclosures following analysis of clearance samples.

#### **4. AIR MONITORING**

##### **ASBESTOS PCM AREA SAMPLING**

PCM air samples were collected on 25 millimeter, 0.8-micron pore size mixed cellulose ester membrane filters. The filters were contained in three piece cassettes equipped with electrically conductive 50-mm cowls. Sample flow rates ranged from 1.25 to 4.39 liters per minute. This flow rate was selected to provide a low detection limit with minimal likelihood of overloading the filter.

PCM analyses were performed according to the analysis procedures specified in the National Institute of Occupational Safety and Health, Protocol 7400, Asbestos Fibers, using the "A" counting rules. This method does not permit discrimination between asbestos fibers and non-asbestos fibers. Asbestos air monitoring PCM reports are provided in Appendix C.

##### **ASBESTOS TEM CLEARANCE SAMPLING**

TEM clearance sampling took place following completion of the visual inspections and encapsulation of the work areas. All asbestos clearances were collected on 25 millimeter; 0.45-micron pore size mixed cellulose ester membrane filters. The filters were contained in three-piece cassettes equipped with electrically conductive 50-mm cowls. TEM analyses were performed by Bureau Veritas – North America (BV) in Kennesaw, Georgia for independent analysis according to the TEM counting procedures described under AHERA. BV analyzed the samples under the EPA NVLAP program and has a laboratory ID number of 101125-0. Clearance results were all below 70.0 asbestos structures/mm<sup>2</sup> detected, indicating successful completion of the asbestos abatement activity.

#### **5. RECOMMENDATIONS**

OCCU-TEC recommends that the building management undertake the following:

1. Update the building asbestos management program to include the completed abatement action.
2. Continued implementation of the building's asbestos management program.

Expiration Date: **10/2/2013** Certificate Number: 7011090612MOIR11347  
Training Date: **9/6/2012**

**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**

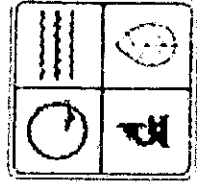
has successfully completed the requirements for certification as a INSPECTOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.



**10/3/2012**

Date

Director of Air Pollution Control Program



THIS CERTIFIES THAT

*Patricia Garcia*

has successfully completed a NIOSH 582 Equivalency Course in

**SAMPLING & EVALUATING  
AIRBORNE ASBESTOS DUST**

Presented by:

**OCCU-TEC, Inc.**

6501 E. Commerce, Suite 230  
Kansas City, Missouri 64120  
(816) 231-5580

May 3 – May 7, 2004

Course Date



Training Coordinator

**Appendix B**

**Daily Field Reports**



4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER.: 92114		DATE: 09-17-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 15:00		OUT: 23:45	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 5	
IN: 16:00		OUT: 23:45	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 68 Degrees Conditions: Clear _____, Cloudy <input checked="" type="checkbox"/> , Rain _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal _____, Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 0	
Material Description: Off-Loading Equipment and Setting Up Decon, Shower, Neg Air Machines		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal _____, Glovebag _____, Friable _____, Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment _____, Critical Barriers _____, Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input type="checkbox"/> Emergency Info. Posted		<input type="checkbox"/> Disposable Suits	
<input type="checkbox"/> Fire Extinguishers On-Site		<input type="checkbox"/> Boots	
<input type="checkbox"/> GFCI's Used		<input type="checkbox"/> Gloves	
<input type="checkbox"/> OSHA Info. Posted		<input type="checkbox"/> Safety Glasses/ Goggles	
<input type="checkbox"/> Personal Sampling Conducted		<input type="checkbox"/> Hard Hat	
<input type="checkbox"/> Entrance Warning Signs Posted		<input type="checkbox"/> Safety Vest	
<input type="checkbox"/> Entry/Exit Logs Posted		<input type="checkbox"/> Hearing Protection	
<input type="checkbox"/> Storage Bins Labeled		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Bags Labeled			
<input type="checkbox"/> Floor and Walls Covered		<b>WORK PRACTICES</b>	
<input type="checkbox"/> Area Ventilation Off		<input type="checkbox"/> Wet Methods Used	
<input type="checkbox"/> All Edges Sealed		<input type="checkbox"/> HEPA Vacuums Used	
<input type="checkbox"/> Penetrations Sealed		<input type="checkbox"/> Waste Double-Bagged or Barreled	
<input type="checkbox"/> Entry Curtains		<input type="checkbox"/> Wastewater Filtered or Barreled	
<input type="checkbox"/> Critical Barriers		<input type="checkbox"/> Negative Air Pressure Achieved	
<input type="checkbox"/> Containment Smoke Tested		<input type="checkbox"/> Equipment Decontaminated	
<input type="checkbox"/> Work Area Secured		<input type="checkbox"/> Other: _____	
<b>RESPIRATORY PROTECTION</b>			
<input type="checkbox"/> Half-Face Air Purifying Respirator			
<input type="checkbox"/> Full-Face Air Purifying Respirator			
<input type="checkbox"/> Powered Air Purifying Respirator			
<input type="checkbox"/> Other: _____			
		<b>SIGNIFICANT EVENTS</b>	
		No Removal; Off-loading equipment; Setting-Up equipment in Basement of BLDG 107. Building shower and decon.	
AIR MONITORING PERFORMED BY OCCU-TEC INC. : PCM _____, TEM <input checked="" type="checkbox"/>			
<b>Type</b>			
No. of Background Samples 10		No. of Personal Samples 0	
No. of Area Samples 0		No. of Clearance Samples 0	

SIGNATURE: Patricia Garcia





4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-18-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 23:45	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 6	
IN: 17:00		OUT: 23:45	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 70 Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. Wrapping Ducts			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 5 30gal bags	
Material Description: Bags of Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) Wrapping Duct Work _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted		<input checked="" type="checkbox"/> Disposable Suits	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site		<input checked="" type="checkbox"/> Boots	
<input checked="" type="checkbox"/> GFCIs Used		<input checked="" type="checkbox"/> Gloves	
<input checked="" type="checkbox"/> OSHA Info. Posted		_____ Safety Glasses/ Goggles	
<input checked="" type="checkbox"/> Personal Sampling Conducted		_____ Hard Hat	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted		_____ Safety Vest	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted		_____ Hearing Protection	
<input checked="" type="checkbox"/> Storage Bins Labeled		Other: _____	
<input checked="" type="checkbox"/> Bags Labeled			
_____ Floor and Walls Covered		<b>WORK PRACTICES</b>	
_____ Area Ventilation Off		<input checked="" type="checkbox"/> Wet Methods Used	
<input checked="" type="checkbox"/> All Edges Sealed		<input checked="" type="checkbox"/> HEPA Vacuums Used	
<input checked="" type="checkbox"/> Penetrations Sealed		<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	
<input checked="" type="checkbox"/> Entry Curtains		_____ Wastewater Filtered or Barreled	
<input checked="" type="checkbox"/> Critical Barriers		<input checked="" type="checkbox"/> Negative Air Pressure Achieved	
_____ Containment Smoke Tested		<input checked="" type="checkbox"/> Equipment Decontaminated	
<input checked="" type="checkbox"/> Work Area Secured		Other: _____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b> PCM <input checked="" type="checkbox"/> , TEM _____			
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	10	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia



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 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-19-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 23:45	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 5	
IN: 17:00		OUT: 23:45	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 70 Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. Wrapping Ducts			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 10 30gal bags	
Material Description: Bags of Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) Wrapping Duct Work _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	_____ Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	_____ Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	_____ Hearing Protection	16:00 -- -0.027 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	Other: _____	17:51 -- -0.027 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		18:40 -- -0.034 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	19:11 -- -0.037 negative air pressure	
_____ Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	20:01 -- -0.037 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	21:30 -- -0.040 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	22:30 -- -0.040 negative air pressure	
<input checked="" type="checkbox"/> Entry Curtains	_____ Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
_____ Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	10	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia \_\_\_\_\_



4151 N. Mulberry Drive, Suite 275  
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 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

<b>CLIENT:</b> GSA		<b>PROJECT NAME:</b> Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
<b>PROJECT NUMBER:</b> 92114		<b>DATE:</b> 09-20-12	
<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 16:00		<b>OUT:</b> 23:45	
<b>CONTRACTOR SUPERVISOR:</b> Matt Lour/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 6	
<b>IN:</b> 17:00		<b>OUT:</b> 23:45	
<b>VISITORS ON SITE:</b>			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>70</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
<b>Area of Activity:</b> <u>Basement GSA 107 Crawl Space</u>		<b>Quantity Removed:</b> <u>45</u> cubic yards	
<b>Material Description:</b> <u>Debris</u>		<b>Quantity Remaining:</b> _____	
<b>Area of Activity:</b> _____		<b>Quantity Removed:</b> _____	
<b>Material Description:</b> _____		<b>Quantity Remaining:</b> _____	
<b>Area of Activity:</b> _____		<b>Quantity Removed:</b> _____	
<b>Material Description:</b> _____		<b>Quantity Remaining:</b> _____	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
<b>ENGINEERING CONTROLS:</b> Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No _____, # of Units <u>5</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") _____			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No _____, # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest		
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection		
<input checked="" type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____		
<input checked="" type="checkbox"/> Bags Labeled		16:00 - -0.037 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	18:03 - -0.038 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	19:03 - -0.050 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	20:13 - -0.034 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	21:52 - -0.037 negative air pressure	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	23:13 - -0.038 negative air pressure	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved		
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated		
<input checked="" type="checkbox"/> Work Area Secured	<input type="checkbox"/> Other: _____		
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC.:</b>		<b>PCM</b> <input checked="" type="checkbox"/> , <b>TEM</b> _____	
<b>Type</b>			
No. of Background Samples	<u>0</u>	No. of Personal Samples	<u>0</u>
No. of Area Samples	<u>10</u>	No. of Clearance Samples	<u>0</u>

SIGNATURE: Patricia Garcia



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**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-21-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 01:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 4	
IN: 17:00		OUT: 01:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 70 Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 70 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCT's Used	<input checked="" type="checkbox"/> Gloves	_____ Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	_____ Hard Hat	_____ Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	_____ Hearing Protection	16:00 -- -0.037 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	_____ Other: _____	18:03 -- -0.038 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:21 -- -0.038 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	20:53 -- -0.035 negative air pressure	
_____ Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	22:00 -- -0.040 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	23:13 -- -0.038 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
_____ Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	_____ Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	10	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia



4151 N. Mulberry Drive, Suite 275  
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 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-24-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 5	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: <u>70</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: <u>Basement GSA 107 Crawl Space</u>		Quantity Removed: <u>42</u> cubic yards	
Material Description: <u>Debris</u>		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units <u>5</u> , Manometer on site <input checked="" type="checkbox"/> , Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	_____ Full-Face Air Purifying Respirator	
_____ OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Powered Air Purifying Respirator	
_____ Personal Sampling Conducted	_____ Hard Hat	_____ Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	_____ Hearing Protection	16:00 - -0.033 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	_____ Other: _____	18:17 - -0.032 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:24 - -0.031 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	20:04 - -0.032 negative air pressure	
_____ Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:04 - -0.032 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:12 - -0.031 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
_____ Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	_____ Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	<u>0</u>	No. of Personal Samples	<u>0</u>
No. of Area Samples	<u>10</u>	No. of Clearance Samples	<u>0</u>

SIGNATURE: Patricia Garcia



4151 N. Mulberry Drive, Suite 275  
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 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-25-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 6	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 82 Degrees Conditions: Clear _____, Cloudy <u>X</u> _____, Raining _____			
TODAY'S ACTIVITIES: Prep. <u>X</u> _____, Removal <u>X</u> _____, Cleanup <u>X</u> _____, Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 47 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <u>X</u> _____, Glovebag _____, Friable <u>X</u> _____, Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <u>X</u> _____, Critical Barriers <u>X</u> _____, Splash Guards _____, Drop Cloth _____, Barrier Tape <u>X</u> _____			
NEGATIVE AIR SYSTEM: Yes <u>X</u> _____, No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <u>X</u> _____, No _____, # of Stages 3 Shower: Yes <u>X</u> _____, No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	16:00 - -0.029 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	Other: _____	18:06 - -0.032 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:14 - -0.031 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	20:15 - -0.032 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:00 - -0.031 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:37 - -0.011 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled		
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled		
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved		
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated		
<input checked="" type="checkbox"/> Work Area Secured	Other: _____		
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <u>X</u> _____, TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	10	No. of Clearance Samples	0

SIGNATURE: \_\_\_\_\_ Patricia Garcia



4151 N. Mulberry Drive, Suite 275  
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 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-26-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 09:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 6	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: <u>82</u> Degrees Conditions: Clear <input type="checkbox"/> , Cloudy <input checked="" type="checkbox"/> , Raining <input type="checkbox"/>			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input type="checkbox"/>			
Area of Activity: <u>Basement GSA 107 Crawl Space</u>		Quantity Removed: <u>47</u> cubic yards	
Material Description: <u>Debris</u>		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag <input type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input type="checkbox"/> , Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>5</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCT's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	16:00 --0.021 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	Other: _____	17:56 -0.022 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:34 -0.011 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	20:13 -0.022 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:00 -0.011 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:40 -0.021 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	<u>0</u>	No. of Personal Samples	<u>0</u>
No. of Area Samples	<u>10</u>	No. of Clearance Samples	<u>0</u>

SIGNATURE: Patricia Garcia



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 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-27-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 22:45	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 4	
IN: 17:00		OUT: 21:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 75 Degrees Conditions: Clear _____, Cloudy <u>X</u> _____			
TODAY'S ACTIVITIES: Prep. <u>X</u> _____, Removal <u>X</u> _____, Cleanup <u>X</u> _____, Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: <u>Basement GSA 107 Crawl Space</u>		Quantity Removed: <u>0</u> cubic yards	
Material Description: <u>Debris</u>		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <u>X</u> _____, Glovebag _____, Friable <u>X</u> _____, Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <u>X</u> _____, Critical Barriers <u>X</u> _____, Splash Guards _____, Drop Cloth _____, Barrier Tape <u>X</u> _____			
NEGATIVE AIR SYSTEM: Yes <u>X</u> _____, No _____, # of Units <u>5</u> _____, Manometer on site <u>Yes</u> _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <u>X</u> _____, No _____, # of Stages <u>3</u> _____ Shower: Yes <u>X</u> _____, No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<u>X</u> Emergency Info. Posted	<u>X</u> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<u>X</u> Fire Extinguishers On-Site	<u>X</u> Boots	<u>X</u> Half-Face Air Purifying Respirator	
<u>X</u> GFCI's Used	<u>X</u> Gloves	_____ Full-Face Air Purifying Respirator	
<u>X</u> OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Powered Air Purifying Respirator	
_____ Personal Sampling Conducted	_____ Hard Hat	_____ Other: _____	
<u>X</u> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<u>X</u> Entry/Exit Logs Posted	_____ Hearing Protection	16:50 - -0.024 negative air pressure	
<u>X</u> Storage Bins Labeled	_____ Other: _____	18:00 - -0.020 negative air pressure	
<u>X</u> Bags Labeled		20:00 - -0.022 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	20:15 - -0.020 negative air pressure	
_____ Area Ventilation Off	<u>X</u> Wet Methods Used	Crew works to remove clogged clay dirt from vacuum	
<u>X</u> All Edges Sealed	<u>X</u> HEPA Vacuums Used	cyclone. It is binding the auger.	
<u>X</u> Penetrations Sealed	<u>X</u> Waste Double-Bagged or Barreled	No removal from crawl space today.	
<u>X</u> Entry Curtains	<u>X</u> Wastewater Filtered or Barreled		
<u>X</u> Critical Barriers	<u>X</u> Negative Air Pressure Achieved		
_____ Containment Smoke Tested	<u>X</u> Equipment Decontaminated		
<u>X</u> Work Area Secured	_____ Other: _____		
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <u>X</u> _____, TEM _____	
<b>Type</b>			
No. of Background Samples	<u>0</u>	No. of Personal Samples	<u>0</u>
No. of Area Samples	<u>10</u>	No. of Clearance Samples	<u>0</u>

SIGNATURE: Patricia Garcia





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 KANSAS CITY, MO 64116  
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 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 09-28-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 6	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 82 Degrees Conditions: Clear _____, Cloudy <u>X</u> _____			
TODAY'S ACTIVITIES: Prep. <u>X</u> _____, Removal <u>X</u> _____, Cleanup <u>X</u> _____, Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 17 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <u>X</u> _____, Glovebag _____, Friable <u>X</u> _____, Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <u>X</u> _____, Critical Barriers <u>X</u> _____, Splash Guards _____, Drop Cloth _____, Barrier Tape <u>X</u> _____			
NEGATIVE AIR SYSTEM: Yes <u>X</u> _____, No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <u>X</u> _____, No _____, # of Stages 3, Shower: Yes <u>X</u> _____, No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<u>X</u> Emergency Info. Posted	<u>X</u> Disposable Suits	<u>X</u> Half-Face Air Purifying Respirator	
<u>X</u> Fire Extinguishers On-Site	<u>X</u> Boots	_____ Full-Face Air Purifying Respirator	
<u>X</u> GFCI's Used	<u>X</u> Gloves	_____ Powered Air Purifying Respirator	
<u>X</u> OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Other: _____	
_____ Personal Sampling Conducted	_____ Hard Hat		
<u>X</u> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<u>X</u> Entry/Exit Logs Posted	_____ Hearing Protection	16:00 - -0.024 negative air pressure	
<u>X</u> Storage Bins Labeled	_____ Other: _____	17:36 - -0.021 negative air pressure	
<u>X</u> Bags Labeled		19:07 - -0.021 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	20:00 - -0.022 negative air pressure	
_____ Area Ventilation Off	<u>X</u> Wet Methods Used	21:30 - -0.011 negative air pressure	
<u>X</u> All Edges Sealed	<u>X</u> HEPA Vacuums Used	22:45 - -0.021 negative air pressure	
<u>X</u> Penetrations Sealed	<u>X</u> Waste Double-Bagged or Barreled	_____	
<u>X</u> Entry Curtains	<u>X</u> Wastewater Filtered or Barreled	_____	
<u>X</u> Critical Barriers	<u>X</u> Negative Air Pressure Achieved	_____	
_____ Containment Smoke Tested	<u>X</u> Equipment Decontaminated	_____	
<u>X</u> Work Area Secured	_____ Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <u>X</u> _____, TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	9	No. of Clearance Samples	0

SIGNATURE: \_\_\_\_\_ Patricia Garcia \_\_\_\_\_



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**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 10-01-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:30		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lou/Vicki Dunn		NUMBER OF WORKERS: 7	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 76 Degrees Conditions: Clear _____, Cloudy <u>X</u> _____			
TODAY'S ACTIVITIES: Prep. <u>X</u> _____, Removal <u>X</u> _____, Cleanup <u>X</u> _____, Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 65 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <u>X</u> _____, Glovebag _____, Friable <u>X</u> _____, Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <u>X</u> _____, Critical Barriers <u>X</u> _____, Splash Guards _____, Drop Cloth _____, Barrier Tape <u>X</u> _____			
NEGATIVE AIR SYSTEM: Yes <u>X</u> _____, No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <u>X</u> _____, No _____, # of Stages 3, Shower: Yes <u>X</u> _____, No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCT's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	17:00 - -0.011 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____	17:30 - -0.036 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:27 - -0.036 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	20:42 - -0.034 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:48 - -0.034 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:45 - -0.032 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	<input type="checkbox"/> Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <u>X</u> _____, TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	9	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia \_\_\_\_\_



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 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG: 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 10-02-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:30		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 8	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 70 Degrees Conditions: Clear _____, Cloudy <input checked="" type="checkbox"/> , Raining _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 75 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted		<input checked="" type="checkbox"/> Disposable Suits	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site		<input checked="" type="checkbox"/> Boots	
<input checked="" type="checkbox"/> GFCI's Used		<input checked="" type="checkbox"/> Gloves	
<input checked="" type="checkbox"/> OSHA Info. Posted		Safety Glasses/ Goggles _____	
Personal Sampling Conducted _____		Hard Hat _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted		Safety Vest _____	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted		Hearing Protection _____	
<input checked="" type="checkbox"/> Storage Bins Labeled		Other: _____	
<input checked="" type="checkbox"/> Bags Labeled			
Floor and Walls Covered _____		<b>WORK PRACTICES</b>	
Area Ventilation Off _____		<input checked="" type="checkbox"/> Wet Methods Used	
<input checked="" type="checkbox"/> All Edges Sealed		<input checked="" type="checkbox"/> HEPA Vacuums Used	
<input checked="" type="checkbox"/> Penetrations Sealed		<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	
<input checked="" type="checkbox"/> Entry Curtains		<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	
<input checked="" type="checkbox"/> Critical Barriers		<input checked="" type="checkbox"/> Negative Air Pressure Achieved	
Containment Smoke Tested _____		<input checked="" type="checkbox"/> Equipment Decontaminated	
<input checked="" type="checkbox"/> Work Area Secured		Other: _____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. : PCM <input checked="" type="checkbox"/> , TEM _____			
<b>Type</b>			
No. of Background Samples 0		No. of Personal Samples 0	
No. of Area Samples 10		No. of Clearance Samples 0	

SIGNATURE: Patricia Garcia



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**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER: 92114		DATE: 10-03-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 8	
IN: 16:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 81 Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 95 cubic yards	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	_____ Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	_____ Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	_____ Safety Glasses/ Goggles	_____ Other: _____	
_____ Personal Sampling Conducted	_____ Hard Hat		
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	_____ Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	_____ Hearing Protection	16:15 - -0.037 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	_____ Other: _____	18:23 - -0.037 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:01 - -0.035 negative air pressure	
_____ Floor and Walls Covered	<b>WORK PRACTICES</b>	20:22 - -0.034 negative air pressure	
_____ Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:00 - -0.041 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:22 - -0.026 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
_____ Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	_____ Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	10	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia \_\_\_\_\_



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**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER.: 92114		DATE: 10-04-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 8	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: <u>82</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____,			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. _____, Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: <u>Basement GSA 107 Crawl Space</u>		Quantity Removed: <u>150 cubic yards</u>	
Material Description: <u>Debris</u>		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units <u>5</u> , Manometer on site <input checked="" type="checkbox"/> , Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	16:00 - -0.016 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____	18:00 - -0.025 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:01 - -0.025 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	20:22 - -0.025 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:00 - -0.025 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:22 - -0.025 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	<input type="checkbox"/> Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	<u>0</u>	No. of Personal Samples	<u>0</u>
No. of Area Samples	<u>10</u>	No. of Clearance Samples	<u>0</u>

SIGNATURE: Patricia Garcia



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**DAILY FIELD REPORT**  
 (Please print information clearly)

CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER.: 92114		DATE: 10-05-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 16:00		OUT: 00:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 6	
IN: 17:00		OUT: 00:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: <u>50</u> Degrees Conditions: Clear <input type="checkbox"/> , Cloudy <input checked="" type="checkbox"/> , Raining			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demoh.			
Area of Activity: <u>Basement GSA 107 Crawl Space</u>		Quantity Removed: <u>97</u> cubic yards	
Material Description: <u>Debris</u>		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag <input type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input type="checkbox"/> , Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>5</u> , Manometer on site <input checked="" type="checkbox"/> , Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCT's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> OSHA Info.Posted	<input type="checkbox"/> Safety Glasses/ Goggles	Other: _____	
<input type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat		
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	16:00- -0.016 negative air pressure	
<input checked="" type="checkbox"/> Storage Bins Labeled	Other: _____	18:00- -0.022 negative air pressure	
<input checked="" type="checkbox"/> Bags Labeled		19:29 - -0.022 negative air pressure	
<input type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>	21:07 - -0.023 negative air pressure	
<input type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	21:00 - -0.025 negative air pressure	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	22:22 - -0.025 negative air pressure	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input checked="" type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
AIR MONITORING PERFORMED BY OCCU-TEC INC. :		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples <u>0</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>10</u>	No. of Clearance Samples <u>0</u>		

SIGNATURE: Patricia Garcia



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**DAILY FIELD REPORT**  
 (Please print information clearly)

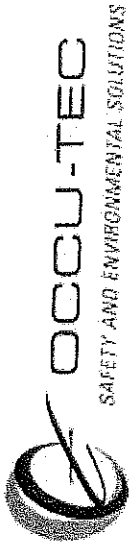
CLIENT: GSA		PROJECT NAME: Goodfellow BLDG 107 3rd Party Air Monitoring Project Oversight	
PROJECT NUMBER.: 92114		DATE: 10-08-12	
CONTRACTOR: Global Environmental			
OCCU-TEC PERSONNEL: Patricia Garcia			
IN: 6:30		OUT: 15:00	
CONTRACTOR SUPERVISOR: Matt Lour/Vicki Dunn		NUMBER OF WORKERS: 4	
IN: 7:00		OUT: 15:00	
VISITORS ON SITE:			
OBSERVED WEATHER CONDITIONS: Temperature: 38 Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy _____			
TODAY'S ACTIVITIES: Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure _____, Demo. _____, Teardown/Demob. _____			
Area of Activity: Basement GSA 107 Crawl Space		Quantity Removed: 10 30gal bags	
Material Description: Debris		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
Area of Activity: _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
WORK PROCEDURES: Gross Removal <input checked="" type="checkbox"/> , Glovebag _____, Friable <input checked="" type="checkbox"/> , Non-Friable _____, Exterior _____, Other (Explain) _____			
ENGINEERING CONTROLS: Full Containment <input checked="" type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards _____, Drop Cloth _____, Barrier Tape <input checked="" type="checkbox"/>			
NEGATIVE AIR SYSTEM: Yes <input checked="" type="checkbox"/> , No _____, # of Units 5, Manometer on site Yes _____, Manometer Reading (if < 0.02") _____			
DECONTAMINATION UNIT: Yes <input checked="" type="checkbox"/> , No _____, # of Stages 3 Shower: Yes <input checked="" type="checkbox"/> , No _____			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted		<input checked="" type="checkbox"/> Disposable Suits	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site		<input checked="" type="checkbox"/> Boots	
<input checked="" type="checkbox"/> GFCT's Used		<input checked="" type="checkbox"/> Gloves	
<input checked="" type="checkbox"/> OSHA Info. Posted		_____ Safety Glasses/ Goggles	
_____ Personal Sampling Conducted		_____ Hard Hat	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted		_____ Safety Vest	
<input checked="" type="checkbox"/> Entry/Exit Logs Posted		_____ Hearing Protection	
<input checked="" type="checkbox"/> Storage Bins Labeled		Other: _____	
<input checked="" type="checkbox"/> Bags Labeled			
_____ Floor and Walls Covered		<b>WORK PRACTICES</b>	
_____ Area Ventilation Off		<input checked="" type="checkbox"/> Wet Methods Used	
<input checked="" type="checkbox"/> All Edges Sealed		<input checked="" type="checkbox"/> HEPA Vacuums Used	
<input checked="" type="checkbox"/> Penetrations Sealed		<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	
<input checked="" type="checkbox"/> Entry Curtains		<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	
<input checked="" type="checkbox"/> Critical Barriers		<input checked="" type="checkbox"/> Negative Air Pressure Achieved	
_____ Containment Smoke Tested		<input checked="" type="checkbox"/> Equipment Decontaminated	
<input checked="" type="checkbox"/> Work Area Secured		Other: _____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples	0	No. of Personal Samples	0
No. of Area Samples	8	No. of Clearance Samples	0

SIGNATURE: Patricia Garcia

**Appendix C**

**Asbestos Air Monitoring Reports (PCM)**





**PCM ANALYSIS OF AIR SAMPLES**

4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
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CLIENT NAME: GSA OCCU-TEC Project #: 92114  
 ADDRESS: 1500 Bannister Road Sample Date: 9/18/2012  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space Analysis Date: 9/19/2012  
 FILTER TYPE: 25mm, 0.8 um-MCE Report Date: 10/23/2012  
 ANALYTICAL METHOD: NIOSH 7400 Rotometer #: 412  
 Blank Average = 0

Client	Sample ID	Activity/ Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/ mm2	Fibers/ cc
				Start	End	Avg	Start	Stop						
	92114-PCM-001	Field Blank								0	100			
	92114-PCM-002	Field Blank								0	100			
	92114-PCM-003	2nd Floor by Room 214	OWA 404	1:25	1:25	1:25	15:33	11:27	1194	1492.5	9.5	100	12.10	0.003
	92114-PCM-004	2nd Floor by Room 224	OWA 399	1:25	1:25	1:25	15:55	11:28	1173	1466.3	11	100	14.01	0.004
	92114-PCM-005	1st Floor Admin Office	OWA 405	3:29	3:29	3:29	16:09	23:17	428	1408.1	22	100	28.03	0.008
	92114-PCM-006	1st Floor GSA Office	OWA 385	3:29	3:29	3:29	16:11	23:17	426	1401.5	10.5	100	13.38	0.004
	92114-PCM-007	1st Floor North Hallway	OWA 388	3:29	3:29	3:29	16:15	23:15	420	1381.8	10.5	100	13.38	0.004
	92114-PCM-008	1st Floor South Vestibule	OWA 386	3:29	3:29	3:29	16:18	23:16	418	1375.2	8.5	100	10.83	0.003
	92114-PCM-009	Basement Outside	OWA 68	3:29	3:29	3:29	16:20	23:18	418	1375.2	2	100	2.55	< 0.002
	92114-PCM-010	Basement Change Area	OWA 403	3:29	3:29	3:29	16:26	23:24	418	1375.2	9	100	11.46	0.003
	92114-PCM-011	Basement by Sensors	OWA 406	3:29	3:29	3:29	16:30	23:26	416	1368.6	7.5	100	9.55	0.003
	92114-PCM-012	Basement Decon	OWA 349	3:29	3:29	3:29	16:31	23:25	414	1362.1	9	100	11.46	0.003

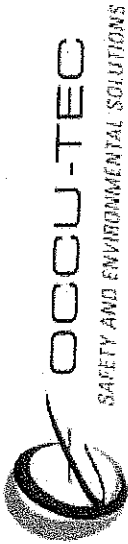
**SAMPLE TYPE**  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

**ACTIVITY**  
 PREP=site prep. BGLQ=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

**RESPIRATOR TYPE**  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUBA=Self contained breathing apparatus.

Analyzed By: \_\_\_\_\_  
 Checked By: \_\_\_\_\_  
 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. OCCUTEK's limit of detection (LOD) is equal to 7 fibers/100 fields.  
 Samples preceded 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.

labenvin@atcc.com



**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 #: 92114  
 Sample Date: 9/19/2012  
 Analysis Date: 9/20/2012  
 Report Date: 10/23/2012  
 Rotometer # 412  
 Blank Average = 1

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space

FILTER TYPE: 25mm, 0.8 µm MCE

ANALYTICAL METHOD: NIOSH 7400

Sample ID	Sample Type	Pump ID	Flow Rate (µ/min)			Running Time		Total Minutes	Volume Liters	Fibers/mm2	Fibers/cc
			Start	End	Avg	Start	Stop				
92114-PCM-013	Field Blank										
92114-PCM-014	Field Blank										
92114-PCM-015	2nd Floor by Room 214	404	1.25	1.25	1.25	16:02	11:20	1158	1447.5	3	
92114-PCM-016	2nd Floor by Room 224	399	1.25	1.25	1.25	16:03	11:21	1158	1447.5	3	
92114-PCM-017	1st Floor Admin Office	405	3.29	3.29	3.29	16:10	23:00	410	1348.9	7	
92114-PCM-018	1st Floor GSA Office	385	3.29	3.29	3.29	16:12	23:01	409	1345.6	10	
92114-PCM-019	1st Floor North Hallway	388	3.29	3.29	3.29	16:15	23:02	407	1339	2	
92114-PCM-020	1st Floor South Vestibule	386	3.29	3.29	3.29	16:16	23:03	407	1339	4	
92114-PCM-021	Basement Outside	68	3.29	3.29	3.29	16:30	23:04	394	1296.3	8.5	
92114-PCM-022	Basement Change Area	406	3.29	3.29	3.29	16:20	23:06	406	1335.7	4	
92114-PCM-023	Basement by Sensors	403	3.29	3.29	3.29	16:21	23:05	404	1329.2	9	
92114-PCM-024	Basement Decon	349	2.29	2.29	2.29	16:25	23:08	403	922.87	1.5	

**SAMPLE TYPE**

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

**Analyzed By:**

Checked By:

ACTIVITY  
 PREP=site prep.  
 GLBG=gloves/bag  
 GREM=gross removal

BGLQ=bag load out  
 CLN=clean up  
 EXC=excursion

**RESPIRATOR TYPE**

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

The NIOSH 7400 counting rates  $K_c$  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 preceded by a < sign are calculated using a count of 7 fibers per 100 fields.

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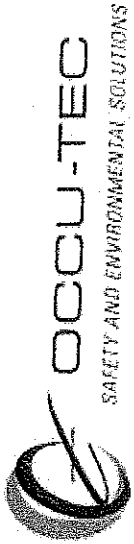
The estimated Intra-counter coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

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.

labreport@matlabasbestos.com

ALPHA PAT Lab #: 101266



PCM ANALYSIS OF AIR SAMPLES

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

CLIENT NAME: GSA OCCU-TEC Project #: 92114  
 ADDRESS: 1500 Bannister Road Sample Date: 9/20/2012  
 PROJECT NAME: 3rd Party Project Oversight BLDG 107 Crawl Space Analysis Date: 9/21/2012  
 FILTER TYPE: 25mm, 0.8 um MCE Report Date: 10/23/2012  
 Rotometer # 412  
 Blank Average = 0.5

ANALYTICAL METHOD: NIOSH 7400

Sample ID	Sample Type	Activity/Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/mm2	Fibers/cc
				Start	End	Avg	Start	Stop						
92114-PCM-025	Field Blank									1	100			
92114-PCM-026	Field Blank									0	100			
92114-PCM-027	2nd Floor by Room 214		404	1.25	1.25	1.25	16:33	15:54	1401	1751.3	11.5	14.01	0.003	
92114-PCM-028	2nd Floor by Room 224		399	1.25	1.25	1.25	16:35	15:55	1400	1750	6.5	7.64	< 0.002	
92114-PCM-029	1st Floor Admin Office		405	3.29	3.29	3.29	16:38	23:01	383	1260.1	12.5	15.29	0.005	
92114-PCM-030	1st Floor GSA Office		385	3.29	3.29	3.29	16:40	23:02	382	1256.8	13.5	16.56	0.005	
92114-PCM-031	1st Floor North Hallway		388	3.29	3.29	3.29	16:42	23:04	382	1256.8	5	5.73	< 0.003	
92114-PCM-032	1st Floor South Vestibule		386	3.29	3.29	3.29	16:45	23:04	379	1246.9	5	5.73	< 0.003	
92114-PCM-033	Basement Decon Area		403	3.29	3.29	3.29	16:49	23:06	377	1240.3	11.5	14.01	0.004	
92114-PCM-034	Basement Decon		356	2.29	2.29	2.29	16:55	23:06	371	849.59	3	3.18	< 0.004	
92114-PCM-035	Outside Pit Entrance		68	3.29	3.29	3.29	16:58	23:11	373	1227.2	9	10.83	0.003	
92114-PCM-036	Basement by Sensors		406	3.29	3.29	3.29	16:56	23:07	371	1220.6	6.5	7.64	< 0.003	

SAMPLE TYPE

PRS=personal IWA=inside work area MAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

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

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

ACTIVITY

PREP=site prep. BGLG=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

RESPIRATOR TYPE

HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 S,UBA=self contained 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 preceded by a < sign are calculated using a count of 7 fibers per 100 fields.

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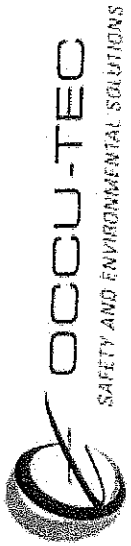
The estimated intralaboratory coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

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.

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ALPHA PAT Lab #: 101266



PCM ANALYSIS OF AIR SAMPLES

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversight BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 9/21/2012  
 Analysis Date: 9/24/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average = 1

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Sample ID	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						
92114-PCM-037	Field Blank												
92114-PCM-038	Field Blank												
92114-PCM-039	1st Floor Admin Office	405	3.29	3.29	3.29	16:22	22:51	389	1279.8	2	100	1.27	< 0.003
92114-PCM-040	1st Floor GSA Office	385	3.29	3.29	3.29	16:24	22:52	388	1276.5	7	100	7.64	< 0.003
92114-PCM-041	1st Floor North Hallway	388	3.29	3.29	3.29	16:26	22:53	387	1273.2	1	100	0.00	< 0.003
92114-PCM-042	1st Floor South Vestibule	386	3.29	3.29	3.29	16:28	22:54	386	1269.9	2	100	1.27	< 0.003
92114-PCM-043	1st Floor Conference Room	356	2.29	2.29	2.29	16:30	22:55	385	881.65	1	100	0.00	< 0.004
92114-PCM-044	Basement Decon Area	403	3.29	3.29	3.29	16:48	22:58	370	1217.3	11	100	12.74	< 0.004
92114-PCM-045	Basement Decon	348	2.29	2.29	2.29	16:33	22:59	386	883.94	5	100	5.10	< 0.004
92114-PCM-047	Basement by Sensors	406	3.29	3.29	3.29	16:52	23:00	388	1210.7	1	100	0.00	< 0.003
92114-PCM-046	Basement Neg Air Exhaust	349	2.29	2.29	2.29	16:52	23:00	388	842.72	7	100	7.64	< 0.004
92114-PCM-048	Outside Pit Entrance	68	3.29	3.29	3.29	16:33	22:57	384	1263.4	12.5	100	14.65	0.004

SAMPLE TYPE

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

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

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

ACTIVITY  
 PREP=site prep.  
 GLBG=glovebag  
 GREM=gross removal

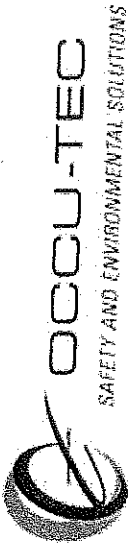
BGLD=bag load out  
 CLN=clean up  
 EXC=excursion

RESPIRATOR TYPE

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

The NIOSH 7400 counting rates do 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 preceded 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 intracounter 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.

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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 #: 92114  
 Sample Date: 9/24/2012  
 Analysis Date: 9/25/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average = 0.5

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space

FILTER TYPE: 25mm, 0.8 um MCE

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						
92114-PCM-049	Field Blank													
92114-PCM-050	Field Blank													
92114-PCM-051	2nd Floor by Room 214	OWA	403	1.25	1.25	1.25	16:42	15:42	1380	1725	6.5	100	7.64	< 0.002
92114-PCM-052	2nd Floor by Room 224	OWA	399	1.25	1.25	1.25	16:44	15:44	1380	1725	4	100	4.46	< 0.002
92114-PCM-053	1st Floor North Hallway	OWA	388	4.39	4.39	4.39	16:46	23:02	376	1650.6	8	100	9.55	< 0.002
92114-PCM-054	1st Floor South Vestibule	OWA	386	4.39	4.39	4.39	16:48	23:03	375	1646.3	3	100	3.18	< 0.002
92114-PCM-055	Outside Pit Entrance	OWA	68	4.39	4.39	4.39	16:50	23:08	378	1659.4	5.5	100	6.37	< 0.002
92114-PCM-056	1st Floor Admin	OWA	405	4.39	4.39	4.39	17:05	23:00	355	1558.5	5.5	100	6.37	< 0.002
92114-PCM-057	1st Floor GSA Offices	OWA	385	4.39	4.39	4.39	17:07	23:01	354	1554.1	7.5	100	8.92	< 0.002
92114-PCM-058	Basement Outside Crawl Space	OWA	403	4.39	4.39	4.39	17:09	23:06	357	1567.2	2	100	1.91	< 0.002
92114-PCM-059	Basement by Sensors	OWA	406	4.39	4.39	4.39	16:52	23:05	373	1637.5	2.5	100	2.55	< 0.002
92114-PCM-060	Neg Air	OWA	348	2.59	2.59	2.59	16:33	23:04	391	1012.7	0	100		

SAMPLE TYPE

IRW=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

Analyzed By:

[Redacted]

Checked By:

[Redacted]

ACTIVITY

PREP=site prep. BGL=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

RESPIRATOR TYPE

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

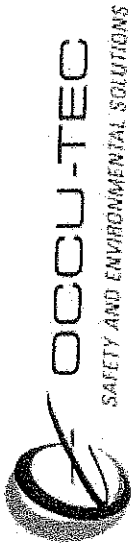
The estimated intratester coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

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.

tsaher@metform.com/bsas@pcmmaster.de

ALPHA PAT Lab #: 101266



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA OCCU-TEC Project #: 92114  
 ADDRESS: 1500 Bannister Road Sample Date: 9/25/2012  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space Analysis Date: 9/26/2012  
 Report Date: 10/23/2012  
 FILTER TYPE: 25mm, 0.8 um MCE Rotometer # 412  
 Blank Average = 0

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers/mm2	Fibers/cc	
				Start	End	Avg	Start	Stop					
92114-PCM-71	Field Blank	OWA	356	1.25	1.25	1.25	15:42	16:08	1466	1832.5	5.5	100	< 0.002
92114-PCM-72	Field Blank	OWA	358	1.25	1.25	1.25	15:45	16:10	1465	1831.3	8.5	100	10.83
92114-PCM-061	2nd Floor by Room 214	OWA	405	4.39	4.39	4.39	15:50	22:32	402	1764.8	5	100	6.37
92114-PCM-062	2nd Floor by Room 224	OWA	385	4.39	4.39	4.39	15:52	22:30	398	1747.2	9.5	100	12.10
92114-PCM-063	1st Floor Admin	OWA	388	4.39	4.39	4.39	16:00	22:33	393	1725.3	1	100	1.27
92114-PCM-064	1st Floor GSA Offices	OWA	386	4.39	4.39	4.39	16:01	22:35	394	1729.7	6	100	7.64
92114-PCM-065	1st Floor North Hallway	OWA	403	4.39	4.39	4.39	16:03	22:37	394	1729.7	5.5	100	7.01
92114-PCM-066	1st Floor South Vestibule	OWA	406	4.39	4.39	4.39	16:05	22:38	393	1725.3	3	100	3.82
92114-PCM-067	Basement Outside Crawl Space	OWA	348	2.59	2.59	2.59	16:07	22:38	391	1012.7	3.5	100	4.46
92114-PCM-068	Basement by Sensors	OWA	68	4.39	4.39	4.39	16:10	20:25	255	1119.5	6	100	7.64
92114-PCM-069	Neg Air												
92114-PCM-070	Outside Pit												

**SAMPLE TYPE**  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

**ACTIVITY**  
 PREP=site prep. BGL=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXD=excursion

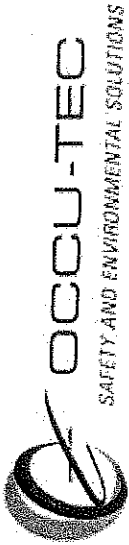
**RESPIRATOR TYPE**  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SLP=filter contained breathing apparatus.

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

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. OCCUTE's limit of detection (LOD) is equal to 7 fibers/100 fields.  
 Samples proceeded by a sign are calculated using a count of 7 fibers per 100 fields.  
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 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.

ALPHA PAT Lab #: 101266

1500 Bannister Road Kansas City, MO 64116



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 9/26/2012  
 Analysis Date: 9/27/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average = 0

FILTER TYPE: 25mm, 0.8 um MCE

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						
92114-PCM-73	Field Blank	OWA	356	1.25	1.25	1.25	16:08	16:28	1460	0	100			
92114-PCM-74	Field Blank	OWA	358	1.25	1.25	1.25	16:10	16:31	1461	0	100			
92114-PCM-75	2nd Floor by Room 214	OWA	405	4.39	4.39	4.39	16:14	22:35	381	11.5	100	14.65	0.003	
92114-PCM-76	2nd Floor by Room 224	OWA	385	4.39	4.39	4.39	16:15	22:38	383	8	100	14.65	0.003	
92114-PCM-77	1st Floor Admin	OWA	388	4.39	4.39	4.39	16:18	22:39	381	2.5	100	10.19	0.002	
92114-PCM-78	1st Floor GSA Offices	OWA	386	4.39	4.39	4.39	16:20	22:40	380	0	100	3.18	< 0.002	
92114-PCM-79	1st Floor North Hallway	OWA	403	4.39	4.39	4.39	16:23	22:41	378	2.5	100	4.46	< 0.002	
92114-PCM-80	1st Floor South Vestibule	OWA	406	4.39	4.39	4.39	16:25	22:42	377	5	100	6.37	< 0.002	
92114-PCM-81	Basement Outside Crawl Space	OWA	348	2.59	2.59	2.59	16:27	22:44	377	976.43	100	12.10	0.005	
92114-PCM-82	Basement by Sensors	OWA	68	4.39	4.39	4.39	16:30	22:45	375	1646.3	100	5.73	< 0.002	
92114-PCM-83	Neg Air													
92114-PCM-84	Outside Pit													

SAMPLE TYPE  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

ACTIVITY  
 PREP=site prep.  
 GLBG=glovebag  
 GREM=gross removal

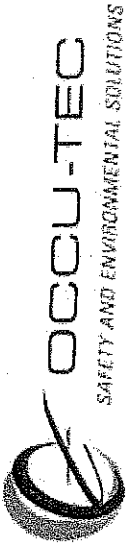
RESPIRATOR TYPE  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUB=seal contained breathing apparatus.

Analyzed By: [Redacted]

Checked By: [Redacted]

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

laboratory information is located on page 2.



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 9/27/2012  
 Analysis Date: 9/28/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average = 0.5

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers/mm2	Fibers/cc
				Start	End	Avg	Start	Stop				
92114-PCM-85	Field Blank	OWA	356	1.25	1.25	1.25	16:30	16:30	1440	0		
92114-PCM-86	Field Blank	OWA	358	1.25	1.25	1.25	16:31	16:31	1440	9.5	11.46	0.002
92114-PCM-87	2nd Floor by Room 214	OWA	405	4.39	4.39	4.39	16:37	20:54	257	1128.2	9.55	0.003
92114-PCM-88	2nd Floor by Room 224	OWA	385	4.39	4.39	4.39	16:50	20:55	245	1075.6	3.82	< 0.003
92114-PCM-89	1st Floor Admin	OWA	388	4.39	4.39	4.39	16:41	20:58	257	1128.2	1.91	< 0.003
92114-PCM-90	1st Floor GSA Offices	OWA	386	4.39	4.39	4.39	16:43	20:59	256	1123.8	4.5	< 0.003
92114-PCM-91	1st Floor North Hallway	OWA	403	4.39	4.39	4.39	16:45	21:00	255	1119.5	2.55	< 0.003
92114-PCM-92	1st Floor South Vestibule	OWA	406	4.39	4.39	4.39	16:46	21:01	255	1119.5	4.5	< 0.003
92114-PCM-93	Basement Outside Crawl Space	OWA	348	2.59	2.59	2.59	16:48	21:03	255	660.45	1	< 0.005
92114-PCM-94	Basement by Sensors	OWA	68	4.39	4.39	4.39	16:55	21:04	249	1093.1	5.5	< 0.003
92114-PCM-95	Neg Air											
92114-PCM-96	Outside Pit											

**SAMPLE TYPE**  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA=outside work area CR= clean room  
 CL=clearance BGD=background

**ACTIVITY**  
 PREP=site prep. BGLO=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

**RESPIRATOR TYPE**  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUBA=seal contained breathing apparatus.

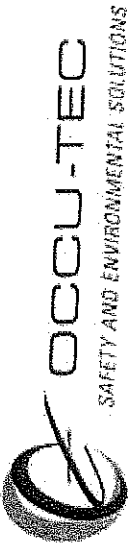
Analyzed By: \_\_\_\_\_  
 Checked By: \_\_\_\_\_

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 preceded 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 intracounter 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.

AIHA PAT Lab #: 101266

for more information contact: pcm@oecu-tec.com





PCM ANALYSIS OF AIR SAMPLES

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space  
 OCCU-TEC Project #: 92114  
 Sample Date: 9/28/2012  
 Analysis Date: 10/1/2012  
 Report Date: 10/23/2012  
 RotoMeter #: 412  
 Blank Average = 0

ANALYTICAL METHOD: NIOSH 7400  
 FILTER TYPE: 25mm, 0.8 um MCE

Client Sample ID	Activity/ Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers/mm2	Fibers/cc
			Start	End	Avg	Start	Stop				
92114-PCM-97	Field Blank								0	100	
92114-PCM-98	Field Blank								0	100	
92114-PCM-99	1st Floor Admin										
92114-PCM-100	1st Floor GSA Offices	405	4:39	4:39	4:39	17:30	22:45	315	1382.9	6.5	8.28 < 0.002
92114-PCM-101	1st Floor North Hallway	385	4:39	4:39	4:39	17:32	22:46	314	1378.5	8.5	10.83 0.003
92114-PCM-102	1st Floor South Vestibule	388	4:39	4:39	4:39	17:34	22:48	314	1378.5	4.5	5.73 < 0.002
92114-PCM-103	Basement Outside Crawl Space	386	4:39	4:39	4:39	17:35	22:51	316	1387.2	2.5	3.18 < 0.002
92114-PCM-104	Basement by Sensors	403	4:39	4:39	4:39	17:38	22:54	316	1387.2	6.5	8.28 < 0.002
92114-PCM-105	Neg Air	406	4:39	4:39	4:39	17:39	22:55	316	1387.2	2	2.55 < 0.002
92114-PCM-106	Outside Pit	348	2:59	2:59	2:59	17:40	22:56	316	818.44	8.5	10.83 0.005
92114-PCM-107	1st Floor Room 110	68	4:39	4:39	4:39	17:42	22:52	310	1360.9	5.5	7.01 < 0.003
		349	2:59	2:59	2:59	17:44	22:49	305	789.95	0	

SAMPLE TYPE  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

ACTIVITY  
 PREP=site prep. BGLQ=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXG=excursion

RESPIRATOR TYPE  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SCBA=Self contained breathing apparatus.

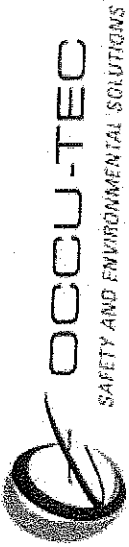
Analyzed By: [Redacted]

Checked By: [Redacted]

The NIOSH 7400 countermeasures 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 preceded 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 intracounter 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.

file:///c:/users/forbes/submit/occmaster.xls

AIHA PAT Lab #: 101266



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversight BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 10/1/2012  
 Analysis Date: 10/2/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers/cc	Fibers/mm2	Fibers/cc
				Start	End	Avg	Start	Stop					
92114-PCM-108	Field Blank									0	100		
92114-PCM-109	Field Blank									0	100		
92114-PCM-110	1st Floor Admin	OWA	405	4:39	4:39	4:39	16:50	22:42	1545.3	3	100	3.82	
92114-PCM-111	1st Floor GSA Offices	OWA	385	4:39	4:39	4:39	16:51	22:43	1545.3	5	100	6.37	
92114-PCM-112	1st Floor North Hallway	OWA	388	4:39	4:39	4:39	16:52	22:44	1545.3	2	100	2.55	
92114-PCM-113	1st Floor South Vestibule	OWA	386	4:39	4:39	4:39	16:55	22:45	1536.5	3	100	3.82	
92114-PCM-114	Basement Outside Crawl Space	OWA	403	4:39	4:39	4:39	16:57	22:47	1536.5	3	100	3.82	
92114-PCM-115	Basement by Sensors	OWA	406	4:39	4:39	4:39	16:58	22:48	1536.5	5.5	100	7.01	
92114-PCM-116	Neg Air	OWA	348	2:59	2:59	2:59	17:00	22:50	906.5	2	100	2.55	
92114-PCM-117	Outside Pit	OWA	68	4:39	4:39	4:39	17:03	22:58	1558.5	5	100	6.37	
92114-PCM-118	1st Floor Room 110	OWA	349	2:59	2:59	2:59	17:10	22:46	870.24	8	100	10.19	

Blank Average = 0

SAMPLE TYPE  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

ACTIVITY  
 PREP=site prep. BGL=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

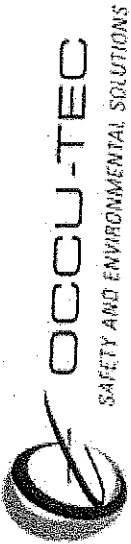
RESPIRATOR TYPE  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SBA=seal contained breathing apparatus.

Analyzed By: [Redacted]

The NIOSH 7400 counting method does not distinguish between asbestos and non-asbestos fibers.  
 The NIOSH 7400 method assumes the lowest quantitative fiber density in 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 intracounter 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.

Checked By: [Redacted]

AHMA PAT Lab #: 101266



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space  
 OCCU-TEC Project #: 92114  
 Sample Date: 10/2/2012  
 Analysis Date: 10/3/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average = 0

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume		Fibers/mm <sup>2</sup>	Fibers/cc
			Start	End	Avg	Start	Stop		Liters	Fibers		
92114-PCM-119	Field Blank	404	1.25	1.25	1.25	16:36	15:57	1401	1751.3	11.5	100	0.003
92114-PCM-120	Field Blank	350	1.25	1.25	1.25	16:37	16:00	1403	1753.8	12.5	100	0.003
92114-PCM-121	2nd Floor by Room 214	405	4.39	4.39	4.39	17:00	22:28	328	1439.9	3	100	< 0.002
92114-PCM-122	2nd Floor by Room 224	385	4.39	4.39	4.39	17:01	22:29	328	1439.9	6	100	< 0.002
92114-PCM-123	1st Floor Admin	388	4.39	4.39	4.39	17:02	22:30	328	1439.9	6	100	< 0.002
92114-PCM-124	1st Floor GSA Offices	403	4.39	4.39	4.39	17:04	22:31	327	1435.5	6.5	100	< 0.002
92114-PCM-125	1st Floor North Hallway	406	4.39	4.39	4.39	17:07	22:32	325	1426.8	3	100	< 0.002
92114-PCM-126	1st Floor South Vestibule	438	2.59	2.59	2.59	17:08	22:33	325	1426.8	4	100	< 0.002
92114-PCM-127	Basement Outside Crawl Space	68	4.39	4.39	4.39	17:10	22:34	324	839.16	5	100	< 0.004
92114-PCM-128	Basement by Sensors											
92114-PCM-129	Neg Air											
92114-PCM-130	Outside Pit											

**SAMPLE TYPE**  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA=outside work area CR= clean room  
 CL=clearance BGO=background

**ACTIVITY**  
 PREP=site prep. BGLO=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

**RESPIRATOR TYPE**  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 S,UBA=air contained breathing apparatus.

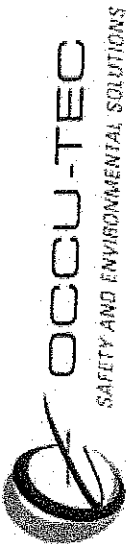
Analyzed By: [Redacted]

Checked By: [Redacted]

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 proceeded 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 Intracounter 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.

AIHA PAT Lab #: 101266

labnetinterlab@msd.com/bobpcpmaster@ds



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversight BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 10/3/2012  
 Analysis Date: 10/4/2012  
 Report Date: 10/23/2012  
 Rotometer # 412  
 Blank Average = 0.5

FILTER TYPE: 25mm, 0.8 µm MCE

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/mm2	Fibers/cc
			Start	End	Avg	Start	Stop						
92114-PCM-131	Field Blank								0	100			
92114-PCM-132	Field Blank								1	100			
92114-PCM-133	2nd Floor by Room 214	356	1.25	1.25	1.25	16:36	15:59	1403	1753.8	4.5	100	5.10	< 0.002
92114-PCM-134	2nd Floor by Room 224	350	1.25	1.25	1.25	16:37	16:00	1403	1753.8	9.5	100	11.46	0.003
92114-PCM-135	1st Floor Admin	405	4.39	4.39	4.39	17:00	22:49	349	1532.1	6	100	7.01	< 0.002
92114-PCM-136	1st Floor GSA Offices	385	4.39	4.39	4.39	17:01	22:51	350	1536.5	5.5	100	6.37	< 0.002
92114-PCM-137	1st Floor North Hallway	388	4.39	4.39	4.39	17:02	22:55	353	1549.7	7.5	100	8.92	0.002
92114-PCM-138	1st Floor South Vestibule	386	4.39	4.39	4.39	17:04	22:56	352	1545.3	6	100	7.01	< 0.002
92114-PCM-139	Basement Outside Crawl Space	403	4.39	4.39	4.39	17:07	22:22	315	1382.9	2	100	1.91	< 0.002
92114-PCM-140	Basement by Sensors	406	4.39	4.39	4.39	17:08	22:23	315	1382.9	5.5	100	6.37	< 0.002
92114-PCM-141	Neg Air	348	2.59	2.59	2.59	17:10	22:24	314	813.26	3.5	100	3.82	< 0.004
92114-PCM-142	Outside Pit	68	4.39	4.39	4.39	17:05	22:50	345	1514.6	8.5	100	10.19	0.003

**SAMPLE TYPE**

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

**Analyzed By:**

[Redacted Name]

**Checked By:**

[Redacted Name]

**ACTIVITY**

PREP=site prep.  
 GLBG=glovebag  
 GREM=gross removal

**RESPIRATOR TYPE**

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

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. OCCUTE's limit of detection (LOD) is equal to 7 fibers/100 fields.

Samples proceeding 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 intracounter coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27 (Medium Range), 0.17 (High Range).

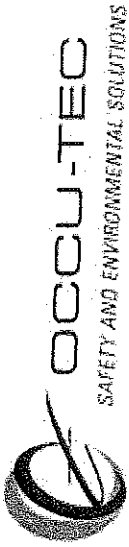
Low Range = 5 to 20 Fibers; Medium Range = 20 to 50 Fibers; High Range = 50 to 100 Fibers

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

AIHA PAT Lab #: 101266

0.17 (High Range).

http://www.niosh.gov/asbestos/biomonitoring



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 10/4/2012  
 Analysis Date: 10/5/2012  
 Report Date: 10/23/2012  
 Rotometer # 412

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Client	Sample ID	Activity/Location	Pump ID	Flow Rate (l/min)	Running Time	Total Minutes	Volume Liters	Fibers	Fields	Fibers/mm2	Fibers/cc
				Start End Avg	Start Stop						
	92114-PCM-143	Field Blank		1.25 1.25 1.25	14:50 *			1	100		
	92114-PCM-144	Field Blank		1.25 1.25 1.25	14:51 16:16	1292	1615	5	100	5.10	< 0.002
	92114-PCM-145	2nd Floor by Room 214	356	4.39 4.39 4.39	14:54 22:55	481	2111.6	1.5	100	0.64	< 0.002
	92114-PCM-146	2nd Floor by Room 224	350	4.39 4.39 4.39	14:55 22:56	481	2111.6	1.5	100	0.64	< 0.002
	92114-PCM-147	1st Floor Admin	405	4.39 4.39 4.39	14:57 22:57	480	2107.2	4.5	100	4.46	< 0.002
	92114-PCM-148	1st Floor GSA Offices	385	4.39 4.39 4.39	14:58 22:58	480	2107.2	3	100	2.55	< 0.002
	92114-PCM-149	1st Floor North Hallway	388	4.39 4.39 4.39	15:00 22:59	479	2102.8	4.5	100	4.46	< 0.002
	92114-PCM-150	1st Floor South Vestibule	386	4.39 4.39 4.39	15:01 23:00	479	2102.8	2	100	1.27	< 0.002
	92114-PCM-151	Basement Outside Crawl Space	403	2.59 2.59 2.59	15:03 23:00	477	1235.4	7.5	100	8.28	0.003
	92114-PCM-152	Basement by Sensors	406	4.39 4.39 4.39	15:05 23:02	477	2094	1	100	0.00	< 0.002
	92114-PCM-153	Neg Air	348								
	92114-PCM-154	Outside Pit	68								

**SAMPLE TYPE**

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

**Analyzed By:**

Checked By:

ACTIVITY  
 PRE=site prep.  
 CLN=clean up  
 GREM=gross removal

**RESPIRATOR TYPE**

HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUBA=seal contained 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. OCCUTECH's limit of detection (LOD) is equal to 7 fibers/100 fields.

Samples preceded 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 intracounter 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

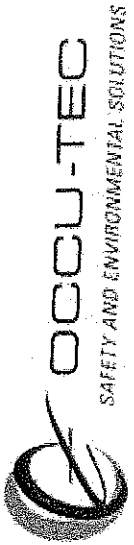
The estimated interlaboratory CV for the quality control program that this laboratory participates in is 0.45.

For information contact us at 816-231-5580

AIHA PAT Lab #: 101266

ALPHA PAT Lab #: 101266

\* = Pump stopped; aborted sample



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversite BLDG 107 Crawl Space  
 OCCU-TEC Project #: 92114  
 Sample Date: 10/5/2012  
 Analysis Date: 10/8/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

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						
92114-PCM-155	Field Blank									0	100			
92114-PCM-156	Field Blank									0	100			
92114-PCM-157	1st Floor Admin	OWA	405	4:39	4:39	4:39	16:23	22:25	362	1589.2	3	100	3.82	< 0.002
92114-PCM-158	1st Floor GSA Offices	OWA	385	4:39	4:39	4:39	16:24	22:26	362	1589.2	12.5	100	15.92	0.004
92114-PCM-159	1st Floor North Hallway	OWA	388	4:39	4:39	4:39	16:26	22:27	361	1584.8	3	100	3.82	< 0.002
92114-PCM-160	1st Floor South Vestibule	OWA	386	4:39	4:39	4:39	16:28	22:32	364	1598	11	100	14.01	0.003
92114-PCM-161	Basement Outside Crawl Space	OWA	403	4:39	4:39	4:39	16:30	22:33	363	1593.6	5	100	6.37	< 0.002
92114-PCM-162	Basement by Sensors	OWA	406	4:39	4:39	4:39	16:31	22:35	364	1598	8	100	10.19	0.002
92114-PCM-163	Neg Air	OWA	348	2:59	2:59	2:59	16:32	22:34	362	937.58	6.5	100	8.28	< 0.004
92114-PCM-164	Outside Pit	OWA	68	4:39	4:39	4:39	16:39	22:45	366	1606.7	13	100	16.56	0.004
92114-PCM-165	1st Floor Room 111	OWA	350	2:59	2:59	2:59	16:44	22:29	345	893.55	8.5	100	10.83	0.005
92114-PCM-166	1st Floor Room 114	OWA	349	2:59	2:59	2:59	16:44	22:28	344	890.96	1	100	1.27	< 0.004

Blank Average = 0

CLIENT TYPE

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

ACTIVITY

PREP=site prep.  
 GLBG=glovebag  
 GREM=gross removal

RESPIRATOR TYPE

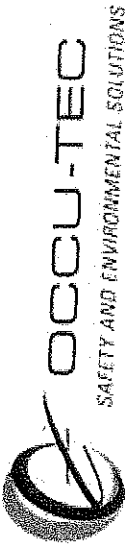
HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUBA=air contained breathing apparatus.

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

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

The NIOSH 7400 counting rules do 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 preceded 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 in-traceur 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.

SAFETY AND ENVIRONMENTAL SOLUTIONS



**PCM ANALYSIS OF AIR SAMPLES**

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

CLIENT NAME: GSA  
 ADDRESS: 1500 Bannister Road  
 PROJECT NAME: 3rd Party Project Oversight BLDG 107 Crawl Space

OCCU-TEC Project #: 92114  
 Sample Date: 10/8/2012  
 Analysis Date: 10/9/2012  
 Report Date: 10/23/2012  
 Rotometer #: 412  
 Blank Average: 0

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Sample ID	Activity/Location	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/mm2	Fibers/cc
			Start	End	Avg	Start	Stop						
92114-PCM-167	Field Blank								0	100			
92114-PCM-168	Field Blank								0	100			
92114-PCM-169	1st Floor Admin	405	4.39	4.39	4.39	7:05	14:00	1821.9	7.5	100	9.55	0.002	
92114-PCM-170	1st Floor GSA Offices	385	4.39	4.39	4.39	7:06	14:01	1821.9	5	100	6.37	< 0.002	
92114-PCM-171	1st Floor North Hallway	388	4.39	4.39	4.39	7:08	14:02	1817.5	2	100	2.55	< 0.002	
92114-PCM-172	1st Floor South Vestibule	386	4.39	4.39	4.39	7:09	14:05	1826.2	3.5	100	4.46	< 0.002	
92114-PCM-173	Basement Outside Crawl Space	403	4.39	4.39	4.39	7:09	14:03	1817.5	3	100	3.82	< 0.002	
92114-PCM-174	Basement by Sensors	406	4.39	4.39	4.39	7:12	14:06	1817.5	10	100	12.74	0.003	
92114-PCM-175	1st Floor Room 111	350	2.59	2.59	2.59	7:15	14:09	1072.3	0	100			
92114-PCM-176	1st Floor Room 114	349	2.59	2.59	2.59	7:17	14:10	1069.7	8	100	10.19	0.004	

SAMPLE TYPE  
 PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK=blank OWA=outside work area CR=clean room  
 CL=clearance BGD=background

ACTIVITY  
 PREP=site prep. BGL0=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

RESPIRATOR TYPE  
 HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SUBA=self contained breathing apparatus.

Analyzed By: [Redacted]

Checked By: [Redacted]

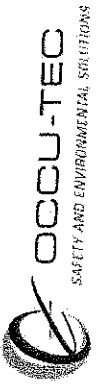
The NIOSH 7400 counting rules A does not distinguish between asbestos and non-asbestos fibers.  
 The NIOSH 7400 method assumes the lowest quantitative fiber density is 7 fibers / 100 fields at 95% confidence level. OCCU-TEC's limit of detection (LOD) is equal to 7 fibers/100 fields.  
 Samples preceded 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 intracounter 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.

for help visit us at [www.occupatec.com](http://www.occupatec.com)

**Appendix D**

**Asbestos Clearance Reports (TEM)**





**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

CLIENT NAME: GSA  
 ADDRESS: 1500 E. Bannister  
 PROJECT NAME: GSA 3rd Party Air Monitoring and Oversight

OCCU-TEC Project #: 92114  
 Sample Date: 10/9/2012  
 Analysis Date: 10/10/2012  
 Report Date: 10/23/2012  
 Rotometer # 412

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/mm²	Concentration Structures/cc
				Start	End	Avg	Start	Stop					
92114-014	Field Blank	BLK											
92114-015	Inside Blank	BLK											
92114-016	Outside Blank	BLK											
92114-017	Northend of Crawl Space	CL	385	6.93	6.93	6.93	10:10	14:30	270	1871.1	None Detected	<22	<0.0046
92114-018	Northend of Crawl Space	CL	404	6.93	6.93	6.93	10:11	14:42	271	1878	None Detected	<22	<0.0046
92114-019	Center of Crawl Space	CL	399	6.93	6.93	6.93	10:12	14:44	272	1885	None Detected	<22	<0.0045
92114-020	Southeast of Crawl Space	CL	405	6.93	6.93	6.93	10:14	14:46	272	1885	None Detected	<22	<0.0045
92114-021	Southeast of Crawl Space	CL	388	6.93	6.93	6.93	10:15	14:48	273	1891.9	None Detected	<22	<0.0045
92114-022	1st FL South Vestibule	CL	386	6.93	6.93	6.93	10:22	15:14	292	2023.6	None Detected	<22	<0.0042
92114-023	Basement OWA Crawl Space	CL	403	6.93	6.93	6.93	10:24	15:10	286	1982	None Detected	<22	<0.0043
92114-024	Basement by Sensors	CL	406	6.93	6.93	6.93	10:25	15:12	287	1988.9	None Detected	<22	<0.0043

**SAMPLE TYPE**  
 PRS=personal  
 BLK= blank  
 ICL=inside clearance  
 BGD=background  
 IWA=inside work area  
 OWA= outside work area  
 OCL=outside clearance  
 NAE=negative air exhaust

**ACTIVITY**  
 PREP=site prep.  
 GLBG=glovebag  
 GREM=gross removal  
 BGLC=bag load out  
 CLN=clean up  
 EXC=excursion

**RESPIRATOR TYPE**  
 HM=half mask  
 FF=full face  
 P=powered  
 SCBA= self contained breathing apparatus  
 APR=air purifying resp.  
 SA=supplied air  
 PD=pressure demand

Sampled By: Pat Garcia

**Appendix E**

**Laboratory Reports (TEM)**



September 25, 2012

Jeff Smith  
OCCU-TEC INC.  
6501 E. Commerce  
Suite 230  
Kansas City, MO 64120-

Bureau Veritas Work Order No. A1209155

Reference: 92114-BLDG 107 CRAWL SPACE

Dear Jeff Smith:

Bureau Veritas North America, Inc. received 10 samples on September 19, 2012 for the analyses presented in the following report.

The results apply only to the samples analyzed in this project. Please note that any unused portion of the samples will be discarded after a sixty-day holding period, unless you have requested otherwise.

This material is confidential and is intended solely for the person to whom it is addressed. If this is received in error, please contact the number provided below.

We appreciate the opportunity to assist you. If you have any questions concerning the report, please contact the analyst whose name appears on the report or myself at (770) 499-7701.

Sincerely,



Jon Perrenoud

Senior Microscopist

Electronic signature authorized through password protection

**Bureau Veritas North America, Inc.**

*Health, Safety, and Environmental Services*

3380 Chastain Meadows Parkway, Suite 300

Kennesaw, GA 30144

Main: (770) 499-7701

Fax: (770) 499-7511

[www.us.bureauveritas.com](http://www.us.bureauveritas.com)



## CASE NARRATIVE

Date: 25-Sep-12

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CLIENT: OCCU-TEC INC.  
Project: 92114-BLDG 107 CRAWL SPACE  
Work Order No A1209155

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### ANALYTICAL METHOD FOR AIRBORNE ASBESTOS FIBERS USING TRANSMISSION ELECTRON MICROSCOPY (TEM) BY THE AHERA METHOD

The results of this report relate only to the samples listed in the body of this report.

Unless otherwise noted below, the following statements apply: 1) all samples were received in acceptable condition, 2) all quality control results associated with this sample set were within acceptable limits and/or do not adversely affect the reported results and 3) the industrial hygiene results have not been blank corrected.

Upon receipt in the laboratory, filters are transferred to a glass slide with a drop of dimethyl formamide/acetic acid clearing solution. After clearing, samples are partially ashed in a plasma asher. The filters are then carbon coated in a vacuum evaporator. Portions of the cleared/ashed/coated filters are excised and placed on 200-mesh copper TEM grids in a wick-type solutional washer containing 100% acetone.

Two grids are placed consecutively in the TEM for examination. An equal number of openings are examined on each grid at 15,000X magnification. Asbestos structures containing fibers which meet a >5:1 length:width aspect ratio and a minimum length of 0.5 micrometers are identified using morphology, selected area electron diffraction, and energy-dispersive x-ray spectroscopy. Fibers are classified by structure type, are sized (length and width), and are identified as chrysotile, amphibole, ambiguous, or non-asbestos. Results are reported as total asbestos structures per square millimeter of filter and asbestos structures per cubic centimeter of air (asbestos structures/cc). The Kennesaw, Georgia laboratory is accredited by NVLAP -Lab Code 101125-0.

For clearance of a work area in schools (k-12) the requirement is that the average of the results of the five inside samples is <70 str/mm<sup>2</sup> assuming an analytical sensitivity of <0.005 structures/cubic centimeter.

The test report shall not be reproduced, except in full, without written approval of the laboratory. In addition, the report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the Federal Government.

#### References

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**CLIENT:** OCCU-TEC INC.

**Project:** 92114-BLDG 107 CRAWL SPACE

**Work Order No** A1209155

---

USEPA. 1987. Asbestos Hazard Emergency Response Act. Appendix A to 40 CFR 763, Subpart E.  
Washington: GPO. (AHERA protocol).



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Sample Type: Air

Date Received: 9/19/2012 10:49:00 AM

Report Date: 9/25/2012 4:12:51 PM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Lab Sample No.	Client Sample ID	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
A1209155-001A	004	18	< 18	0	0	0	< 0.0044	< 0.0044	< 0.0044	0.0044	0	< 0.019
A1209155-002A	005	18	< 18	0	0	0	< 0.0044	< 0.0044	< 0.0044	0.0044	0	< 0.019
A1209155-003A	006	18	< 18	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020
A1209155-004A	007	22	< 22	0	0	0	< 0.0050	< 0.0050	< 0.0050	0.0050	0	< 0.022
A1209155-005A	008	18	< 18	0	0	0	< 0.0047	< 0.0047	< 0.0047	0.0047	0	< 0.021
A1209155-006A	009	18	< 18	0	0	0	< 0.0047	< 0.0047	< 0.0047	0.0047	0	< 0.021

MCEF: Mixed Cellulose Ester Filter  
 s/mm<sup>2</sup>: Structures per square millimeter  
 "--" : No Results (Air Volume is 0)

s/cc: Structures per cubic centimeter of air collected.  
 <: Result is less than the indicated limit of detection.

Note 1: AHERA Structures counted contain fibers which met a  $\geq 5:1$  (length:width) aspect ratio and were  $\geq 0.5\mu\text{m}$  in length.  
 Note 2: AHERA sampling criteria requires that >1200 liters of air be collected on 0.45 $\mu\text{m}$  filters. Deviation from these requirements  
 Note 3: Yamate Level II Structures counted contain fibers which meet a  $\geq 3:1$  (length:width) aspect ratio.



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Sample Type: Air

Date Received: 9/19/2012 10:49:00 AM

Report Date: 9/25/2012 4:12:51 PM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Lab Sample No.	Client Sample ID	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
A1209155-007A	010	18	< 18	0	0	0	< 0.0049	< 0.0049	< 0.0049	0.0049	0	< 0.022
A1209155-008A	011	18	< 18	0	0	0	< 0.0049	< 0.0049	< 0.0049	0.0049	0	< 0.022
A1209155-009A	012	15	< 15	0	0	0	< 0.0044	< 0.0044	< 0.0044	0.0044	0	< 0.019
A1209155-010A	013	18	< 18	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

MCEF: Mixed Cellulose Ester Filter  
 s/mm<sup>2</sup>: Structures per square millimeter  
 "--" : No Results (Air Volume is 0)

s/cc: Structures per cubic centimeter of air collected.  
 <: Result is less than the indicated limit of detection.

Note 1: AHERA Structures counted contain fibers which met a  $\geq 5:1$  (length:width) aspect ratio and were  $\geq 0.5\mu\text{m}$  in length.

Note 2: AHERA sampling criteria requires that >1200 liters of air be collected on 0.45 $\mu\text{m}$  filters. Deviation from these requirements

Note 3: Yamate Level II Structures counted contain fibers which meet a  $\geq 3:1$  (length:width) aspect ratio.

Analyst(s) Name/Date: [REDACTED]

9/25/2012



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-001A	004	09/17/12 @12:00 am	09/20/12 @9:14 am	1559	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0044	< 0.0044	< 0.0044	0.0044	0	< 0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	A1	C4A	0	0.00	0.00	None Detected			0
2	A1	C4C	0	0.00	0.00	None Detected			0
3	A1	E4A	0	0.00	0.00	None Detected			0
4	A2	C4A	0	0.00	0.00	None Detected			0
5	A2	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X





**BUREAU  
VERITAS**

# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-002A	005	09/17/12 @12:00 am	09/20/12 @9:14 am	1559	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0044	< 0.0044	< 0.0044	0.0044	0	< 0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	B1	C4A	0	0.00	0.00	None Detected			0
2	B1	C4C	0	0.00	0.00	None Detected			0
3	B1	E4A	0	0.00	0.00	None Detected			0
4	B2	C4A	0	0.00	0.00	None Detected			0
5	B2	C4C	0	0.00	0.00	None Detected			0

**Total Fibers: 0**

**Total Mass: 0**

### TEM Microscope Documentation

Instrument	*Magnification	Accelerating Voltage		Calibration Date
		Voltage	Calibration Date	
TEM 2/D686	14992x	100 KeV	9/4/2012	

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-003A	006	09/17/12 @12:00 am	09/20/12 @9:14 am	1539	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	C1	C4A	0	0.00	0.00	None Detected			0
2	C1	C4C	0	0.00	0.00	None Detected			0
3	C1	E4A	0	0.00	0.00	None Detected			0
4	C2	C4A	0	0.00	0.00	None Detected			0
5	C2	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-004A	007	09/17/12 @12:00 am	09/20/12 @9:14 am	1719	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	<22	0	0	0	<0.0050	<0.0050	<0.0050	0.0050	0	<0.022

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	D1	C4A	0	0.00	0.00	None Detected			0
2	D1	C4C	0	0.00	0.00	None Detected			0
3	D2	C4A	0	0.00	0.00	None Detected			0
4	D2	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-005A	008	09/17/12 @12:00 am	09/20/12 @9:14 am	1450	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0047	< 0.0047	< 0.0047	0.0047	0	< 0.021

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	E1	C4A	0	0.00	0.00	None Detected			0
2	E1	C4C	0	0.00	0.00	None Detected			0
3	E2	C4A	0	0.00	0.00	None Detected			0
4	E2	C4C	0	0.00	0.00	None Detected			0
5	E2	E4A	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-006A	009	09/17/12 @12:00 am	09/20/12 @9:14 am	1450	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0047	< 0.0047	< 0.0047	0.0047	0	< 0.021

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	A6	C4A	0	0.00	0.00	None Detected			0
2	A6	C4C	0	0.00	0.00	None Detected			0
3	A6	E4A	0	0.00	0.00	None Detected			0
4	A7	C4A	0	0.00	0.00	None Detected			0
5	A7	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Instrument	*Magnification	Accelerating	
		Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-007A	010	09/17/12 @12:00 am	09/20/12 @9:14 am	1386	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0049	< 0.0049	< 0.0049	0.0049	0	< 0.022

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)	
1	B6	C4A	0	0.00	0.00	None Detected			0	
2	B6	C4C	0	0.00	0.00	None Detected			0	
3	B6	E4A	0	0.00	0.00	None Detected			0	
4	B7	C4A	0	0.00	0.00	None Detected			0	
5	B7	C4C	0	0.00	0.00	None Detected			0	
<b>Total Fibers:</b>			<b>0</b>						<b>Total Mass:</b>	<b>0</b>

### TEM Microscope Documentation

Instrument	*Magnification	Accelerating		Calibration Date
		Voltage		
TEM 2/D686	14992x	100 KeV		9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-008A	011	09/17/12 @12:00 am	09/20/12 @9:14 am	1386	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chry-sotile	Amph-ibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0049	< 0.0049	< 0.0049	0.0049	0	< 0.022

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	C6	C4A	0	0.00	0.00	None Detected			0
2	C6	C4C	0	0.00	0.00	None Detected			0
3	C6	E4A	0	0.00	0.00	None Detected			0
4	C7	C4A	0	0.00	0.00	None Detected			0
5	C7	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



**BUREAU  
VERITAS**

# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-009A	012	09/17/12 @12:00 am	09/20/12 @9:14 am	1300	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	6	15	<15	0	0	0	<0.0044	<0.0044	<0.0044	0.0044	0	<0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	D6	C4A	0	0.00	0.00	None Detected			0
2	D6	C4C	0	0.00	0.00	None Detected			0
3	D6	E4A	0	0.00	0.00	None Detected			0
4	D7	C4A	0	0.00	0.00	None Detected			0
5	D7	C4C	0	0.00	0.00	None Detected			0
6	D7	E4A	0	0.00	0.00	None Detected			0

**Total Fibers: 0**

**Total Mass: 0**

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X





# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114-BLDG 107 CRAWL SPACE

Work Order No.: A1209155

Date: 25-Sep-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 9/19/2012 10:49:00 AM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 9/25/2012 4:12:51 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1209155-010A	013	09/17/12 @12:00 am	09/20/12 @9:14 am	1539	1	09/25/12 @1:52 pm	NG	09-20-12A-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chry-sotile	Amph-ibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	5	18	< 18	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	E6	E4A	0	0.00	0.00	None Detected			0
2	E6	E4C	0	0.00	0.00	None Detected			0
3	E6	F4A	0	0.00	0.00	None Detected			0
4	E7	C4A	0	0.00	0.00	None Detected			0
5	E7	C4C	0	0.00	0.00	None Detected			0

**Total Fibers:** 0

**Total Mass:** 0

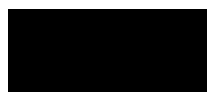
### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14992x	100 KeV	9/4/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X

Analyst(s) Name/Date:



9/25/2012

**REQUEST FOR LABORATORY ANALYTICAL SERVICES**

For Bureau Veritas Use Only  
Bureau Veritas Lab Project No.



**BUREAU VERITAS**

**BUS 6 107 CRAWLSPACE**  
**Bureau Veritas North America, Inc.**

Detroit Lab  
22345 Rosiefel Drive  
Novi, MI 48375  
(800) 806-6887  
(248) 344-1770  
Fax (248) 344-2655

Atlanta Lab  
3880 Chastain Meadows Pky, Ste 300  
Kennesaw, GA 30144  
(800) 252-9919  
(770) 499-7500  
Fax (770) 499-7511

**RUSH ANALYSIS**  
CONTACT LAB IN ADVANCE  
Need Results by: 5/17/2012  
Charges Authorized?  Yes  No  
(if yes, initial here)  
Email Results  Fax

A1209 ISS

Name: <u>JOE SMITH</u>		Client Job No.: <u>92114</u>		
Company: <u>OCULTEC</u>		Dept.		
Mailing Address: <u>4151 N. MULBERRY ST STE 225</u>				
City, State, Zip: <u>KANSAS CITY, MO 64116</u>		Telephone No.: <u>816.231.5320</u> Fax No.: <u>816.231.5641</u>		
Special instructions and/or specific regulatory requirements: <u>CALL PAT GALLIA W/QUESTIONS</u> <u>216.719.6149</u> <u>STANDARD T-A-T</u>				
Soils: Which state are these from?		Waters: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Wastewater		
CLIENT SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	MATRIX MEDIA	AIR VOLUME (specify units)
004 GSA ADMIN 1 <sup>st</sup> FLOOR	09/17	15:15	TGM CASSETTE	1559
005 GSA OFFICES 1 <sup>st</sup> FLOOR		15:20		1559
006 ROOM 110 1 <sup>st</sup> FLOOR		15:25		1539
007 ROOM 112 1 <sup>st</sup> FLOOR		15:30		1719
008 BY ROOM 214 2 <sup>nd</sup> FLOOR		15:42		1450
009 BY ROOM 224 2 <sup>nd</sup> FLOOR		15:45		1450
010 BASEMENT BY STAIRS		16:10		1386
011 BASEMENT OUTSIDE CRAWLSPACE		16:15		1386
012 BASEMENT CRAWLSPACE		16:25		1300
013 OUTSIDE EAST DRINKING LOT		16:35		1539
Number of Containers		ANALYSIS REQUESTED		FOR LAB USE ONLY
ASBESTOS PROTOCOL		ENTER AN 'X' IN THE BOX BELOW TO INDICATE REQUEST. ENTER A 'P' IF PRESERVATIVE ADDED.		
BILINGUAL/INVOICE INFORMATION		P.O. #		<input type="checkbox"/> Call for Credit Card Information <input type="checkbox"/> Direct Bill
Name: <u>DAVID HAYES HORN</u>		Company: <u>GSA</u>		
Address: <u>1500 EAST BARNHART ST, ROOM 2101</u>		City, State, Zip: <u>KANSAS CITY, MO 64131-3088</u>		

Collected by: PATRICIA GALLIA Date: 09/19/12

Relinquished by: PATRICIA GALLIA Date/Time: 11:24 (print) 9/19/12

Relinquished by: [REDACTED] Date/Time: [REDACTED]

Method of Shipment: FEDEX Date: 09/19/12

Authorized by: [REDACTED] Date: 09/19/12

Sample Condition Upon Receipt:  Acceptable  Other (explain)



October 11, 2012

Jeff Smith  
OCCU-TEC INC.  
4151 N. Mulberry Suite 275  
Kansas City, MO 64116

Bureau Veritas Work Order No. A1210109

Reference: 92114 - BLDG 107 CRAWLSPACE

Dear Jeff Smith:

Bureau Veritas North America, Inc. received 8 samples on October 10, 2012 for the analyses presented in the following report.

The results apply only to the samples analyzed in this project. Please note that any unused portion of the samples will be discarded after a sixty-day holding period, unless you have requested otherwise.

This material is confidential and is intended solely for the person to whom it is addressed. If this is received in error, please contact the number provided below.

We appreciate the opportunity to assist you. If you have any questions concerning the report, please contact the analyst whose name appears on the report or myself at (770) 499-7701.

Sincerely,

Kuntal Parikh

Senior Microscopist

Electronic signature authorized through password protection

cc: Michael Wantland

**Bureau Veritas North America, Inc.**

*Health, Safety, and Environmental Services*  
3380 Chastain Meadows Parkway, Suite 300  
Kennesaw, GA 30144

Main: (770) 499-7701

Fax: (770) 499-7511

[www.us.bureauveritas.com](http://www.us.bureauveritas.com)



## CASE NARRATIVE

Date: 11-Oct-12

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CLIENT: OCCU-TEC INC.  
Project: 92114 - BLDG 107 CRAWLSPACE  
Work Order No A1210109

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### ANALYTICAL METHOD FOR AIRBORNE ASBESTOS FIBERS USING TRANSMISSION ELECTRON MICROSCOPY (TEM) BY THE AHERA METHOD

The results of this report relate only to the samples listed in the body of this report.

Unless otherwise noted below, the following statements apply: 1) all samples were received in acceptable condition, 2) all quality control results associated with this sample set were within acceptable limits and/or do not adversely affect the reported results and 3) the industrial hygiene results have not been blank corrected.

Upon receipt in the laboratory, filters are transferred to a glass slide with a drop of dimethyl formamide/acetic acid clearing solution. After clearing, samples are partially ashed in a plasma asher. The filters are then carbon coated in a vacuum evaporator. Portions of the cleared/ashed/coated filters are excised and placed on 200-mesh copper TEM grids in a wick-type solutional washer containing 100% acetone.

Two grids are placed consecutively in the TEM for examination. An equal number of openings are examined on each grid at 15,000X magnification. Asbestos structures containing fibers which meet a >5:1 length:width aspect ratio and a minimum length of 0.5 micrometers are identified using morphology, selected area electron diffraction, and energy-dispersive x-ray spectroscopy. Fibers are classified by structure type, are sized (length and width), and are identified as chrysotile, amphibole, ambiguous, or non-asbestos. Results are reported as total asbestos structures per square millimeter of filter and asbestos structures per cubic centimeter of air (asbestos structures/cc). The Kennesaw, Georgia laboratory is accredited by NVLAP -Lab Code 101125-0.

For clearance of a work area in schools (k-12) the requirement is that the average of the results of the five inside samples is <70 str/mm<sup>2</sup> assuming an analytical sensitivity of <0.005 structures/cubic centimeter.

The test report shall not be reproduced, except in full, without written approval of the laboratory. In addition, the report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the Federal Government.

#### References

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**CLIENT:** OCCU-TEC INC.

**Project:** 92114 - BLDG 107 CRAWLSPACE

**Work Order No** A1210109

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USEPA. 1987. Asbestos Hazard Emergency Response Act. Appendix A to 40 CFR 763, Subpart E.  
Washington: GPO. (AHERA protocol).



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Sample Type: Air

Date Received: 10/10/2012 12:23:12 PM

Report Date: 10/11/2012 2:58:02 PM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Lab Sample No.	Client Sample ID	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
A1210109-001A	017	22	< 22	0	0	0	< 0.0046	< 0.0046	< 0.0046	0.0046	0	< 0.020
A1210109-002A	018	22	< 22	0	0	0	< 0.0046	< 0.0046	< 0.0046	0.0046	0	< 0.020
A1210109-003A	019	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020
A1210109-004A	020	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020
A1210109-005A	021	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020
A1210109-006A	022	22	< 22	0	0	0	< 0.0042	< 0.0042	< 0.0042	0.0042	0	< 0.019

MCEF: Mixed Cellulose Ester Filter  
 s/mm<sup>2</sup>: Structures per square millimeter  
 "--" : No Results (Air Volume is 0)

s/cc: Structures per cubic centimeter of air collected.  
 <: Result is less than the indicated limit of detection.

Note 1: AHERA Structures counted contain fibers which met a  $\geq 5:1$  (length:width) aspect ratio and were  $\geq 0.5\mu\text{m}$  in length.

Note 2: AHERA sampling criteria requires that  $>1200$  liters of air be collected on  $0.45\mu\text{m}$  filters. Deviation from these requirements

Note 3: Yamate Level II Structures counted contain fibers which meet a  $\geq 3:1$  (length:width) aspect ratio.



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA  
 Sample Type: Air

Date Received: 10/10/2012 12:23:12 PM  
 Report Date: 10/11/2012 2:58:02 PM  
 Grid Opening Size: 0.0112mm<sup>2</sup>

Lab Sample No.	Client Sample ID	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
A1210109-007A	023	22	< 22	0	0	0	< 0.0043	< 0.0043	< 0.0043	0.0043	0	< 0.019
A1210109-008A	024	22	< 22	0	0	0	< 0.0043	< 0.0043	< 0.0043	0.0043	0	< 0.019

MCEF: Mixed Cellulose Ester Filter  
 s/mm<sup>2</sup>: Structures per square millimeter  
 "--" : No Results (Air Volume is 0)

s/cc: Structures per cubic centimeter of air collected.  
 <: Result is less than the indicated limit of detection.

- Note 1: AHERA Structures counted contain fibers which met a  $\geq 5:1$  (length:width) aspect ratio and were  $\geq 0.5\mu\text{m}$  in length.
- Note 2: AHERA sampling criteria requires that >1200 liters of air be collected on 0.45 $\mu\text{m}$  filters. Deviation from thses requirements
- Note 3: Yamate Level II Structures counted contain fibers which meet a  $\geq 3:1$  (length:width) aspect ratio.

Analyst(s) Name/Date:



10/11/2012



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-001A	017	10/09/12 @12:00 am	10/10/12 @12:34 pm	1871	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0046	< 0.0046	< 0.0046	0.0046	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	A1	C4A	0	0.00	0.00	None Detected			0
2	A1	C4C	0	0.00	0.00	None Detected			0
3	A2	C4A	0	0.00	0.00	None Detected			0
4	A2	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X





# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-002A	018	10/09/12 @12:00 am	10/10/12 @12:34 pm	1878	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0046	< 0.0046	< 0.0046	0.0046	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)		
1	B1	C4A	0	0.00	0.00	None Detected			0		
2	B1	C4C	0	0.00	0.00	None Detected			0		
3	B2	C4A	0	0.00	0.00	None Detected			0		
4	B2	C4C	0	0.00	0.00	None Detected			0		
<b>Total Fibers:</b>			0							<b>Total Mass:</b>	0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-003A	019	10/09/12 @12:00 am	10/10/12 @12:34 pm	1885	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chry-sotile	Amph-ibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	C1	C4A	0	0.00	0.00	None Detected			0
2	C1	C4C	0	0.00	0.00	None Detected			0
3	C2	C4A	0	0.00	0.00	None Detected			0
4	C2	C4C	0	0.00	0.00	None Detected			0

**Total Fibers: 0**

**Total Mass: 0**

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-004A	020	10/09/12 @12:00 am	10/10/12 @12:34 pm	1885	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	D1	C4A	0	0.00	0.00	None Detected			0
2	D1	C4C	0	0.00	0.00	None Detected			0
3	D2	C4A	0	0.00	0.00	None Detected			0
4	D2	C4C	0	0.00	0.00	None Detected			0

Total Fibers: 0

Total Mass: 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-005A	021	10/09/12 @12:00 am	10/10/12 @12:34 pm	1891	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0045	< 0.0045	< 0.0045	0.0045	0	< 0.020

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)	
1	E1	C4A	0	0.00	0.00	None Detected			0	
2	E1	C4C	0	0.00	0.00	None Detected			0	
3	E2	C4A	0	0.00	0.00	None Detected			0	
4	E2	C4C	0	0.00	0.00	None Detected			0	
<b>Total Fibers:</b>			<b>0</b>						<b>Total Mass:</b>	<b>0</b>

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

**Client:** OCCU-TEC INC.

**Client Reference No.:** 92114 - BLDG 107 CRAWLSPACE

**Work Order No.:** A1210109

**Date:** 11-Oct-12

**Analytical Method:** TEM AHERA

**Filtration Filter:** MCE Filter, .45um

**Sample Type:** Air

**Effective Filter Area:** 385 mm<sup>2</sup>

**Date Received:** 10/10/2012 12:23:12 PM

**Grid Opening Size:** 0.0112 mm<sup>2</sup>

**Report Date:** 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-006A	022	10/09/12 @12:00 am	10/10/12 @12:34 pm	2024	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0042	< 0.0042	< 0.0042	0.0042	0	< 0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)
1	A6	G4C	0	0.00	0.00	None Detected			0
2	A6	H4A	0	0.00	0.00	None Detected			0
3	A7	C4A	0	0.00	0.00	None Detected			0
4	A7	C4C	0	0.00	0.00	None Detected			0

**Total Fibers:** 0

**Total Mass:** 0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-007A	023	10/09/12 @12:00 am	10/10/12 @12:34 pm	1982	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos			95 % Confidence Limit		
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0043	< 0.0043	< 0.0043	0.0043	0	< 0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)		
1	B6	C4A	0	0.00	0.00	None Detected			0		
2	B6	C4C	0	0.00	0.00	None Detected			0		
3	B7	C4C	0	0.00	0.00	None Detected			0		
4	B7	E4A	0	0.00	0.00	None Detected			0		
<b>Total Fibers:</b>			0							<b>Total Mass:</b>	0

### TEM Microscope Documentation

Accelerating

Instrument	*Magnification	Voltage	Calibration Date
TEM 2/D686	14980x	100 KeV	10/1/2012

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X



# ANALYTICAL RESULTS

Client: OCCU-TEC INC.

Client Reference No.: 92114 - BLDG 107 CRAWLSPACE

Work Order No.: A1210109

Date: 11-Oct-12

Analytical Method: TEM AHERA

Filtration Filter: MCE Filter, .45um

Sample Type: Air

Effective Filter Area: 385 mm<sup>2</sup>

Date Received: 10/10/2012 12:23:12 PM

Grid Opening Size: 0.0112 mm<sup>2</sup>

Report Date: 10/11/2012 2:58:02 PM

Lab Sample No.	Client Sample Identification	Date Sampled	Prep Date	Air Vol. (L)	Dilution Factor	Analysis Date	Analyst	Grid Box Identification
A1210109-008A	024	10/09/12 @12:00 am	10/10/12 @12:34 pm	1989	1	10/11/12 @10:14 am	NG	10-10-12E-1

Analysis	Grid Openings Counted	Reporting Limit (s/mm <sup>2</sup> )	Total Asbestos (s/mm <sup>2</sup> )	Structures Counted			Total Asbestos				95 % Confidence Limit	
				Chrysotile	Amphibole	Total	Chrysotile (s/cc)	Amphibole (s/cc)	Total (s/cc)	Sensitivity (s/cc)	Low	High
Asbestos	4	22	< 22	0	0	0	< 0.0043	< 0.0043	< 0.0043	0.0043	0	< 0.019

### TEM Count Details

Rec	Grid	Grid Opening ID	Count	Length (um)	Width (um)	Structure ID	Structure Type	EDS	Mass (ng)	
1	C6	C4A	0	0.00	0.00	None Detected			0	
2	C6	C4C	0	0.00	0.00	None Detected			0	
3	C7	C4A	0	0.00	0.00	None Detected			0	
4	C7	C4C	0	0.00	0.00	None Detected			0	
<b>Total Fibers:</b>			<b>0</b>						<b>Total Mass:</b>	<b>0</b>

### TEM Microscope Documentation

Instrument	*Magnification	Accelerating Voltage		Calibration Date
		Voltage	Calibration Date	
TEM 2/D686	14980x	100 KeV	10/1/2012	

\*Magnification = Calibrated screen magnification at 15,000X. For ISO Method 10312 the calibrated screen magnification is at 20,000X

Analyst(s) Name/Date:



10/11/2012

**REQUEST FOR LABORATORY ANALYTICAL SERVICES**

For Bureau Veritas Use Only  
Bureau Veritas Lab Project No.



**BUREAU VERITAS**

Detroit Lab  
22345 Roethel Drive  
Novi, MI 48375  
(800) 806-5887  
(248) 344-1770  
Fax (248) 344-2655

**Bureau Veritas North America, Inc.**

Atlanta Lab  
3380 Chastain Meadows Pkwy, Ste 300  
Kennesaw, GA 30144  
(800) 252-9919  
(770) 499-7500  
Fax (770) 499-7511

Chicago Lab  
95 Oakwood Road  
Lake Zurich, IL 60047  
(888) 576-7522  
(847) 726-3320  
Fax (847) 726-3323

Bldg 107 Crawlspace

24 Hr FAT

10/11/12  
13:08  
13:45

ISMITH@ocuteel.com

Name: Jeff Smitta Client Job No. 92114  
 Company: OCUTEEL Dept. ENV.  
 Mailing Address: AISI N. MULBERRY STE 225  
 City, State, Zip: KANSAS CITY, MO 64116  
 Telephone No. 816.231.5580 Fax No. 816.231.5641

Special Instructions and/or specific regulatory requirements:  
PHONE PAT GARCIA W/ NCRBA RESULTS 816.719.6149

Soils:  
 Which state are these from?  
 Drinking Water  
 Groundwater  
 Wastewater

CLIENT SAMPLE IDENTIFICATION	DATE SAMPLED	TIME SAMPLED	MATRIX MEDIA	AIR VOLUME (specify units)	FOR LAB USE ONLY
#385 NORTH END OF CRAWL SPACE	10/9/12	10:10	TCM CASSETTE	1871	
#404 NORTH END OF CRAWL SPACE		10:11		1878	
#399 CENTER OF CRAWL SPACE		10:12		1895	
#405 SOUTH END OF CRAWL SPACE		10:14		1895	
#388 SOUTH END OF CRAWL SPACE		10:15		1891	
#386 1 <sup>ST</sup> FLS. VESTIBULE		10:22		2,024	
#403 1 <sup>ST</sup> FLS. BASEMENT DNA CRAWL SPACE		10:24		1992	
#406 BASEMENT BY SENSOR		10:25		1939	

Number of Containers

ANALYSIS REQUESTED (Enter an 'X' in the box below to indicate request. Enter a 'P' if Preservative added.)

ALLA  
KSR TCM PROTOCOL

BILLING/INVOICE INFORMATION

PO #

Name: DAVID HARTSHORN

Company: GSA

Address: 1500 EAST BANNISTER ROOM 2101

City, State, Zip: KANSAS CITY, MO 64131-3088

Chain of Custody

Collected by: PATRICIA CORREA (print)

Relinquished by: PATRICIA CORREA

Relinquished by: PATRICIA CORREA

Method of Shipment: FDEX

Date: 10/09/12

Date/Time: 10/09/12

Date/Time: 10/09/12

Date/Time: 10/09/12

Collector's Signature: [Redacted]

Received by: [Redacted]

Received by: [Redacted]

Received at Lab by: [Redacted]

Sample Condition Upon Receipt:  Acceptable  Other (explain)



# WASTE SHIPMENT RECORD / ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Elevation \_\_\_\_\_

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

007790

Generator	1-A. Special Waste Profile Number <b>43381019946</b>		NESHAP Notified <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WSR Number <b>007790</b>	
	1-B. Generator Name, Contact Name, and Complete Mailing Address (Including Zip Code) <b>Terracon (Owner's Representative) 13910 West 96th Terrace Lenexa, KS 66215</b>					1-C. Generator's Phone Number <b>913-998-7397</b>
	1-D. Work Site Address <b>Federal Center 4300 Goodfellow St. Louis, MO</b>					1-E. 24 Hour Emergency Response Telephone Number <b>313-293-7337</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>MO Dept. of Natural Resources 205 Jefferson, Room 20 Jefferson City, MO 65102</b>					
	5. Description of Materials			6. Containers No. Type		7. Total Quantity yd3
	friable asbestos <b>Contaminated Soil &amp; Debris</b>			Asbestos, 9, NA2212, III, RQ <b>BLADET</b>		<b>207d</b>
	non-friable asbestos			Cat I _____ Cat II _____		<b>157</b>
	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 		Date <b>9-21-12</b>	
Transporter	10. Transporter 1 Company Name <b>Allied Waste</b>			Driver Signature 		
	Complete Mailing Address <b>12976 St. Charles Rock Road Bridgeton, MO 63044</b>			Printed Name and Title <b>PATRICIA LOCKHART</b>		
	Telephone Number (including area code) <b>636-947-5959</b>			Date <b>9-24-12</b>		
	11. Transporter 2 Company Name			Driver Signature		
Complete Mailing Address			Printed Name and Title			
Telephone Number (including area code)			Date			
Disposal Site	12. Discrepancy Indication Space					
	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>Chris Hester</b>			Signature 		
			Date <b>9/15/12</b>			

ASBESTOS

2

# 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

007791

1-B. Generator Name, Contact Name, and Complete Mailing Address (Including Zip Code)

Terracon (Owner's Representative)  
13910 West 96th Terrace  
Lenexa, KS 66215

1-C. Generator's Phone Number

913-998-7397

1-D. Work Site Address

Federal Center  
4300 Goodfellow  
St. Louis, MO

1-E. 24 Hour Emergency Response Telephone Number

913-998-7397

2. Operator's Name and Complete Mailing Address

GEI  
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  
Bavaria, IL 62048

WDS Phone Number

618-656-6912

4. Name and Address of Responsible Agency

MO Dept. of Natural Resources  
205 Jefferson, Room 20  
Jefferson City, MO 65102

5. Description of Materials

friable asbestos  
**Contaminated Soil & Debris**

Asbestos, 9, NA2212, III, RQ

6. Containers No. Type

BIALLPA  
BAY

7. Total Quantity yds

20 yds

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

Date

9-27-12

10. Transporter 1 Company Name

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

Driver Signature

Printed Name and Title

Mike Tillman

Date

9-28-12

Telephone Number (including area code)

636-947-5959

11. Transporter 2 Company Name

Complete Mailing Address

Telephone Number (including area code)

Driver Signature

Printed Name and Title

Date

12. Discrepancy Indication Space

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.

7/9/13

Printed/Typed Name and Title

Christina...

Signature

Date

7/26/12

WHITE - Disposal Site

CANARY - Generator (To be mailed by Disposal Site)

PINK - Transporter

GOLD - Generator (To be taken prior to disposal)

ASB 2122 DV3

Generator

Transporter

Disposal Site

3

# WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only

Elevation \_\_\_\_\_

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

1-A. Special Waste Profile Number

43381018916

NESHAP Notification

YES  NO

WSR Number

007793

1-B. Generator Name, Contact Name, and Complete Mailing Address (Including Zip Code)

Terracon (Owner's Representative)  
13910 West 96th Terrace  
Lenexa, KS 66215

1-C. Generator's Phone Number

913-998-7397

1-D. Work Site Address

Federal Center  
4300 Goodfellow  
St. Louis, MO

1-E. 24 Hour Emergency Response Telephone Number

913-998-7397

2. Operator's Name and Complete Mailing Address

GEI  
7225 St. Charles Rock Road  
Pagedala, 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 62049

WDS Phone Number

618-656-6912

4. Name and Address of Responsible Agency

MO Dept. of Natural Resources  
205 Jefferson, Room 20  
Jefferson City, MO 65102

920

8.21T

5. Description of Materials

friable asbestos  
Contaminated Soil & Debris

Asbestos, 9, NA2212, III, RC

non-friable asbestos

Cat I \_\_\_\_\_ Cat II \_\_\_\_\_

612

6. Containers No. Type

Rubber

7. Total Quantity yd3

2000

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

[Redacted Signature]

Date

10-2-12

10. Transporter 1 Company Name

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

Driver Signature

[Redacted Driver Signature]

Printed Name and Title

Mike Hillman

Date

10-4-12

Telephone Number (including area code)

636-947-5959

11. Transporter 2 Company Name

Complete Mailing Address

Telephone Number (including area code)

Driver Signature

Printed Name and Title

Date

12. Discrepancy Indication Space

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

Signature

[Redacted Signature]

Date

10/7/12

ASB2122DWS

WHITE Disposal Site  
DWitt

4

# WASTE SHIPMENT RECORD/ASBESTOS MANIFEST

(See Reverse for Instructions)

For Disposal Site Use Only	
Elevation _____	
North _____ East _____	

Generator	1-A. Special Waste Profile Number <b>43381019946</b>	NESHAP Notified <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WSR Number <b>007794</b>		
	1-B. Generator Name, Contact Name, and Complete Mailing Address (including Zip Code) <b>Terracon (Owner's Representative) 13910 West Terrace Lexxa, KS 66215</b>			1-C. Generator's Phone Number <b>913-998-7397</b>	
	1-D. Work Site Address <b>Federal Center 4300 Goodfellow St. Louis, MO</b>			1-E. 24 Hour Emergency Response Telephone Number <b>913-998-7397</b>	
	2. Operator's Name and Complete Mailing Address <b>GEI 7225 St. Charles Rock Road Page, 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>MO Dept. of Natural Resources 205 Jefferson, Room 20 Jefferson City, MO 65102</b>				
	5. Description of Materials			6. Containers No. Type	7. Total Quantity yd3
	friable asbestos <b>Contaminated Soil &amp; Debris</b>			Asbestos, 9, NA2212, III, RQ	<b>ZB/Abbe Zayed</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 	Date <b>10-9-12</b>	
Transporter	10. Transporter 1 Company Name <b>Allied Waste</b>		Driver Signature 		
	Complete Mailing Address <b>12976 St. Charles Rock Road Bridgeton, MO 63044</b>		Printed Name and Title <b>Mike Hillman</b>		
	Telephone Number (including area code) <b>636-947-5959</b>		Date <b>10-10-12</b>		
	11. Transporter 2 Company Name		Driver Signature		
Complete Mailing Address		Printed Name and Title			
Telephone Number (including area code)		Date			
Disposal Site	12. Discrepancy Indication Space <b>921775</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>D Kliff</b>			Date <b>10/10/12</b>	

SM2727285

PLEASE TYPE OR PRINT

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<b>WASTE SHIPMENT RECORD</b> (FOR SHIPMENT OF ASBESTOS)		WMX Profile # A2201010046	24 Hour Response Number	WMX-WSR Number <b>121596</b>	
1. Work Site Name and Mailing Address Federal Center 4300 Goodfellow St. Louis, MO		Owner's Name Allen Bartels Owner's Rep 012-008-7307		Owner's Phone No. 012-008-7307	
2. Operator's Name and Address GEI 7225 St. Charles Rock Road Pagedale, MO 63133		Operator's Contact Vicki Dunn-Wolfe		Operator's Phone No. 636-928-2500	
3. Waste Disposal Site (WDS) Name, Mailing Address, and Physical Site Location Roxana Landfill Authority 4600 Cahokia Creek Road Roxana, IL 62048				WDS Phone No. 618-656-6912	
Generator	4. Name, and Address of Responsible Agency MO Dept. of Natural Resources 205 Jefferson, Room 20 Jefferson City, MO 65102			Responsible Agency Phone Number 573-751-4817	
	5. Description of Materials		6. Containers No.      Type	7. Total Quantity m <sup>3</sup> (yd <sup>3</sup> )	
	Contaminated Soil & Debris (Friable)		217 BAGS	410 yds	
8. Special Handling Instructions and Additional Information					
9. 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.					
Printed/typed Name & Title Vicki Dunn-Wolfe/President		Signature 		Month Day Year 10-12-17	
Transporter	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Printed/typed Name & Title Allied Waste Address and Telephone Number    636-947-5959 12976 St. Charles Rock Road Bridgeton, MO 63044		Signature 		Month Day Year 10-16-12
	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
Printed/typed Name & Title		Signature		Month Day Year	
Address and Telephone No.					
Disposal Site	12. Discrepancy Indication Space				
	13. Waste Disposal Site Owner or Operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.				
	Printed/typed Name & Title C. J. ...		Signature 		Month Day Year 10/16/17

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PLEASE TYPE OR PRINT

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<b>WASTE SHIPMENT RECORD</b> (FOR SHIPMENT OF ASBESTOS)		WMX Profile # 43381979946	24 Hour Response Number	WMXWSR Number 121597	
Generator	1. Work Site Name and Mailing Address Federal Center 4300 Goodfellow St. Louis, MO		Owner's Name Allen Barkers	Owner's Phone No. 913-998-7397	
	2. Operator's Name and Address GEI 7225 St. Charles Rock Road Pagedale, MO 63133		Operator's Contact Vicki Dunn-Wolfe	Operator's Phone No. 636-928-2500	
	3. Waste Disposal Site (WDS) Name, Mailing Address, and Physical Site Location Roxana Landfill Authority 4600 Cahokia Creek Road Roxana, IL 62048			WDS Phone No. 618-656-6912	
	4. Name, and Address of Responsible Agency MO Dept. of Natural Resources 205 Jefferson, Room 20 Jefferson City, MO 65102			Responsible Agency Phone Number 573-751-4817	
	5. Description of Materials		6. Containers No.      Type	7. Total Quantity m <sup>3</sup> (yd <sup>3</sup> )	
	Contaminated Soil & Debris (Friable)		1 BAG	20yd	
	8. Special Handling Instructions and Additional Information				
	9. 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.				
Printed/typed Name & Title Vicki Dunn-Wolfe/President		Signature 		Month Day Year 10-12-12	
Transporter	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Printed/typed Name & Title Allied Waste Address and Telephone Number 12976 St. Charles Rock Road Bridgeton, MO 63044		Signature 		Month Day Year 10-12-12
	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
Printed/typed Name & Title Address and Telephone No.		Signature		Month Day Year	
Disposal Site	12. Discrepancy Indication Space				
	13. Waste Disposal Site Owner or Operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.				
	Printed/typed Name & Title Mark Lee		Signature 		Month Day Year 10 12 12

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