

Appendix F

Asbestos Waste Haulers' Permit / Landfill Permit



ASBESTOS WASTE HAULER

Allied Republic
12976 St. Charles Rock Road
Bridgeton, MO 63044
Kelly Garlik 314-744-8148

LANDFILL

Roxana Landfill
4600 Cahokia Creek Road
Roxana, IL 62084
618-656-3929, ext. 6118
Contact: Eric Brenner

US EPA Number: 1190900002

MISSOURI

Friable Asbestos
Non-Friable Asbestos

Waste Profile #43381011485
Waste Profile #43381011486



Appendix G

Workers Assigned to Project & State License

EMPLOYEE CHECKLIST

PROJECT NAME /# #12124 GSA St. Louis Field Office

EMPLOYEE	MO ASBESTOS CERTIFICATE	ASBESTOS REFRESHER	PHYSICAL	FIT	ACKNOWLEDGMENT	MO LEAD LICENSE
BICKER, JOHN	✓	✓	✓	✓	✓	✓
CALCARI, DUSTIN	✓	✓	✓	✓	✓	
CRUTHIS, KEVIN	✓	✓	✓	✓	✓	
LAW, COLE	✓	✓	✓	✓	✓	✓
WILLIAMSON, ANDREW	✓	✓	✓	✓	✓	✓
YOUNG, ALLEN	✓	✓	✓	✓	✓	

Expiration Date 9/30/2013
Training Date: 9/15/2012

Certificate Number: 7118091512MOSR12647

Missouri State Certificate for Asbestos Related Occupations

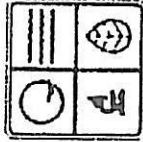
issued by Department of Natural Resources
P.O. Box 176
Jefferson City, MO 65102
Phone (573) 751-4817

John W. Bicker

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

(b) (6)

Director of Air Pollution Control Program



10/1/2012

Date



**Missouri Department of Health
and Senior Services**

Lead Occupation License - ID Badg
License Number: 071001-30000177

Lead Abatement Supervisor

**JOHN
BICKER**

Expiration Date: 10/01/2013

(b) (6)

Expiration Date **2/23/2013**

Certificate Number: 7118021812MOWR13441

Training Date: **2/18/2012**

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

Dustin L. Calcari

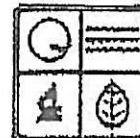
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

(b) (6)

2/24/2012

Date

Director of Air Pollution Control Program



CERTIFICATION

NUMBER: 7118061612MOWR11942

(b) (6)

THIS CERTIFIES

Kevin M. Cruthis

**HAS COMPLETED THE CERTIFICATION
REQUIREMENTS FOR**

Worker

APPROVED: 6/29/2012

TRAINING DATE 6/16/2012

EXPIRES: 6/28/2013

(b) (6)

Director of Air Pollution Control Program

Expiration Date **6/20/2013**

Certificate Number: 7118061612MOWR14764

Training Date: **6/16/2012**

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

Cole W. Law

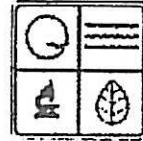
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

(b) (6)

6/21/2012

Date

Director of Air Pollution Control Program



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

LEAD OCCUPATION LICENSE REGISTRATION

Issued to:

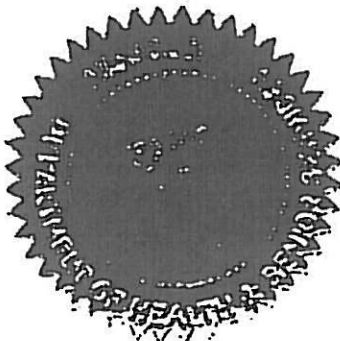
The [redacted] corporation whose name appears on this [redacted] has satisfied the requirements for licensure as set forth in the Missouri Revised Statutes 701.300-701.338, as long as not suspended or revoked, and is hereby authorized to engage in the activity listed below.

Category of License

Issuance Date: 1/5/2011
Expiration Date: 1/5/2013
License Number: 110105-800003202

(b) (6)

Margaret T. Donnelly
Director
Department of Health and Senior Services



Lead Licensing Program, PO Box 570, Jefferson City, MO 65102

CERTIFICATION
NUMBER: 7118020312MOWR7135

(b) (6)

THIS CERTIFIES

Andrew A Williamson

HAS COMPLETED THE CERTIFICATION
REQUIREMENTS FOR
Worker

APPROVED: 2/8/2012

TRAINING DATE: 2/3/2012

EXPIRES: 2/7/2013

(b) (6)

Director of Air Pollution Control Program

Expiration Date 2/7/2013

Certificate Number: 7118020312MOWR7135

Training Date: 2/3/2012

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

Andrew A Williamson

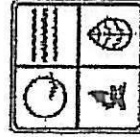
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

2/8/2012

Date

Director of Air Pollution Control Program

(b) (6)



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

LEAD OCCUPATION LICENSE REGISTRATION

Issued to:

ANDREW WILLIAMSON

The person, firm or corporation whose name appears on this certificate has fulfilled the requirements for licensure as set forth in the Missouri Revised Statutes 701.300-701.338, as long as not suspended or revoked, and is hereby authorized to engage in the activity listed below.

Lead Abatement Worker
Category of License

Issuance Date: 1/23/2012
Expiration Date: 1/23/2014
License Number: 080123-002064

(b) (6)



Margaret T. Donnelly
Director
Department of Health and Senior Services

Lead Licensing Program, PO Box 570, Jefferson City, MO 65102

Expiration Date 1/25/2013 Certificate Number: 7118122711MOSR13533
Training Date: 12/27/2011

Missouri State Certificate for Asbestos Related Occupations

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

Allen C. Young

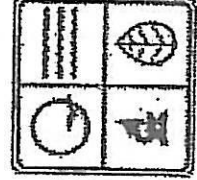
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

(b) (6)

1/26/2012

Date

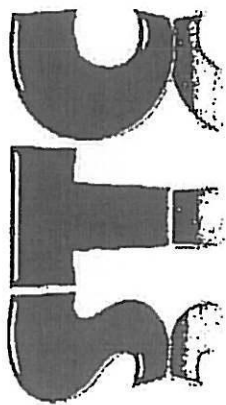
Director of Air Pollution Control Program





Appendix H

Workers' Asbestos Training / Refresher



SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 * Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

Does hereby certify

John W. Bicker

(b) (6)

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

Asbestos Contractor / Supervisor Refresher

(b) (6)

Class Date: September 15, 2012
Examination Date: 09/15/2012
STC Certificate Number: STC-09152012-000708ACSR
Certification Expiration: 09/15/2013

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

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

STC

SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 * Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

Does hereby certify

Dustin Calcari



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

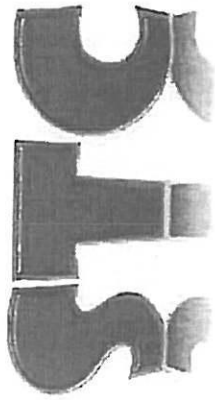
Asbestos Contractor / Supervisor Refresher

Class Date: February 18, 2012
Examination Date: 02/18/2012
STC Certificate Number: STC-02182012-000335ACSR
Certification Expiration: 02/18/2013

(b) (6)

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

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



SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 * Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

Does hereby certify

Kevin Cruthis
[Redacted]

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

Asbestos Contractor/Supervisor Refresher

Class Date: June 16, 2012
Examination Date: 06/16/2012
STC Certificate Number: STC-06162012-00591ACSR
Certification Expiration: 06/16/2013

(b) (6)

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



SAFETY TRAINING CENTER

6520 Manchester Ave. • Little Rock, MO 63720 • Phone: 512.652.4577

Environmental and Occupational Safety & Health Training

Does hereby certify

Cole Law

(b) (6)

*Has successfully completed and passed
for certification under AHERA (Title II)*

**Asbestos Contractor/
Supervisor Refresher**

Class Date: June 16, 2012

Exam Date: 06/16/2012

STC Cert. No. STC-06162012-000593ACSR

Cert. Expiration: 06/16/2013

David M. Mendoza, CES, Director of Training

STC is a licensed contractor as accredited by the Office of the Governor of Arkansas and the Arkansas State Board of Technical Education.

STC

SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 * Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

Does hereby certify

Andrew Williamson



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

Asbestos Contractor / Supervisor Refresher

Class Date: February 03, 2012
Examination Date: 02/03/2012
STC Certificate Number: STC-02032012-000313ACSR
Certification Expiration: 02/03/2013

(b) (6)

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

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

STC

SAFETY TRAINING CENTER

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

Environmental and Occupational Safety & Health Training

Does hereby certify

Allen C. Young

(b) (6)

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

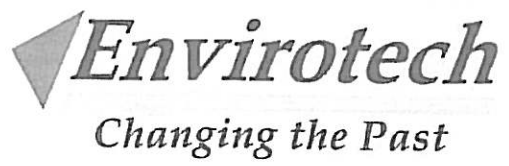
Asbestos Contractor/Supervisor Refresher

Class Date: December 27, 2011
Examination Date: 12/27/2011
STC Certificate Number: STC-12272011-000184ACSR
Certification Expiration: 12/27/2012

(b) (6)

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

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



Appendix I

Workers' Current Physical

Concentra Medical Centers (MO)

1617 South 3rd St St. Louis, MO 63104
Phone: (314) 421-2557 Fax: (314) 421-2048

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 01/13/2012

Employee Name:
Bicker, John W.

Employee SSN: (b) (6)

Address:
(b) (6)

Employer: Cardinal Environmental Operations

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies).

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (MO) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP (b) (6)

(b) (6)
Employee's Signature

Rudolph Catanzaro, M.D.

PLHCP Name (printed)
Physician or other Licensed Healthcare Professional

1/13/2013
Expiration Date

To be maintained in the employee's file with a copy to the employee

PHYSICIAN'S WRITTEN OPINION

TO: ASBESTOS WORKERS

FROM: Examining Physician: Bob Burris MD

DATE: 6-8-12

SUBJECT: PHYSICIAN'S WRITTEN OPINION

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date, 6/8/12 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Dustin Colcari

whose Social Security number is (b) (6)

PHYSICIAN MUST CHECK

2. Based on my findings, I have determined this individual may may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

3. The results of my examination have have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

4. In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

5. The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

PHYSICIAN MUST CHECK

6. As attending Physician, I have determined that a Chest Roentgenogram was necessary and done was not necessary.

7. Recommended Limitations; if any

- Use of respirator is conditional upon examinee's ability to pass required respirator testing.
- Remove facial hair which interferes with respirator fit.
- Do not wear contact lenses while using respirator.
- Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

8. Other comments, additional testing, or referral: _____

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

Signed: (b) (6)

Bob R. Burris MD

PHYSICIAN'S WRITTEN OPINION

TO: ASBESTOS WORKERS
FROM: Examining Physician: Bob A. Burris MD

DATE: 5/3/12

SUBJECT: PHYSICIAN'S WRITTEN OPINION

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date, 5/3/12 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Kevin Cruthis

whose Social Security number is (b) (6)

PHYSICIAN MUST CHECK

2. Based on my findings, I have determined this individual may may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

3. The results of my examination have have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

4. In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

5. The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

PHYSICIAN MUST CHECK

6. As attending Physician, I have determined that a Chest Roentgenogram was necessary and done was not necessary.

7. Recommended Limitations; if any

- Use of respirator is conditional upon examinee's ability to pass required respirator testing.
- Remove facial hair which interferes with respirator fit.
- Do not wear contact lenses while using respirator.
- Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

8. Other comments, additional testing, or referral: _____

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

Signed: (b) (6)
(Examining Physician)

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 9-11-12

Employee Name: late raw

Employee SSN: (b) (6)

Address: (b) (6)

Employer: _____

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
- Require further testing by your private physician who must submit a written report of his/her findings to _____ so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Worker must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

(b) (6)

(b) (6)

PLHCP Signature MUHAMMAD JAMIL, M.D

Employee's Signature

PLHCP Name (printed)

9-11-13
Expiration Date

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (MO)

1817 South 3rd St. St. Louis, MO 63104
Phone: (314) 421-2557 Fax: (314) 421-2046

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 01/26/2012

Employee Name: _____

Employee SSN: (b) (6)

Williamson, Andrew A.

Address:
(b) (6)

Employer: Envirotech Inc

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check one that applies)

- There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ALL that apply)

- ARE qualified to wear a respirator.
- Have the following restrictions concerning respirator usage: _____
- ARE NOT qualified to wear a respirator.
Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (MO) so that a final decision on your ability to wear a respirator can be made.
- Must wear Special prescription eye-wear needed to accommodate respirator.
- Must use an Eye glass conversion kit.
- May need to shave Facial hair to assure tight seal on certain face masks.
- Need to stop smoking.

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

(b) (6)

(b) (6)

PLHCP Signature
M. Warmington, APRN, BC

Employee's Signature
01-26-2012

PLHCP Name (printed)
067554 MO
Physician or other Licensed Healthcare Professional

Expiration Date

To be maintained in the employee's file with a copy to the employee

PHYSICIAN'S WRITTEN OPINION

TO: ASBESTOS WORKERS

FROM: Examining Physician: Lynn Brown FNP

DATE: 8/29/12

SUBJECT: PHYSICIAN'S WRITTEN OPINION

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

- 1. This is to certify, that on this date, 8/29/12 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Allen Young

whose Social Security number is (b) (6)

PHYSICIAN MUST CHECK

- 2. Based on my findings, I have determined this individual may may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

- 3. The results of my examination have have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

- 4. In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

- 5. The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

PHYSICIAN MUST CHECK

- 6. As attending Physician, I have determined that a Chest Roentgenogram was necessary and done was not necessary.

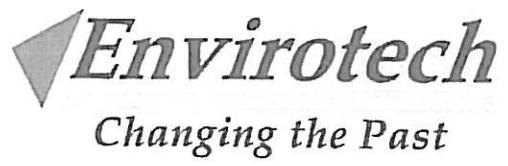
7. Recommended Limitations; if any

- Use of respirator is conditional upon examinee's ability to pass required respirator testing.
- Remove facial hair which interferes with respirator fit.
- Do not wear contact lenses while using respirator.
- Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

- 8. Other comments, additional testing, or referral: _____

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

Signed: (b) (6)
(Examining Physician)



Appendix J

Workers' Current Fit Test

RESPIRATOR FIT TEST RECORD

EMPLOYEE

NAME John W. Bunker

POSITION SUPERVISOR

SS # ON FILE

DATE ISSUED 10/31/12

RESPIRATOR

TYPE (circle one) 1/2 Face Full Face P APR

MANUFACTURER (circle one) North 3M Survivair RACAL

MODEL / SIZE L

NIOSH APPROVAL # P-100

APPLICATION

TYPE OF WORK ASBESTOS ABATEMENT

FIT TEST

QUALITATIVE

Isoamyl Acetate Pass Fail

Saccharin Solution Pass Fail

Qualitative (Irritant Smoke) Pass Fail

FACEPIECE-FACE SEAL OBTAINED Yes No

RAINBOW PASSAGE USED Yes No

REVIEWED INSTRUCTIONS FOR USE Donning and Removal

Storage - Replacement Indicators

LIMITATIONS

Beard Glasses Dentures None

Explain _____

SIGNATURE OF EMPLOYEE _____

SIGNATURE OF PERSON CONDUCTING TEST _____

EXPIRATION DATE 10/31/15

(b) (6)

RESPIRATOR FIT TEST RECORD

EMPLOYEE	NAME	<u>Austin Calcaji</u>		
	POSITION	<u>Laborer</u>		
	SS # (last 4 digits)	<u>(b) (6)</u>		
	DATE ISSUED	<u>5-25-12</u>		
RESPIRATOR	TYPE (circle one)	<input checked="" type="radio"/> 1/2 Face	<input type="radio"/> Full Face	<input type="radio"/> PAPR
	MANUFACTURER (circle one)	<input checked="" type="radio"/> North	<input type="radio"/> 3M	<input type="radio"/> Survivair <input type="radio"/> RACAL
	MODEL / SIZE	<u>100 L</u>		
	NIOSH APPROVAL #	_____		
APPLICATION	TYPE OF WORK	<u>Asbestos</u>		
FIT TEST	QUALITATIVE			
	Isoamyl Acetate	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	Saccharin Solution	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	Qualitative (Irritant Smoke)	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	FACEPIECE-FACE SEAL OBTAINED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	RAINBOW PASSAGE USED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	REVIEWED INSTRUCTIONS FOR USE	<input checked="" type="checkbox"/> Donning and Removal	<input checked="" type="checkbox"/> Storage - Replacement Indicators	
LIMITATIONS	Beard <input type="checkbox"/>	Glasses <input type="checkbox"/>	Dentures <input type="checkbox"/>	None <input checked="" type="checkbox"/>
	Explain _____	<u>(b) (6)</u>		
SIGNATURE OF EMPLOYEE		<u>(b) (6)</u>		
SIGNATURE OF PERSON CONDUCTING TEST		<u>(b) (6)</u>		
EXPIRATION DATE		<u>5-25-2013</u>		

RESPIRATOR FIT TEST RECORD

EMPLOYEE	NAME	<u>Kevin CRuthis</u>		
	POSITION	<u>LABOR</u>		
	SS #	<u>ON FILE</u>		
	DATE ISSUED	<u>10-31-13</u>		
RESPIRATOR	TYPE (circle one)	<u>1/2 Face</u>	Full Face	PAPR
	MANUFACTURER (circle one)	<u>North</u>	3M	Survivair RACAL
	MODEL / SIZE	<u>LARGE</u>		
	NIOSH APPROVAL #	<u>P-100</u>		
APPLICATION	TYPE OF WORK	<u>ASBESTOS ABATEMENT</u>		
FIT TEST	QUALITATIVE			
	Isoamyl Acetate	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Saccharin Solution	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Qualitative (Irritant Smoke)	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	FACEPIECE-FACE SEAL OBTAINED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	RAINBOW PASSAGE USED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	REVIEWED INSTRUCTIONS FOR USE	<input checked="" type="checkbox"/> Donning and Removal <input checked="" type="checkbox"/> Storage - Replacement Indicators		
LIMITATIONS	Beard <input type="checkbox"/>	Glasses <input type="checkbox"/>	Dentures <input type="checkbox"/>	None <input checked="" type="checkbox"/>
	Explain _____			
SIGNATURE OF EMPLOYEE	<u>(b) (6)</u>			
SIGNATURE OF PERSON CONDUCTING TEST	<u>(b) (6)</u>			
EXPIRATION DATE	<u>10/31/13</u>			

RESPIRATOR FIT TEST RECORD

EMPLOYEE	NAME	<u>Cole Law</u>			
	POSITION	<u>Laborer</u>			
	SS #	<u>(b) (6)</u>			
	DATE ISSUED	<u>5/9/12</u>			
RESPIRATOR	TYPE (circle one)	<u>1/2 Face</u>	Full Face	PAPR	
	MANUFACTURER (circle one)	<u>North</u>	3M	Survivair RACAL	
	MODEL / SIZE	<u>M</u>			
	NIOSH APPROVAL #	_____			
APPLICATION	TYPE OF WORK	<u>boiler skin removal</u>			
FIT TEST	QUALITATIVE				
	Isoamyl Acetate	Pass	_____	Fail	_____
	Saccharin Solution	Pass	_____	Fail	_____
	Qualitative (Irritant Smoke)	Pass	<input checked="" type="checkbox"/>	Fail	_____
	FACEPIECE-FACE SEAL OBTAINED	Yes	<input checked="" type="checkbox"/>	No	_____
	RAINBOW PASSAGE USED	Yes	<input checked="" type="checkbox"/>	No	_____
	REVIEWED INSTRUCTIONS FOR USE	<input checked="" type="checkbox"/> Donning and Removal <input checked="" type="checkbox"/> Storage - Replacement Indicators			
LIMITATIONS	Beard	_____	Glasses	_____	
	Dentures	_____	None	_____	
Explain _____					
SIGNATURE OF EMPLOYEE		<u>(b) (6)</u>			
SIGNATURE OF PERSON CONDUCTING TEST		<u>(b) (6)</u>			
EXPIRATION DATE		<u>5/9/13</u>			

RESPIRATOR FIT TEST RECORD

EMPLOYEE	NAME	<u>ANDREW WILKINSON</u>		
	POSITION	<u>CABOCEK</u>		
	SS #	<u>ON FILE</u>		
	DATE ISSUED	<u>10/31/12</u>		
RESPIRATOR	TYPE (circle one)	<input checked="" type="radio"/> 1/2 Face	<input type="radio"/> Full Face	<input type="radio"/> PAPR
	MANUFACTURER (circle one)	<input checked="" type="radio"/> North	<input type="radio"/> 3M	<input type="radio"/> Survivair
	MODEL / SIZE	<u>L</u>		
	NIOSH APPROVAL #	<u>P-100</u>		
APPLICATION	TYPE OF WORK	<u>ASBESTOS ABATEMENT</u>		
FIT TEST	QUALITATIVE			
	Isoamyl Acetate	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Saccharin Solution	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Qualitative (Irritant Smoke)	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	FACEPIECE-FACE SEAL OBTAINED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	RAINBOW PASSAGE USED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	REVIEWED INSTRUCTIONS FOR USE	<input type="checkbox"/> Donning and Removal <input checked="" type="checkbox"/> Storage - Replacement Indicators		
LIMITATIONS	Beard <input type="checkbox"/>	Glasses <input type="checkbox"/>	Dentures <input type="checkbox"/>	None <input checked="" type="checkbox"/>
	Explain _____			
SIGNATURE OF EMPLOYEE	(b) (6)			
SIGNATURE OF PERSON CONDUCTING TEST				
EXPIRATION DATE				

RESPIRATOR FIT TEST RECORD

EMPLOYEE	NAME	<u>Allen Young</u>		
	POSITION	<u>LABOR</u>		
	SS #	<u>ON FILE</u>		
	DATE ISSUED	<u>10-31-12</u>		
RESPIRATOR	TYPE (circle one)	<input checked="" type="radio"/> 1/2 Face	<input type="radio"/> Full Face	<input type="radio"/> PAPR
	MANUFACTURER (circle one)	<input checked="" type="radio"/> North	<input type="radio"/> 3M	<input type="radio"/> Survivair
	MODEL / SIZE	<u>large</u>		
	NIOSH APPROVAL #	<u>P-100</u>		
APPLICATION	TYPE OF WORK	<u>ASBESTOS ABATEMENT</u>		
FIT TEST	QUALITATIVE			
	Isoamyl Acetate	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Saccharin Solution	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
	Qualitative (Irritant Smoke)	Pass <input checked="" type="checkbox"/>	Fail <input type="checkbox"/>	
	FACEPIECE-FACE SEAL OBTAINED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	RAINBOW PASSAGE USED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
	REVIEWED INSTRUCTIONS FOR USE	<input checked="" type="checkbox"/> Donning and Removal <input checked="" type="checkbox"/> Storage - Replacement Indicators		
LIMITATIONS	Beard <input type="checkbox"/>	Glasses <input type="checkbox"/>	Dentures <input type="checkbox"/>	None <input checked="" type="checkbox"/>
	Explain _____			
SIGNATURE OF EMPLOYEE	(b) (6)			
SIGNATURE OF PERSON CONDUCTING TEST				
EXPIRATION DATE				



Appendix K

Workers' Acknowledgement

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number GSA 12174 Date 10/31/12
Signature (b) (6) SS# On-File
Printed Name John W. Bican Witness (b) (6)

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number 12124, GSA BLDG 107

Date 11/30/12

Signature (b) (6)

SS# On-File

Printed Name DUSTIN CAICARI

Witness (b) (6)

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number GSA 12124

Date 10/31/12

Signature (b) (6)

SS# On-File
(b) (6)

Printed Name Kevin C. Ruth, S

Witness (b) (6)

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number 12124 GSABUSG107

Date 11/30/12

Signature (b) (6)

SS# On-File

Printed Name COLE LAW

Witness (b) (6)

9/24/2012

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number 12124 GSA Date 10/31/12
Signature (b) (6) SS# On-File
Printed Name Andrew Williamson Witness (b) (6)

9/24/2012

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT
ASBESTOS**

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

Your employment requires that you be supplied with the proper respirator and be trained in its use, that you be trained in safe work practices and in the use of the equipment found on the job, and that you receive a medical examination. These things are to have been done at no cost to you.

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

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

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Negative air systems
- Work practices including hands-on or on-job training
- Personal decontamination procedures
- Air monitoring - personal and area

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months. This examination must have included health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

By signing this certificate you are acknowledging that your employer has met these obligations to you.

Job Name/Number GSA 12124 Date 10/31/12
Signature (b) (6) SS# On-File
Printed Name Allen Young Witness (b) (6)
9/24/2012