

**AIR MONITORING AND CONTRACTOR
OBSERVATION LETTER REPORT
CSM-BUILDINGS 10, 12, AND 19
1700 WEST HILLSDALE BOULEVARD
SAN MATEO, CALIFORNIA**

PREPARED FOR:

San Mateo County Community College District
3401 CSM Drive
San Mateo, California 94402
and

Swinerton Management & Consulting, Inc.
1700 West Hillside Boulevard, CSM-Building 6
San Mateo, California 94402

PREPARED BY:

Ninyo & Moore
Geotechnical and Environmental Sciences Consultants
1956 Webster Street, Suite 400
Oakland, California 94612

February 28, 2007
Project No. 401256003

February 28, 2007
Project No. 401256003

Mr. Roger Anchartechar, Project Manager
Swinerton Management & Consulting, Inc.
1700 West Hillsdale Boulevard, CSM-Building 6
San Mateo, California 94402

Subject: Air Monitoring and Contractor Observation Letter Report
CSM Buildings 10, 12, and 19
1700 West Hillsdale Boulevard
San Mateo, California

Dear Mr. Anchartechar:

In accordance with your request, Ninyo & Moore performed air monitoring and contractor observation during the abatement of asbestos-containing materials (ACMs) at the above-referenced site buildings. The following letter report presents a summation of abatement activities, including air-monitoring results, and a compilation of project documents. This report has been prepared for the San Mateo County Community College District (SMCCCD) and Swinerton Management & Consulting, Inc., in accordance with generally accepted industrial hygiene, environmental science, and engineering practices. This report is based upon conditions at the subject site at the time of the abatement activities.

ABATEMENT ACTIVITIES

From December 18, 2006, to January 8, 2007, Bayview Environmental Services, Inc. (Bayview), a State of California licensed asbestos abatement contractor, performed ACM abatement activities at the above-referenced site buildings. All certifications and medical records of the Bayview abatement workers were reviewed by Ninyo & Moore and found to be up-to-date and in order. Figures 1 and 2 showing the locations of the SMCCCD campus and the site buildings are provided. Tables 1 and 2 presenting the perimeter and clearance air sample results are provided. Abatement notification documentation is provided in Appendix A.

Bayview removed the following ACMs: thermal system insulation from pipe runs totaling approximately 600 linear feet of 1 inch outside diameter pipes in Rooms 7, 11, 12, and the ground floor boiler room of Building 10, and from Room 176, the ground floor boiler room, and the first floor janitor's room of Building 12; 9 inch by 9 inch gray, beige, and light brown floor tile, and associated mastic totaling approximately 42,000 square feet from throughout Buildings 10 and 12 and in the electronics lab of Building 19; black, olive-green, and brown desk tops (Transite) totaling approximately 8,000 square feet throughout Building 10 and in Rooms 79, 82, 85, 170, 176, 179, 181, 188, 189, and 191 of Building 12; Transite panels associated with fume hoods totaling approximately 5,000 square feet in Rooms 7, 11, and 12 of Building 10, and Rooms 79, 82, and 85 of Building 12; mastic associated with black, brown, and olive/green cove base totaling approximately 2,000 linear feet throughout Building 10; and black sink undercoating totaling approximately 30 square feet in Room 123 of Building 10. Field logs and sign-in sheets were utilized to document the activities of the on-site personnel (Appendix B). The above-mentioned hazardous materials were removed from the site and appropriately disposed of (Appendix C).

INCIDENTS OF CONCERN

No incidents of concern occurred during the abatement activities.

AIR MONITORING

Mr. Lloyd V. Ford performed air monitoring and contractor observation during the abatement activities. Mr. Ford is a United States Environmental Protection Agency (USEPA) accredited contractor supervisor for asbestos abatement and a California Certified Asbestos Consultant (No. 98-2446) (Appendix D). Mr. William P. Larkin is also a California Certified Asbestos Consultant (No. 99-2688) and managed the abatement contractor monitoring activities for Ninyo & Moore.

Air samples were collected prior to the start of abatement, during abatement, and upon completion of abatement activities. Air sampling data sheets were used to document the air sampling activities. The samples were delivered to, and analyzed by EMSL Analytical, Inc. (EMSL), of San Leandro, California utilizing phase contrast microscopy (PCM), in general accordance with

NIOSH Method 7400, for the analysis of airborne fibers. EMSL is accredited through the National Voluntary Laboratory Accreditation Program for analysis of air samples for asbestos.

Pre-abatement air samples collected on December 18, 2006, from Buildings 10 and 12 were overloaded and were unable to be analyzed by EMSL analysts. The pre-abatement air samples collected from Buildings 10 and 12 on December 19, 2006, were greater than the permissible exposure limit of 0.01 fibers per cubic centimeter (f/cc), ranging from 0.015 f/cc to 0.056 f/cc. Bayview was demolishing wooden casework within Buildings 10 and 12 when the December 18, and December 19, 2006, air samples were collected. Based upon these pre-abatement air sample results, it was determined that final air clearance samples collected from Buildings 10 and 12 would be analyzed by Transmission Electron Microscopy (TEM) utilizing USEPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 Code of Federal Regulations, Part 763, Subpart E, Appendix A. Final air clearance samples related to the vinyl floor tile abatement and associated mastic in the electronics laboratory of Building 19 were analyzed via PCM analysis.

Upon completion of asbestos abatement activities in Buildings 10 and 12, a total of 20 final clearance air samples were collected and analyzed using TEM methods, in general accordance with Asbestos Hazard Emergency Response Act (AHERA) protocols. These final TEM clearance air sample results were below 70 structures per square millimeter, which is the AHERA's recommended re-occupancy level. Upon completion of asbestos abatement in the electronics laboratory of Building 19, final clearance air samples were collected and analyzed using PCM methods, in general accordance with AHERA protocols. These final PCM clearance air sample results were below 0.01 f/cc, which is the AHERA's recommended re-occupancy level. Final clearance Air Sample Laboratory Results (PCM and TEM), Data Sheets, and Chain of Custody Records are included as Appendix E.

LIMITATIONS

The environmental services described in this report have been conducted in general accordance with current regulatory guidelines and the standard-of-care exercised by environmental consultants performing similar work in the project area. No other warranty, expressed or implied, is made regarding the professional opinions presented in this report.

This document is intended to be used only in its entirety. No portion of the document, by itself, is designed to completely represent any aspect of the project described herein. Ninyo & Moore should be contacted if the reader requires any additional information or has questions regarding the content, interpretations presented, or completeness of this document.

Our opinions are based on an analysis of the observed site conditions and the applicable regulations. It should be understood that the conditions of a site can change with time as a result of natural processes or the activities of man at the subject site or nearby sites. In addition, changes to the applicable laws, regulations, codes, and standards of practice may occur due to government action or the broadening of knowledge. The findings of this report may, therefore, be invalidated over time, in part or in whole, by changes over which Ninyo & Moore has no control.

This report is intended exclusively for use by the client. Any use or reuse of the findings, conclusions, and/or recommendations of this report by parties other than the client is undertaken at said parties' sole risk.

We appreciate the opportunity to be of service on this project.

Respectfully submitted,
NINYO & MOORE



William P. Larkin, C.A.C. (Cert. No. 99-2688)
Senior Project Environmental Scientist

WPL/MSB/dhi

Distribution: (2) Addressee



Markus B. Niebanck, P.G.
Principal Geologist
Manager, Environmental Services

Table 1 - Background and Perimeter Asbestos Air Sampling Results

Sample No.	Bldg. No.	Sample Location	Type of Air Sample	Analytical Results (fibers per cubic centimeter) (f/cc)	PCM Clearance Level (f/cc)
1	12	Second Floor Lobby	Background	Overloaded	0.01
2	10	First Floor Hallway	Background	Overloaded	0.01
3	10	Second Floor Lobby	Background	Overloaded	0.01
4	10	Main Hallway	Background	0.015	0.01
5	10	Second Floor Lobby	Background	0.052	0.01
6	12	First Floor Hallway	Background	0.043	0.01
7	12	Second Floor Hallway	Background	0.056	0.01
122706-09	10	Ground Floor Decon. Entry-North	Perimeter	0.004	0.01
122706-10	10	Ground Floor-Equipment Room Entry	Perimeter	0.002	0.01
122806-11	10	Ground Floor Decon. Entry	Perimeter	0.008	0.01
122806-12	10	Equipment Room Exit	Perimeter	0.003	0.01
122806-13	10	Second Floor Patio-North	Perimeter	0.003	0.01
122806-14	12	Equipment Room Entry	Perimeter	0.003	0.01
122806-15	12	Ground Floor Decon. Entry	Perimeter	0.006	0.01
122906-16	10	Ground Floor Decon. Entry	Perimeter	<0.002	0.01
122906-17	10	Equipment Room Entry	Perimeter	<0.002	0.01
122906-18	12	Ground Floor Decon. Entry	Perimeter	<0.002	0.01
122906-19	12	Equipment Room Entry	Perimeter	<0.002	0.01
122906-20	12	Second Floor Southern Entry	Perimeter	<0.002	0.01
010207-20	10	Waste Load-out Area	Perimeter	<0.002	0.01
010207-21	10	Ground Floor Decon. Entry	Perimeter	<0.002	0.01
010207-22	12	Ground Floor Decon. Entry	Perimeter	<0.002	0.01
010207-23	12	Equipment Room Entry	Perimeter	<0.002	0.01
010207-24	12	Waste Load-out Area	Perimeter	<0.002	0.01
010307-25	10	Ground Floor Decon. Entry	Perimeter	0.003	0.01
010307-26	10	Equipment Room Load-out Area	Perimeter	<0.002	0.01
010307-27	12	Ground Floor Decon. Entry	Perimeter	<0.001	0.01
010307-28	12	Equipment Room Load-out Area	Perimeter	<0.002	0.01
010407-25	10	Ground Floor Decon. Entry	Perimeter	0.003	0.01

Table 1 - Background and Perimeter Asbestos Air Sampling Results

Sample No.	Bldg. No.	Sample Location	Type of Air Sample	Analytical Results (fibers per cubic centimeter) (f/cc)	PCM Clearance Level (f/cc)
010407-26	12	Ground Floor Decon. Entry	Perimeter	<0.002	0.01
010407-27	19	Ground Floor Decon. Entry	Perimeter	<0.001	0.01
010407-28	19	Basement Corridor-South	Perimeter	<0.002	0.01
010507-29	14	Equipment Room Entry	Perimeter	0.002	0.01
010507-30	14	Ground Floor Decon. Entry	Perimeter	0.003	0.01
010507-31	10	Ground Floor Decon. Entry	Perimeter	0.002	0.01
010507-32	12	Ground Floor Decon. Entry	Perimeter	0.002	0.01

NOTES:

Perimeter air samples were analyzed utilizing Phase Contrast Microscopy (PCM).

Table 2 - Asbestos Clearance Air Sampling Results

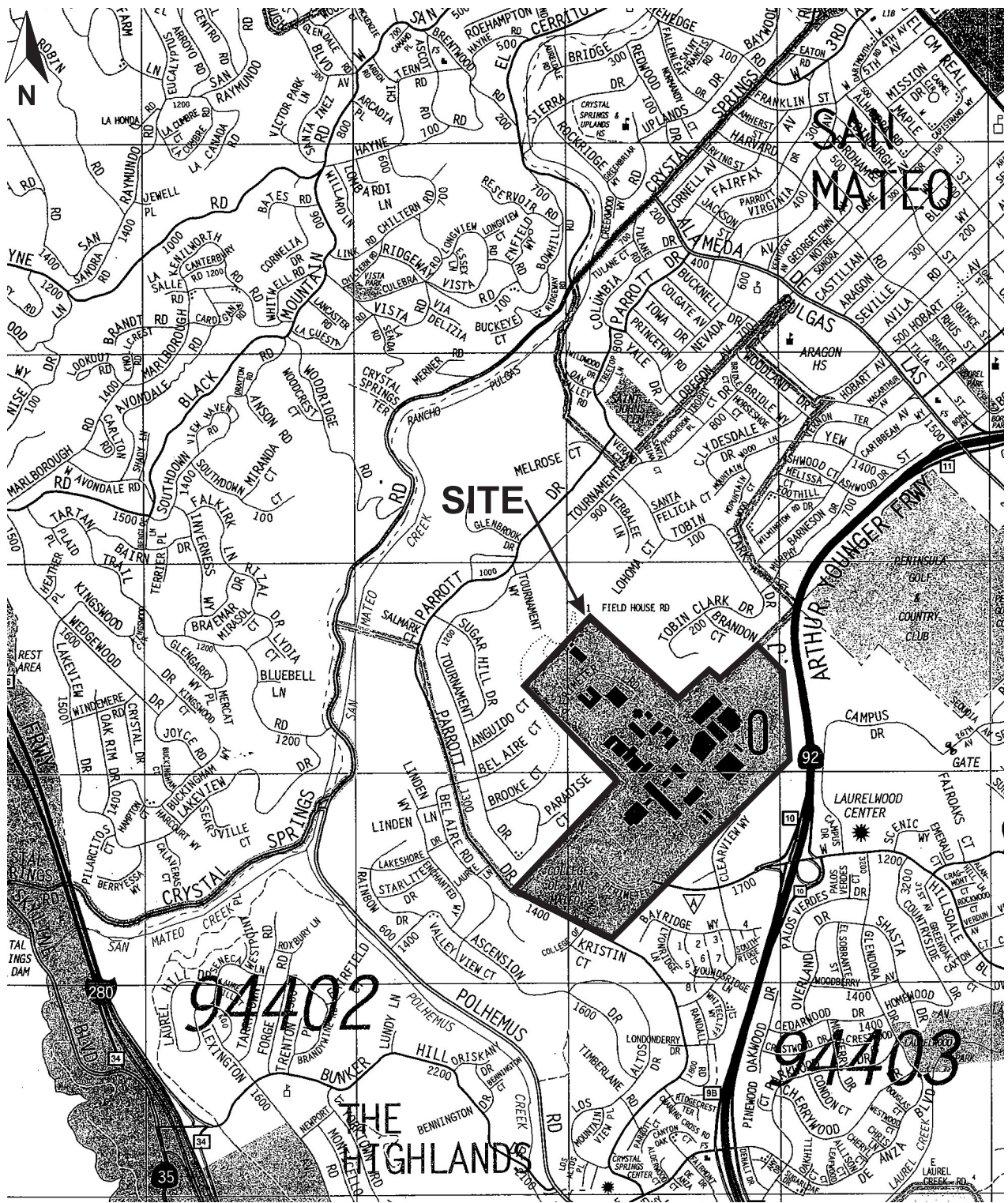
Sample No.	Bldg. No.	Sample Location	Type of Air Sample	TEM Analytical Results (Structures per square millimeter) (S/mm ²)	TEM Clearance Level (S/mm ²)
010507-01	10	Ground Floor, Room 7	Clearance	<16.0	70
010507-02	10	Ground Floor Mech. Room	Clearance	<16.0	70
010507-03	10	Ground Floor, Room 12	Clearance	<16.0	70
010507-04	10	Ground Floor Equipment Room	Clearance	<16.0	70
010507-05	10	Second Floor, Room 104 Corridor	Clearance	<16.0	70
010507-06	10	Second Floor, Room 104	Clearance	<16.0	70
010507-07	10	Second Floor, Room 103	Clearance	<16.0	70
010507-08	10	Second Floor, Room 120	Clearance	<16.0	70
010507-09	10	Second Floor, Room 123	Clearance	<16.0	70
010507-10	10	Stairway Landing	Clearance	<16.0	70
010507-14	12	Ground Floor Equipment Room	Clearance	<16.0	70
010507-15	12	Ground Floor, Room 82	Clearance	<16.0	70
010507-16	12	Ground Floor, Room 79	Clearance	<16.0	70
010507-17	12	Ground Floor Mechanical Room	Clearance	<16.0	70
010507-18	12	Second Floor Lobby	Clearance	<16.0	70
010507-19	12	Second Floor, Room 189	Clearance	<16.0	70
010507-20	12	Second Floor, Room 188	Clearance	<16.0	70
010507-21	12	Second Floor, Room 170	Clearance	<16.0	70
010507-22	12	Second Floor, Room 173	Clearance	<16.0	70
010507-23	12	Second Floor Corridor	Clearance	<16.0	70
Sample No.	Bldg. No.	Sample Location	Type of Air Sample	PCM Analytical Results (Fibers per cubic centimeter) (f/cc)	PCM Clearance Level (f/cc)
010807-35	19	Electronics Lab, Room 14	Clearance	0.004	0.01
010807-36	19	Electronics Lab, Room 12	Clearance	0.003	0.01
010807-37	19	Electronics lab, Room 10	Clearance	0.004	0.01

NOTES:

Samples 010507-11, 010507-12, 010507-13, 010507-24, and 010507-25 were submitted as blanks and were not analyzed because all of the clearance samples were reported at less than the applicable clearance level.

TEM = Transmission Electron Microscopy

PCM = Phase Contrast Microscopy



0 1,900

Approximate Scale in Feet

Source: Map supplied from The Thomas Guide, Bay Area Metro, 2006.

Ninyo & Moore

SITE LOCATION MAP

COLLEGE OF SAN MATEO
 SAN MATEO CAMPUS
 SAN MATEO, CALIFORNIA

PROJECT NO.

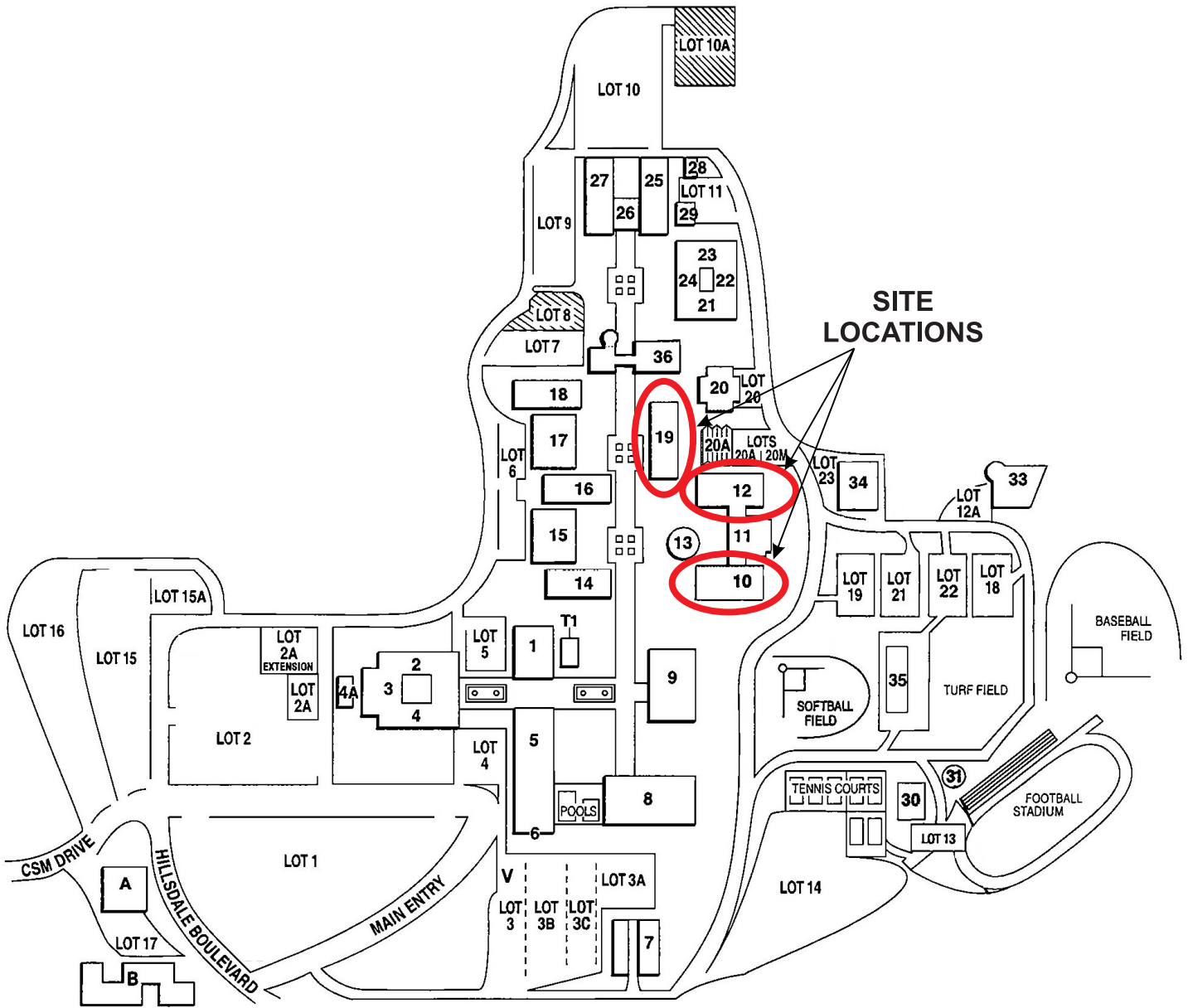
401256003

DATE

02/07

FIGURE

1



NOT TO SCALE

Ninyo & Moore

COLLEGE LOCATION MAP-BUILDINGS 10, 12, and 19

COLLEGE OF SAN MATEO
 CSM-BUILDINGS 10, 12, and 19
 SAN MATEO, CALIFORNIA

PROJECT NO.

401256003


DATE

02/07

FIGURE

2

APPENDIX A
ASBESTOS MANAGEMENT NOTIFICATIONS

 BAY AREA AIR QUALITY MANAGEMENT DISTRICT	COMPLIANCE & ENFORCEMENT DIVISION	<i>J# 6192</i>	Regulation 11, Rule 2
	Acknowledgement of Notification and Payment of Fees		

12/1/2006

Bayview Environmental
6925 San Leandro Street
Oakland, CA 94621

Job No: 2Q977
Invoice No: INU81

REC'D DEC 05 2006

The Bay Area Air Quality Management District (BAAQMD) acknowledges receipt of your payment and your Asbestos Removal or Demolition Plan described as: **Renovation**

Site address 1700 West Hillsdale
San Mateo, CA 94402

Start Date December 18, 2006

Completion Date January 12, 2007

Removal amounts of friable ACM 525 linear feet 37,040 square feet 0 cubic feet

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately copy the District by fax or by mail.

REGULATION 11-2 REVISION	BAAQMD J# 2Q977
---------------------------------	------------------------

REVISION #	START DATE	COMPLETION DATE
1	<u>12 / 22 / 06</u>	<u>01 / 08 / 07</u>
2	_____/_____/____	_____/_____/____
3	_____/_____/____	_____/_____/____
4	_____/_____/____	_____/_____/____
5	_____/_____/____	_____/_____/____

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this acknowledgment, please call our office at (415) 749-4762.

100%

ASBESTOS-RELATED WORK

Company Name: Bayview Environmental Services Inc.

Contractors State License Board Certification No: 684341

DOHS Asbestos Registration No: 478

J# 6192

Name of Employer: The San Mateo Community College District

Address: 3701 CSM Drive SAN MATEO CA 94402

Address of Temporary Jobsite: 1700 W. Hillsdale Blvd Building 19, 19

Nearest Intersection: CSM Drive

Name of Certified Supervisor: Gustavo Delgado

Name of qualified person in charge of air monitoring, laboratory work and respirators: Gustavo Delgado

Job Start Date: 12/12/2006 Start Time: 7:00 AM

Job Completion Date: 1/12/2007

Describe Scope of Job: Make flooring VAT/MASTIC, TSI TRANSITE table tops, transite fume hoods

Check all Work Practices that apply:

- | | | | |
|--|---|--|---|
| Full Enclosure <input checked="" type="checkbox"/> | Critical Barriers <input checked="" type="checkbox"/> | Wet Methods <input checked="" type="checkbox"/> | Shower Facility <input checked="" type="checkbox"/> |
| Air Monitoring <input checked="" type="checkbox"/> | Hand Wash Facility <input type="checkbox"/> | Negative Air Units <input checked="" type="checkbox"/> | Protective Clothing <input checked="" type="checkbox"/> |
| Respirators <input checked="" type="checkbox"/> | HEPA Vacuums <input checked="" type="checkbox"/> | Glove Bag <input type="checkbox"/> | Mini Containments <input type="checkbox"/> |
| Drop Clothes <input type="checkbox"/> | | Other <input type="checkbox"/> | |

Evaluation of Potential for Exposure: Minimal. Employees will wear Respirator Protective Clothing.

Estimated Number of employees on this project: 40

Note: Any changes in the information provided the division by written notice reported to the division at or before the time of the change.

According to the Title 8 CCR Section 341.9, Please send the completed notice nearest district compliance office.

12/10/2006 SUN 03:28

FAX

001

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0666
DESTINATION ADDRESS 16505733817
PSWD/SUBADDRESS
DESTINATION ID
ST. TIME 12/10 03:27
USAGE T 00' 26
PGS. 1
RESULT OK

ASBESTOS-RELATED WORK

Company Name: Bayview Environmental Services Inc.
Contractors State License Board Certification No: 684341
DOHS Asbestos Registration No: 478 J# 6192
Name of Employer: The San Mateo Community College District
Address: 3401 CSM Drive SAN MATEO CA 94402
Address of Temporary Jobsite: 1700 W. Hilldale Blvd Building 19
Nearest Intersection: CSM Drive
Name of Certified Supervisor: Gustavo Delgado
Name of qualified person in charge of air monitoring, laboratory work and respirators: Gustavo Delgado
Job Start Date: 12/12/2006 Start Time: 7:00 AM
Job Completion Date: 1/12/2007
Describe Scope of Job: Abate flooring VAT/MASTIC, TSI TRANSITE table tops, transite fume hoods

Check all Work Practices that apply:

- | | | | |
|--|---|---|---|
| Full Enclosure <input checked="" type="checkbox"/> | Critical Barriers <input checked="" type="checkbox"/> | Wet Methods <input checked="" type="checkbox"/> | Shower Facility <input checked="" type="checkbox"/> |
| Air Monitoring <input checked="" type="checkbox"/> | Hand Wash Facility <input type="checkbox"/> | Negative Air Unit <input checked="" type="checkbox"/> | Protective Clothing <input checked="" type="checkbox"/> |
| Respirators <input checked="" type="checkbox"/> | HEPA Vacuums <input checked="" type="checkbox"/> | Glove Bag <input type="checkbox"/> | Mini Containments <input type="checkbox"/> |
| Drop Clothes <input type="checkbox"/> | | Other <input type="checkbox"/> | |

Evaluation of Potential for Exposure: Minimal. Employees will wear Respirator Protective Clothing.



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

A REMINDER

If there are any changes to any aspect of the notification submitted, including the starting or completion dates, amounts of RACM removed, changes in contractor or waste disposal site, you must inform the District per Section 401.5.

401.5 Schedule Changes and Up-dates: Any changes to any aspect of a notification submitted in accordance with Section 11-2-401.3 must be reported to the APCO. These changes shall include, but are not limited to, changes in the notified starting or completion dates, changes of amounts of RACM to be removed, and changes of contractor or waste disposal site. It shall be the responsibility of the person making the initial notification of intent to remove asbestos or perform demolition activity to ensure that the APCO is notified of any such changes. If a job starts prior to the reported starting date or continues past the completion date as shown in the notification of intent to remove asbestos or to demolish, this shall constitute a failure to notify. Failure to notify the APCO of a job cancellation or postponement will result in the imposition of such asbestos operations fees as would have been due had the job not been cancelled or postponed.

Revisions to the information stated in the notification form must be made in writing using the Acknowledgement Letter form.

939 ELLIS STREET, SAN FRANCISCO, CALIFORNIA 94109 (415) 771-6000

12/18/2006 MON 03:26


FAX

001

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0689
 DESTINATION ADDRESS 14157494658
 PSWD/SUBADDRESS
 DESTINATION ID
 ST. TIME 12/18 03:25
 USAGE T 00' 23
 PGS. 1
 RESULT OK

 BAY AREA AIR QUALITY MANAGEMENT DISTRICT	COMPLIANCE & ENFORCEMENT DIVISION	Regulation 11, Rule 2
		Acknowledgement of Notification and Payment of Fees

12/1/2006

Bayview Environmental
 6925 San Leandro Street
 Oakland, CA 94621

REC'D DEC 05 2006

Job No: 2Q977
 Invoice No: 1NU81

The Bay Area Air Quality Management District (BAAQMD) acknowledges receipt of your payment and your Asbestos Removal or Demolition Plan described as: **Renovation**

Site address 1700 West Hillsdale
 San Mateo, CA 94402

Start Date December 18, 2006
 Completion Date January 12, 2007

Removal amounts of friable ACM 525 linear feet 37,040 square feet 0 cubic feet

Should it become necessary to revise this plan, please do so in the spaces provided below and immediately copy the District by fax or by mail.

REGULATION 11-2 REVISION	BAAQMD J# 2Q977
---------------------------------	------------------------

REVISION #	START DATE	COMPLETION DATE
1	<u>12, 22, 06</u>	<u>01, 08, 07</u>
2	<u> / / </u>	<u> / / </u>
3	<u> / / </u>	<u> / / </u>
4	<u> / / </u>	<u> / / </u>
5	<u> / / </u>	<u> / / </u>

NOTE: This form is not intended as a verification of either the completeness of your original notification or of its compliance with BAAQMD Regulation 11-2. If you have any questions about this

APPENDIX B
FIELD LOGS AND SIGN-IN SHEETS

DATE 12-18-06	DAY Monday	AUTHOR Good Lahiri / Lloyd Ford	NO. 1 of 1
PROJ. NAME BLDG #10 + #12	PROJ. NO. 40125600 1		
CLIENT College of San Mateo			

EQUIPMENT	CONTRACTOR Bay View
	FOREMAN Gustavo Delgado
	WEATHER Clear
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED Good Lahiri is the hygienist on site

7:00 arrived on site, checked paperwork of the workers Lloyd Ford, & Gustavo Delgado did a general walk-through.

9:00 started taking general air samples in both floors of building 10, and top floor of building 12. Asked the workers and Gustavo to ensure that water is being used to wet the work.

10:00 Containment has not been setup because general abatement has not started. There is a lot of setup that needs to be performed, as far as clearing rooms.

11:00 Transite table tops will be removed and various rooms will be cleared of shelves and tables. Enough water is not being used by the workers during removal of transite tops.

2:00 Noticed some transite panelling being thrown into the pile garbage pile. Told the foreman to second check the garbage being thrown out to ensure there was no transite. Water leak in room 116 in building 10 called the building engineer to find the shutoff valve.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
			CLIENT REP

DATE 12-19-06	DAY Tuesday	AUTHOR Good Lahiri / Lloyd Ford	NO. <u>1</u> of <u>2</u>
PROJ. NAME Building # 10, # 12		PROJ. NO. 401256001	
CLIENT College of San Mateo			

EQUIPMENT	CONTRACTOR Bay View
	FOREMAN Gustavo Delgado
	WEATHER Clear
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED

7:00 arrived onsite waited for the foreman to arrive, was 10 minutes late. The foreman is Ignacio Delgado who will later be replaced by Gustavo Delgado. Told the foreman that transite had been found in the garbage so they must double check before throwing anything out, as it might be transite. Asked the foreman to ensure that water was used to wet the area when the table tops are being removed. There are 26 people on site including the foreman

8:00 The workers have been told to use water during removal of table tops but they are not always doing so. I have had to ask make them stop and bring the sprayer to wet the counter tops before having them remove them.

9:00 Begun sampling, set up 4 pumps, hallway on 1st floor in building 10, 2nd floor lobby in building 10, 1st floor hallway building 12, Gustavo Delgado has arrived and is the foreman at the moment. 4th pump is setup at the 2nd floor lobby of building 12

10:00 The sinks have been segregated from the general garbage because of concerns that they might contain asbestos

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
			CLIENT REP

DATE 12-19-06	DAY Tuesday	AUTHOR Sood Lahiri	NO. 2 of 2
PROJ. NAME Building #10, #12	PROJ. NO. 401256001		
CLIENT College of San Mateo			
EQUIPMENT		CONTRACTOR Bay View	
		FOREMAN Gustavo / Ignacio Delgado	
		WEATHER Clear	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED

There are 2 Foremans onsite, they have been told that it is very important that the work area is wet when transite is being removed. I spoke to them about making sure that no tiles should be placed in the genert general garbage bins because they contain asbestos. The garbage is being hauled to an open top garbage container approximately 40 yards away. The workers are all wearing gloves and hardhats.

12:00 Finished checking everyone's paperwork and 1 persons records are missing (Jose Luis Mungia) will be sent the records later

1:00 Spoke to the general contractor representative Roy he mentioned that there will be a power outage on Dec/28

2:00 Jesus Delgado arrived onsite, he did a walkthrough of the job site.

3:00 Noticed some metal sinks with black undercoating in building 10, 2nd floor, lying among the wood. Alerted Ignacio that they contain asbestos and should be properly marked.

Ended the air samples

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Sood Lahiri / Lloyd Ford	9		
			CLIENT REP

DATE	12-20-06	DAY	Wednesday	AUTHOR	Lloyd V. Ford	NO. 10F
PROJ. NAME	SMCCCD BLDG #10 + #12			PROJ. NO.	401256001	
CLIENT	College of San Mateo					

EQUIPMENT	CONTRACTOR	BAYVIEW ENV
	FOREMAN	Gustavo Delgado
	WEATHER	Clear Cold
	PERMIT NO.	

DESCRIPTION OF WORK PERFORMED 0700 Ninyo + Moore Representa-
 tive, L. Ford on site. BAYVIEW supervisors and crew of 26 on site.
 I consulted w/ Jesus Delgado of BAYVIEW about Electrical
 shut down. Temp Power cords spiderboxes and Generator will be on
 site during shut down. SIX 50AMP breakers will be Available to
 run containment, Three at each unit.
 Today's work activities consist of Removal of wood desks
 Clearing all rooms of equipment in both BLDGS,
 POLY Prep of mechanical room + corridors has begun in
 BLDG #12. I observed metal sinks w/ under coating in debris
 pile 2nd Floor BLDG #12. I've requested that all ACM debris
 be segregated and properly labeled. POLY WRAPPED Tran-
 site Cab Table TOPS have not been had ACM labels attached
 yet. I've requested that BAYVIEW Attach warning labels
 to each bundle prior to removal from building.
 Waste load out of APPROX 60 Yrds of CAB TOPS has
 occurred today asbestos containing cement (Transite).
 (ACM) labels were attached to each bundle.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE	12-21-06	DAY	THURSDAY	AUTHOR	LLOYD V. FORD	NO. _____
PROJ. NAME	SMCCD, BLDG #10 & #12		PROJ. NO.	401256001		
CLIENT	College of San Mateo / Roger Anchara Tech Center					
EQUIPMENT				CONTRACTOR	BATView Environmental	
				FOREMAN	Custavo Delgado	
				WEATHER		
				PERMIT NO.		

DESCRIPTION OF WORK PERFORMED L. Ford Ninyo & Moore representative onsite.

0700 BATView Foreman and crew of 28 onsite. Removal of Furniture, Lab cabinets ect resumed in BLDGS #10 & #12

0900 POLYPREP OF MECHANICAL RM BLDG #10 began. POLYPREP OF BLDG #12 1st & 2nd Floor continues, BLDG #10 SINKS w/ Black under coating ARE segregated AND POLYWRAPS ARE BEING APPLIED.

1100 Waste load-out of general debris continues. Glove bags have been hung on TSi Pipes in mechanical room 1st Floor BLDG #10.

1100-1200 Lunch break

1200 BATView crew resumed removal of wood cabinets from Building #12 & #10. POLYPREP continues BLDGS #10 & #12.

1330 I observed broken VFA 1st Floor Labs BLDG #10 I requested that VFA be bagged & segregated from general debris. Cabinets metal & wood are being removed from building #10.

1500 BATView has begun securing jobsite.

1530 BATView & Ninyo & Moore offsite.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 12-22-06	DAY Friday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME College of San Mateo	PROJ. NO. 401256001		
CLIENT SMCCD BLDG #10 & #12, College of San Mateo			

EQUIPMENT	CONTRACTOR BMView Environmental
	FOREMAN Gustavo Delgado
	WEATHER Sun 60°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representative L. Ford

0500 BAVIEW Foreman crew of (30) on site. POIY PREP OF W.A. #10 & #12 resumed. BAVIEW debris dumpsters have been filled replacement debris dumpsters will arrive on Tuesday 12-26-06. Wood debris will be hauled away by truck today.

1000 Plasticization of W.A. BLDG #10 is APPROX 70% completed. Work area BLDG #12 POIY PREP is APPROX 50% completed. I've requested View Ports for both BLDGs at multiple locations.

1200 BAVIEW crew will not take lunch break today and are securing jobsite for Holiday.

1300 BAVIEW & Ninyo & Moore offsite.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 12-26-06	DAY Tuesday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME College of SAN Mateo	PROJ. NO. H01256001		
CLIENT SMCCD, BLDG #10 & #12 / Roger Anchar Tech has			
EQUIPMENT		CONTRACTOR BMView Environmental	
		FOREMAN Gustava Delgado	
		WEATHER Humid 65°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representative Lloyd V. Ford

0530 BMView Foremen's crew of 32 on site. Fifteen workers for each building. BMView will work Ten (10) hours per day due to short work week. Plasticization of work areas BLDG #10 1st & 2nd - Floors resumed. Removal of plasticized cabinet tops from W.A. has resumed. Wood cabinets from 2nd floor BLDG #12 began.

1000 I was informed by Jesus Delgado that BLDG #19 has one large room w/ VFT Abatement schedule. I walked BLDG #19 to observe site conditions. BMView continues w/ Port Prep of both BLDGs #10 & #11. BMView will not be ready for any Abatement activities today. Waste load-out continues from BLDG #12. Fifteen (15) HEPA AFD units have been installed in BLDG #10. Three (3) Stage DF w/ Air Locks were installed Ground Floor North access doors. Removal of Transite Table Tops continues, Building #12.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	11		
			CLIENT REP

DATE 12-06-06	DAY Tuesday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCD, BLDG #10 & #12	PROJ. NO. 401256001		
CLIENT College of San Mateo, Roger Ancharter Chahar,			

EQUIPMENT	CONTRACTOR BAYVIEW ENVIRONMENTAL
	FOREMAN Gustava Delgado
	WEATHER 65°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED **1100-1200 Lunch break.**
1200 POLY PREP OF BLDGS #10 & #12 CONTINUES. Load out of cabinets & wood debris continues.
1430 BayView Foreman has informed me that BLDG #10 POLY PREP will not be completed today. Preabatement Visual will occur tomorrow morning.
1600 BayView is securing jobsite. Ninyo & Moore off-site.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	11		
			CLIENT REP

DATE 12-27-06	DAY Wednesday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCD, BLDG #10 & #12	PROJ. NO. 401256001		
CLIENT College of San Mateo, / Roger Anchar Techhar			
EQUIPMENT		CONTRACTOR	
		FOREMAN Gustavo Delgado	
		WEATHER High wind + Rain 55°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representative - L. Ford on site. BarView crew of (32) on site.

0500 Safety meeting held signing of crew. I reviewed today's work plan w/ Gustavo & walked job site. Poly Prep has not been completed yet. BLDG #10 Electrical power setup decoupled. H₂O heater filtration system and manometer need to be installed. Poly barriers are approx 90% in place. Table tops (lab) are being removed from BLDG & staged at east end of BLDG.

0800 The equipment room two (2) stage was installed at east entryway of BLDG #10. Jesus Delgado of BarView on site.

0915 Negative air Differential Pressure was established BLDG #10. The asbestos warning signs are posted. Critical barriers are in place. Engineering controls are working. Neg Air DP = -0.065" H₂O

0930 I visually assessed W.A. BLDG #10 and OK'd W.A. for TSI & VFT Abatement. Fifteen (15) workers donned P.P.E., and entered W.A. of BLDG #10

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	10+1		
			CLIENT REP

DATE	12-27-06	DAY	Wednesday	AUTHOR	Lloyd V. Ford	NO. _____
PROJ. NAME	SMCCD BLDG #10 & #12		PROJ. NO.	401256001		
CLIENT	College of San Mateo, Roger AN Charatecharat					
EQUIPMENT				CONTRACTOR	BAYVIEW ENV	
				FOREMAN	Gustavo Delgado	
				WEATHER	Wind & Rain 55°	
				PERMIT NO.		

DESCRIPTION OF WORK PERFORMED

1000 VPT Removal began wet methods in w.e. manual means.

1100-1200 Lunch break workers decontaminated from W.A. BLDG #10.

1200 Fifteen workers resumed P.O.I.V. prep of W.A. BLDG #12. Fourteen workers donned P.P.E. & entered W.A. BLDG #10. VPT removal & bagging of debris began 2nd floor.

1330 Bagged debris on 2nd floor moved to waste cond out equipment rm 1st floor, VPT removal 1st floor began. The additional ViewPorts at north and south sides of W.A. BLDG #10 were installed.

1430 I walked W.A. BLDG #12, P.O.I.V. prep, is 90% completed. I requested separation of critical barriers on HVAC vents, floor drains & restroom toilet be sealed.

1600 I collected the PCM perimeter air sample. Negative air DP = -0.045" H₂O. Workers are decontaminating.

1630 Ninyo & Moore representative L. Ford off-site

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	10+1		
			CLIENT REP

DATE 12-28-06	DAY Thursday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME Smcccd Bldgs #10 #12	PROJ. NO. 401256001		
CLIENT College of San Mateo / Roger Anchar techarar			
EQUIPMENT		CONTRACTOR Bayview Env.	
		FOREMAN Gustavo Delgado	
		WEATHER Sunny 55°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED *Ninyo & Moore representative L. Ford on site, Bayview Foreman and crew of (30) on site*

0600 15 workers donned P.P.E. and entered work area bldg #10. Asbestos warning signs are posted. Critical barriers are in place. Engineering controls are working. Today's work plan will be removal of black mastic utilizing chemical mastic remover AMR 100 and mechanical buffer with abrasive pad.

0630 Abatement activities began inside work area bldg #10. Bldg #12 poly prep continues w/ 15 workers

0730 I performed preabatement visual. Several poly barriers needed to be sealed. Water Filtration System 5 micron water filter not in filtration pump - bldg #12

0830 Pre abatement visual passed Negative air differential pressure at $-0.044'' \text{H}_2\text{O}$ ~~Water~~ Column Asbestos Warning Signs were posted Critical barriers in place Engineering Controls Working.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	11		
			CLIENT REP

DATE 12-28-06	DAY Thursday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME Smeed Bldgs #10 + #12	PROJ. NO. 401256001		
CLIENT College of San Mateo / Roger Anchartecharar			
EQUIPMENT		CONTRACTOR Bayview Envi.	
		FOREMAN Gustavo Delgado	
		WEATHER Sunny 55°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED

0930 Building #12 Removal of VFT began
Airless sprayer in use to mist air and wet material during abatement.
Building #10 Black mastic abatement continued.

1045 Workers decontaminated from work areas for lunch

11-12 Lunch Break

1200 Workers donned P.P.E. and resumed abatement activities in bldgs #10 + #12.
Negative air ~~diff~~ DP = -0.028 in bldg #10
Negative air DP = -0.057 in bldg #12

1330 Workers bagging VFT debris inside work area bldg #12. Asbestos cement labtop tables were loaded out to debris dumpster from bldg #10

1430 5 ~~9~~ workers decontaminated, doffed P.P.E. decontaminated work area bldg #10 leave job site.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	11		
			CLIENT REP

DATE 12-28-06	DAY Thursday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SM CCD bldgs #10 + #12	PROJ. NO. 401256001		
CLIENT College of San Mateo / Roger Anchar-techarar			
EQUIPMENT		CONTRACTOR Bayview Env.	
		FOREMAN Gustavo Delgado	
		WEATHER Sunny 55°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED

~~11-12~~ Lunch break workers decontaminated from work area.

1430 Bldg #12 work area bagged debris (VFT) moved from second floor to first floor near load out equipment room. Detail cleaning of second floor work area began. Black mastic removal in bldg #10 continues first and second floor.

1600 workers are solid; Fling mastic remover + mastic, placing mastic debris into 55 gallon metal D.O.T. approved drums. I collected the PCM perimeter air samples.

1630 BAYVIEW crew began decontaminating from work area BLDG #10 + #12, END OF SHIFT. L. Ford OFF site

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	11		
			CLIENT REP

DATE 12-29-06	DAY Friday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCCD Bldgs #10 + #12	PROJ. NO. 401256001		
CLIENT College of San Mateo / Roger Anchar Techaran			
EQUIPMENT		CONTRACTOR Bayview Env.	
		FOREMAN Gustavo Delgado	
		WEATHER Sunny 50°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED L. Ford Ninyo Moore representative

0600 onsite. Bayview Environmental crew of 28 onsite. 12 workers donned P.P.E. (face respirators organic hepa filters disposable protective clothing gloves eye goggles and hard hats.) The workers entered bldg #10 to begin detail cleaning and black mastic removal. Chemical mastic remover AMR-100 in use. Asbestos warning signs posted critical barriers in place Engineering controls are working. The negative air differential pressure at -0.06. 12 workers donned P.P.E. entered work area of building #12. began removal of black mastic utilizing AMR-100 chemical mastic remover. Asbestos warning signs are posted critical barriers are in place engineering controls are working. PCM air samples are set at decons Equipment bldgs #10 + #12.

0730 TSI Abatement utilizing scope bags + proper procedures began. I've visually assessed & smoke tested scope bags BLDG #12.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 12-29-06 DAY Friday AUTHOR Lloyd V. Ford
 PROJ. NAME SMCCCD BLDG #10 & #12 PROJ. NO. 401256001 NO. _____
 CLIENT College of San Mateo / Roger Anchara teacher

EQUIPMENT _____ CONTRACTOR BATView ENV
 FOREMAN Gustavo Delgado
 WEATHER _____
 PERMIT NO. _____

DESCRIPTION OF WORK PERFORMED I walked BLDG #19 w/ Gustavo of BATView and requested HVAC system be shut down on Monday. Gustavo + I consulted about W.A. Prep + Containment design.

0900 BATView crews continue w/ Fine cleaning of W.A.'s 2nd Floor of both Buildings #10 & #12. 1st Floor black mastic removal continues BLDG #10. Bagging of debris + Preparing waste for load-out BLDG #12 has begun. Negative Air DP = -0.036" H₂O BLDG #10.

1045 Workers are decontaminating from W.A.'s for lunch.

1145 BATView crews donned PPE, Accessed W.A.'s and resumed abatement activities. I've requested that mastic removal be Thoroughly removed from W.A. Floors to prevent VOC build up over Holiday Period.

1430 BATView is solidifying mastic + mastic remover and placing debris into 55 Gallon D.O.T. metal drum

1530 BATView crew decontaminated from W.A.'s end of shift.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
<u>Lloyd V. Ford</u>	<u>9</u>		
			CLIENT REP

DATE	01-02-07	DAY	Tuesday	AUTHOR	Lloyd V. Ford	NO. _____
PROJ. NAME	SMCCCD BLDGS #10 & #12		PROJ. NO.	401256001		
CLIENT	College of San Mateo / Roger Anchar techarar					
EQUIPMENT				CONTRACTOR	BAView ENV	
				FOREMAN	Custaro Delgado	
				WEATHER	Sunny 55°	
				PERMIT NO.		

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representative
 0700 L. Ford onsite. BAView Foreman and crew of (27) onsite. Three (3) workers began Poly Prep of W.A. BLDG #19. 12 workers donned P.P.E & entered W.A. BLDG #10. Eleven (11) workers donned P.P.E. and entered W.A. of BLDG #12. P.P.E = (1/2 Face respirators w/organic filters, Tyvek suits, gloves, hard hats, eye goggles). BLDG #10 Negative Air DP = -0.045" of H₂O. BLDG #12 Negative Air DP = -0.039" of H₂O. Critical barriers are in place Engineering controls are working. The Asbestos warning signs are posted.

0830 I set five (5) PCM Perimeter Air Samples. BAView crew began Fine cleaning of W.A.'s 1st floor of both buildings & waste-load-out of now hazardous ACM debris (VFT) in clear Poly bags. Debris placed into Poly lined HOYD closed top debris dumpster.

1030 Waste loadout activities continued. Poly Prep of W.A. BLDG #19 continued.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford			
			CLIENT REP

DATE 01-02-07 DAY Tuesday AUTHOR Lloyd V. Ford
 PROJ. NAME SMCCCD, BLDG #10, #12, #19 PROJ. NO. 401256001 NO. _____
 CLIENT College of SAN-mateo, Roger Anchar techarar

EQUIPMENT _____ CONTRACTOR BAYVIEW
 FOREMAN Gustavo Delgado
 WEATHER SUNNY 60°
 PERMIT NO. _____

DESCRIPTION OF WORK PERFORMED BAYVIEW crew decontaminated
1100 from W.A.'s for lunch
1100-1200 Lunch break
1200 BAYVIEW crews donned P.P.E. & entered W.A.'s
BLDG #10, #12 & #19, BLDG #19 cabinet demo-
lition in Rm #12 Basement resumed Along w/
load-out of wood debris.
BLDGs #10 & #12 Fine cleaning & equip-
ment decontamination resumed
1330 waste load-out of debris resumed, BLDG
#10 & #12. Poly Prep BLDG #19, Rms #10, #12
#14 resumed. I requested shut down of HVAC
system to BLDG #19 for tomorrow possible
that abatement of VFT could begin in Rms
#10, #12 & #14.
1500 BAYVIEW crews are decontaminating
from W.A.'s BLDG #10 & #12. Securing of
doors BLDG #19.
1530 BAYVIEW crew and NINYO & MOORE repre-
sentative offsite

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
<u>Lloyd V. Ford</u>	<u>9</u>		
			CLIENT REP

DATE	01-03-07	DAY	Wednesday	AUTHOR	Lloyd V. Ford	NO. _____
PROJ. NAME	SMCCCD, BLDGS #10, 12		PROJ. NO.	401256001		
CLIENT	College of San Mateo / Roger Anchara, Tech. asst.					
EQUIPMENT				CONTRACTOR	BAYVIEW ENVIRO	
				FOREMAN	Gustavo Delgado	
				WEATHER	cloudy 60°	
				PERMIT NO.		

DESCRIPTION OF WORK PERFORMED Ninyo & Moore Representative

0700 Lloyd Ford onsite. BAYVIEW Foreman + crew of (27) onsite. Twenty Two (22) workers donned P.P.E. (1/2 Face respirators, Tyvek suits, gloves, hard hats + eye goggles). Twelve (12) entered W.A. BLDG #10 to resume fine cleaning of W.A. floors. Ten (10) workers accessed BLDG #2 and resumed fine cleaning of W.A.

0730 I donned P.P.E. + accessed BLDG #12 to assess W.A. conditions w/ G. Delgado. we walked 2nd floor I indicated areas which need additional cleaning (floors) I request washdown of concrete floors w/ mild detergent and walls w/ wet rags prior to post abatement visual. I decontaminated from work.

0830 I donned P.P.E. and entered W.A. BLDG #10 to assess W.A. conditions. I've observed pipe penetrations without wettable lagging cloth to seal penetrations. I requested penetrations be sealed ASAP.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 01-03-07	DAY Wednesday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCO, BLDGS #10, #12 + #19	PROJ. NO.		
CLIENT			

EQUIPMENT	CONTRACTOR BMView ENV
	FOREMAN Gustavo Delgado
	WEATHER cloudy 60°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED

0900 I decontaminated from W.A. BLDG #10. I observed that The Asbestos warning signs are posted. Critical barriers are in place. Engineering controls in use, wet methods also in use. I set Four (4) Perimeter Air Samples Two (2) at each Build Access Points.

1030 BLDG #19 Poly Prep continues w/ Three (3) workers. HVAC units not shut down yet I've called Roger who is in contact w/ College Building engineers.

1100 workers decontaminated from W.A. for lunch.

1200 BMView crews done P.P.E. & resumed Fine cleaning & Removal from W.A.'s of equipment & supplies "not needed". Neg Air DP Adequate both BLDGS

1330 BLDG #10 workers are removing Poly on walls for final cleaning. Fine cleaning of Floors 1st Floor of BLDG #10 & #12 continues.

1500 BMView crew began decontaminating from W.A.s

1530 BMView & Ninyo & Moore off site.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 01-04-07	DAY Thursday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCD, BLDG # 10, 12 & #19		PROJ. NO. 401256001	
CLIENT College of San Mateo, Roger Anchar tech arad			

EQUIPMENT	CONTRACTOR BATVIEW ENV
	FOREMAN Gustavo Delgado
	WEATHER Rain 50°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representative

0700 Lloyd V. Ford on-site. BATVIEW Foremen and crew of (23) on-site. Nineteen (19) workers donned P.P.E. & entered W.A.'s BLDG #10, TEN BLDG #12 nine (9). P.P.E. = (1/2 face respirators, Tyvek suits, gloves, hard hats & eye goggles). Negative Air DP = -0.045" BLDG #10, AND -0.039" BLDG #12.

0730 The Asbestos warning signs are posted. Critical barriers are in place & engineering controls are working. I set two (2) perimeter Perma Air samples at Decon Facility entries to both W.A.'s BLDG #10 & #12. BATVIEW workers accessed W.A.'s to resume fine cleaning activities. I accessed W.A. OF BLDG #19 workers are sealing Poly barriers. The negative air DP is too high at 0.069" of H₂O column. I requested additional make up air at Decon Facility. DP at -0.040" of H₂O column. The Asbestos warning signs are posted. Critical barriers are in place and engineering controls are working. I set two Perma Perimeter

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
			CLIENT REP

DATE 01-04-07	DAY Thursday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SmCCCD, BLDG #19, #12, #14	PROJ. NO. W01256001		
CLIENT College of San Mateo, / Roger Anchara Techavar			

EQUIPMENT	CONTRACTOR BATVIEW ENV
	FOREMAN Gustavo Delgado
	WEATHER windy 30°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED Three (3) workers donned P.P.E. and entered w.a. BLDG #19. VFF removal began 9x9'

0900 I donned P.P.E. & Accessed BLDG #10 to perform Post Abatement Visual workers are wet w. P.E. walls and horizontal surfaces floors are Visally Clean Pipe Penetrations are sealed.

1000 I OKed w.a. for encapsulation BLDG #10, BLDG #12 Final Clearing continues. BLDG #19 Rms #10, #12 & #14 VFF removal completed bagging debris has begun.

1100 workers decontaminated from w.a.s for lunch.

1130 BATVIEW crew returned encapsulation of w.a. BLDG #10 resumed. Waste load-out of bagged debris + equipment decontamination from BLDG #12 began. BLDG #19 Black mastic Abatement utilizing chemical mastic remover and mechanical means (buffer w/ Abrasive Pad) began.

1300 BLDG #10 Post Abatement Encapsulation of w.a. completed.

1330 I donned P.P.E. and entered w.a. of BLDG #12.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	09		
			CLIENT REP

DATE <i>01-04-07</i>	DAY <i>Thursday</i>	AUTHOR <i>Lloyd V. Ford</i>	NO. _____
PROJ. NAME <i>SMCCCD, BLDG #10, #12, #19</i>		PROJ. NO. <i>H01256001</i>	
CLIENT <i>College of San Mateo</i>			

EQUIPMENT	CONTRACTOR <i>BATView Environmental</i>
	FOREMAN <i>Gustavo Delgado</i>
	WEATHER <i>Windy 50°</i>
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED

1330 I began Post Abatement Visual Assessment. Critical barriers remain in place. I had All window wells HEPA vacuumed and wet Wiped. Floors needed to be washed w/ detergent dirty H2O I requested be Filtered w/ 5micron Shower Filtration System.

1530 I've OKed W.A. BLDG #12 For Post Abatement Encapsulation. I decontaminated From W.A. End of Shift. BATView will Complete Cost out of debris and Encapsulate W.A. of BLDG #12.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
<i>Lloyd V. Ford</i>	<i>9</i>		
			CLIENT REP

DATE 01-05-07	DAY Friday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCCD BLDGS #10, 12, #19		PROJ. NO. 401256001	
CLIENT College of San Mateo / Roger Anchartecharar			
EQUIPMENT		CONTRACTOR BayView Env.	
		FOREMAN Gustavo Delgado	
		WEATHER Windy 30°	
		PERMIT NO.	

DESCRIPTION OF WORK PERFORMED Ninyo & Moore representatives
 0700 William Larkin and Lloyd V. Ford onsite. BayView Foreman and crew of seven (7) onsite. Five (5) workers donned P.P.E. and entered W.I.A. OF BLDG #19 to resume black mastic removal. I set Two (2) Perimeter Pcm Air samples.
 0730 W. Larkin & I donned P.P.E. and entered W.I.A. OF BLDG #10 to assess site conditions and set the Post Abatement Air samples.
 0815 W. Larkin has accessed W.I.A. OF BLDG #12 to visually assess containment conditions I began setting TEM Air samples inside W.I.A. OF BLDG #10.
 0840 I decontaminated from W.I.A. BLDG #10, waste load-out of VET in clear PVC bags from W.I.A. BLDG #19 has begun. Critical barriers are in place at all three W.I.A.'s The asbestos warning signs are posted + Engineering controls are working. William Larkin offsite.
 1030 BayView crew completed waste load-out + fine cleaning

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford			
			CLIENT REP

DATE 01-05-07	DAY Friday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCCD BLDGS #10, #12 + #19		PROJ. NO. 401256001	
CLIENT College of San Mateo			

EQUIPMENT	CONTRACTOR BATVIEW ENV
	FOREMAN Gustavo Delgado
	WEATHER windy 45°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED @ F.W.A. BLDG #19. workers decontaminated from W.A. for lunch.

1100 one (1) BATVIEW worker donned P.P.E. along w/ me entered W.A. BLDG #12 and set TEM (10) TEM Post Abatement Air samples.

1200 I decontaminated from W.A. BLDG #12. BATVIEW crew returned from lunch. Two (2) workers + I donned P.P.E. + entered W.A. BLDG #19, for Post Abatement Visual assessment I OK'd W.A. Rm #10 #12 + #14 for Encapsulation.

1330 I donned P.P.E. + entered W.A. BLDG #12 to collect the TEM Air samples BATVIEW crew is demobilizing equipment

1430 I've retrieved TEM Air samples and left site for EMSL Lab.

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
Lloyd V. Ford	9		
			CLIENT REP

DATE 01-08-07	DAY Monday	AUTHOR Lloyd V. Ford	NO. _____
PROJ. NAME SMCCCD, BLDG #19, #12, #14		PROJ. NO. 401256001	
CLIENT College of San Mateo			

EQUIPMENT	CONTRACTOR BAYVIEW ENV
	FOREMAN Gustavo Delgado
	WEATHER SUNNY 55°
	PERMIT NO.

DESCRIPTION OF WORK PERFORMED BAYVIEW Foremen & crew of

0700 Eight (8) on site. Ninyo & Moore representative, L. Ford on site. Tear down of Poly barriers BLDG #10 & #12 began. I have informed BAYVIEW Superintendent, Robert Archatechara of Swinerton & Bill Larkin of Ninyo & Moore that both BLDG #10 & #12 have passed TEM Air samples are below allowable limits and EPA's clean air standard All samples are below limit of detection (16.5 Structures per/mm³)

0930 I set Three (3) Pcm Post Abatement Air samples inside W.A. of BLDG #19. Rms #10, #12 & #14. Demobilization and Poly barrier tear down continues inside W.A.'s BLDG #10 & #12.

1200 I've collected The Pcm W.A. samples from BLDG #19. BAYVIEW continues demobilization activities.

1400 L. Ford OFFsite, FOREMEN LAB

FIELD TECHNICIAN	HOURS	O.T.	VISITORS
LLOYD V. FORD			
			CLIENT REP

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg # 10

Date: 01-02-07

JOB NAME C, Sim, 10, 12, 19 JOB NUMBER 6192

NAME	COMPANY	IN	OUT	IN	OUT
Gerarda Ortega	B.V	7:10	10:57	11:59	3:28
Javier Delgado	B.V	7:11	10:58	11:58	3:15
David Digneda	B.V	7:12	10:57	11:57	3:17
Jaime Fajardo	B.V	7:13	10:30		
Roberto Martinez	B.V	7:15	10:55	11:56	3:26
JUAN NAVARRO	B.V	7:16	10:58	11:55	3:20
Alberto BALTIERRA	B.V	7:17	10:59	11:56	3:25
José L. Munguia	B.V	7:18	9:10		
Jesús Aguilar	B.V	7:19	10:58	11:55	3:26
Jorge Fernandez	B.V	7:20	10:59	11:57	3:16
Luis A. Baltierra	B.V	7:21	10:59	12:00	3:17
Jose Peace	B-V	7:23	11:03	12:11	2:46

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg # 20

Date: 12-27-06

JOB NAME C.S.M. 10,12,19 JOB NUMBER 6192

NAME	COMPANY	IN	OUT	IN	OUT
Jarion Coyote	B.V	9:50	10:50	11:50	4:20
Gisardo Ortega	B.V	9:52	10:55	10:57	2:27
Jesualdo Aguilar	B.V	9:55	10:58	11:58	4:20
Alberto Baltierra	B.V	9:56	11:00	11:59	4:18
SVAN NAVARRO	B.V	9:57	10:54	11:56	4:20
Roberto Martinez	B.V	9:58	11:00	11:58	4:15
Jaime Fajardo	B.V	9:59	11:01	11:59	2:20 PM
Jaime Delgado	B.V	10:00	11:00	11:51	4:22
Jorge Hernandez	B.V	10:00	10:58	11:55	2:25
Luis A. Brito	B.V	10:00	11:00	11:20	4:16
David Ospineda	B.V	10:00	11:00		
ISAAC HERRANDEZ	B.V	10:20	11:01	11:55	4:20
Jose L. Munguia	B.V	10:24	11:00	11:56	4:20
Leonardo Romero	B.V			11:55	4:23
Gustavo Delgado	B.V			12:40	1:50

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BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg #20

Date: 12-29-06

JOB NAME C.S.M. 10/12/19 JOB NUMBER 6192

NAME	COMPANY	IN	OUT	IN	OUT
Roberto Martinez	B.V.	6:00	10:58	10:55	2:25
Alberto BALTERRA	B.V.	6:01	10:55	12:00	2:30
Javier Coyote	B.V.	6:05	10:50	11:50	2:26
Luis A. Baltierra	B.V.	6:06	10:56	12:02	2:25
Laura Delgado	B.V.	6:08	10:59	11:58	2:28
Gerardo Delgado	B.V.	6:10	10:55	11:56	2:36
David Orpineda	B.V.	6:11	10:57	11:57	2:27
Leonardo Romero	B.V.	6:12	10:58	11:58	2:30
ISAAC HERNANDEZ	B.V.	6:13	10:52	11:59	2:25
JUAN NAVARRO	B.V.	6:10	10:52	11:58	2:23
Mario Rodriguez	B.V.	6:16	10:53	12:20	2:27
Juvenal Aguilar	B.V.	6:13	10:56	11:58	2:26
Jaime Fajardo	B.V.	6:14	10:57	11:59	2:25

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg # 20

Date: 12-28-06

JOB NAME C, S, M, 10, 12, 19 JOB NUMBER 6192

NAME	COMPANY	IN	OUT	IN	OUT
JUAN NAVARRO	B.V	8:05	10:58	11:58	4:26
Juanal Aguilar	B.V	6:06	10:56	11:55	4:21
Alberto BALTERRA	B.V	6:09	10:56	11:55	4:22
Maria Rodriguez	B.V.	6:09	9:20		
Roberto Martinez	B.V	6:00	10:55	11:56	4:25
Jorge Hernandez	B.V	6:02	10:58	11:59	4:25
Jose L Munguia	B.V	6:00	9:20	11:	
Luis A. DIAZ	B.V	6:00	10:56	11:58	4:23
Jaime Delgado	B.V	6:03	11:00	11:58	2:27
Gerardo Ortega	B.V	6:10	10:54	11:58	4:26
Juan Coyote	B.V	6:15	10:50	11:55	4:20
Jaime Fajardo	B.V	6:16	10:51	11:49	2:21 PM
David Ospineda	B.V	6:17	10:57	11:57	2:27 PM
ISAAC HERNANDEZ	B.V	6:18	10:55	12:01	4:28
Leonardo Romero	B.V	6:20	10:58	11:56	4:29
JOSE PALLA	B.V.	7:21	11:06		

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg #12

Date: 1/2/07

JOB NAME 3401 Com 101219 JOB NUMBER

6192

NAME	COMPANY	IN	OUT	IN	OUT
JOSÉ Aguilón	B.U	7:00	11:00	12:00	3:30pm
Juan Rodríguez	B.U	7:00	10:15		
Rodolfo Gal	B.U	7:00	11:55	12:00	3:30
Pedro Esparza	B.U	7:00	10:15	12:00	12:05
Alejandro Martínez	B.U	7:00	10:35		
Juan Arce	B.U	7:00	10:55	11:50	3:28
MARIO ALFARO	B.U.	7:05	10:35	11:50	3:25
Gustavo Fraile	B.U	7:10	10:55	11:50	3:25
JORGE AYALA	B.U	7:12	10:56	11:56	3:24
Trinidad Zayas	B.U	7:12	10:58	11:54	3:30
Agustín Munguía	B.U.	7:13	11:01	11:53	3:30
Antonio Pabedo	B.U	7:14	10:59	11:55	3:30

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg #12

Date: 12/29/09

DRIVE Saw mated

JOB NAME 3401 G.S.M

JOB NUMBER

6192

NAME	COMPANY	IN	OUT	IN	OUT
Jose Aguilar	B.U.	7:40	11:00	12:00	4:30
Rodolfo Gil	B.V	7:45	11:00	12:00	4:30
JORGE AYALA	B.V	7:47	11:00	12:00	4:29
Juan Arreguin	B.V	7:48			2:33
Alejandro Martinez	B.V	7:40	11:00	11:59	4:30
Josue Rodriguez	B.V	7:45	11:00	11:59	4:30
Roberto Alfaro	B.V	7:50	11:01	11:58	4:30
Victor Ortega	B.V	7:48	11:00	11:59	4:30 4:30
Trinidad Zayas	B.V	7:48	11:00	12:00	4:30
Pedro ESPARZA	B.V	7:50	8:40	8:40	4:30
Eusebio Basena	B.V	7:51	8:40		
Manuel Franco	B.U.	7:50	11:56	12:00	4:30
GUSTAVO Fraile	B.V	7:52	10:55	11:58	4:25
Antonio Fobledo	B.V	7:55	10:56	11:59	4:30
MARIO ALFARO	B.V.	9:00	11:05	12:05	4:20
Ignacio Murguia	B.V -	7:55	11:00	11:20	4:30
José Castellanos	B.U.	7:50	11:00	12:00	4:30

BAYVIEW ENVIRONMENTAL

DECON ENTRY LOG

Bldg # 12

Date: 12/29/06

SAN MATEO

JOB NAME 3401 Com

JOB NUMBER

6192

NAME	COMPANY	IN	OUT	IN	OUT
Jose Aguilar	B.V.	6:09	10:59	11:45	2:30
Gustavo Fraile	B.V.	6:08	10:58	11:55	2:25
JORGE AYALA	B.V.	6:05	11:05	11:49	2:30 pm
Victor Ortega	B.V.	6:00	11:00	12:00	2:30
Alexandro Martinez	B.V.	6:02	11:00	11:59	2:30
Roberto Alfaro	B.V.	6:03	11:01	12:00	2:30
MARIO ALFARO	B.V.	6:05	11:00	12:05	2:20
Juan Argueta	B.V.	6:07	11:04	12:05	3:25
Antonio Robic do	B.V.	6:08	11:07	12:00	2:29
Pedro Espinoza	B.V.	6:10	11:08	11:54	2:30
José Cartillos	B.V.	6:10	10:55	12:00	2:30
Rodolfo Gil	B.V.	6:11	11:02	12:00	2:30
Juan Rodriguez	B.V.	6:10	11:00	12:00	2:30
Trinidad Zayas	B.V.	6:10	11:00	12:00	2:30
Ignacio Murguía	B.V.	6:13	11:00	12:00	2:30
Manuel Franco	B.V.	6:14	11:00	12:00	2:30

BAYVIEW ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10,12,19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-12-06

ANY INJURIES REPORTED: no

7:00 am Today 7 guys working on Bldg #20 we start to take down the Equipment and material from Warehouse Truck and putting the Equipment and material inside the Building #20. Then the crew continue remove to transite table tops of the cabinets and wrapping transite counter tops. but take lunch at 11:00 am to 11:45 am After lunch all crew continue same work. and stop work at 3:20 p.m.

REPORTED INJURIES: _____

EMPLOYEE'S NAME: _____

TYPE OF INJURY: _____

WAS INJURY REPORT SHEET COMPLETED: _____

IMMEDIATE MEDICAL CARE NEEDED: _____

NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10,12,19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-13-06

ANY INJURIES REPORTED: NO

7:00 Am Today 7 guys working on Bldg # 20 the crew continue remove to transite table tops of the cabinets and wrapping transite counter tops and demo the cabinets. but take lunch at 11:00am to 11:45am after lunch the crew continue the same work and stop work at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BAYVIEW ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SHIFT: day
DATE: 12-14-06 ACT INJURIES REPORTED: no

7:00 am Today 7 guys working on
Bldg # 20 the crew continue
Demo the cabinets. After we continue
Remove to transite fume hoods.
but take lunch at 11:00am to 11:45 am.
After lunch we continue wrapping transite
fume hoods and Demo the cabinets.
and stop work at 3:25 pm.

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: N/A
IMMEDIATE MEDICAL CARE NEEDS: _____
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10,12,19,

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-15-06

ANY INJURIES REPORTED: NO

7:00 am Today 8 guys working on Bldg #
the crew start to take down the Equipmen
and material from warehouse truck. Then
We start load out the Cabinets and
putting on the Domsters. but we take
lunch at 11:00 am to 11:45 am After lunch
the crew continue load out the Cabinets
After the crew start to putting the
Criticals on 1st and 2nd floors of the
Bldg #10 and stop work at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

BAYVIEW ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-18-06

ANY INJURIES REPORTED: NO

7:00 Am Today 13 guys Working on Bldg #10 but 6 guys start load out the Cabinets of the 1ND Floor for putting on the Demisters and the other 7 guys Continue Demo of Cabinets and Wrapping Transite Counter top of the 2ND Floor but the Crew Take lunch at 11:00am to 11:45am After lunch the Crew Continue Demo of Cabinets and Wrapping Transite Counter tops of the 2ND Floor and stop work at 3:20 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

SAFETY ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-18-06

ANY INJURIES REPORTED: no

7:00 AM Today 12 guys working on Bldg #12
 a Crew of one Foreman and 5 guys
 working on 2ND Floor for demo of
 Cabinets and wrapping transite Counter
 tops and other Crew of one Foreman
 and 5 guys working on 2ND Floor for
 demo of Cabinets and wrapping transite Count
 tops. but the Crews take lunch at 11:00am
 to 11:45 am After lunch the Crews Continue
 same work. and stop work at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TITLE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #20

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-19-06

ANY INJURIES REPORTED: NO

7:00 am Today a Crew of 2 Foreman and 12 guys working on 2nd Floor for Continue Demo of Cabinets and Wrapping transite Counter tops, and take lunch at 11:00 am to 11:45 am After lunch a Crew of one Foreman and 6 guys Continue Wrapping transite Counter tops on 2nd Floor and the other Foreman and 6 guys Continue to Remove and save the Cabinets on 2nd Floor and putting out side of the Bldg #20 and stop work at 3:25 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C/SIM, 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-19-06

ANY INJURIES REPORTED: no

7:00 am Today 15 guys working on Bldg #12
 a crew of one foreman and 7 guys start
 load out the cabinets for putting on the
 dormsters from 2ND floor and the other
 crew of one foreman and 6 guys continue
 demo the cabinets and wrapping transite count
 tops on 2ND floor but take lunch at 11:00 am
 to 11:45 am After lunch the crew of the 2ND fl/a
 continue same work and the crew of the
 1ND floor start set up on walls and putting
 the criticals on the windows and stop work at 3:00
 PM

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

RAYLEN ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-20-06

ANY INJURIES REPORTED: NO

7:00 am Today a Crew of 3 Foreman and 12 guys start load out the Cabinets of the 1st and 2nd Floor for putting on the Dormsters and Warehouse Truck. but take lunch at 11:00am to 11:45am After lunch the Crew Continue load out the Cabinets then the Crew Continue load out the pieces transite for putting on the Dormster and stop work at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg # 12

ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-20-06

ANY INJURIES REPORTED: no

7:00 am Today 16 guys working on Bldg #12
a Crew of One Foreman and 7 guys working
on 1ND Floor the Crew start set up on the
class Rooms and the other Crew of One
Foreman and 7 guys working on 2ND Floor
the Crew start set up on the Class Rooms
but take lunch at 11:00am to 11:45am After lunch
the Crew of the 2ND Floor Continue set up on the
class Rooms and the other Crew of the 1ND
Floor Continue set up on the electric Room and
load out the pieces transite for putting on the Downs
and stop work at 3:25 pm

REPORTED INJURIES:
EMPLOYEE'S NAME:
TYPE OF INJURY:
WAS INJURY REPORT SHEET COMPLETED:
IMMEDIATE MEDICAL CARE NEEDED:
NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

RAYVIEW ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-21-06

ANY INJURIES REPORTED: no

7:00 am Today 17 guys working on Bldg #10 a crew of 2 foreman and 15 guys the crew continue set up on 2ND Floor but the crew take lunch at 11:00 am to 11:45 am After lunch the crew continue set up and wrapping transite counter tops on 2ND Floor but stop work at 3:25 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

BAVIER ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-21-06

ANY INJURIES REPORTED: no

7:00 am Today 17 guys working on Bldg #12
a crew of 2 foreman and 15 guys
the crew start load out the cabinets
from 1st and 2nd floor but take lunch at
11:00 am to 11:45 am After lunch a crew
of 1 foreman and 7 guys continue set
on 2nd floor and the other crew of
2 foreman and 8 guys continue load out
the pieces of transite but stop work
at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: Csim 10:12:19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-22-06

ANY INJURIES REPORTED: no

5:00 am Today 17 guys working on Bldg #20 the crew start load out the cabinets of the Bldg #10 for putting on the warehouse truck then the crew continue set up on 2ND floor but take lunch at 9:00 am to 9:45 am after lunch the crew continue set up on 2ND floor but stop work at 1:20 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-22-06

ANY INJURIES REPORTED: NO

5:00 am Today 17 guys working on Bldg #12 The Crew start load out the Cabinets of the Bldg #12 for putting on the Dumpster then the Crew continue set up on 2ND Floor but take lunch at 9:00 am to 9:45 am After lunch the Crew continue set up on 2ND and 2ND Floor but stop work at 1:20 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

NA

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: CSM, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-26-06

ANY INJURIES REPORTED: NO

5:00 am Today 16 guys working on Bldg #10
10 guys start load out the Cabinet for
putting on the Domnster and the other
guys continue set up on 2ND and 2ND flk
but the crew take lunch at 11:00 am
to 11:45 am After lunch the crew
continue set up on 2ND and 2ND floor
and set up the showers and stop
work at 4:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

RAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-26-06

ANY INJURIES REPORTED: NO

6:00 am Today 16 guys working on Bldg #12. The crew start load out the cabinets from 2ND floor for putting on the Domaster and B.V. Truck, but the crew take lunch at 11:00 am to 11:45 am. After lunch a crew of 1 foreman and 7 guys continue load out the transite table tops from 2ND floor for putting on the Domaster, and the other crew of 1 foreman and 7 guys continue set up on 2ND floor and stop work at 4:25 p.m.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #20

SAVIEV ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-27-06

ANY INJURIES REPORTED: No

6:00 Today 34 guys working on Bldg #20
the crew start load out the garbage bags
and transite table tops for putting outside
of the Bldg #10. When finish load out
the inspector visually inspected the set up
of the containment. After visual set up pass

at 9:45am a crew of 2 foreman and 15 guys start
to remove floor tile on 2nd floor but the crew
take lunch at 11:00 am to 11:45 am after lunch the
crew continue remove floor tile from 1st and 2nd
floor then the crew putting the bags to close to
load out and stop work at 4:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

SAVIEU ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C/SIM, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SKILL: day

DATE: 12-27-06

ANY INJURIES REPORTED: no

6:00 am Today a Crew of 2 Foreman and 15 guys working on Bldg #12. but the Crew working on Bldg #20 at 6:00 am to 10:00 am After the Crew Continue set Up on 2ND Floor of the Bldg #12. but the Crew take lunch at 11:00 am to 11:45 am After lunch the Crew Continue set Up on 2ND floor. but stop work at 4:27 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED: N/A

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg # 20

BATVIEU ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-28-06

ANY INJURIES REPORTED: NO

6:00 am Today 17 guys working on Bldg # 10
 a Crew of 2 foreman and 10 guys start
 to Removing mastic from 2ND Floor and
 the other Crew of 2 foreman and 5 guys
 continue to putting the transite table tops
 on the Domnster, but the crew take lunch at
 11:00am to 11:45am After lunch a crew continue
 Removing mastic on 2ND Floor and the other
 crew start to putting the equipment broked
 on the ~~Be~~ Be V. Truck, but stop work at 4:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, SIM, 10, 12, 19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SKIFF: day
DATE: 12-28-06 ANY INJURIES REPORTED: no

6:00 am Today 17 guys working on Bldg #12
a crew of 2 foreman and 15 guys continue
set up on 1st and 2nd floor, but at 8:00 am
the Inspector visually inspected the set up
of the containment. After visual set up pass
at 9:10 am a crew of 2 foreman and 15 guys
start to removing floor tile on 2nd floor
but the crew take lunch at 11:00 am to 11:45 am. After
lunch of crew continue removing floor tile on
1st and 2nd floor. Then the crew putting the
tile bags to close to load out, and stop work at 4:20 pm

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: W/A _____
IMMEDIATE MEDICAL CARE NEEDED: _____
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg # 20

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.I.M., 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-29-06

ANY INJURIES REPORTED: NO

6:00 am Today a crew of 16 guys working on Bldg # 10. a crew of 1 foreman and 8 guys start Detail mastic on 2nd floor and the other crew of 1 foreman and 6 guys start to removing (T.S.I) Insulation from pipes and Detail mastic in the 1st floor. but. Take lunch at 10:00 am to 10:45 am After lunch the crews continue same work. and stop work at 2:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 12-29-06

ANY INJURIES REPORTED: NO

6:00 am Today 17 guys working on Bldg #12
 a crew of 1 foreman and 10 guys start to
 removing mastic on 2ND floor and the
 other crew of 1 foreman and 5 guys start
 to demo the cabinets and transite table to
 on 1ND floor. but the crews take lunch at
 10:00 am to 10:45 am After lunch the crew of
 the 2ND floor continue same work and the
 crew of the 1ND floor: continue removing (G.O.S.I.)
 insulation from pipes and stop work at 2:25

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-02-07

ANY INJURIES REPORTED: NO

7:00am Today a Crew of 2 Foremans and 12 guys working on Bldg #10 the Crew start Detail mastic on 2ND floor but the Crew take lunch at 11:00am to 11:45am. After lunch a Crew of 1 Foreman and 8 guys continue Detail mastic on 2ND Floor and the other Crew of 1 Foreman and 4 guys start load out the floor tile bags for putting on the Dumpster and Garbage bags for putting on the B.V. Truck, and stop work at 3:25 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg # 12

ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SKILL: day
DATE: 01-02-07 ANY INJURIES REPORTED: no

7:00am Today a crew of 2 foremans and 12 guys working on Bldg #12 the crew start detail mastic on 2nd floor but the crew take lunch at 11:00am to 11:45am After lunch the crew start load out the floor tile bags for putting on the Domnster and the garbage bags and Cabinets for putting on the Bevo Truck and stop work at 3:25pm

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: _____
IMMEDIATE MEDICAL CARE NEEDED: N/A
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg. # 19

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M., 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-02-07

ANY INJURIES REPORTED: no

7:00am Today a crew of 3 guys working on Bldg. # 19 the guys start to putting the criticals up on the windows then continue on the walls but take lunch at 11:00am to 11:45am After lunch the guys continue same work and stop work at 3:25pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #10

RAYVEN ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-03-07

ANY INJURIES REPORTED: NO

7:00 am Today a Crew of 2 Foremans and 8 guys working on Bldg #10. The Crew start Detail mastic on 1ND floor but the Crew take lunch at 11:00am to 11:45 am. After lunch the Crew working on 2ND floor we start to Remove plastic from walls but leave the Critical Up. and stop work at 3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg- #12

SAFETY ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SHIFT: day
DATE: 01-03-07 AWT INJURIES REPORTED: no

7:00 am Today a crew of 2 Foremen and 8 guys working on Bldg. #12 the crew start detail mastic on 2nd floor. but the crew take lunch at 11:00 am to 11:45 am After lunch the crew continue detail mastic on 1st and 2nd floor but stop work at 3:25 pm

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: NA
IMMEDIATE MEDICAL CARE NEEDS: _____
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #19

ENVIRONMENTAL SERVICES
DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10, 12, 19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SKIFF: day
DATE: 01-03-07 ANY INJURIES REPORTED: no

7:00am Today a crew of 3 guys working on Bldg. #19 the guys continue set up on the walls and bring the equipment and material on the work area. but the guys take lunch at 11:00 am to 11:45 am. After lunch the guys continue set up on the Decon Area. then the inspector inspected the containment. After visual set up pass the guys start to remove the floor tile at 3:00 but stop work at 3:25 pm.

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: NA
IMMEDIATE MEDICAL CARE NEEDED: _____
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #20

SAFETY ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-04-07

ANY INJURIES REPORTED: no

7:00 am Today a Crew of 2 Foremans and 10 guys working on Bldg #20 the Crew start load out the plastic and Garbage bags, Then we continue to wipe down the Critical wall and Cabinets. Then we continue to clean up the floor with Hepa Vacuum. but we take lunch at 11:00am to 11:45am After lunch the inspector visually inspected the Containment. After final visual pass 2 guys start to encapsulate the Containment and the Rest of the Crew continue working on Bldg #12 and stop work of

4:20

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg #12

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-04-07

ANY INJURIES REPORTED: no

7:00 am Today a Crew of 12 guys working on Bldg #12 the Crew start to Remove plastic from walls, but leave the Criticals Up. Then Continue load out the plastic and pieces of transite then we continue to Wipe down on the Criticals, walls, and Cabinets, but we take lunch at 11:00 am to 11:45 am After lunch a Crew of 16 guys continue to clean up the floor with Hepa Vacuum then at 3:00 pm the inspector visually inspected the Containment. After final visual pass 8 guys start to encapsulate the Containment, and stop work at 4:30 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

Bldg # 19

SAVYEN ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 101219

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-04-07

ANY INJURIES REPORTED: no

7:00 am Today 3 guys working on Bldg #19
this guys continue remove floor tile. Then
continue to pick up the tile for putting on
bags then start to remove the black mastic
from the floor. but take lunch at 11:00am
to 11:45am After lunch the guys continue
removing the mastic and stop work at
3:25 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

SAFETY ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-05-07

ANY INJURIES REPORTED: no

7:00 am Today 7 guys working on Bldg # 19
we start load out the tile bags. then
Continue Detail mastic. and the other 2
guys working on Bldg # 10-12 for check out
the Criticals and Hogs. but we take lunch
at 11:00 am to 11:45 am After lunch the inspector
visually inspected the Containment. - After final
visual pass. 2 guys start to encapsulate the
Containment. the Rest of the Crew continue to
putting the Garbage bags and material on the
B.V. truck. and stop work at 3:30 pm

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BATYEU ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19 JOB NUMBER: 6192
FOREMAN: Gustavo Delgado SHIFT: day
DATE: 01-08-07 ANY INJURIES REPORTED: no

7:00 am Today 9 guys working.
Final air samples results came back
clean, the crew start tear down
the containments on Bldg # 10 and 12
but take lunch at 11:00 am to 11:45 am
After lunch the crew start clean
up the equipment of the Bldg #
10 and 12. and stop work at 3:25 pm.

REPORTED INJURIES: _____
EMPLOYEE'S NAME: _____
TYPE OF INJURY: _____
WAS INJURY REPORT SHEET COMPLETED: N/A _____
IMMEDIATE MEDICAL CARE NEEDED: _____
NAME OF MEDICAL FACILITY OR CLINIC: _____

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-09-07

ANY INJURIES REPORTED: no

7:00 am Today 8 guys working.
Final air samples results came back
clean, the crew start tear down
the containment and clean up the
equipment on the Bldg # 19. Then the
crew continue working on Bldg # 10 and 12
for put up the equipment in the
warehouse truck.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-10-07

ANY INJURIES REPORTED: no

7:00 am Today 4 guys working. We start to putting tile bags - Asbestos bags and mastic Drums. but we take lunch at 11:00 am to 11:45 am After lunch we continue working on Bldg. 10. We start to cutting the Electrical, water and gas pipes. and stop work at 3:25

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDS:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BAYVIEW ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C.S.M. 10/12/19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-11-07

ANY INJURIES REPORTED: no

7:00 am Today 4 guys working on Bldg # 10. we continue cutting the Electrical, water and gas pipes on 2ND flr. Then we continue on 1ST floor but we take lunch at 11:00 am to 11:45 am. After lunch the crew start to put up the Equipment and material on the Warehouse Truck and stop work at 3:25 pm.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

N/A

ALL INJURIES MUST BE REPORTED IMMEDIATELY

BATVIEU ENVIRONMENTAL SERVICES

DAILY FOREMAN REPORT

JOB NAME: C, S, M, 10, 12, 19

JOB NUMBER: 6192

FOREMAN: Gustavo Delgado

SHIFT: day

DATE: 01-12-07

ANY INJURIES REPORTED: no

7:00 am Today 4 guys working on Bldg. # 12. We start to cutting the Electrical water and gas pipes on 2nd floor then we continue on 1st floor. the crew take lunch at 11:00am to 11:45 am After lunch we leave clean inside and outside of the Bldg. # 10-12 and 19. then we put up the Equipment and plastic garbage on the warehouse truck. and stop work at 3:25p.

REPORTED INJURIES:

EMPLOYEE'S NAME:

TYPE OF INJURY:

WAS INJURY REPORT SHEET COMPLETED:

IMMEDIATE MEDICAL CARE NEEDED:

NAME OF MEDICAL FACILITY OR CLINIC:

ALL INJURIES MUST BE REPORTED IMMEDIATELY

APPENDIX C
HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

167-BLC-O 6 10496

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD982456721	2. Page 1 of	3. Emergency Response Phone 916-371-3517	4. Manifest Tracking Number 001426365 JJK	
5. Generator's Name and Mailing Address SAN MATEO COMMUNITY COLLEGE DISTRICT 3401 CSM DRIVE SAN MATEO, CA 94402 Generator's Phone: 650-378-7336			Generator's Site Address (if different than mailing address) 1700 HILLSDALE BLVD. BLDG#9, 10&12 SAN MATEO, CA 94402 US			
6. Transporter 1 Company Name <i>World Environmental Services</i>			U.S. EPA ID Number CAL000299354		7. Transporter 2 Company Name <i>WORLD ENVIRONMENTAL</i>	
8. Designated Facility Name and Site Address NWS HAY RD LANDFILL 5425 HAY RD. VACAVILLE, CA 95687 Facility's Phone: 707-451-3276			U.S. EPA ID Number CA-D962042476		U.S. EPA ID Number CAR000037283	
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
	1. RQ ASBESTOS, 9 NA2212, PGIII (NAERG#171)	BA 102	BA	10	Y	
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information ASBESTOS CONTAINING MATERIAL 24HR EMERGENCY NUMBER(916)371-3517 EPA REGION IX, BAAQMD, 939 ELLIS ST. SAN FRANCISCO, CA 94109 ASBESTOS REMOVAL REQUIREMENT 40CFR61 (BAGGED, SEALED, LABELED) job name: CSM 19,10,12 / job#5192						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <i>ROGER ANCHARTCHAVAR FOR DIME MARTINEZ</i>			Signature <i>Roger Anchartchavar</i>		Month Day X 1 2 0	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <i>Israel Rojas</i>			Signature <i>Israel Rojas</i>		Month Day 1 10	
Transporter 2 Printed/Typed Name <i>Juan Montano</i>			Signature <i>Juan Montano</i>		Month Day 1 11	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)					Month Day	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name			Signature		Month Day	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number C-AD087495721	2. Page 1 of 1	3. Emergency Response Phone 800-375-7328	4. Manifest Tracking Number 001428366 JJK		
5. Generator's Name and Mailing Address SAN MATEO COMMUNITY COLLEGE DISTRICT 300 CSM DRIVE SAN MATEO, CA 94402 Generator's Phone: 650-375-7328				Generator's Site Address (if different than mailing address) 1700 HILLSDALE BLVD. BRIDGES FIELDS SAN MATEO, CA 94402 US			
6. Transporter 1 Company Name Bayview Environmental Services				U.S. EPA ID Number CA-000248824			
7. Transporter 2 Company Name FILTER RECYCLING SERVICES INC.				U.S. EPA ID Number CA-00001298			
8. Designated Facility Name and Site Address Crosby & Donohue Inc 1630 W 17th Street Long Beach, CA 90813 Facility's Phone: 562-432-5145				U.S. EPA ID Number CA-000408219			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
	1. RG ASBESTOS, D, NA 212, SQM (HAZAR # 1)	1	DM	250	P	151	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information ASBESTOS MASTIC (AND) ABSORBENT 24 HRS EMERGENCY PHONE 510-226-1345 EPA REGION 9, 800 QUESADA BLVD ST SAN FRANCISCO, CA 94103 ASBESTOS REMOVAL REQUIREMENT 40CFR61. (BAGGED, SEALED, LABELED) PROFILES 20014 JOB NAME CSM 19.10.12 11085192							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Irene Martinez				Signature Irene Martinez		Month Day Year 11 15 01	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name				Signature		Month Day Year	
Transporter 2 Printed/Typed Name				Signature		Month Day Year	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name				Signature		Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAL0000000001	2. Page 1 of 1	3. Emergency Response Phone 800-898-4377	4. Manifest Tracking Number 001426359 JJK			
5. Generator's Name and Mailing Address SAN MATEO COMMUNITY COLLEGE DISTRICT 1401 GSN DRIVE SAN MATEO, CA 94402				Generator's Site Address (if different than mailing address) 1700 HILLSDALE BLVD. BLDG 019, N312 SAN MATEO, CA 94402 US				
Generator's Phone: 650-578-7336								
6. Transporter 1 Company Name Bayview Environmental Services				U.S. EPA ID Number CAL0000208854				
7. Transporter 2 Company Name FILTER RECYCLING SERVICES INC.				U.S. EPA ID Number CAR0001295				
8. Designated Facility Name and Site Address Crosby & Swenson Inc. 1530 W 17th Street LINDY GARDEN, CA 90513				U.S. EPA ID Number CAL0025400010				
Facility's Phone: 562-432-6446								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
X	1. sidexids 9 NA2212 PG111	5	DM	1230	P	151		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information wear proper protective gear, emergency number (800)898-4377 PROFILE 50414 R0F 50414 R0F NAME: GSN 15,10,12 / 2088192								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Diane Martinez				Signature Diane Martinez		Month Day Year 11 15 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Ceballos				Signature Ceballos		Month Day Year 11 10 07		
Transporter 2 Printed/Typed Name Ceballos				Signature Ceballos		Month Day Year 01 11 07		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
Manifest Reference Number: _____								
18b. Alternate Facility (or Generator)						U.S. EPA ID Number		
Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month Day Year		

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME San Mateo College Community District
 ADDRESS 3401 CSM Drive
 CITY, STATE, ZIP San Mateo, Ca 94402
 CONTAINERS: No. 2 CM ~~inside table tops~~ VOLUME/CY 40 Y WEIGHT/TONS _____
 TYPE: TANK TRUCK DUMP TRUCK DRUMS CARTONS OTHER Roll-off/Flash Cube Van
 WASTE DESCRIPTION Transite table tops GENERATING PROCESS _____
 COMPONENTS OF WASTE PPM.% COMPONENTS OF WASTE PPM.%
 1. NON FRIABLE ASBESTOS 3. _____
 2. _____ 4. _____
 VOC-OVA READINGS _____
 SITE VERIFICATION 3700 W. Hilldale Blvd. San Mateo, Ca 94402
 PROPERTIES: pH _____ SOLID LIQUID SLUDGE SLURRY OTHER _____
 HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT RAYSTEM
 THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS. X DiAnne Martinez 12/22/06
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TRANSPORTER I

NAME WORLD ENVIRONMENTAL & ENERGY
 ADDRESS 3208 WEST CAPITOL AVENUE
 CITY, STATE, ZIP WEST SACRAMENTO 95691
 PHONE NO. (916) 371-3617
 TRUCK, UNIT, I.D. NO. 211
 EPA I.D. NO. DAR1000037283
 SERVICE ORDER NO. _____
 PICK UP DATE 12-28-06
 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE

TRANSPORTER II

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE NO. _____
 TRUCK, UNIT, I.D. NO. _____
 EPA I.D. NO. _____
 SERVICE ORDER NO. _____
 PICK UP DATE _____
 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE

TSD FACILITY

NAME 4836 HAY ROAD LANDFILL
 ADDRESS 4836 HAY ROAD
 CITY, STATE, ZIP VACAVILLE, CA 95492
 PHONE NO. (707) 478-1492
 TRUCK, UNIT, I.D. NO. _____
 EPA I.D. NO. DAD982042475
 DISPOSAL METHOD LANDFILL OTHER _____
 TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE

DISCREPANCY

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME San Mateo Community College District EPA I.D. NO. _____

ADDRESS 3401 CSM Drive

CITY, STATE, ZIP San Mateo Cal 94402 PHONE NO. (650) 378-7336

CONTAINERS: No. 240 BA VOLUME/CY 240 10Y WEIGHT/TONS 10 Y

TYPE: TANK TRUCK DUMP TRUCK DRUMS CARTONS OTHER Roll-off/Flash Cube Van

WASTE DESCRIPTION floor tile GENERATING PROCESS _____

COMPONENTS OF WASTE		PPM %	COMPONENTS OF WASTE		PPM %
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

VOC-OVA READINGS _____

SITE VERIFICATION " " " "

PROPERTIES: pH _____ SOLID LIQUID SLUDGE SLURRY OTHER _____

HANDLING INSTRUCTIONS: USE PROPER RESPIRATORY EQUIPMENT HAYVIEW

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Diane Martinez
*Diane Martinez
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE *1/9/07

TRANSPORTER I

NAME BAYVIEW ENVIRONMENTAL SERVICES, INC EPA I.D. NO. _____

ADDRESS 6925 SAN LEANDRO STREET

CITY, STATE, ZIP OAKLAND CA 94621 SERVICE ORDER NO. _____

PHONE NO. (510) 562-6181 PICK UP DATE 1-10-07

Angel Rojas
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____

TRUCK, UNIT, I.D. NO. _____

TRANSPORTER II

NAME WORLD ENVIRONMENTAL & ENERGY EPA I.D. NO. 0A1R100PPPT73B31

ADDRESS 3208 WEST CAPITOL AVENUE

CITY, STATE, ZIP WEST SACRAMENTO, CA 95691 SERVICE ORDER NO. _____

PHONE NO. (916) 371-3617 PICK UP DATE 1-11-07

Juan Montano
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____

TRUCK, UNIT, I.D. NO. _____

TSD FACILITY

NAME NWS HAY ROAD LANDFILL EPA I.D. NO. CAD982042475

ADDRESS 6426 HAY ROAD DISPOSAL METHOD LANDFILL OTHER _____

CITY, STATE, ZIP VACAVILLE, CA 95687

PHONE NO. (707) 678-1492

 TYPED OR PRINTED FULL NAME & SIGNATURE DATE _____

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	NONE

DISCREPANCY

APPENDIX D
CONSULTANT CERTIFICATES

State of California
Division of Occupational Safety and Health

Certified Asbestos Consultant

William P Larkin

Name



Certification No. **99-2688**

Expires on **12/08/07**

This certification was issued by the Division of Occupational Safety and Health as authorized by Sections 7180 et seq. of the Business and Professions Code

State of California Department of Health Services

Division of Occupational Safety and Health



Lloyd M. Ford

Inspector/Assessor
Supervisor

118142007
118312007



ID # 2066

State of California
Division of Occupational Safety and Health
Certified Asbestos Consultant

Lloyd Vernon Ford

Name



Certification No. 98-2446

Expires on 11/18/07

This certification was issued by the Division of Occupational Safety and Health (DOSH) authorized by Sections 7180 et seq. of the Business and Professions Code

STATE OF CALIFORNIA
DRIVER LICENSE

Expires 11/18/07

CLASS 1C

LOLVD, L FORD

2674 BUCKLE DRIVE

SAN LEANDRO CA 94578

SEX-M HT-5-09 WT-150 HA-BLK EYES-BLU

DOB: 11-01-50

REG. COR-LENS



Lloyd M. Ford

11/13/2002 1:04:03 PM '07

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

10/09/2006



Ignacio Delgado

ID # 7655

Environmental Safety Training

2485 W. 14th St. Oakland, CA 94607 Phone: (510) 434-3426 Fax: (510) 434-3427

Approval # CA-044-04



Certifies That

Ignacio Delgado

SSN: 7986

Has Successfully Completed Section 206 of the
Asbestos Contractor Supervisor Refresher Course
in Accordance with the (TSCA) Title II (AHERA)

Certificate Number:
ACSR-050641

Course Date: June 3-06

Exp. Date: June 3-07


Training Director Roger Lowe

Concentra Occupational Med Ctrs-CA

2587 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585


Service Date: 06/02/2006

Medical Surveillance - Asbestos

Patient: Delgado, Ignacio
SSN: 632-10-7986
DOB: 10/09/1978
Gender: M
Marital Status: M
Address: 1740 68th Ave.
OAKLAND, CA 94621
Home Phone: (510) 636-1694
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Bayview Environmental Services
Address: 6925 San Leandro St
OAKLAND, CA 94621
Job Contact: Ruben Rios
Role: Personnel Manager
Phone: (510) 562-6181 Ext.: _____
Fax: (510) 562-8238
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/02/2006 in accordance with:


29 CFR 1926.1101.
 40 CFR 763.121. 

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____


Provider Signature David Jourgensen, M.D. Date 6-2-06

Bayview Environmental

Qualitative Fit Test Report

NAME Ignacio Delgado SS# 632-10-7986
DATE 5/17/06

	MODEL	TYPE	SIZE	NOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>L</u>	<u>TC-19C-199</u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	PASSED <input checked="" type="checkbox"/>		FAILED <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Ignacio Delgado DATE: 5-17-06

TESTERS SIGNATURE: Ignacio Cabrera DATE: 5/17/06



Environmental Safety Training

30139 Industrial PRWY, STE H. Hayward, CA 94544 Phone: (510) 475-7571 Fax (510) 475-7572

Approval # CA-044-11



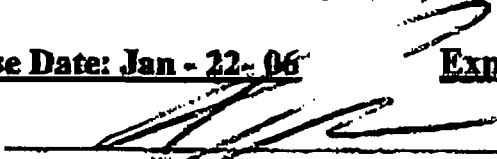
Certifies That
Jose L. Munguia
SSN: — — 2731

**Has Successfully Completed Section 206 of the Asbestos
Worker Refresher (Spanish) Course
in Accordance with the (TSCA) Title II. (AHERA)**

Course Date: Jan - 22 - 06

Exp: Jan - 22 - 07

**Certificate Number:
AWRS-010605**


Training Director: Roger Lowe

E&D also provides the following Training

- | | | |
|---|-----------------------------|--------------------|
| Hazwoper | Asbestos | Mold |
| First Aid/CPR/AED | Fall Protection | Scaffold |
| Electrical | Lead | Hilti Gun |
| Lock out Tag out | Forklift | Aerial Lift |
| PPE | IIPP | Bobcat |
| O & M | Fire Extinguisher | |
| Confined Space | Hearing Conservation | |
| 10 & 30 hour General Outreach Training | | |

FREMONT URGENT CARE CENTER

3161 Walnut Ave.
Fremont, CA 94538
(510) 796-1000 fax 796-1060
ID# 94-2782539


Fax to: P.W. Stephens 510-651-7702
ATTENTION: LABOR SUPERINTENDANT

Date: 1/22/06

Jose Luis Munguia has been interviewed and examined by me and has had a pulmonary function test (and chest x-ray if needed). I find no evidence of pre-existing cardiopulmonary condition which would increase the risk of exposure to asbestos using proper protective equipment, and have informed the examinee of the findings of my examination.

John Giddens, M.D.

Name of Examining Physician (please print)



Physician Signature

Based on the results of my examination of the above named person, I hereby declare that this person:

has no restrictions working with a respirator .

Cannot work with a respirator .

May work with a respirator if subject to the following special restrictions.

Comments:



Physician Signature

I have informed the employee of the results of his/her medical examination and of any medical conditions resulting from the asbestos exposure that requires further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Patient Initials _____ Date _____

Bayview Environmental

Qualitative Fit Test Report

NAME Jose L. Munguia SS# 672-98-2731

DATE 10-22-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	FAILED	<input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Jose Luis Munguia DATE: 10/22/06

TESTERS SIGNATURE: [Signature] DATE: 10-22-06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L
Rancho Cordova, CA 95742
916 638-5550



Jaime Delgado

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Spanish Worker Refresher

Course Date: 06/24/06

Cert. Number 8500

DIVISION APPROVAL #CA-006-12

Exp. Date: 06/24/07

ID Number: 6863

Neta Snider

Authorized Signature



State of California Department of Health Services

Lead-Retail
Construction
Certificate

Worker

01/25/2007



Jaime A. Delgado



ID #: 12446

FROM :

FAX NO. :5103513585

Sep. 21 2006 05:24PM P1/1

Concentra Occupational Med Ctr-CA
2587 Marconi Street San Leandro, CA 94577
Phone: (510) 351-3583 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Service Date: 09/21/2006

Patient: Delgado, Jaime
SSN: 820-24-8863
DOB: 01/25/1963
Gender: M
Marital Status: M
Address: 2364 Wendell Ave
RICHMOND, CA 94804
Home Phone: (510) 235-0544
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Labrers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 09/21/2006 in accordance with: _____
29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(I)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(I)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

PATRICIA HUERTAS M.D.
Provider Signature

9/21/06
Date

Asbestos Medical Surveillance

Bayview Environmental

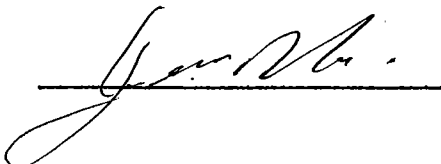
Qualitative Fit Test Report

NAME Jaime Delgado SS# 620-24-6863
DATE 10-15-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	FAILED	<input type="checkbox"/>	

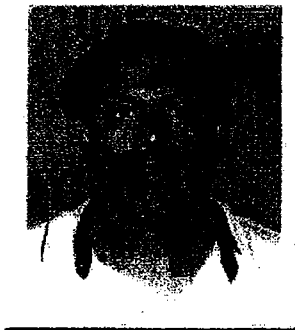
EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Jaime Delgado DATE: 10/15/06

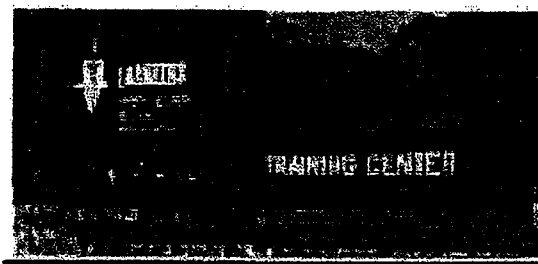
TESTERS SIGNATURE:  DATE: 10-15-06

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** * * - * * - 2719**



**Javier Coyotl
4933R**



**1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142**

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish**

**Javier Coyotl
Certificate Number: 4933R**

**THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12**

Start Date: 8/26/2006

Completion Date: 8/26/2006

Expiration Date: 8/26/2007

Victor Macias
Victor Macias, Training Director

Date: 8/26/2006

FROM :

FAX NO. :5103513585

Aug. 23 2006 05:01PM P2/3

Concentra Occupational Med Ctrs-CA
 2687 Merced Street, San Leandro, CA 94677
 Phone: (510) 351-3563 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Service Date: 08/23/2006

Patient: Coyote, Javier
 SSN: 603-89-2719
 DOB: 04/21/1985
 Gender: M
 Marital Status: S
 Address: 656 harmony ct
#126
HAYWARD, CA 94541
 Home Phone: (510) 772-2289
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.:
 Fax: (510) 569-4763
 Race: ASIÁN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/23/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): none

Karen Y. Horn, N.P.

RN 297159 CA

Provider Signature

Date

Bayview Environmental

Qualitative Fit Test Report

NAME Javier Coyotl

SS# 603-89-2719

DATE 3-05-06

	MODEL	TYPE	SIZE	NIOSH/MASAX
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
	PASSED <input checked="" type="checkbox"/>		FAILED <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Javier Coyotl

DATE: 3-05-06

TESTERS SIGNATURE: Erica Orozco

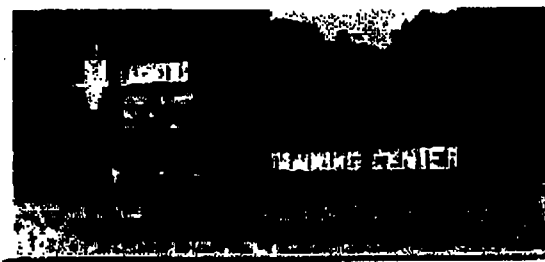
DATE: 3-05-06

Laborers' Training and Retraining
Trust Fund for Northern California

* * * - * * - 9833



Leonardo Romero
4573R2



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Leonardo Romero
Certificate Number: 4573R2

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 7/8/2006

Completion Date: 7/8/2006

Expiration Date: 7/8/2007


Victor Macias, Training Director

Date: 7/8/2006

FROM :

FAX NO. :5103513595

Aug. 10 2006 05:23PM P1/1

Concentra Occupational Med Ctrs-CA
 2687 Merced Street San Leandro, CA 94577
 Phone: (510) 351-3595 Fax: (510) 351-3595
Medical Surveillance - Asbestos

Service Date: 08/10/2006

Patient: Romero, Leonardo
 SSN: 654-43-9833
 DOB: 05/10/1972
 Gender: M
 Marital Status: M
 Address: 655 Harmony
HAYWARD, CA 94541
 Home Phone: (510) 276-2398
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.: _____
 Fax: (510) 569-4763
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/10/2006 in accordance with: _____ 29 CFR 1926.1101.
 _____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Karen Y. Horn, N.P.
 RN 297159 CA

[Handwritten Signature]
 Provider Signature

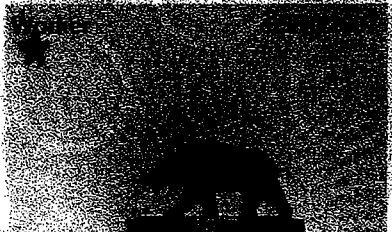
[Handwritten Date]
 Date

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date



Leonardo Romero

ID: 7525

Bayview Environmental

Qualitative Fit Test Report

NAME Leonardo Romero SS# 654-43 9833

DATE 5-12-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>M</u>	<u>TC-19C-199</u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u>PASSED</u> ✓		<u>FAILED</u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Ca/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE:  DATE: 5-12-06

TESTERS SIGNATURE:  DATE: 5-12-06

Certificate of Completion

Juan Navarro

SSN: --- -- 2215

Has attended and satisfactorily completed the contents of the course entitled:

Asbestos Worker Initial Spanish Course

Course Approval Number: CA - 015 - 11

Certificate Number: OAK-19009

Course Director: Alan D. Dages

Officer: Alan D. Dages, President

Director Signature:

NATEC

INTERNATIONAL

Course Start Date: 05/29/2006

Course End Date: 06/01/2006

Expiration Date: 05/31/2007

Instructor: Moises Rojas

This course satisfies the education requirements for Asbestos accreditation under Toxic Substances Control Act Title II.
This course has been approved by the Department of Industrial Relations, Division of Occupational Safety and Health of California

NATEC INTERNATIONAL, INC.

14278 Doolittle Dr. San Leandro CA 94577

Ph. 510-895-9600 Fax 510-895-9610

8/22
D.K.
RR

72562
Form Number

COURSE COMPLETION FORM

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly. / Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido) NAVARRO		(first / primer nombre) JUAN		(middle initial / segundo nombre)		Telephone number / Número de teléfono 7502446
Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) 28436 SATELLITE ST						Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 10 / 2 / 1983
City / Ciudad HAYWARD		State / Estado CA.	ZIP code / Código postal 94545			Photo identification / Tarjeta de identificación con foto Number / Número 148502170 Type / Tipo <input type="checkbox"/> Driver's license / Licencia de manejar <input type="checkbox"/> Resident alien card / Tarjeta de residencia <input checked="" type="checkbox"/> Other ID / Otro tipo de ID (specify / especifique):
Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal)						Gender / Sexo <input checked="" type="checkbox"/> Male / Masculino <input type="checkbox"/> Female / Femenino
If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS						
City / Ciudad		State / Estado	ZIP code / Código postal			

Race/Ethnicity / Raza/Etnia
 Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacífico Isteño Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. / Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante
JUAN NAVARRO

Date (month/day/year) / Fecha (mes/día/año)
06 / 14 / 06

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address E&D Environmental Safety Training, INC. 30139 Industrial Parkway, SW #H Hayward CA 94544			Training Provider Phone Number (510) 475-7571	
Course title: <input checked="" type="checkbox"/> Work <input type="checkbox"/> Continuing Education for Workers <input type="checkbox"/> Inspection/Assessment <input type="checkbox"/> General Continuing Education <input type="checkbox"/> Certified Industrial Hygienist <input type="checkbox"/> Supervision and Project Monitoring <input type="checkbox"/> Project Designer <input type="checkbox"/> Supplemental Supervision and Project Monitoring			Instructor Name(s): Roger Lowe ReVoyda Starling <input type="checkbox"/> English <input checked="" type="checkbox"/> Spanish	
Course dates (mm/dd/yy) 06 / 12 / 06 to 06 / 14 / 06	Number of contact hours of instruction completed 24	Date student passed course or continuing education final examination (mm/dd/yy) 6 / 14 / 06	Core Instruction (if different) Core instruction CCF number Core CCF date (mm/dd/yy) 1 / 1	
Location of course 30139 Industrial Parkway, SW #H Hayward 94544				

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director - please print or type Roger Lowe	Signature of Training Director 	Date (mm/dd/yy) 6 / 14 / 06
---	------------------------------------	---------------------------------------

JAIME R. CORTES, M.D.
INTERNAL MEDICINE
JAIME O. CORTES, M.D.
FAMILY PRACTICE
2647 INTERNATIONAL BLVD., SUITE #404
OAKLAND, CALIFORNIA 94601
510-532-1070/FAX 510-532-3166

DATE: ~~JUN 02 2006~~

PATIENT NAME: Navarro Juan

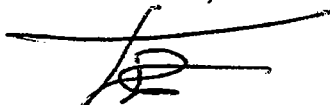
DATE OF BIRTH: 10-02-83

DATE OF EXAMINATION: JUN 03 2006

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO CERTIFY THAT MY PATIENT HAS UNDERGONE
AN ASBESTOS PHYSICAL, INCLUDING LEAD TESTING. RESULTS ARE
PENDING. IF ANY QUESTIONS ARISE PLEASE CONTACT MY OFFICE.

SINCERELY,



() JAIME R. CORTES, M.D.
(X) JAIME O. CORTES, M.D.

Bayview Environmental

Qualitative Fit Test Report

NAME Juan Navarro SS# 654-82-2215
DATE 08/01/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>		FAILED	<input type="checkbox"/>

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: JUAN NAVARRO DATE: 08/01/06

TESTERS SIGNATURE: [Signature] DATE: 8-1-06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L
Rancho Cordova, CA 95742
916 638-5550



Isaac Hernandez

Has successfully completed 32 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Spanish Worker Initial

Course Dates: 04/17/06 to 04/20/06

Exam Date: 04/20/06

Cert. Number 8079

DIVISION APPROVAL #CA-006-11

Exp. Date: 04/20/07

ID Number: 0179

Neta Snider
Authorized Signature



Concentra Occupational Med Ctrs-CA
2587 Merced Street San Leandro, CA 94577
Phone: (510) 351-3563 Fax: (510) 351-3586
Medical Surveillance - Asbestos

Service Date: 04/12/2006

Patient: Hernandez, Isaac
SSN: 542-11-0179
DOB: 09/18/1983
Gender: M
Marital Status: S
Address: 1781 Ausaon Ave.
OAKLAND, CA 94603
Home Phone: (510) 633-0548
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 04/12/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): None

Karen Y. Horn, N.P.
RN 297159 CA

KY Horn
Provider Signature

04-12-06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME ISAAC HERNANDEZ SS# 542/11/0179
DATE 5/2/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>

PASSED FAILED

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: ISAAC HERNANDEZ DATE: 5/2/06

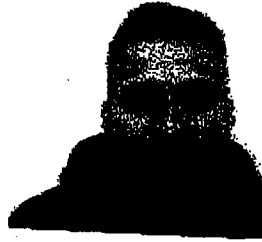
TESTERS SIGNATURE: Juan Delgado DATE: 5-2-06

Environmental Safety Training Professionals, L1

1315 Sunrise Gold Circle, Suite

Rancho Cordova, CA 957

916 638-55



Rodolfo Gil

Has successfully completed 32 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Spanish Worker Initial

Course Dates: 05/30/06 to 06/02/06

Exam Date: 06/02/06

Cert. Number 8291

DIVISION APPROVAL #CA-006-11

Exp. Date: 06/02/1

ID Number: 6486

Neta Smide

Authorized Signature





Concentra Occupational Med Ctrs-
 2987 Merced Street, San Leandro, CA 94577
 Phone: (510) 351-3223 Fax: (510) 351-3586
Medical Surveillance - Asbestos

Service Date: 06/06/2006

Patient: Gil, Rodolfo
 SSN: 675-65-6486
 DOB: 06/18/1980
 Gender: M
 Marital Status: M
 Address: 1937 26th Ave. # 16
OAKLAND, CA 94601
 Home Phone: (510) 712-4935
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.: _____
 Fax: (510) 569-4763
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/06/2006 in accordance with: 29 CFR 1926.1101.
 _____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 Inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Scott Anderson MD
 Provider Signature

6-6-06
 Date

Bayview Environmental

Qualitative Fit Test Report

NAME Rodolfo Fil

SS# 675 656486

DATE 7/5/06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR			
SAR			
<input checked="" type="checkbox"/> PASSED		<input type="checkbox"/> FAILED	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE:

Rodolfo Fil

DATE:

7/5/06

TESTERS SIGNATURE:

Jose Velasco

DATE:

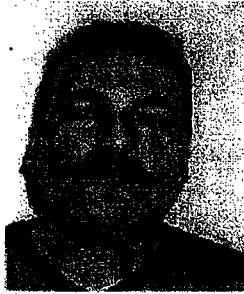
7-5-06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L

Rancho Cordova, CA 95742

916 638-5550



Gustavo Fraile

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Worker Refresher - Spanish

Course Date: 11/04/06

Exp. Date: 11/04/07

Cert. Number 8889

ID Number: 9480

DIVISION APPROVAL #CA-006-12

Nota Snyder



Authorized Signature

Concentra Occupational Med Ctrs-CA
2587 Marced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3553
Medical Surveillance - Asbestos

Service Date: 01/05/2006

Patient: Fraile, Gustavo
SSN: 614-14-9480
DOB: 07/26/1959
Gender: M
Marital Status: S
Address: 292 Sunset Blvd.
HAYWARD, CA 94541
Home Phone: (510) 247-0741
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 01/05/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Scott Anderson MD
Provider Signature

1.5.2006
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Gustavo Fraile SS# 614-14-9480

DATE 5/17/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>L</u>	<u>TC-19C-199</u>
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	FAILED	<input type="checkbox"/>	

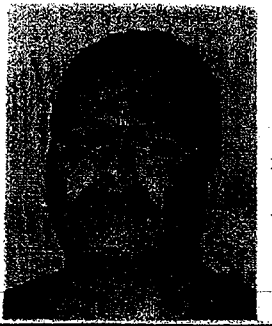
EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Gustavo Fraile DATE: 5/17/06

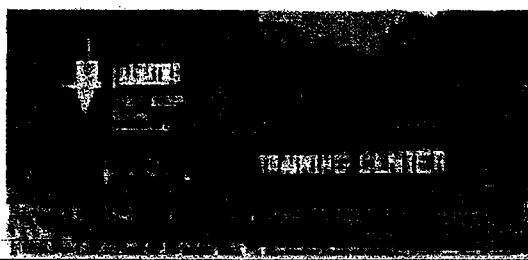
TESTERS SIGNATURE: Ignacio Cabrea DATE: 5/17/06

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** * * - * * - 7674**



**Jorge Fernandez
4175R2**



**1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142**

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish**

**Jorge Fernandez
Certificate Number: 4175R2**

**THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12**

Start Date: 8/12/2006

Completion Date: 8/12/2006

Expiration Date: 8/12/2007

Victor Macias
Victor Macias, Training Director

Date: 8/12/2006

State of California Department of Health Services

LABORERS LOCAL 67
CONSTRUCTION
Certificate

Registration

2006

09/17/2006

Worker

09/17/2006



Jorge Fernandez

ID #: 10896

FROM :

FAX NO. : 5103513585

Aug. 14 2006 05:22PM P1/1

Concentra Occupational Med Ctrs-CA
 2587 Marcond Street San Leandro, CA 94577
 Phone: (510) 351-3953 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Service Date: 08/14/2006

Patient: Fernandez, Jorge
 SSN: 657-08-7674
 DOB: 09/17/1969
 Gender: M
 Marital Status: M
 Address: 602 Kendall Wy
HAYWARD, CA 94541
 Home Phone: (510) 485-3959
 Work Phone: (510) 544-5226 Ext.:

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.:
 Fax: (510) 569-4763
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/14/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Provider Signature

Date

Bayview Environmental

Qualitative Fit Test Report

NAME Jorge Fernandez SS# 657-09-7674

DATE 12/17/05


MODEL	TYPE	SIZE	NIOSH/MASAX
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR <u>3-M</u>	<u>7000</u>	<u>L</u>	<u>TC-19C-199</u>
SAR Full FACE <u>NORTH</u>	<u>5400</u>	<u>L</u>	<u> </u>
PASSED <input checked="" type="checkbox"/>		FAILED <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.


EMPLOYEE'S SIGNATURE: Jorge Fernandez DATE: 12-17-05

TESTERS SIGNATURE: [Signature] DATE: 12-17-05

State of California Department of Health Services

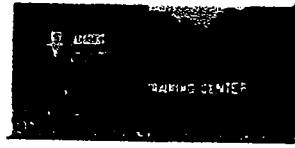
Lead-Related Construction Certificate	Certificate Type	Expiration Date
	Worker	03/22/2007

Pedro Esparza ID # 14661



Laborers' Training and Retraining Trust Fund for Northern California

*** - ** - 3684



Pedro Esparza
4757R

1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California

Asbestos Worker Re-Certification : Spanish

Pedro Esparza

Certificate Number: 4757R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 4/22/2006

Completion Date: 4/22/2006

Expiration Date: 4/22/2007

Victor Macias
Victor Macias, Training Director

Date: 4/22/2006

FROM :

FAX NO. :5103513585

Jul. 07 2006 09:26AM P1/2
Service Date: 07/06/2006

Concentra Occupational Med Ctrs-CA
2557 Marwood Street San Leandro, CA 94677
Phone: (510) 351-3585 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Patient: Esparza, Pedro
SSN: 621-15-3684
DOB: 03/20/1952
Gender: M
Marital Status: M
Address: 1725 67th Ave.
OAKLAND, CA 84621
Home Phone: (510) 638-7602
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Berba
Role: _____
Phone: (510) 569-4761 Ext.:
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/06/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(II)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(II)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____



Deborah Belmont AP 7-6-06
Provider Signature Date

Bayview Environmental

Qualitative Fit Test Report

NAME Pedro Esparza SS# 621-15-3684
DATE 6-27-06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR _____	_____	_____	_____
SAR _____	_____	_____	_____
PASSED <input checked="" type="checkbox"/>		FAILED _____	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

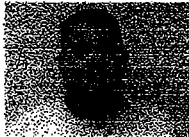
EMPLOYEE'S SIGNATURE: Pedro Esparza DATE: 6-27-06

TESTERS SIGNATURE: Jesse Velasco DATE: 6-27-06

Environmental Safety Training

30139 Industrial PKWY, STE H, Hayward, CA 94544 Phone: (510) 475-7571 Fax: (510) 475-7572

Approval # CA-044-03



Certificate Number:
ACSR-040626

Certifies That
Gustavo Delgado

SSN: — — 3426

Has Successfully Completed Section 206 of the
Asbestos Contractor Supervisor Refresher Course
in Accordance with the (TSCA) Title II (AHERA)

Date: April 8 - 06

Exp: April 8 - 07


Training Director Roger Lowe

FROM :

FAX NO. : 5103513585

Sep. 12 2006 02:18PM P1/1

Service Date: 09/12/2006

Concentra Occupational Med Ctr-C
 2587 Merced Street San Leandro, CA 94577
 Phone: (510) 351-3653 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Patient: Delgado, Gustavo
SSN: 616-09-3426
DOB: 03/17/1975
Gender: M
Marital Status: S
Address: 1681 164th Ave # 113
SAN LEANDRO, CA 94578
Home Phone: (510) 772-8077
Work Phone: (510) 386-7274 Ext.:

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.:
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

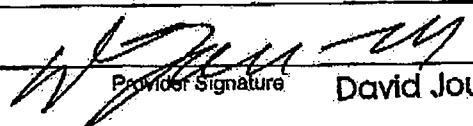
The above individual was seen on 09/12/2006 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____



 Provider Signature **David Jourgensen, M.D.** Date 9-12-06

Bayview Environmental

Qualitative Fit Test Report

NAME Gustavo Delgado SS# 616-09-3426

DATE 7-10-06

	MODEL	TYPE	SIZE	MOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>		FAILED	<input type="checkbox"/>

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Ca/VOSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Gustavo Delgado DATE: 7-10-06

TESTERS SIGNATURE: [Signature] DATE: 7-10-06

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

12/02/2006



Jorge C. Ayala

ID # 11818



Jorge C. Ayala

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Contractor/Supervisor Refresher

Course Date: 07/15/06

Exp. Date: 07/15/07

Cert. Number 8576

ID Number: 6478

DIVISION APPROVAL #CA-006-04

Neta Smider



Authorized Signature

FROM :

FAX NO. : 5103513585

Apr. 10 2006 11:49AM P1/1

Concentra Occupational Med Ctrs-CA
 2587 Marsel Street, San Leandro, CA 94577
 Phone: (510) 351-2653 Fax: (510) 351-9888
Medical Surveillance - Asbestos

Service Date: 04/10/2006

Patient: Ayala, Jorge
 SSN: 609-45-8478
 DOB: 12/02/1968
 Gender: M
 Marital Status: M
 Address: 24660 Amador St.
aPT #177
HAYWARD, CA 94544
 Home Phone: (510) 783-1809
 Work Phons: (510) 562-6181 Ext.:

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.:
 Fax: (510) 569-4763
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER


The above individual was seen on 04/10/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____


 Provider Signature David Jourgensen, M.D. Date 4-10-06

Bayview Environmental

Qualitative Fit Test Report

NAME Jorge Ayala SS# 609-45-6478
DATE 05-12-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>M</u>	<u>TC-19C-199</u>
SAR	_____	_____	_____	_____
	<u>PASSED</u> ✓		<u>FAILED</u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Jorge Ayala DATE: 05-12-06
TESTERS SIGNATURE: Jose Velasco DATE: 5-12-06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L

Rancho Cordova, CA 95742

916 638-5550



Juan Arreguin

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Worker Refresher - Spanish

Course Date: 11/04/06

Exp. Date: 11/04/07

Cert. Number 8886

ID Number: 5281

DIVISION APPROVAL #CA-006-12

Neta Snider

Authorized Signature



Bayview Environmental

Qualitative Fit Test Report

NAME Juan Arreguin SS# 625-56-5281
DATE 5/17/06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR <u>3M</u>	<u>7000</u>	<u>L</u>	<u>TC-19C199</u>
SAR _____	_____	_____	_____

PASSED FAILED

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Juan Arreguin DATE: 5/17/06

TESTERS SIGNATURE: Ignacio Cabrera DATE: 5/17/06

Concentra Occupational Med Ctrs-CA

2587 Merced Street San Leandro, CA 94677
Phone: (510) 351-3663 Fax: (510) 351-3595

Service Date: 04/26/2006

Medical Surveillance - Asbestos

Patient: Arreguin, Juan
SSN: 625-56-5281
DOB: 02/18/1980
Gender: M
Marital Status: S
Address: 1124 58th Ave
OAKLAND, CA 94621
Home Phone: (510) 375-5960
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 04/26/2006 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work-history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced-vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

David Jourgensen, M.D.
Provider Signature: _____ Date: 4/26/06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L

Rancho Cordova, CA 95742

916 638-5550



Mario Alfaro

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Contractor/Supervisor Refresher

Course Date: 11/04/06

Exp. Date: 11/04/07

Cert. Number 8913

ID Number: 2332

DIVISION APPROVAL #CA-006-04

Neta Snider



Authorized Signature

No. 75118
Form Number

COURSE COMPLETION FORM

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB and the last two (pink and yellow) copies to the student within 30 calendar days of the student's successful completion of the final examination. / **Instrucciones:** La parte superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly / Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido) Arreola (first / primer nombre) Juan (middle initial / segundo nombre) _____ Telephone number / Número de teléfono (504) 930-1921

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) 1124587 Hillside Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año) 3/21/80

City / Ciudad Oakland State / Estado CA ZIP code / Código postal 94621 Photo identification / Tarjeta de identificación con foto Number / Número _____ Type / Tipo Driver's license / Licencia de manejar Resident alien card / Tarjeta de residencia Other ID / Otro tipo de ID (specify / especifique): _____

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal) Local 67
8400 Enterprise way, Rm. 119

Gender / Sexo Male / Masculino Female / Femenino

City / Ciudad Oakland State / Estado CA ZIP code / Código postal 94621 If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS 11941

Race/Ethnicity / Raza/Etnia Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americana Nativo White / Blanco Pacific Islander / Pacífico Isleño Other / Otro: _____

Prior to signing, read the Privacy Statement and other information on the back of the form. Antes de firmar, lee la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante _____ Date (month/day/year) / Fecha (mes/día/año) _____

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address ESTP
11315 Sunrise Gold Cir Ste E
Rancho Cordova CA Training Provider Phone Number (916) 638-5550
Course Number ESTP-024-CEN(SP)

Course title: Work Continuing Education for Workers General Continuing Education Supervision and Project Monitoring Supplemental Supervision and Project Monitoring Inspection/Assessment Certified Industrial Hygienist Project Designer Instructor Name(s): Hexminio Trujillo English Spanish

Course dates (mm/dd/yy) 06/03/06 to 06/03/06 Number of contact hours of instruction completed 7 Date student passed course or continuing education final examination (mm/dd/yy) 06/03/06 Core instruction (if different) - Core instruction CCF number _____

Location of course 1001 Westside Dr San Ramon Core CCF date (mm/dd/yy) _____

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director - please print or type Neta Snider Signature of Training Director Neta Snider Date (mm/dd/yy) 6/6/06

FROM :

FAX NO. :5103513585

Sep. 12 2006 05:47PM P1/1

Concentra Occupational Med Ctrs-CA

2587 Marced Street, San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585

Service Date: 09/12/2006

Medical Surveillance - Asbestos

Patient: Alfaro, Mario
SSN: 534-24-2332
DOB: 03/28/1974
Gender: M
Marital Status: M
Address: 22189 South Garden Ave #26
HAYWARD, CA 94541
Home Phone: (510) 786-2457
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

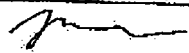
The above individual was seen on 09/12/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
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- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(II)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(II)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____



Provider Signature

9-12-06

Date

Bayview Environmental

Qualitative Fit Test Report

NAME MARIO ALFARO SS# 534 24 2332

DATE 8-04-06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR _____	_____	_____	_____
SAR _____	_____	_____	_____
PASSED <input checked="" type="checkbox"/>		FAILED <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: MARIO ALFARO DATE: 8-04-06

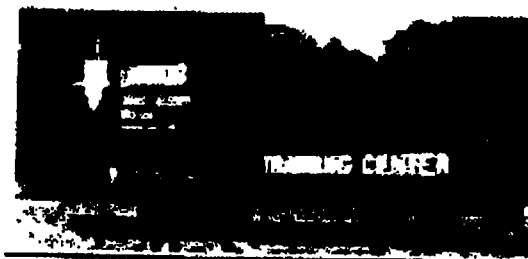
TESTERS SIGNATURE:  DATE: 8-04-06

Laborers' Training and Retraining
Trust Fund for Northern California

* * * - * * - 9632



Juvenal Aguilar
4776R



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Juvenal Aguilar

Certificate Number: **4776R**

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 4/29/2006

Completion Date: 4/29/2006

Expiration Date: 4/29/2007


Victor Macias, Training Director

Date: 4/29/2006

FROM :

FAX NO. : 5103513585

Jun. 05 2006 04:23PM P1/1

Concentra Occupational Med Ctrs-CA

2582 Market Street San Leandro, CA 94577
Phone: (510) 351-3583 Fax: (510) 351-3585

Service Date: 06/05/2006

Medical Surveillance - Asbestos

Patient: Aguilar, Juvenal S.
SSN: 624-18-9692
DOB: 12/29/1977
Gender: M
Marital Status: M
Address: 15814 Via Grananda #A
SAN LORENZO, CA 94580
Home Phone: (510) 329-0268
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 589-4761 Ext.: _____
Fax: (510) 589-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/05/2006 in accordance with: _____ 29 CFR 1926.1101;
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches, (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
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- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

[Signature] Provider Signature 06/05/06 Date

Bayview Environmental

Qualitative Fit Test Report

NAME Juvenal Aguilar SS# 62A/18/9632
DATE 5/17/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>✓</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>✓</u>	<u>TC-19C-199</u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	PASSED <u>✓</u>		FAILED <u> </u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Juvenal Aguilar DATE: 05-17-06

TESTERS SIGNATURE: José Luis Cabrera DATE: 5/17/06

Environmental Safety Training Professionals, Ltd

11315 Sunrise Gold Circle, Suite L

Rancho Cordova, CA 95742

916 638-5550



Jose Aguilar

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Contractor/Supervisor Refresher

Course Date: 08/12/06

Exp. Date: 08/12/07

Cert. Number 8644

ID Number: 5371

DIVISION APPROVAL #CA-006-04

Neta Smider



Authorized Signature

Patient: Aguilar, Jose Job Title: _____
SSN: 532-98-5371 Employer: Laborers Trust Fund
DOB: 09/27/1973 Address: 220 Campus Lane
Gender: M _____
Marital Status: M _____
Address: 1351 91st St. _____
OAKLAND, CA 94603 _____
Home Phone: (510) 430-0486 Job Contact: Ruben Barba
Work Phone: _____ Ext.: _____ Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763 _____
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

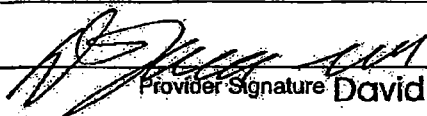
The above individual was seen on 03/01/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____


Provider Signature David Jourgensen, M.D. Date 03 01 06

Bayview Environmental

Qualitative Fit Test Report

NAME JOSE Aguilar

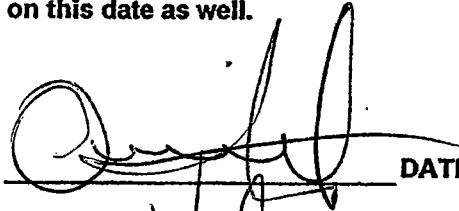
SS# 532-98-5341

DATE 07/28/06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____
SAR	_____	_____	_____
PASSED	_____	FAILED	_____

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

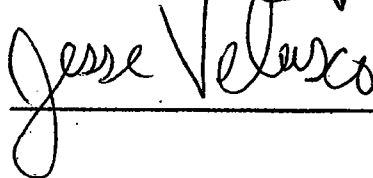
EMPLOYEE'S SIGNATURE:



DATE:

07/28/06

TESTERS SIGNATURE:



DATE:

7-8-06

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** * * - * * - 7568**



Trinidad Zayas
4874

1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

OK
7/25
RD

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Initial : Spanish**

Trinidad Zayas

Certificate Number: 4874

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER UNDER THE TOXIC
SUBSTANCE CONTROL ACT TSCA ACT TITLE II **Provider: CA-012-11**

Start Date: 7/11/2006

Exam Date: 7/15/2006

Completion Date: 7/15/2006

Expiration Date: 7/15/2007

Victor Macias
Victor Macias, Training Director

Date: 7/15/2006

Concentra Occupational Health Services
384 Embarcadero West OAKLAND, CA 94607
Phone: (510) 465-8835 Fax: (510) 465-3840
Medical Surveillance - Asbestos

Patient: Zoyas, Trinidad
SSN: 671-29-7568
DOB: 06/04/1982
Gender: M
Marital Status: M
Address: 9626 Walnut
OAKLAND, CA 94603
Home Phone: (510) 562-1392
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/17/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101, (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respiratory.

Comments or limitations (if any): _____

[Handwritten Signature]
Provider Signature

7-17-06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Trinidad Zayas SS# 671-29-7568

DATE 7-24-06


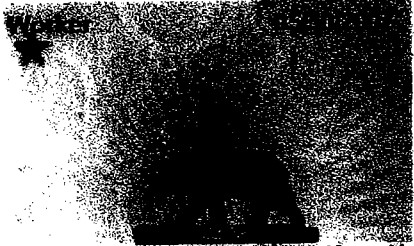


	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>700</u>	<u>L</u>	<u>TC-19C-199</u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	PASSED <u> ✓ </u>		FAILED <u> </u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Trinidad Zayas DATE: 7-24-06

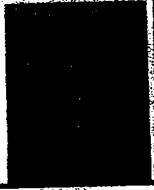
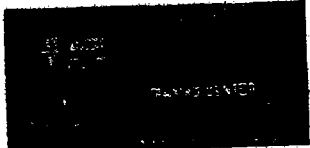
TESTERS SIGNATURE: Martin Lujan DATE: 7/24/06

State of California Department of Health Services

Lead-Related Construction Certificate	Certificate Type	Expiration Date
		
Manuel Franco  ID: 14076		

**Laborers' Training and Retraining
Trust Fund for Northern California**

* * * - * * - 9082

	
Manuel Franco 4508R2	1001 Westside Drive San Ramon, CA 94583 Phone: (925) 828-2513 Fax: (925) 828-6142


Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification: Spanish

Manuel Franco
Certificate Number: **4508R2**

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 6/3/2006 **Expiration Date: 6/3/2007**

Completion Date: 6/3/2006


Victor Macias, Training Director Date: 6/3/2006

FROM :

FAX NO. : 5103513585

May, 24 2006 07:47AM P1/1



Concentra Occupational Med Ctrs-CA
2587 Merced Street, San Leandro, CA 94677
Phone: (810) 951-3885 Fax: (810) 351-3885
Medical Surveillance - Asbestos

Service Date: 05/16/2006

Patient: Franco, Manuel

SSN: 520-03-8082

DOB: 05/30/1984

Gender: M

Marital Status: S

Address: 1125 76th St

OAKLAND, CA 94621

Home Phone: (510) 750-7691

Work Phone: Ext.:

Job Title:

Employer: Laborers Trust Fund

Address: 220 Campus Lane

SUISUN CITY, CA 94585

Job Contact: Ruben Barba

Role:

Phone: (510) 689-4761 Ext.:

Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/16/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

Scott Anderson MD
Provider Signature

5-16-2006
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Manuel Franco SS# 520-03-8082

DATE 10-16-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<u>M</u>		FAILED	_____


EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Manuel Franco DATE: 10-16-06

TESTERS SIGNATURE: Jesse Velasco DATE: 10-16-06

State of California Department of Health Services


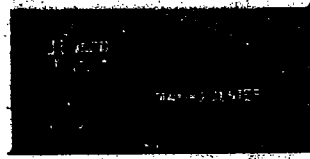
Lead-Related Construction Certificate	Certificate Type	Expiration Date
	Worker	



Alberto Ballera ID: 12739

Laborers' Training and Retraining Trust Fund for Northern California

*** - ** - 9210

Alberto Ballera
4745R

1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California

Asbestos Worker Re-Certification : Spanish

Alberto Ballera
Certificate Number: 4745R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING MANDATED BY THE EPA FOR ASBESTOS WORKER RE-CERTIFICATION IN ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 4/8/2006
Completion Date: 4/8/2006
Expiration Date: 4/8/2007

Victor Macias
Victor Macias, Training Director Date: 4/8/2006

Concentra Occupational Med Ctrs-CA
2587 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Service Date: 08/28/2006

Patient: Balierra, Alberto
SSN: 807-48-9210
DOB: 02/16/1982
Gender: M
Marital Status: S
Address: 4016 E. 16th St
OAKLAND, CA 94601
Home Phone: (510) 535-0673
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 589-4761 Ext.: _____
Fax: (510) 589-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/28/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterlor-anterior, 14x17 Inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

David Jourgensen, M.D.
Provider Signature

8-28-06
Date

David Jourgensen, M.D.

Bayview Environmental

Qualitative Fit Test Report

NAME Alberto BALTIERRA SS# 607-48-9210

DATE 11-28-06



	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>		FAILED	_____

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Alberto BALTIERRA DATE: 11-28-06

TESTERS SIGNATURE: Jesse Velasco DATE: 11-28-06

State of California Department of Health Services

Lead-Related Construction Certificate	Certificate Type	Expiration Date
	Worker	
Luis A. Baltierra		ID: 1342

Environmental Safety Training Professionals, Ltd
 11315 Sunrise Gold Circle, Suite L
 Rancho Cordova, CA 95742
 916 638-5550

Luis A. Baltierra
 Has successfully completed 8 Hours
 Section 206 of TSCA Title II (AHERA)

Asbestos Worker Refresher - Spanish

Course Date: 11/04/06

Exp. Date: 11/04/07

Cert. Number: 8892
 DIVISION APPROVAL #CA-006-12

ID Number: 2850

Nata Snider
 Authorized Signature

Concentra Occupational Med Ctrs-CA

2587 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585

Service Date: 02/28/2006

Medical Surveillance - Asbestos

Patient: Baltierra, Luis
SSN: 699-71-2850
DOB: 12/04/1983
Gender: M
Marital Status: S
Address: 4016 E. 16th St.
OAKLAND, CA 94601
Home Phone: (510) 535-0673
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/28/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): None

Karen Y. Horn
Karen Y. Horn, N.P.
RN 297159 CA
Provider Signature

02/28/06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Luis A. BAltiecca SS# 699-71-2850

DATE _____

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
	<u>PASSED</u> ✓		<u>FAILED</u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Luis A. BAltiecca DATE: 11-28-06

TESTERS SIGNATURE: Jesse Velasco DATE: 11-28-06

Environmental Safety Training Professionals, Ltd
11315 Sunrise Gold Circle, Suite L
Rancho Cordova, CA 95742
916 638-555x



Trinidad Castaneda

Has successfully completed 8 Hours
Section 206 of TSCA Title II (AHERA)

Asbestos Spanish Worker Refresher

Course Date: 06/17/06

Exp. Date: 06/17/07

Cert. Number 8444

ID Number: 7573

DIVISION APPROVAL #CA-006-12

Neta Snider



Authorized Signature

FROM :

FAX NO. : 5103513585

Jul. 11 2006 03:26PM P1/1

Concentra Occupational Med Ctrs-CA
 2587 Mowad Street, San Leandro, CA 94677
 Phone: (510) 351-3333 Fax: (510) 361-3585
Medical Surveillance - Asbestos.

Service Date: 07/11/2006

Patient: Castaneda, Trinidad
 SSN: 615-75-7573
 DOB: 03/05/1977
 Gender: F
 Marital Status: S
 Address: 9959 Gibraltar Rd
OAKLAND, CA 94603
 Home Phone: (510) 967-9224
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.: _____
 Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 07/11/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Deborah Schual WP
 Provider Signature

7-11-06
 Date

Bayview Environmental

Qualitative Fit Test Report

NAME Trinidad Castañeda SS# 615.75 7573

DATE 04-13-06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____
SAR	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	FAILED	<input type="checkbox"/>

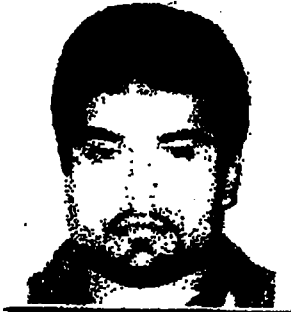
EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Trinidad Castañeda DATE: 04-13-06

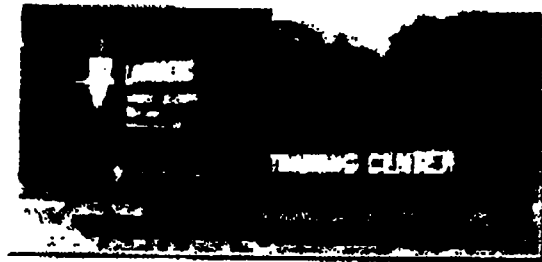
TESTERS SIGNATURE: Matia Lohman DATE: 4/13/06

Laborers' Training and Retraining Trust Fund for Northern California

* * * - * * - 7842



Gerardo Ortega
4367R2



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 328-2513 Fax: (925) 328-6143

Laborers' Training and Retraining Trust Fund for Northern California Asbestos Worker Re-Certification : Spanish

Gerardo Ortega
Certificate Number: **4367R2**

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 1/7/2006

Completion Date: 1/7/2006

Expiration Date: 1/7/2007

Victor Macias
Victor Macias, Training Director

Date: 1/7/2006

FROM :

FAX NO. :5103513585

Sep. 07 2006 05:20PM P1/1

Concentra Occupational Med Ctrs-Cf

Service Date: 09/07/2006

2887 Merced Street, San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585

Medical Surveillance - Asbestos

Patient: Ortega, Gerardo
SSN: 575-90-7842
DOB: 02/01/1973
Gender: M
Marital Status: S
Address: 1080 75th Avenue
OAKLAND, CA 94621
Home Phone: (510) 632-2388
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 09/07/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

Deborah Johnson MD
Provider Signature

9-7-06
Date

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

02/01/2007



Gerardo P. Omega

ID # 6631

Bayview Environmental

Qualitative Fit Test Report

NAME Gerardo Ortega

SS# 375-90-7842

DATE 05-05-06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR _____	_____	_____	_____
SAR _____	_____	_____	_____

PASSED

FAILED

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/VOSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Gerardo Ortega DATE: 5-05-06

TESTERS SIGNATURE: E. Juan Orozco DATE: 5-05-06

Certificate of Training

This Certifies that

Victor Ortega

has successfully completed 32 hours of formal training entitled

Asbestos Worker Initial

Section 206 of TSCA Title II (AHERA)

This is an annual certification. It must be renewed.



Environmental
Safety
Training
Professionals Ltd.

11315 Sunrise Gold Circle, Suite L
Rancho Cordova, CA 95742
Phone: 916 638-5550
Fax: 916 638-5551
Division Approval Number CA-006-11

Certification # 8292

I.D. # 2729

Exam Date: 06/02/2006

Expiration Date: 06/02/2007

By: Nata Snider
Authorized Signature: Nata Snider

Course Dates: 05/30/2006--06/02/2006

Concentra Occupational Med Ctrs-CA

384 Embarcadero West OAKLAND, CA 94607
Phone: (510) 465-9565 Fax: (510) 465-3840

Medical Surveillance - Asbestos

Service Date: 05/25/2006

Patient: Ortega, Victor
SSN: 605-34-2729
DOB: 08/20/1980
Gender: M
Marital Status: S
Address: 1080 75th Ave
OAKLAND, CA 94621
Home Phone: (510) 206-2722
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

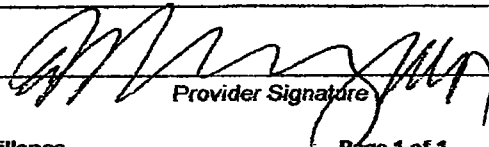
The above individual was seen on 05/25/2006 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee. *NA*
- Review of information from previous medical examinations if available. *NA*
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____


Provider Signature

5-25-06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME VICTOR ORTEGA SS# 605-34-2729
DATE 06-05-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>		FAILED	<input type="checkbox"/>

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Victor Ortega DATE: 06-05-06

TESTERS SIGNATURE: Jesus Velasco DATE: 6-5-06

**Laborers' Training and Retraining
Trust Fund for Northern California**

* * * - * * - 9003



Antonio Robledo
4931R



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish**

Antonio Robledo
Certificate Number: 4931R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II **Provider: CA-012-12**

Start Date: 8/26/2006

Completion Date: 8/26/2006

Expiration Date: 8/26/2007

Victor Macias
Victor Macias, Training Director

Date: 8/26/2006

FROM :

FAX NO. : 5103513585

Aug. 25 2006 09:45AM P1/1

Concentra Occupational Med Ctrs-CA
 2587 Merced Street San Leandro, CA 94577
 Phone: (510) 351-3553 Fax: (510) 351-3585
Medical Surveillance - Asbestos

Service Date: 08/25/2006

Patient: Robledo, Antonio
 SSN: 629-87-9003
 DOB: 12/31/1977
 Gender: M
 Marital Status: M
 Address: 951 86th Ave.
OAKLAND, CA 94621
 Home Phone: (510) 838-1510
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Laborers Trust Fund
 Address: 220 Campus Lane
SUISUN CITY, CA 94585
 Job Contact: Ruben Barba
 Role: _____
 Phone: (510) 569-4761 Ext.: _____
 Fax: (510) 569-4763
 Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/25/2006 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): ① 9 mikes 2019/day

 Provider Signature 8-25-06
Date

David Jourgensen, M.D.

Bayview Environmental

Qualitative Fit Test Report

NAME Antonio Robledo SS# 629-87-9003
DATE 07/24/06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR _____	_____	_____	_____
SAR _____	_____	_____	_____
PASSED <input checked="" type="checkbox"/>		FAILED _____	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Ca/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

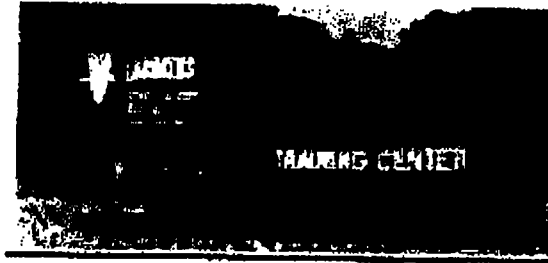
EMPLOYEE'S SIGNATURE: Antonio Robledo DATE: 7/27/06
TESTERS SIGNATURE: Jean Velasco DATE: 7-27-06

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** * * - * * - 5468**



**Jaime Fajardo
4156R3**



**1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142**

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish**

Jaime Fajardo

Certificate Number: 4156R3

**THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12**

Start Date: 8/12/2006

Completion Date: 8/12/2006

Expiration Date: 8/12/2007

Victor Macias
Victor Macias, Training Director

Date: 8/12/2006

FROM :

FAX NO. : 5103513585

Aug. 10 2006 03:31PM P1/1

Concentra Occupational Med Ctrs-CA
 2687 Marston Street San Leandro, CA 94577
 Phone: (510) 351-3333 Fax: (510) 351-3366
Medical Surveillance - Asbestos

Service Date: 08/10/2006

Patient: Fajardo, Jaime
SSN: 643-98-5468
DOB: 03/03/1982
Gender: M
Marital Status: S
Address: 6245 Hamen Ave.
OAKLAND, CA 94621
Home Phone: (610) 589-4148
Work Phone: _____ **Ext.:** _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94586
Job Contact: Ruben Barba
Role: _____
Phone: (610) 589-4761 **Ext.:** _____
Fax: (510) 589-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/10/2006 in accordance with: _____ 29 CFR 1926.1101.
 _____ 40 CFR 763.121.

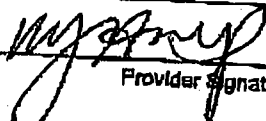
The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

NONE


 Provider Signature

Karen Y. Horn, N.P.
RN 297159 CA

8/10/06
 Date

Evaluation - Asbestos Medical Surveillance

Page 1 of 1

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Revision Date: 07/21/1999

Bayview Environmental

Qualitative Fit Test Report

NAME JAIME FAJARDO SS# 643-98-5468

DATE 5-11-06

	MODEL	TYPE	SIZE	NOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	<u>3M</u>	<u>7000</u>	<u>M</u>	<u>TC-19C-199</u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u>PASSED</u> <input checked="" type="checkbox"/>		<u>FAILED</u> <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Ca/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Jaime Fajardo DATE: 5-11-06

TESTERS SIGNATURE: JOSE PONCE DATE: 5-11-06

Environmental Safety Training

30139 Industrial PRWY, STE H. Hayward, CA 94544 Phone: (510) 475-7571 Fax (510) 475-7572

Approval # CA-044-11



Certifies That
Ignacio Munguia
SSN: — — 7903

Has Successfully Completed Section 206 of the Asbestos
Worker Refresher (Spanish) Course
in Accordance with the (TSCA) Title II. (AHERA)

Course Date: Jan -22- 06

Exp: Jan -22 - 07

Certificate Number:
AWRS-010604


Training Director: Roger Lowe

E&D also provides the following Training

Hazwoper	Asbestos	Mold
First Aid/CPR/AED	Fall Protection	Scaffold
Electrical	Lead	Hilti Gun
Lock out Tag out	Forklift	Aerial Lift
PPE	IIPP	Bobcat
O & M	Fire Extinguisher	
Confined Space	Hearing Conservation	
10 & 30 hour General Outreach Training		

FREMONT URGENT CARE CENTER

3161 Walnut Ave.
Fremont, CA 94538
(510) 796-1000 fax 796-1060
ID# 94-2782539

Fax to: P.W. Stephens 510-651-7702
ATTENTION: LABOR SUPERINTENDANT

Date: 1/14/06

Ignacio Munuera has been interviewed and examined by me and has had a pulmonary function test (and chest x-ray if needed). I find no evidence of pre-existing cardiopulmonary condition which would increase the risk of exposure to asbestos using proper protective equipment, and have informed the examinee of the findings of my examination.

Julia M. Quist
Name of Examining Physician (please print)

[Signature]
Physician Signature

Based on the results of my examination of the above named person, I hereby declare that this person:

- has no restrictions working with a respirator
- Cannot work with a respirator
- May work with a respirator if subject to the following special restrictions.

Comments:

[Signature]
Physician Signature

I have informed the employee of the results of his/her medical examination and of any medical conditions resulting from the asbestos exposure that requires further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Patient Initials AM Date 1/14/06

Bayview Environmental

Qualitative Fit Test Report

NAME Ignacio Munguia SS# 652-14-79103

DATE 07/05/06

MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>m</u>	<u>TC-21C-152</u>
PAPR _____	_____	_____	_____
SAR _____	_____	_____	_____
PASSED <input checked="" type="checkbox"/>		FAILED _____	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Ignacio Munguia DATE: 07-10-06

TESTERS SIGNATURE: Jesse Velasco DATE: 07-10-06



Certificate of Completion

8/22

OK

RTD

Everardo Briseno

SSN: --- -- 8976

Has attended and satisfactorily completed the contents of the course entitled:

Asbestos Worker Initial Spanish Course

Course Approval Number: CA - 015 - 11

Certificate Number: OAK-19008
Course Director: Alan D. Dages
Officer: Alan D. Dages, President
Director Signature:



Course Start Date: 05/29/2006
Course End Date: 06/01/2006
Expiration Date: 05/31/2007
Instructor: Moises Rojas

This course satisfies the education requirements for Asbestos accreditation under Toxic Substances Control Act Title II.
This course has been approved by the Department of Industrial Relations, Division of Occupational Safety and Health of California

NATEC INTERNATIONAL, INC.

14278 Doolittle Dr. San Leandro CA 94577
Ph. 510-895-9600 Fax 510-895-9610

JAI ME R. CORTES, M.D.
INTERNAL MEDICINE
JAI ME O. CORTES, M.D.
FAMILY PRACTICE
2647 INTERNATIONAL BLVD., SUITE #404
OAKLAND, CALIFORNIA 94601
510-532-1070/FAX 510-532-3166

DATE: JUN 02 2006

PATIENT NAME: Everardo Briseno

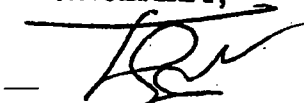
DATE OF BIRTH: 3/30/72

DATE OF EXAMINATION: JUN 02 2006

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO CERTIFY THAT MY PATIENT HAS UNDERGONE
AN ASBESTOS PHYSICAL, INCLUDING LEAD TESTING. RESULTS ARE
PENDING. IF ANY QUESTIONS ARISE PLEASE CONTACT MY OFFICE.

SINCERELY,



() JAIME R. CORTES, M.D.

() JAIME O. CORTES, M.D.

Bayview Environmental

Qualitative Fit Test Report

NAME Everardo Brisco SS# 652-90-8976

DATE 08/09/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>		FAILED	<input type="checkbox"/>

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Everardo Brisco DATE: 08/04/06

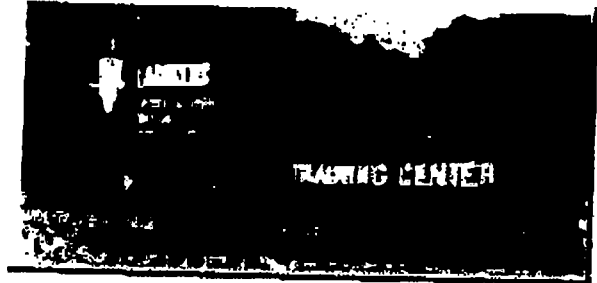
TESTERS SIGNATURE: [Signature] DATE: 8/04/06

Laborers' Training and Retraining
Trust Fund for Northern California

* * * - * * - 6148



Roberto Martinez
4521R



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Roberto Martinez

Certificate Number: 4521R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II **Provider: CA-012-12**

Start Date: 5/13/2006

Completion Date: 5/13/2006

Expiration Date: 5/13/2007


Victor Macias, Training Director

Date: 5/13/2006

Medical Surveillance - Asbestos

Patient: Martinez, Roberto
SSN: 539-15-6148
DOB: 10/26/1982
Gender: M
Marital Status: M
Address: 1215 ave
OAKLAND, CA 94621
Home Phone: (510) 582-8436
Work Phone: Ext.:

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.:
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/22/2006 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

RECEIVED

David Jourgensen, M.D.
Provider Signature

5-22-06
Date

Bayview Environmental

Qualitative Fit Test Report

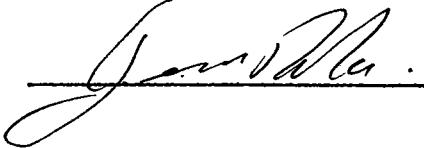
NAME Roberto Martinez SS# 539-15-6148

DATE 11-20-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>L</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	FAILED	<input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Roberto Martinez DATE: 11-20-06

TESTERS SIGNATURE:  DATE: 11-20-06

Patient: Martinez, Roberto
SSN: 539-15-6148
DOB: 10/26/1982
Gender: M
Marital Status: M
Address: 1215 ave
OAKLAND, CA 94621
Home Phone: (510) 582-8436
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/22/2006 in accordance with: 29 CFR 1926.1101.
 40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

SEAL

David Jourgensen, M.D.
Provider Signature

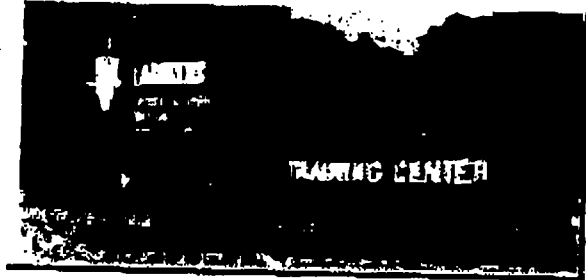
5-22-06
Date

Laborers' Training and Retraining
Trust Fund for Northern California

* * * * * - 6148



Roberto Martinez
4521R



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Roberto Martinez

Certificate Number: 4521R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II **Provider: CA-012-12**

Start Date: 5/13/2006

Completion Date: 5/13/2006

Expiration Date: 5/13/2007


Victor Macias, Training Director

Date: 5/13/2006

Environmental Safety Training

30139 Industrial PRWY, STE H. Hayward, CA 94544 Phone: (510) 475-7571 Fax (510) 475-7572

Approval # CA-044-11



Certifies That
Ignacio Munguia
SSN: — — 7903

Has Successfully Completed Section 206 of the Asbestos
Worker Refresher (Spanish) Course
in Accordance with the (TSCA) Title II. (AHERA)

Course Date: Jan -22- 06

Exp: Jan -22 - 07

Certificate Number:
AWRS-010604


Training Director: Roger Lowe

E&D also provides the following Training

Hazwoper	Asbestos	Mold
First Aid/CPR/AED	Fall Protection	Scaffold
Electrical	Lead	Hilti Gun
Lock out Tag out	Forklift	Aerial Lift
PPE	IIPP	Bobcat
O & M	Fire Extinguisher	
Confined Space	Hearing Conservation	
10 & 30 hour General Outreach Training		

FREMONT URGENT CARE CENTE.

3161 Walnut Ave.
Fremont, CA 94538
(510) 796-1000 fax 796-1060
ID# 94-2782539

Fax to: P.W. Stephens 510-651-7702
ATTENTION: LABOR SUPERINTENDANT

Date: 1/14/06

Ignacio Munuera has been interviewed and examined by me and has had a pulmonary function test (and chest x-ray if needed). I find no evidence of pre-existing cardiopulmonary condition which would increase the risk of exposure to asbestos using proper protective equipment, and have informed the examinee of the findings of my examination.

Julia M. Quist
Name of Examining Physician (please print)

[Signature]
Physician Signature

Based on the results of my examination of the above named person, I hereby declare that this person:

has no restrictions working with a respirator

Cannot work with a respirator

May work with a respirator if subject to the following special restrictions.

Comments:

[Signature]
Physician Signature

I have informed the employee of the results of his/her medical examination and of any medical conditions resulting from the asbestos exposure that requires further explanation or treatment. The employee has additionally been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Patient Initials AM Date 1/14/06

Bayview Environmental

Qualitative Fit Test Report

NAME Ignacio Munguia SS# 652-14-7903

DATE 07/05/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
	<u>PASSED</u> ✓		<u>FAILED</u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Ignacio Munguia DATE: 07-10-06

TESTERS SIGNATURE: Jesse Velasco DATE: 07-10-06

State of California Department of Health Services

Lead-Related Construction Certificate	Certificate Type	Expiration Date
	Worker	02/16/2007

Alberto Baltierra ID: 12739

Laborers' Training and Retraining Trust Fund for Northern California

*** - ** - 9210

Alberto Baltierra
4745R

1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California

Asbestos Worker Re-Certification : Spanish

Alberto Baltierra
Certificate Number: 4745R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 4/8/2006
Completion Date: 4/8/2006 Expiration Date: 4/8/2007

Victor Macias
Victor Macias, Training Director Date: 4/8/2006

Concentra Occupational Med Ctrs-CA
2587 Merced Street San Leandro, CA 94577
Phone: (510) 361-3553 Fax: (510) 361-3585
Medical Surveillance - Asbestos

Service Date: 08/28/2006

Patient: Baltierra, Alberto
SSN: 607-48-0210
DOB: 02/16/1982
Gender: M
Marital Status: S
Address: 4016 E. 16th St
OAKLAND, CA 94601
Home Phone: (510) 535-0673
Work Phone: _____ **Ext.:** _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 **Ext.:** _____
Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/28/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____


Provider Signature

8-28-06
Date

David Jourgensen, M.D.

Bayview Environmental

Qualitative Fit Test Report

NAME Alberto BALTIERRA SS# 607-48-9210

DATE 11-28-06




	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
SAR	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u>PASSED</u> <input checked="" type="checkbox"/>		<u>FAILED</u> <input type="checkbox"/>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Alberto BALTIERRA DATE: 11-28-06

TESTERS SIGNATURE: Jesse Velasco DATE: 11-28-06

State of California Department of Health Services

Lead-Related Construction Certificate	Certificate Type	Expiration Date
	Worker	
Luis A. Baltierra		ID: 1242

Environmental Safety Training Professionals, Ltd
 11315 Sunrise Gold Circle, Suite L
 Rancho Cordova, CA 95742
 916 638-5550

Luis A. Baltierra
 Has successfully completed 8 Hours
 Section 206 of TSCA Title II (AHERA)

Asbestos Worker Refresher - Spanish

Course Date: 11/04/06

Cert. Number 8892
 DIVISION APPROVAL #CA-006-12

Exp. Date: 11/04/07
 ID Number: 2850

Neta Snider
 Authorized Signature

Concentra Occupational Med Ctrs-CA

2567 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585

Service Date: 02/28/2006

Medical Surveillance - Asbestos

Patient: Baltierra, Luis
SSN: 699-71-2850
DOB: 12/04/1983
Gender: M
Marital Status: S
Address: 4016 E.16th St.
OAKLAND, CA 94601
Home Phone: (510) 535-0673
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/28/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): None

Karen Y. Horn
Karen Y. Horn, N.P.
RN 297159 CA
Provider Signature

02/28/06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Luis A. BAltiera SS# 699-71-2850

DATE _____

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
PASSED	<input checked="" type="checkbox"/>	_____	FAILED	_____

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Luis A. BAltiera DATE: 11-28-06

TESTERS SIGNATURE: Jesse Velasco DATE: 11-28-06

Laborers' Training and Retraining Trust Fund for Northern California

Asbestos Worker Re-Certification : Spanish

Roberto Alfaro

Certificate Number: 4264R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 11/20/2004

Completion Date: 11/20/2004

Expiration Date: 11/20/2005

Victor Macias

Victor Macias, Training Director

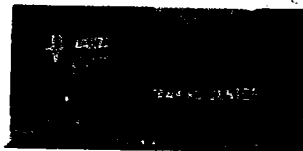
Date: 11/20/2004

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** - ** - 7867



Roberto Alfaro
4264R



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

No. 75991

COURSE COMPLETION FORM

Form Number

Instructions: The top half of this form is to be completed by the student, and the bottom half is to be completed by the accredited training provider. The accredited training provider must submit the top (white) copy of this form to CLPPB **and** the last two (pink and yellow) copies to the student within **30 calendar days** of the student's successful completion of the final examination. / **Instrucciones:** La parte superior de este formulario deberá ser completada por el estudiante y la parte inferior por el Proveedor acreditado del entrenamiento. El Proveedor del entrenamiento tiene que mandar la copia blanca a CLPPB y las copias rosada y amarilla al estudiante dentro de los siguientes 30 días de haber pasado el examen final.

Student Information - To be completed by the student. Please print or type. Press firmly./Deberá completarse por el estudiante. Favor de escribir firmemente y con letra de molde.

Name / Nombre (last / apellido) (first / primer nombre) (middle initial / segundo nombre) Telephone number / Número de teléfono
 Roberto Alfaro 510 277-9098

Home address (number, street, apartment number, PO box number / Dirección (número, calle, número de apartamento, apartado postal) Date of birth (month/day/year) / Fecha de nacimiento (mes/día/año)
 2166 104th Ave 04/15/72

City / Ciudad State / Estado ZIP code / Código postal
 Oakland CA 94603

Mailing address, if different (employer or union name, number, street, apartment number, PO box number) / Dirección de correo, si es diferente (nombre de patron or unión, número, calle, número de apartamento, apartado postal)

Photo identification / Tarjeta de identificación con foto
 Number / Número
 Type / Tipo
 Driver's license / Licencia de manejar
 Resident alien card / Tarjeta de residencia
 Other ID / Otro tipo de ID (specify / especifique):

Gender / Sexo
 Male / Masculino Female / Femenino

If currently DHS certified, provide DHS certificate ID number / Si está certificado por DHS, favor de dar su número de DHS
 13615

Race/Ethnicity / Raza/Etnia
 Asian / Asiático Black/African American / Negro/Africano Americano Latino/Hispanic / Latino Americano Native American / Americano Nativo
 White / Blanco Pacific Islander / Pacifico Isleño Other / Otro:

Prior to signing, read the Privacy Statement and other information on the back of the form. Antes de firmar, lea la Declaración Sobre la Privacidad, y otra información en la parte de atrás de este formulario.

Signature of student / Firma del estudiante Date (month/day/year) / Fecha (mes/día/año)
 [Signature] 09/09/06

Training Information - To be completed by accredited training provider. Please print or type. Press firmly.

Accredited Training Provider name and address Training Provider Phone Number
 Laborers Training & Retraining Trust Fund for Northern California 925 828-2513
 1001 Westside Drive
 San Ramon, CA, 94583

Course title: Instructor Name(s):
 Work Continuing Education for Workers Rafael Cerda
 Inspection/Assessment General Continuing Education
 Certified Industrial Hygienist Supervision and Project Monitoring
 Project Designer Supplemental Supervision and Project Monitoring English Spanish

Course dates (mm/dd/yy) Number of contact hours of instruction completed Date student passed course or continuing education final examination (mm/dd/yy) Core Instruction (if different) Core Instruction CCF number
 9/9/06 to 9/9/06 8.0 9/9/06
 Location of course Core CCF date (mm/dd/yy)
 1001 Westside Drive, San Ramon, CA, 94583

As Training Director, I hereby certify, under penalty of perjury, that the information provided herein is true and correct.

Name of Training Director - please print or type Signature of Training Director Date (mm/dd/yy)
 Vic Macias [Signature] 9/12/06

Medical Surveillance - Asbestos

Patient: Alfaro, Roberto
SSN: 626-10-7867
DOB: 04/15/1972
Gender: M
Marital Status: S
Address: 2166 104th Ave.
OAKLAND, CA 94605
Home Phone: (510) 215-3069
Work Phone: _____ Ext.: _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.: _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 02/24/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____

[Signature]
Provider Signature
David Jourgensen, M.D.

2-24-06
Date

Bayview Environmental

Qualitative Fit Test Report

NAME Robert Alfaro SS# 626-10 7867

DATE 2-10-06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
	<u>PASSED</u> ✓		<u>FAILED</u>	

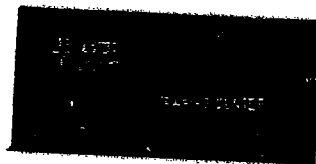
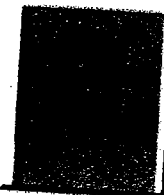
EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: *Robert Alfaro* DATE: 10-20-06

TESTERS SIGNATURE: *Jim [unclear]* DATE: 10-02-06

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** - ** - 3865



Jose Castellanos
4913R

1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Jose Castellanos
Certificate Number: 4913R

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 7/29/2006

Completion Date: 7/29/2006

Expiration Date: 7/29/2007


Victor Macias, Training Director

Date: 7/29/2006

Bayview Environmental

Qualitative Fit Test Report

NAME Jose A. Castellanos SS# 567-76-3865

DATE 10/6/06

	MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE	<u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR	_____	_____	_____	_____
SAR	_____	_____	_____	_____
	<u>PASSED</u> ✓		<u>FAILED</u>	

EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Ca/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: Jose A. Castellanos DATE: 10/6/06

TESTERS SIGNATURE: Jesse Velasco DATE: 10/6/06

Concentra Occupational Med Ctrs-CA

2587 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3505

Service Date: 08/17/2006

Medical Surveillance - Asbestos

Patient: Castellanos, Jose
SSN: 567-76-3865
DOB: 04/20/1971
Gender: M
Marital Status: M
Address: 1101 70th Ave.
OAKLAND, CA 94601
Home Phone: (510) 638-3929
Work Phone: Ext.:

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 Ext.:
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/17/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposures.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): nl exam

Deborah Delaval NP
Provider Signature

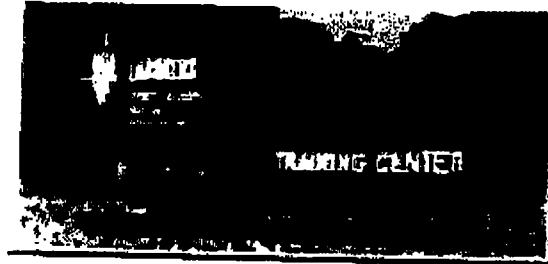
8-17-06
Date

**Laborers' Training and Retraining
Trust Fund for Northern California**

*** * * - * * - 9864**



**David Orpineda
3558R5**



**1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142**

**Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish**

**David Orpineda
Certificate Number: 3558R5**

**THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12**

Start Date: 8/12/2006

Completion Date: 8/12/2006

Expiration Date: 8/12/2007

Victor Macias
Victor Macias, Training Director

Date: 8/12/2006

FROM :

FAX NO. : 5103513585

Oct. 16 2006 03:32PM P1/1

Concentra Occupational Med Ctrs-CA
2537 Marwood Street San Leandro, CA 94677
Phone: (510) 351-3589 Fax: (510) 911-8585
Medical Surveillance - Asbestos

Service Date: 10/16/2006

Patient: Orpineda, David
SSN: 523-70-9864
DOB: 05/13/1982
Gender: M
Marital Status: M
Address: 1267 80th Ave.
OAKLAND, CA 94821
Home Phone: (510) 310-0948
Work Phone: _____ **Ext.:** _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94586
Job Contact: Ruban Barba
Role: _____
Phone: (510) 589-4761 **Ext.:** _____
Fax: (510) 589-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 10/16/2006 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

ml efaw

D. David P. Peralta NP
Provider Signature

10-16-06
Date

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

05/13/2006



David Orpineda

ID #: 10104

Bayview Environmental

Qualitative Fit Test Report

NAME DAVID ORPINEA SS# 523-70-9864

DATE 05/12/06

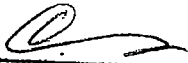
MODEL	TYPE	SIZE	NIOSH/MASA#
1/2 FACE <u>NORTH</u>	<u>7700</u>	<u>M</u>	<u>TC-21C-152</u>
PAPR <u>3M</u>	<u>6900</u>	<u>L</u>	<u> </u>
SAR <u> </u>	<u> </u>	<u> </u>	<u> </u>

PASSED

FAILED

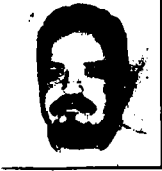
EMPLOYEE'S STATEMENT: By my signature below I certify that on this date I was properly fit-tested using irritant smoke with the respirator listed above. Further I understand that the use of this respirator must be in accordance with the training I have received, the Company's work rules, manufacturer's instructions and applicable Cal/OSHA regulations and standards. All of which I have also received training and instruction on previous to, and on this date as well.

EMPLOYEE'S SIGNATURE: DAVID ORPINEA DATE: 05/12/06

TESTERS SIGNATURE:  DATE: 5-12-06

Laborers' Training and Retraining
Trust Fund for Northern California

*** - ** - 0345



Mario Rodriguez
4112R3



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Mario Rodriguez
Certificate Number: 4112R3

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II Provider: CA-012-12

Start Date: 8/12/2006

Completion Date: 8/12/2006

Expiration Date: 8/12/2007

Victor Macias
Victor Macias, Training Director

Date: 8/12/2006

State of California Department of Health Services

Lead-Related
Construction
Certificate

Certificate
Type

Expiration
Date

Worker

11/30/2006



Mario A. Rodriguez



ID: 12792

Conditions of Certification

This individual meets the requirements of the State of California, Department of Health Services (DHS), to perform lead-related construction. DHS may suspend or revoke certification for:

1. any false statement in the application (for certification);
2. violations of relevant local, state or federal statutes or regulations;
3. misrepresentation, failure to disclose relevant facts, fraud, or issuance by mistake; or
4. failure to comply with any relevant regulation or order of the Department.

This certificate was issued by the Department of Health Services as authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-622-5000



0413109

FROM :

FAX NO. : 5103513585

Aug. 10 2006 08:55AM P1/1

Service Date: 08/10/2006

Concentra Occupational Med Ctrs-CA
 2587 Merced Street San Leandro, CA 94577
 Phone: (510) 351-3653 Fax: (510) 351-3685
Medical Surveillance - Asbestos

Patient: Rodriguez, Mario A.
SSN: 620-13-0345
DOB: 09/30/1976
Gender: M
Marital Status: M
Address: 4016 E.16th Ave
OAKLAND, CA 94601
Home Phone: (510) 535-0873
Work Phone: _____ **Ext.:** _____

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Lane
SUISUN CITY, CA 94585
Job Contact: Ruben Barba
Role: _____
Phone: (510) 569-4761 **Ext.:** _____
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 08/10/2006 in accordance with: _____ 29 CFR 1926.1101.
 _____ 40 CFR 763.121.

RECEIVED
FAXED
AUG 10 2006

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): None

Karen Y. Horn, N.P.
 RN 297159 CA
 Provider Signature

08/10/06
 Date

APPENDIX E
LABORATORY RESULTS, DATA SHEETS, AND CHAIN OF CUSTODY RECORDS



EMSL Analytical, Inc

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: mjpitastlab@emsl.com



Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Building 10, 12

Customer ID: NOMO22
Customer PO: 401256001
Received: 12/20/06 3:45 PM
EMSL Order: 090606346
EMSL Proj:
Analysis Date: 12/21/2006
Report Date: 12/22/2006

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
1 090606346-0001	Building 12, 2nd floor lobby	12/18/2006							Overloaded
2 090606346-0002	Building 10, 1st floor hallway	12/18/2006							Overloaded
3 090606346-0003	Building 10, 2nd floor lobby	12/18/2006							Overloaded

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Fidel Mendez (3)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

AIR SAMPLE DATA FORM DATE: 12-18-06 ACCOUNTABILITY RECORD PAGE 1 OF 1

BLDG. & PROJECT NAME: College of San Mateo, Buildings 10, 12
REQUESTED COMPLETION DATE: 24 hour
JOB NO.: 401256001 **BATCH NO.:**
CLIENT NAME: College of San Mateo
SAMPLER'S NAME: Seod Lahini
SIGNATURE: *[Signature]*
DATE: 12-18-06 **TIME COMPLETED:** 3:00 pm
DELIVERED TO LAB BY:
LAB NAME:
RECEIVED BY: *[Signature]*
DATE: 12/21/06 **TIME:** 6:45 PM **INITIALS:**
ANALYST: **SCOPE #:**
DATE COMPLETED: **TIME:**
ANALYSIS METHOD:
APPROVAL SIGNATURE (PROJECT MANAGER):

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME		EFFECTIVE FILTER AREA =	VOLUME (LITERS)	FIBERS	ANALYST'S CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	START	STOP							
1		10	10	10	9:40	2:20	280	2800					
2		10	10	10	9:15	2:10	255	2550					
4		10	10	10	8:54	2:02	308	3080					

SPECIAL COMMENTS:

*** SAMPLE TYPE CODES**
 D = OUTSIDE WORK AREA
 E = INSIDE WORK AREA
 F = AIR QUALITY/ENVIRONMENTAL
 G = HEPA EXHAUST DISCHARGE
 H = DECONTAMINATION FACILITY
 I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**
 1 = PREABATEMENT BACKGROUND
 2 = PREPARATION OF WORK AREA
 3 = ASBESTOS REMOVAL WORK
 4 = CLEAN UP OF WORK AREA
 5 = WASTE REMOVAL
 6 = GLOVE BAG REMOVAL WORK
 7 = WORK AREA CLEARANCE
 8 = MAINTENANCE ACTIVITY
 9 = ACBM REPAIR ACTIVITY
 10 = ACBM ENCAPSULATION OR ENCLOSURE
 11 = CLEANING OR DECONTAMINATION
 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ _____ = \$ _____



EMSL Analytical, Inc

2235 Poiverosa Ave., Suite 230, San Leandro, CA 94577

Phone: (510) 895-3875 Fax: (510) 895-3686 Email: mlplatasia@emsl.com



Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Buildings 10, 12

Customer ID: NOMO22
Customer PO: 401256001
Received: 12/20/06 3:45 PM
EMSL Order: 090606347
EMSL Proj:
Analysis Date: 12/21/2006
Report Date: 12/22/2006

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
4 090606347-0001	Building 10, Main hallway	12/19/2006	351.00	10.5	100	0.008	13.4	0.015	
5 090606347-0002	Building 10, 2nd floor lobby	12/19/2006	349.00	37.0	100	0.008	47.1	0.052	
6 090606347-0003	Building 12, 1st floor hallway	12/19/2006	346.00	30.0	100	0.008	38.2	0.043	
7 090606347-0004	Building 12, 2nd floor hallway	12/19/2006	348.00	40.0	100	0.008	51	0.056	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Fidel Mendez (4)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

AIR SAMPLE DATA FORM DATE: 12/19/06 ACCOUNTABILITY RECORD PAGE 1 OF 1

BLDG. & PROJECT NAME:

SAMPLE I.D. NO.	TYPE *	ACTIVITY**	DESCRIPTION OF SAMPLING LOCATION & COMMENTS
1	F	1	Building 10, main hallway
2	F	1	Building 10, 2nd floor lobby
3	F	1	Building 12, 1st floor hallway
4	F	1	Building 12, 2nd floor lobby
5			
6			
7			
8			
9			
10			

REQUESTED COMPLETION DATE: 24 hours
 JOB NO.: 401256001 BATCH NO.:
 CLIENT NAME: College of San Mateo
 SAMPLER'S NAME: Zood Lahiri
 SIGNATURE: [Signature]
 DATE: 10-19-06 TIME COMPLETED: 3:14

DELIVERED TO LAB BY:
 LAB NAME:
 RECEIVED BY:
 DATE: 12/19/06 TIME: 6:45 PM INITIALS:
 ANALYST: SCOPE #:
 DATE COMPLETED: TIME:
 ANALYSIS METHOD:
 APPROVAL SIGNATURE (PROJECT MANAGER):

SAMPLING AND ANALYTICAL DATA

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME			EFFECTIVE FILTER AREA = MM 2	FIELD AREA = MM 2	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	START	STOP	TOTAL			
4		9:05	5	5	9:03	2:54	351			
5		5	5.5	5.25	9:11	3:00	349			
6		5	5	5	9:21	3:07	346			
7		5	5	5	9:26	3:14	348			

SPECIAL COMMENTS:

*** SAMPLE TYPE CODES**

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PREABATEMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

- 1 = PREABATEMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: _____ SAMPLES @ \$ _____ = \$ _____



EMSL Analytical, Inc

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: milpitaslab@emsl.com



SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo

Customer ID: NOMO22
Customer PO: 40125600
Received: 12/27/06 3:54 PM
EMSL Order: 090606388
EMSL Proj:
Analysis Date: 12/28/2006
Report Date: 12/28/2006

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
122706-09 090606388-0001	Bldg. 10, decon entry, ground floor, north	12/27/2006	2268.00	18.0	100	0.001	22.9	0.004	
122706-10 090606388-0002	Bldg. 10, entry equip. room, south	12/27/2006	1609.00	<5.5	100	0.002	<7.0	<0.002	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Fidel Mendez (2)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: (PCM) TEM LEAD 24hr Turnaround 2000088

AIR SAMPLE DATA FORM

ACCOUNTABILITY RECORD PAGE 1 OF 1

REQUESTED COMPLETION DATE: 12-28-06
 JOB NO.: 41025000 BATCH NO.:
 CLIENT NAME: Collette of Summit
 SAMPLER'S NAME: Lloyd Ford
 SIGNATURE: Lloyd Ford
 DATE: 12-27-06 TIME COMPLETED: 1600

DELIVERED TO LAB BY: Lloyd Ford
 LAB NAME: EMS
 RECEIVED BY: Robin Cugini
 DATE: 12/28/06 TIME: 15:54 INITIALS: PC
 ANALYST: SCOPE #:
 DATE COMPLETED: TIME:
 ANALYSIS METHOD:
 APPROVAL SIGNATURE (PROJECT MANAGER):

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)	SAMPLING TIME			EFFECTIVE FILTER AREA = MM ²	FIELD AREA = MM ²	ANALYSTS CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
			START	STOP	TOTAL						
1		5.4	0815	1515	1420	2268					
2		5.4	0929	1406	2998	1609					
3											
4											
5											
6											
7											
8											
9											
10											

SPECIAL COMMENTS: Bill Toon Ninyortmoore Bill Larkin

*** SAMPLE TYPE CODES**

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PRETREATMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

- 1 = PRETREATMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: 2 SAMPLES @ \$ = \$

**EMSL Analytical, Inc**

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: milpitaslab@emsl.com

SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
 Project: **401254001 / College of San Mateo**

Customer ID: NOMO22
 Customer PO: 401254001
 Received: 12/28/06 4:00 PM
 EMSL Order: 090606407
 EMSL Proj:
 Analysis Date: 12/29/2006
 Report Date: 12/29/2006

J

**Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2,
 8/15/94**

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
122806-11, Bldg 10 decon facility 090606407-0001		12/28/2006	2007.00	33.5	100	0.001	42.7	0.008	
122806-12, Bldg 10, equipment room cleanside 090606407-0002		12/28/2006	2317.00	13.0	100	0.001	16.6	0.003	
122806-13, Bldg 10, 2nd floor patio north 090606407-0003		12/28/2006	1418.00	8.5	100	0.002	10.8	0.003	
122806-14, Bldg 12, equipment room cleanside 090606407-0004		12/28/2006	2241.00	13.0	100	0.001	16.6	0.003	
122806-15, Bldg 12, decon facility 090606407-0005		12/28/2006	2240.00	27.0	100	0.001	34.4	0.006	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Joseph Alonzo (5)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: PCM TEM LEAD

90606407

WNYO Moore 24hr turn around

AIR SAMPLE DATA FORM

BLDG. & PROJECT NAME: BLDG #10 #12 College of Staten Island

DATE: 12-28-06

ACCOUNTABILITY RECORD PAGE 1 OF 1

REQUESTED COMPLETION DATE: 12-28-06	BATCH NO.:
JOB NO.: 40150001	
CLIENT NAME: College of Staten Island	
SAMPLER'S NAME: [Handwritten]	
SIGNATURE: [Handwritten]	
DATE: 12-28-06	TIME COMPLETED:
DELIVERED TO LAB BY: [Handwritten]	
LAB NAME: EMSL	
RECEIVED BY: [Handwritten]	
DATE: 12-28-06	TIME: 4:00 pm
INITIALS:	
ANALYST:	SCOPE #:
DATE COMPLETED:	TIME:
ANALYSIS METHOD:	
APPROVAL SIGNATURE (PROJECT MANAGER):	

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)	SAMPLING TIME			VOLUME (LITERS)	FIBERS	AVERAGE BLANK COUNT	ANALYSTS CV	LOQ	FIBERS PER CC	UPPER CONFIDENCE LIMIT
			START	STOP	TOTAL							
1	LV#05	4.5	8:09	14:55	446	2007						
2	LV#05	5.4	8:14	14:57	429	2317						
3	LV#05	3.5	8:19	15:04	405	1418						
4	LV#05	5.4	8:08	15:03	415	2341						
5	LV#05	5.4	8:08	15:01	416	2296						
6												
7												
8												
9												
10												

SPECIAL COMMENTS:

<p>* SAMPLE TYPE CODES</p> <p>PCM = PHASE CONTRAST MICROSCOPY TEM = TRANSMISSION ELECTRON MICROSCOPY SEM = SCANNING ELECTRON MICROSCOPY A = PERSONAL EXPOSURE SAMPLE B = WORK AREA CLEARANCE *C = PREABATEMENT BACKGROUND</p>	<p>** WORK AREA ACTIVITY CODES</p> <p>1 = PREABATEMENT BACKGROUND 2 = PREPARATION OF WORK AREA 3 = ASBESTOS REMOVAL WORK 4 = CLEAN UP OF WORK AREA 5 = WASTE REMOVAL 6 = GLOVE BAG REMOVAL WORK</p>	<p>** WORK AREA ACTIVITY CODES</p> <p>7 = WORK AREA CLEARANCE 8 = MAINTENANCE ACTIVITY 9 = ACBM REPAIR ACTIVITY 10 = ACBM ENCAPSULATION OR ENCLOSURE 11 = CLEANING OR DECONTAMINATION 12 = NOT APPLICABLE</p>
---	---	---

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ _____ = \$ _____

**EMSL Analytical, Inc**

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: milpitaslab@emsl.com



SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
 Project: 401256001 / College of San Mateo

Customer ID: NOMO22
 Customer PO: 401256001
 Received: 01/02/07 8:00 AM
 EMSL Order: 090700005

EMSL Proj:
 Analysis Date: 1/3/2007
 Report Date: 1/3/2007

**Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2,
 8/15/94**

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
1229-06-16 090700005-0001	Bldg. 10, decon containment facility entry	12/29/2006	1327.00	<5.5	100	0.002	<7.0	<0.002	
122906-17 090700005-0002	Equipment / clean room entry	12/29/2006	1274.00	<5.5	100	0.002	<7.0	<0.002	
122906-18 090700005-0003	Bldg. 12, decon facility entry	12/29/2006	1647.00	<5.5	100	0.002	<7.0	<0.002	
122906-19 090700005-0004	Bldg. 12, equipment room	12/29/2006	1309.00	<5.5	100	0.002	<7.0	<0.002	
122906-20 090700005-0005	Bldg. 12, second floor, south entry	12/29/2006	1323.00	<5.5	100	0.002	<7.0	<0.002	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Fidel Mendez (5)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: (PCM) TEM LEAD 2 yhr around WinYof Moore. 06/10

AIR SAMPLE DATA FORM DATE: 12-29-06

ACCOUNTABILITY RECORD PAGE 1 OF 1

REQUESTED COMPLETION DATE: 12/29/06 BATCH NO. 1001

JOB NO. 122906-16 CLIENT NAME: College of Staten Island

SAMPLER'S NAME: JOY V. FORT SIGNATURE: [Signature]

DATE: 12-29-06 TIME COMPLETED: 1410

DELIVERED TO LAB BY: L. Old V. Fort LAB NAME: EASL

RECEIVED BY: [Signature] DATE: 1/2/07 TIME: 8:00 AM INITIALS: [Initials]

ANALYST: [Name] SCOPE #: [Number] DATE COMPLETED: [Date] TIME: [Time]

ANALYSIS METHOD: [Method] APPROVAL SIGNATURE (PROJECT MANAGER): [Signature]

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			AVERAGE	VOLUME (LITERS)	FIBERS / FIELDS	AVERAGE BLANK COUNT	ANALYSTS CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	STOP								
1	LV#5	3.5	3.5	7:00	382	1337						
2	LV#5	3.5	3.5	7:20	364	1274						
3	LV#5	4.5	4.5	7:39	346	1647						
4	LV#5	3.5	3.5	7:42	314	1309						
5	LV#5	3.5	3.5	7:48	318	1323						
6												
7												
8												
9												
10												

SAMPLING AND ANALYTICAL DATA

EFFECTIVE FILTER AREA = MM 2 ; FIELD AREA = MM 2

*** SAMPLE TYPE CODES**

PCM = PHASE CONTRAST MICROSCOPY
 TEM = TRANSMISSION ELECTRON MICROSCOPY
 SEM = SCANNING ELECTRON MICROSCOPY
 A = PERSONAL EXPOSURE SAMPLE
 B = WORK AREA CLEARANCE
 C = PREATTENMENT BACKGROUND

**** WORK AREA ACTIVITY CODES**

1 = PREATTENMENT BACKGROUND
 2 = PREPARATION OF WORK AREA
 3 = ASBESTOS REMOVAL WORK
 4 = CLEAN UP OF WORK AREA
 5 = WASTE REMOVAL
 6 = GLOVE BAG REMOVAL WORK
 7 = WORK AREA CLEARANCE
 8 = MAINTENANCE ACTIVITY
 9 = ACBM REPAIR ACTIVITY
 10 = ACBM ENCAPSULATION OR ENCLOSURE
 11 = CLEANING OR DECONTAMINATION
 12 = NOT APPLICABLE

SPECIAL COMMENTS:

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ _____ = \$ _____



EMSL Analytical, Inc

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: milpitaslab@emsl.com



Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/03/07 4:10 PM
EMSL Order: 090700050
EMSL Proj:
Analysis Date: 1/4/2007
Report Date: 1/4/2007

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers/cc	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
010207-20 090700050-0001	Equipment room, Bldg. 10, waste load out	1/2/2007	1719.00	<5.5	100	0.002	<7.0	<0.002	
010207-21 090700050-0002	Decon facility entry, Bldg. 10	1/2/2007	1706.00	<5.5	100	0.002	<7.0	<0.002	
010207-22 090700050-0003	Decon facility entry, Bldg. 12	1/2/2007	1845.00	<5.5	100	0.001	<7.0	<0.001	
010207-23 090700050-0004	Equipment room, Bldg. 12	1/2/2007	1281.00	<5.5	100	0.002	<7.0	<0.002	
010207-24 090700050-0005		1/2/2007	1267.00	<5.5	100	0.002	<7.0	<0.002	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Fidel Mendez (5)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: **PCM** TEM LEAD

00700050

AIR SAMPLE DATA FORM

DATE: 9/20/07

ACCOUNTABILITY RECORD PAGE 1 OF 1

BLDG. & PROJECT NAME: _____

SAMPLE I.D. NO.	TYPE *	ACTIVITY **	DESCRIPTION OF SAMPLING LOCATION & COMMENTS
1	H	5	Equipment room Bldg #10 work lead rail
2	H	34.5	Decon facility entry Bldg #10
3	H	34.5	Decon facility entry Bldg #12
4	E	34.5	Equipment room Bldg #12
5			
6			
7			
8			
9			
10			

REQUESTED COMPLETION DATE: 11-01-07 BATCH NO.: _____
 JOB NO. 401256001
 CLIENT NAME: College of Staten Island
 SAMPLER'S NAME: David K. Ford
 SIGNATURE: _____
 DATE: 01-02-07 TIME COMPLETED: 1730
 DELIVERED TO LAB BY: David K. Ford
 LAB NAME: EMSI
 RECEIVED BY: _____
 DATE: 1/30/07 TIME: 10:50 P/M INITIALS: _____
 ANALYST: _____ SCOPE #: _____
 DATE COMPLETED: _____ TIME: _____
 ANALYSIS METHOD: _____
 APPROVAL SIGNATURE (PROJECT MANAGER): _____

SAMPLING AND ANALYTICAL DATA

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME		VOLUME (LITERS)	FIBERS FIELDS	AVERAGE BLANK COUNT	ANALYST'S CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	START	STOP							
1	LV#05	4.5	4.5	4.5	0754	1416	382	1719					
2	LV#05	4.5	4.5	4.5	0750	1415	379	1706					
3	LV#05	4.5	4.5	5.0	0811	1420	369	1845					
4	LV#05	3.5	3.5	3.5	0813	1419	366	1281					
5	LV#05	3.5	3.5	3.5	0820	1422	362	1267					
6													
7													
8													
9													
10													

SPECIAL COMMENTS:

* SAMPLE TYPE CODES

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PREABATEMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

** WORK AREA ACTIVITY CODES

- 1 = PREABATEMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: _____ SAMPLES @ \$ _____ = \$ _____



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Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/03/07 4:10 PM
EMSL Order: 090700051
EMSL Proj:
Analysis Date: 1/4/2007
Report Date: 1/4/2007

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
010307-25	Bldg. 10, decon facility	1/3/2007	1602.00	8.5	100	0.002	10.8	0.003	
090700051-0001									
010307-26	Bldg. 10, equipment room, load out	1/3/2007	1697.00	<5.5	100	0.002	<7.0	<0.002	
090700051-0002									
010307-27	Bldg. 12	1/3/2007	1840.00	<5.5	100	0.001	<7.0	<0.001	
090700051-0003									
010307-28	Bldg. 12	1/3/2007	1246.00	<5.5	100	0.002	<7.0	<0.002	
090700051-0004									

No discernable field blank sample(s) submitted with this sample set.

Analyst(s) _____
Fidel Mendez (4)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: (PCM) TEM LEAD

90700051

NH 6 of moose 24 hr Turn A - Above

AIR SAMPLE DATA FORM

DATE: 01-03-07

ACCOUNTABILITY RECORD PAGE 1 OF 1

REQUESTED COMPLETION DATE: 01-04-07
 JOB NO.: 40123000 BATCH NO.:
 CLIENT NAME: College of Spymate
 SAMPLER'S NAME: LORIS PAR
 SIGNATURE: [Signature]
 DATE: 01-03-07 TIME COMPLETED:
 DELIVERED TO LAB BY: LORIS PAR
 LAB NAME: EMSL
 RECEIVED BY: [Signature]
 DATE: 11-10-07 TIME: 16:10 INITIALS:
 ANALYST: SCOPE #:
 DATE COMPLETED: TIME:
 ANALYSIS METHOD:
 APPROVAL SIGNATURE (PROJECT MANAGER):

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)		SAMPLING TIME		EFFECTIVE FILTER AREA		AVERAGE BLANK COUNT	ANALYST'S CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	STOP	START	STOP					
1	L1#5	4.5	4.5	0756	1401	365	1602					
2	L1#5	4.5	4.5	0758	1415	377	1697					
3	L1#5	5.0	5.0	0800	1403	360	1840					
4	L1#5	3.5	3.5	0803	1359	356	1246					
5												
6												
7												
8												
9												
10												

SPECIAL COMMENTS:

*** SAMPLE TYPE CODES**

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PREABTMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

- 1 = PREABTMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: _____ SAMPLES @ \$ _____ = \$ _____



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SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/05/07 7:00 AM
EMSL Order: 090700061
EMSL Proj:
Analysis Date: 1/5/2007
Report Date: 1/5/2007

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
010407-25 090700061-0001	Bldg. 10, DF entry	1/4/2007	2016.00	15.5	100	0.001	19.7	0.004	
010407-26 090700061-0002	Bldg. 12, DF entry	1/4/2007	2185.00	24.0	100	0.001	30.6	0.005	
010407-27 090700061-0003	Bldg. 19, DF entry	1/4/2007	1962.00	24.0	100	0.001	30.6	0.006	
010407-28 090700061-0004	Bldg. 19, basement corridor OWA south	1/4/2007	1456.00	20.0	100	0.002	25.5	0.007	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Joseph Alonzo (4)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected. Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: PCM TEM LEAD

Ni/Yo/moesc 24hrs Turn - Around

AIR SAMPLE DATA FORM

BLDG. & PROJECT NAME: DATE: 01/21/07 ACCOUNTABILITY RECORD PAGE 2 OF 1

REQUESTED COMPLETION DATE: 01-25-07 BATCH NO:
 JOB NO: 4025601
 CLIENT NAME: College of San Mateo
 SAMPLER'S NAME:
 SIGNATURE:
 DATE: 01-21-07 TIME COMPLETED:
 DELIVERED TO LAB BY:
 LAB NAME:
 RECEIVED BY:
 DATE: 1/21/07 TIME: 7:00 INITIALS:
 ANALYST: SCOPE #:
 DATE COMPLETED: TIME:
 ANALYSIS METHOD:
 APPROVAL SIGNATURE (PROJECT MANAGER):

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)		SAMPLING TIME		EFFECTIVE FILTER AREA = MM ² ; FIELD AREA = MM ²	VOLUME (LITERS)	FIBERS FIELDS	AVERAGE BLANK COUNT	ANALYST'S CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	STOP								
	LV 465	41.5	41.5	0712	1440	448	2016						
		51.0	51.0	0715	1432	437	2185						
		41.5	41.5	0730	1416	436	1967						
		31.5	31.5	0709	1445	416	1456						

SPECIAL COMMENTS:

*** SAMPLE TYPE CODES**

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PREBATEMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

- 1 = PREBATEMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ = \$

**EMSL Analytical, Inc**

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SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
 Project: 401256001 / College of San Mateo, Bldg. 19

Customer ID: NOMO22
 Customer PO: 401256001
 Received: 01/05/07 3:25 PM
 EMSL Order: 090700076

EMSL Proj:
 Analysis Date: 1/8/2007
 Report Date: 1/8/2007

**Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2,
 8/15/94**

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
01050729 090700076-0001	Basement, Rm 10, 12, 14, equip. room	1/5/2007	1113.00	24.0	100	0.002	30.6	0.011	
01050730 090700076-0002	Basement, Rm 10, 2 and 14, decon facility	1/5/2007	810.00	14.0	100	0.003	17.8	0.008	
01050731 090700076-0003	Bldg. 10, decon clean room	1/5/2007	1311.00	13.5	100	0.002	17.2	0.005	
01050732 090700076-0004	Bldg. 12, decon facility clean room	1/5/2007	1330.00	11.0	100	0.002	14	0.004	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Joseph Alonzo (4)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: **PCM** TEM LEAD

90700076

Miosh 7400A

AIR SAMPLE DATA FORM				ACCOUNTABILITY RECORD	
BLDG. & PROJECT NAME: <u>BDG #19, College of SSM/MTKO</u>				REQUESTED COMPLETION DATE: <u>01-06-07</u>	PAGE <u>1</u> OF <u>1</u>
SAMPLE I.D. NO.	TYPE	ACTIVITY**	DESCRIPTION OF SAMPLING LOCATION & COMMENTS	JOB NO.: <u>401256001</u>	BATCH NO.:
010507-29	D	345	Basement Rm #10 #12 #14 Equiptment Rm	CLIENT NAME: <u>College of SSM/MTKO</u>	SAMPLER'S NAME: <u>Lloyd Ford</u>
010507-30	H	345	Basement Rm #10 #12 #14 Decon Facility A	SIGNATURE: _____	DATE: _____
010507-31	H	7	BLDG #10 Decon Clean Rm	DELIVERED TO LAB BY: <u>Lloyd Ford</u>	LAB NAME: <u>EMSL</u>
010507-32	H	7	BLDG #12 Decon Facility A Clean Rm	RECEIVED BY: <u>EMSL</u>	DATE: <u>1/10/07</u>
				ANALYST: _____	SCOPE #: _____
				DATE COMPLETED: _____	TIME: <u>1525</u>
				INITIALS: _____	
				ANALYSIS METHOD: _____	
				APPROVAL SIGNATURE (PROJECT MANAGER): _____	

SAMPLING AND ANALYTICAL DATA										
PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME		EFFECTIVE FILTER AREA =	MM 2	FIELD AREA =	MM 2
		START	STOP	AVERAGE	START	STOP				
1		3.5	3.5	3.5	0710	1228	318			
2		2.5	2.5	2.5	0716	1240	324			
3		9.5	9.5	9.5	0835	1053	1311			
4		9.5	9.5	9.5	1055	1315	1390			
5										
6										
7										
8										
9										
10										

* SAMPLE TYPE CODES		** WORK AREA ACTIVITY CODES	
PCM = PHASE CONTRAST MICROSCOPY	D = OUTSIDE WORK AREA	1 = PREABATEMENT BACKGROUND	7 = WORK AREA CLEARANCE
TEM = TRANSMISSION ELECTRON MICROSCOPY	E = INSIDE WORK AREA	2 = PREPARATION OF WORK AREA	8 = MAINTENANCE ACTIVITY
SEM = SCANNING ELECTRON MICROSCOPY	F = AIR QUALITY/ENVIRONMENTAL	3 = ASBESTOS REMOVAL WORK	9 = ACBM REPAIR ACTIVITY
A = PERSONAL EXPOSURE SAMPLE	G = HEPA EXHAUST DISCHARGE	4 = CLEAN UP OF WORK AREA	10 = ACBM ENCAPSULATION OR ENCLOSURE
B = WORK AREA CLEARANCE	H = DECONTAMINATION FACILITY	5 = WASTE REMOVAL	11 = CLEANING OR DECONTAMINATION
C = PREABATEMENT BACKGROUND	I = BLANK SAMPLE	6 = GLOVE BAG REMOVAL WORK	12 = NOT APPLICABLE

SPECIAL COMMENTS:

CLIENT BILLING INSTRUCTIONS: _____ SAMPLES @ \$ _____ = \$ _____



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Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/05/07 3:25 PM
EMSL Order: 090700074

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Bldg. 10, SMCCCD

EMSL Proj:
Analysis Date: 1/6/2007
Report Date: 1/8/2007

Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Final Rule (AHERA)

Sample	Volume (Liters)	Area		Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
		Analyzed (mm ²)	Non Asb		≥ 0.5μ < 5μ	≥ 5μ		(S/mm ²)	(S/cc)	
010507-01, Bldg. 10, ground floor Rm 7 090700074-0001	1364.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	
010507-02, Bldg. 10, ground floor Mech. Rm 090700074-0002	1364.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	
010507-03, Bldg. 10, ground floor Rm 12 090700074-0003	1364.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	
010507-04, Bldg. 10, ground floor equip. Rm 090700074-0004	1364.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	
010507-05, Bldg. 10, 2nd floor Rm 104 corridor 090700074-0005	1364.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	
010507-06, Bldg. 10, 2nd floor Rm 104 090700074-0006	1359.00	0.0625	0	None Detected			0.0045	<16.00	<0.0045	

Analyst(s)

Jeremy Malson (10)

or other approved signatory

Disclaimers: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by EMSL. This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysts' accuracy and precision) is available upon request. As per 40 CFR 763, the initial screening test may not be applied to samples with collected volumes of <1200 liters. Samples received in good condition unless otherwise noted.

Accredited for NVLAP PLM/TEM #101048-3



EMSL Analytical, Inc

2235 Polvorosa Ave , Suite 230, San Leandro, CA 94577

Phone: (510) 895-3675 Fax: (510) 895-3680 Email: milpitaslab@emsl.com



Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/05/07 3:25 PM
EMSL Order: 090700074

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Bldg. 10, SMCCCD

EMSL Proj:
Analysis Date: 1/6/2007
Report Date: 1/8/2007

Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Final Rule (AHERA)

Sample	Volume (Liters)	Area		Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
		Analyzed (mm ²)	Non Asb		≥ 0.5μ < 5μ	≥ 5μ		(S/mm ²)	(S/cc)	
010507-07, Bldg. 10, 2nd floor Rm 103 090700074-0007	1340.00	0.0625	0	None Detected			0.0046	<16.00	<0.0046	
010507-08, Bldg. 10, 2nd floor Rm 120 090700074-0008	1292.00	0.0625	0	None Detected			0.0048	<16.00	<0.0048	
010507-09, Bldg. 10, Rm 123 090700074-0009	1302.00	0.0625	0	None Detected			0.0047	<16.00	<0.0047	
010507-10, Bldg. 10, stairway landing 090700074-0010	1302.00	0.0625	0	None Detected			0.0047	<16.00	<0.0047	

Analyst(s)

Jeremy Maison (10)

or other approved signatory

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Accredited for NVLAP PLM/TEM #101048-3

CIRCLE ONE: PCM (TEM) LEAD

0010000004

AHERA 24hr Turn Around

AIR SAMPLE DATA FORM

BLDG. & PROJECT NAME: BLDG #10, SACCO College of San Mateo **DATE:** 01-05-07 **PAGE** 1 **OF** 3

REQUESTED COMPLETION DATE: 01-06-07

JOB NO.: 40123602 **BATCH NO.:**

CLIENT NAME: College of San Mateo

SAMPLER'S NAME: Lloyd V. Ford

SIGNATURE: [Signature]

DATE: 01-05-07 **TIME COMPLETED:** 1130

DELIVERED TO LAB BY: Lloyd V. Ford

LAB NAME: EMS

RECEIVED BY: [Signature]

DATE: 1/11/07 **TIME:** 15:25 **INITIALS:**

ANALYST: [Signature] **SCOPE #:**

DATE COMPLETED: **TIME:**

ANALYSIS METHOD:

APPROVAL SIGNATURE (PROJECT MANAGER):

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME		EFFECTIVE FILTER AREA = MM ² ; FIELD AREA = MM ²	VOLUME (LITERS)	FIBERS PER CC	ANALYST'S CV	LOG	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	START	STOP						
01	HV#05	9.5	9.5	9.5	0752	1016	144	1364				
02	HV#05	9.5	9.5	9.5	0754	1018	144	1364				
03	HV#05	9.5	9.5	9.5	0758	1022	144	1364				
04	HV#05	9.5	9.5	9.5	0800	1024	144	1364				
05	HV#05	9.5	9.5	9.5	0805	1029	144	1364				
06	HV#05	9.5	9.5	9.5	0808	1031	143	1359				
07	HV#05	9.5	9.5	9.5	0812	1033	141	1340				
08	HV#05	9.5	9.5	9.5	0820	1036	136	1292				
09	HV#05	9.5	9.5	9.5	0821	1038	137	1302				
10	HV#05	9.5	9.5	9.5	0825	1042	137	1302				
11	Blank											
12	Blank											
13	Blank											

SPECIAL COMMENTS: Please call Lloyd V. Ford w/ results ASAP (1/11/07)

**** SAMPLE TYPE CODES**

- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

- 1 = PREBATEMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: _____ SAMPLES @ \$ _____ = \$ _____



EMSL Analytical, Inc

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Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/05/07 3:25 PM
EMSL Order: 090700075

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Bldg. 12, SMCCCD

EMSL Proj:
Analysis Date: 1/6/2007
Report Date: 1/8/2007

Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Final Rule (AHERA)

Sample	Volume (Liters)	Area		Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
		Analyzed (mm ²)	Non Asb		≥ 0.5μ < 5μ	≥ 5μ		(S/mm ²)	(S/cc)	
010507-14, Bldg. 12, ground floor, Equip. Rm 090700075-0001	1492.00	0.0625	0	None Detected			0.0041	<16.00	<0.0041	
010507-15, Bldg. 12, ground floor, Rm 82 090700075-0002	1539.00	0.0500	0	None Detected			0.0050	<20.00	<0.0050	
010507-16, Bldg. 12, ground floor, Rm 79 090700075-0003	1454.00	0.0625	0	None Detected			0.0042	<16.00	<0.0042	
010507-17, Bldg. 12, ground floor, Mech. Rm 090700075-0004	1425.00	0.0625	0	None Detected			0.0043	<16.00	<0.0043	
010507-18, Bldg. 12, 2nd floor lobby 090700075-0005	1482.00	0.0625	0	None Detected			0.0042	<16.00	<0.0042	
010507-19, Bldg. 12, 2nd floor Rm 189 090700075-0006	1473.00	0.0625	0	None Detected			0.0042	<16.00	<0.0042	
010507-20, Bldg. 12, 2nd floor Rm 188 090700075-0007	1473.00	0.0625	0	None Detected			0.0042	<16.00	<0.0042	

Analyst(s)

Jeremy Malson (10)

or other approved signatory

Disclaimers: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by EMSL. This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysts' accuracy and precision) is available upon request. As per 40 CFR 763, the initial screening test may not be applied to samples with collected volumes of <1200 liters. Samples received in good condition unless otherwise noted.

Accredited for NVLAP PLM/TEM #101048-3



EMSL Analytical, Inc

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Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo, Bldg. 12, SMCCCD

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/05/07 3:25 PM
EMSL Order: 090700075
EMSL Proj:
Analysis Date: 1/6/2007
Report Date: 1/8/2007

Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Final Rule (AHERA)

Sample	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
					≥ 0.5μ	< 5μ		(S/mm ²)	(S/cc)	
010507-21, Bldg. 12, 2nd floor Rm 170 090700075-0008	1463.00	0.0625	0	None Detected			0.0042	<16.00	<0.0042	
010507-22, Bldg. 12, 2nd floor Rm 173 090700075-0009	1444.00	0.0625	0	None Detected			0.0043	<16.00	<0.0043	
010507-23, Bldg. 12, 2nd floor corridor 090700075-0010	1444.00	0.0625	0	None Detected			0.0043	<16.00	<0.0043	

Analyst(s)

Jeremy Malson (10)

or other approved signatory

Disclaimers: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by EMSL. This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysts' accuracy and precision) is available upon request. As per 40 CFR 763, the initial screening test may not be applied to samples with collected volumes of <1200 liters. Samples received in good condition unless otherwise noted.

Accredited for NVLAP PLM/TEM #101048-3

CIRCLE ONE: PCM (TEM) LEAD AHERA 24 hr turn around 90700000

AIR SAMPLE DATA FORM DATE: 01-05-07 ACCOUNTABILITY RECORD PAGE 2 OF 3

BLDG. & PROJECT NAME: BLDG # 12, SMCDD College of San Mateo

REQUESTED COMPLETION DATE: 01-06-07

JOB NO.: 401256001 **BATCH NO.:**

CLIENT NAME: College San Mateo

SAMPLER'S NAME: Lloyd V. Ford

SIGNATURE: [Signature] **DATE:** 01-05-07

DELIVERED TO LAB BY: [Signature] **LAB NAME:** [Signature]

RECEIVED BY: [Signature] **DATE:** 1/5/07 **TIME:** 6:25 **INITIALS:**

ANALYST: **SCOPE #:**

DATE COMPLETED: **TIME:**

ANALYSIS METHOD: **APPROVAL SIGNATURE (PROJECT MANAGER):**

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)		SAMPLING TIME		VOLUME (LITERS)	FIBERS	AVERAGE BLANK COUNT	ANALYSTS CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	TOTAL							
14		9.5	9.5	1101	1338	1492						
15		9.5	9.5	1104	1346	1539						
16		9.5	9.5	1110	1343	1454						
17		9.5	9.5	1111	1351	1485						
18		9.5	9.5	1116	1352	1482						
19		9.5	9.5	1119	1354	1473						
20		9.5	9.5	1121	1356	1473						
21		9.5	9.5	1124	1358	1463						
22		9.5	9.5	1127	1359	1444						
23		9.5	9.5	1130	1401	1444						
24		Blank										
25		Blank										

SPECIAL COMMENTS: Please call L. Ford w/ results ASAP #510 541-3054

EFFECTIVE FILTER AREA = MM²; **FIELD AREA =** MM²

**** SAMPLE TYPE CODES**

D = OUTSIDE WORK AREA
E = INSIDE WORK AREA
F = AIR QUALITY/ENVIRONMENTAL
G = HEPA EXHAUST DISCHARGE
H = DECONTAMINATION FACILITY
I = BLANK SAMPLE

**** WORK AREA ACTIVITY CODES**

1 = PRETREATMENT BACKGROUND
2 = PREPARATION OF WORK AREA
3 = ASBESTOS REMOVAL WORK
4 = CLEAN UP OF WORK AREA
5 = WASTE REMOVAL
6 = GLOVE BAG REMOVAL WORK

7 = WORK AREA CLEARANCE
8 = MAINTENANCE ACTIVITY
9 = ACBM REPAIR ACTIVITY
10 = ACBM ENCAPSULATION OR ENCLOSURE
11 = CLEANING OR DECONTAMINATION
12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ _____ = \$ _____



EMSL Analytical, Inc

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SM

Attn: **Bill Larkin**
Ninyo & Moore
1956 Webster #400
Oakland, CA 94612

Fax: (510) 633-5646 Phone: (510) 633-5640
Project: 401256001 / College of San Mateo

Customer ID: NOMO22
Customer PO: 401256001
Received: 01/08/07 4:35 PM
EMSL Order: 090700101

EMSL Proj:
Analysis Date: 1/8/2007
Report Date: 1/9/2007

Phase Contrast Microscopy (PCM) Fiber Count by NIOSH 7400, Fourth Edition, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
010807-35, Post Abatement 090700101-0001	Bldg 19, Rm 14	1/8/2007	1440.00	12.5	100	0.002	15.9	0.004	
010807-36, Post Abatement 090700101-0002	Bldg 19, Rm 12	1/8/2007	1440.00	8.0	100	0.002	10.2	0.003	
010807-37, Post Abatement 090700101-0003	Bldg 19, Rm 10	1/8/2007	1440.00	10.5	100	0.002	13.4	0.004	

No discernable field blank sample(s) submitted with this sample set.

Analyst(s)

Joseph Alonzo (3)

or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL. Unless otherwise noted, the results in this report have not been blank corrected. Samples received in good condition unless otherwise noted. Unless otherwise noted, the results in this report have not been blank corrected.

Analysis performed by EMSL San Leandro (AIHA #107748)

CIRCLE ONE: **PCM** / TEM LEAD

0000000000

Nios 147400A Nios 104measure 8hr Turn Around

AIR SAMPLE DATA FORM

ACCOUNTABILITY RECORD PAGE 1 OF 1

REQUESTED COMPLETION DATE: 8/1/09
 JOB NO.: 40256001 BATCH NO.:
 CLIENT NAME: College of St. Mary's
 SAMPLER'S NAME: [Signature]
 SIGNATURE: [Signature]
 DATE: 8/1/09 TIME COMPLETED:
 DELIVERED TO LAB BY: [Signature]
 LAB NAME: [Signature]
 RECEIVED BY: [Signature] DO.
 DATE: 8/1/09 TIME: 4:35 PM INITIALS: JA
 ANALYST: SCOPE #:
 DATE COMPLETED: TIME:
 ANALYSIS METHOD:

SAMPLE I.D. NO.	TYPE*	ACTIVITY**	DESCRIPTION OF SAMPLING LOCATION & COMMENTS	
			BLDG. & PROJECT NAME:	DATE: 8/1/09
1	E	F	Rm #19	Post Abatement
2	E	F	Rm #19	Post Abatement
3	E	F	Rm #10	Post Abatement
4				
5				
6				
7				
8				
9				
10				

APPROVAL SIGNATURE (PROJECT MANAGER):

SAMPLING AND ANALYTICAL DATA

PUMP I.D. NO.	FLOW METER I.D. NO.	AIR FLOWRATE (LPM)			SAMPLING TIME		EFFECTIVE FILTER AREA =			ANALYST'S CV	LOG	FIBERS PER CC	UPPER CONFIDENCE LIMIT
		START	STOP	AVERAGE	START	STOP	TOTAL	VOLUME (LITERS)	FIBERS				
1		12.0	12.0	12.0	1003	1203	120	1440					
2		12.0	12.0	12.0	1005	1202	120	1440					
3		12.0	12.0	12.0	1008	1208	120	1440					
4													
5													
6													
7													
8													
9													
10													

SPECIAL COMMENTS: [Redacted]

* SAMPLE TYPE CODES

- PCM = PHASE CONTRAST MICROSCOPY
- TEM = TRANSMISSION ELECTRON MICROSCOPY
- SEM = SCANNING ELECTRON MICROSCOPY
- A = PERSONAL EXPOSURE SAMPLE
- B = WORK AREA CLEARANCE
- C = PREABATEMENT BACKGROUND
- D = OUTSIDE WORK AREA
- E = INSIDE WORK AREA
- F = AIR QUALITY/ENVIRONMENTAL
- G = HEPA EXHAUST DISCHARGE
- H = DECONTAMINATION FACILITY
- I = BLANK SAMPLE

** WORK AREA ACTIVITY CODES

- 1 = PREABATEMENT BACKGROUND
- 2 = PREPARATION OF WORK AREA
- 3 = ASBESTOS REMOVAL WORK
- 4 = CLEAN UP OF WORK AREA
- 5 = WASTE REMOVAL
- 6 = GLOVE BAG REMOVAL WORK
- 7 = WORK AREA CLEARANCE
- 8 = MAINTENANCE ACTIVITY
- 9 = ACBM REPAIR ACTIVITY
- 10 = ACBM ENCAPSULATION OR ENCLOSURE
- 11 = CLEANING OR DECONTAMINATION
- 12 = NOT APPLICABLE

CLIENT BILLING INSTRUCTIONS: SAMPLES @ \$ = \$