MONITORING AND CONTRACTOR OBSERVATION DURING ASBESTOS RELATED WORK

Roosevelt Elementary School HVAC Project

September 13, 2021

Prepared For:

Santa Monica-Malibu Unified School District
2828 West 4th Street
Santa Monica, CA 90405

NV5 – Alta Environmental
3777 Long Beach Blvd, Annex Building
Long Beach, CA 90807
Phone: 562.495.5777

PROJECT NUMBER: SMSD-21-10182

TABLE OF CONTENTS

Appendices

Acronyms

ACM	Asbestos-Containing Material
ACCM	Asbestos-Containing Construction Material
LBP	Lead-Based Paint
LCP	Lead-Containing Paint
PCB	Polychlorinated Biphenyl
PLM	Phase Light Microscopy
XRF	X-ray Fluorescence
HVAC	Heating, Air Conditioning, and Ventilation
CAC	Certified Asbestos Consultant
Cal/OSHA	California Occupational Safety and Health
CDPH	California Department of Public Health
AHERA	Asbestos Hazard Emergency Response Act
ASHARA	Asbestos School Hazard Abatement Reauthorization Act
USEPA	United States Environmental Protection Agency
NVLAP	National Voluntary Laboratory Accreditation Program
HUD	Housing and Urban Development
CFR	Code of Federal Regulations
CCR	California Code of Regulations
SCAQMD	South Coast Air Quality Management District
TTLC	Total Threshold Limit Concentration
STLC	Soluble Threshold Limits Concentration
TCLP	Toxicity Characteristic Leaching Procedure

Definitions

Accessible when referring to ACM means that the material is subject to disturbance by school building occupants or custodial or maintenance personnel in the course of their normal activities.

Accredited or accreditation when referring to a person or laboratory means that such person or laboratory is accredited in accordance with section 206 of Title II of the Toxic Substances Control Act.

Air erosion means the passage of air over friable ACBM which may result in the release of asbestos fibers.

Asbestos means the asbestiform varieties of: Chrysotile (serpentine); crocidolite (riebeckite); amosite (cummingtonitegrunerite); anthophyllite; tremolite; and actinolite.

Asbestos-containing material (ACM) when referring to school buildings means any material or product which contains more than 1 percent asbestos.

Asbestos-containing construction material (ACM) when referring to school buildings means any material or product which contains more than one/tenth of 1 percent asbestos.

Asbestos-containing building material (ACBM) means surfacing ACM, thermal system insulation ACM, or miscellaneous ACM that is found in or on interior structural members or other parts of a school building.

Asbestos debris means pieces of ACBM that can be identified by color, texture, or composition, or means dust, if the dust is determined by an accredited inspector to be ACM.

Damaged friable miscellaneous *ACM* means friable miscellaneous ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or, if applicable, which has delaminated such that its bond to the substrate (adhesion) is inadequate or which for any other reason lacks fiber cohesion or adhesion qualities. Such damage or deterioration may be illustrated by the separation of ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM surface; water damage; significant or repeated water stains, scrapes, gouges, mars or other signs of physical injury on the ACM. Asbestos debris originating from the ACBM in question may also indicate damage.

Damaged friable surfacing *ACM* means friable surfacing ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or which has delaminated such that its bond to the substrate (adhesion) is inadequate, or which, for any other reason, lacks fiber cohesion or adhesion qualities. Such damage or deterioration may be illustrated by the separation of ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM surface; water damage; significant or repeated water stains, scrapes, gouges, mars or other signs of physical injury on the ACM. Asbestos debris originating from the ACBM in question may also indicate damage.

Damaged or significantly damaged thermal system insulation ACM means thermal system insulation ACM on pipes, boilers, tanks, ducts, and other thermal system insulation equipment where the insulation has lost its structural integrity, or its covering, in whole or in part, is crushed, water stained, gouged, punctured, missing, or not intact such that it is not able to contain fibers. Damage may be further illustrated by occasional punctures, gouges or other signs of physical injury to ACM; occasional water damage on the protective coverings/jackets; or exposed ACM ends or joints. Asbestos debris originating from the ACBM in question may also indicate damage.

Encapsulation means the treatment of ACBM with a material that surrounds or embeds asbestos fibers in an adhesive matrix to prevent the release of fibers, as the encapsulant creates a membrane over the surface (bridging encapsulant) or penetrates the material and binds its components together (penetrating encapsulant).

Enclosure means an airtight, impermeable, permanent barrier around ACBM to prevent the release of asbestos fibers into the air.

Fiber release episode means any uncontrolled or unintentional disturbance of ACBM resulting in visible emission.

Friable when referring to material in a school building means that the material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure, and includes previously non-friable material after such previously non-friable material becomes damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure.

Functional space means a room, group of rooms, or homogeneous area (including crawl spaces or the space between a dropped ceiling and the floor or roof deck above), such as classroom(s), a cafeteria, gymnasium, hallway(s), designated by a person accredited to prepare management plans, design abatement projects, or conduct response actions.

High-efficiency particulate air **(HEPA)** refers to a filtering system capable of trapping and retaining at least 99.97 percent of all monodispersed particles 0.3 □m in diameter or larger.

Homogeneous area means an area of surfacing material, thermal system insulation material, or miscellaneous material that is uniform in color and texture.

Local education agency **means (LEA):** (1) Any local educational agency as defined in section 198 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 3381). (2) The owner of any non-public, non-profit elementary, or secondary school building. (3) The governing authority of any school operated under the defense dependent's education system provided for under the Defense Dependents' Education Act of 1978 (20 U.S.C. 921, et seq.).

Miscellaneous ACM means miscellaneous material that is ACM in a school building.

Miscellaneous material means interior building material on structural components, structural members or fixtures, such as floor and ceiling tiles, and does not include surfacing material or thermal system insulation.

Non-friable means material in a school building which when dry may not be crumbled, pulverized, or reduced to powder by hand pressure.

Operations and maintenance (O & M) program means a program of work practices to maintain friable ACBM in good condition, ensure clean-up of asbestos fibers previously released, and prevent further release by minimizing and controlling friable ACBM disturbance or damage.

Potential damage means circumstances in which: (1) Friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities. (2) There are indications that there is a reasonable likelihood that the material or its covering will become damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage.

Potential significant damage means circumstances in which: (1) Friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities. (2) There are indications that there is a reasonable likelihood that the material or its covering will become significantly damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage. (3) The material is subject to major or continuing disturbance, due to factors including, but not limited to, accessibility or, under certain circumstances, vibration or air erosion.

Preventive measures means actions taken to reduce disturbance of ACBM or otherwise eliminate the reasonable likelihood of the material's becoming damaged or significantly damaged.

Removal means the taking out or the stripping of substantially all ACBM from a damaged area, a functional space, or a homogeneous area in a school building.

Repair means returning damaged ACBM to an undamaged condition or to an intact state so as to prevent fiber release.

Response action means a method, including removal, encapsulation, enclosure, repair, operations and maintenance that protects human health and the environment from friable ACBM.

Routine maintenance area means an area, such as a boiler room or mechanical room, that is not normally frequented by students and in which maintenance employees or contract workers regularly conduct maintenance activities.

School means any elementary or secondary school as defined in section 198 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 2854).

School building means: (1) Any structure suitable for use as a classroom, including a school facility such as a laboratory, library, school eating facility, or facility used for the preparation of food. (2) Any gymnasium or other facility which is specially designed for athletic or recreational activities for an academic course in physical education. (3) Any other facility used for the instruction or housing of students or for the administration of educational or research programs. (4) Any maintenance, storage, or utility facility, including any hallway, essential to the operation of any facility described in this definition of ''school building'' under paragraphs (1), (2), or (3). (5) Any portico or covered exterior hallway or walkway. (6) Any exterior portion of a mechanical system used to condition interior space.

Significantly damaged friable miscellaneous *ACM* means damaged friable miscellaneous ACM where the damage is extensive and severe.

Significantly damaged friable surfacing *ACM* means damaged friable surfacing ACM in a functional space where the damage is extensive and severe.

State means a State, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the Northern Marianas, the Trust Territory of the Pacific Islands, and the Virgin Islands.

Surfacing ACM means surfacing material that is ACM.

Surfacing material means material in a school building that is sprayed-on, troweled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, or other purposes.

Thermal system insulation means material in a school building applied to pipes, fittings, boilers, breeching, tanks, ducts, or other interior structural components to prevent heat loss or gain, or water condensation, or for other purposes.

Thermal system insulation ACM means thermal system insulation that is ACM.

Vibration means the periodic motion of friable ACBM which may result in the release of asbestos fibers

1.0 INTRODUCTION

Intermittently from May 11 to June 22, 2021, Alta Environmental, LP, an NV5 company (Alta/NV5) conducted air monitoring and contractor observation during asbestos abatement activities at Roosevelt Elementary School in Santa Monica, CA. The site is located at 801 Montana Avenue, Santa Monica, CA 90403.

2.0 SCOPE OF SERVICES

2.1 ALTA MONITORING AND SAMPLING

Alta/NV5's monitoring was performed by a California Certified Site Surveillance Technician. Alta/NV5 completed the following activities during the project:

- Monitoring services during all asbestos related work
- Air sampling during the asbestos related work
- Final visual inspection and clearance testing at the completion of the asbestos related work, as needed
- Verify the proper handling and segregation of all impacted universal waste products involved in the project, including light ballasts and fluorescent light tubes.

2.2 ASBESTOS RELATED WORK

Tri Span, INC. Brea, California conducted the asbestos related work.

Asbestos-related work activities included the partial removal of the following asbestos-containing materials in areas affected by the project scope of work:

Building A

- Drywall and Joint Compound – mechanical heater rooms
- Roof mastic (full removal)

Building C – Cafeteria HVAC closets

- Cement pipe (full removal)
- Mastic (full removal)
- Rough plaster ceiling – Rooms 9, 10, 12

Building H – 2nd floor mechanical room

- Vibration reducers (full removal)

Building K – heater room 802

- 9" x 9" maroon floor tile and mastic (full removal)
- Cement pipe (full removal)

The contractor monitoring was performed by Randy Flores, a California DOSH Certified Site Surveillance Technician, and Carbany Becerril, and AHERA Building Inspector, employed by Alta/NV5.

3.0 FIELD AND ANALYTICAL METHODOLOGY

3.1 ASBESTOS FIBER CONCENTRATIONS

Asbestos air samples were collected using high volume air sampling pumps. The pump's flow rate was checked before and after each use with a calibrated precision rotometer. Air samples collected during asbestos abatement activities was analyzed in accordance with National Institute of Occupational Safety and Health (NIOSH) Method 7400 (PCM), which specifies the equipment and procedures for mounting, measuring, and counting fibers to determine airborne fiber concentrations. Air samples were analyzed on site by Alta.

4.0 MONITORING AND RESULTS

4.1 MONITORING

Alta representatives were on site during the removal work to document the work completed by the contractor.

Alta documented that the removal of specified asbestos-containing materials was completed using an appropriate containment which included critical barriers, temporary negative pressure differential and a worker decontamination facility. Asbestos containing materials removal was completed using approved procedures. Worker protection included disposable clothing and ½ face air purifying respirators equipped with HEPA P100 filters.

Alta documented that the asbestos related work was completed using approved work procedures such as critical barriers, appropriate containments, signs, and a worker decontamination facility. Worker protection included disposable clothing and ½ face air purifying respirators equipped with HEPA P100 filters

Asbestos waste generated during this project was disposed of properly at an approved waste disposal facility.

5.0 RESULTS

5.1 AIR SAMPLE RESULTS

5.1.1 Asbestos Fiber Concentrations

Asbestos perimeter air sampling was conducted by a State Certified Site Surveillance Technician. The results of the air samples collected during abatement work were reported well below 0.01 f/cc, the recommended level by the EPA for area re-occupancy following an asbestos response action.

5.2 FINAL VISUAL INSPECTION RESULTS

Before work areas were released, they were inspected by the Contractor's supervisor and Alta representatives for evidence of residual dust and debris. The work areas were found to be acceptable. No dust or debris was observed.

5.3 ASBESTOS CLEARANCE SAMPLE RESULTS

Asbestos clearance sampling was conducted by a State Certified Site Surveillance Technician. The results of the air samples collected for clearance of the work areas were reported well below 0.01 f/cc, the recommended level by the EPA for area re-occupancy following an asbestos response action.

6.0 CONCLUSIONS AND RECOMMENDATIONS

All asbestos-containing materials that were impacted by the project scope of work were successfully removed from the areas referenced in section 2,2 in this closeout report. Refer to the asbestos and lead survey records prepared for this site for materials and locations.

Please note that asbestos-containing materials (ACM) remain on the property. Please reference asbestos and lead survey records prepared for this site regarding asbestos and/or lead containing materials prior to disturbing any building materials at the site.

7.0 ASSUMPTIONS AND LIMITATIONS

This report was prepared exclusively for use by the Santa Monica Malibu Unified School District and may not be relied upon by any other person or entity without Alta/NV5 ‘s express written permission. The information, conclusions and recommendations described in this report apply to conditions existing at certain locations when services were performed and are intended only for the specific purposes, locations, time frames and project parameters indicated. Alta/NV5 cannot be responsible for the impact of any changes in environmental standards, practices or regulations after performance of services.

In performing our professional services, we have applied present engineering and scientific judgment and used a level of effort consistent with the current standard of practice for similar types of studies.

As applicable, Alta/NV5 has relied in good faith upon representations and information furnished by individuals with respect to operations and existing property conditions, to the extent that they have not been contradicted by data obtained from other sources. Accordingly, Alta/NV5 accepts no responsibility for any deficiencies, omissions, misrepresentations, or fraudulent acts of persons interviewed.

Alta/NV5 will not accept any liability for loss, injury claim, or damage arising directly or indirectly from any use or reliance on this report. Alta/NV5 makes no warranty, expressed or implied

This report is issued with the understanding that the client, the property owner, or its representative is responsible for ensuring that the information, conclusions, and recommendations contained herein are brought to the attention of the appropriate regulatory agencies, as required.

If you have any questions, please do not hesitate to contact the undersigned at (562) 477-0935. We appreciate the opportunity to be of service to the Santa Monica Malibu Unified School District

8.0 SIGNATORY

Respectfully submitted by:

Alta Environmental LP, an NV5 company

James C. Byers
Senior Consultant/Project Manager
Certified Asbestos Consultant
Cal/OSHA Cert. #06-4122
CDPH I/A #LRC-00001746

Appendix A

Abatement Work Plan

Roosevelt Elementary School HVAC Renovation Project

1.0 DESCRIPTION OF WORK

Tri Span will furnish all labor, materials, facilities, equipment, services, employee training, permits, agreements, waste transport and disposal necessary to perform the work required for Asbestos removal in accordance with this Work Plan, EPA, SCAQMD, CAL/OSHA, NIOSH, and State of California regulations, and any other applicable federal, state and local government regulations.

1. Tri Span shall perform the work and provide the services for the materials listed below if impacted by the work.

ASBESTOS

1) Plaster
2) Plaster
3) Drywall joint compound
4) Heater gaskets(duct expansion joints)
5) Transite Pipe

2.0 JOB SUPERVISION

1.Tri Span, Inc. will provide an on-site Supervisor at all times while work is in progress. The Competent Person, (supervisor), shall be formally trained in asbestos abatement and who is capable of identifying asbestos hazards, substandard and improper asbestos abatement procedures and is knowledgeable of all EPA, OSHA, SCAQMD, LA FIRE DEPARTMENT and local regulations.

3.0 NOTIFICATIONS, PERMITS, WARNING SIGNS, LABELS AND POSTERS

1.Tri Span shall provide the required written pre- notification to EPA, SCAQMD, CAL/OSHA, and any other regional, state and local authority having jurisdiction over the project. Copies of the pre-notification shall be delivered to the Consultant before any work begins. Tri Span will secure all other permits required for the work, including disposal of asbestos in an approved landfill.

2. All materials and work shall comply with local utility companies, Board of Health and contract requirements.

3. Tri Span will comply with the requirement of the following regulations:

a. U.S. Department of Labor, CAL/OSHA Asbestos Regulations
b. U.S. EPA National Emissions Standard for Asbestos
c. SCAQMD - RULE 1403
d. NESHAPS Labeling Requirements

4. All signs shall conform to OSHA requirements. The warning signs shall be a bright color so that they can be easily noticed. The size of the sign and its lettering shall be no less than current OSHA requirements.

5. Tri Span shall also provide OSHA and DOT-required labels as well as NESHAPS labeling requirements for all plastic bags and drums utilized to transport contaminated material from the work area to the EPA approved disposal site.

4.0 PROTECTION OF PERSON AND PROPERTY

General Safety Requirements

1. Tri Span will be responsible for initiating, maintaining, and supervising all safety precautions and programs in connection with this work. Tri Span will take reasonable precautions for the safety of, and shall provide all reasonable protection to prevent damage, injury or loss to (1) all employees on the work site and other persons who may be affected thereby, (2) all work and all materials and equipment to be incorporated therein, and (3) other property at the Project Site and Adjacent thereto.

2. Tri Span will establish an effective safety program in accordance with requirements set forth in OSHA 29CFR Part 1926 - Safety and Health Regulations for Construction: Subparts A through Z & Cal OSHA construction safety orders.

5.0 SITE SECURITY

A. Requirements: Security for the project site shall be coordinated with the property owner.

6.0 EMERGENCY PRECAUTIONS.

1. Tri Span will establish emergency and fire exits from the work area for the workers. All emergency exits which must pass through a work area shall be equipped with (2) full sets of protective clothing and respirators at all times.

2. Tri Span will be prepared to administer appropriate first aid to injured personal at the site after decontamination. Seriously injured personnel shall be treated immediately in the work area or evacuated with out performing decontamination. When an injury occurs, Tri Span will stop work and implement fiber and/or dust reduction techniques (e.g. water spraying) until the injured person has been removed from the work area.

7.0 ASBESTOS ABATEMENT PROCEDURES

Tri Span will prepare the work area as described in this section. Preparation shall be performed according to the following general sequences of steps and procedures to insure that proper containment and protection systems are installed prior to any work, which could generate airborne asbestos fibers.

8.0 ISOLATION AND PREPARATION OF WORK AREA
(Plaster Ceiling Removal and drywall joint compound to facilitate structural work)

1. Tri Span will seal all openings to the work area (critical barrier) for the duration of work by completely closing and sealing all openings and doorways to the work area including, but not limited to, heating and ventilation ducts, doorways and windows. Sealing shall be accomplished by utilizing (6) mil plastic sheeting taped securely in place. Splash guards will be utilized.

2. Shutdown and isolate heating, cooling and ventilating air systems to prevent contamination and fiber dispersal to other areas.

3. Tri Span will utilize a two or three stage decontamination chamber, (as required by the consultant) which will include a clean room and dirty room.

4. Tri Span will utilize negative air, (4) air changes per hour.

5. Tri Span will post warning signs in English and Spanish meeting the requirements of OSHA 29 CFR 1926.1101 Warning Signs shall be readily visible to any person attempting to enter the work area.

8.1 RESPIRATOR PROTECTION
(Plaster Ceiling Removal and drywall joint compound to facilitate structural work)

1. Tri Span personnel at a minimum will utilize 1/2 face respirators / organic filters will be utilized for mastic chemical removal operations.

8.2 PROTECTIVE CLOTHING
(Plaster Ceiling and drywall joint compound removal to facilitate structural work)

1. Tri Span will provide to all workers, foreman, and superintendents disposable clothing consisting of full body coveralls, head covers, gloves, 18-inch high boot-type covers or reusable footwear, and eye protection.

2. Provide hard hats and safety shoes as required by job conditions and safety regulations.

3. Reusable foot wear, hardhats, and eye protection devices shall be left in the Contaminated Equipment room until the end of the abatement work, at which time they shall be disposed of as hazardous waste or transported to another work area.

4. All disposable protective clothing shall be discarded every time the wearer exits from the workspace to the outside through the decontamination facilities.

8.3 REMOVAL PROCEDURES / CLEANING PROCEDURES
(Plaster Ceiling and drywall joint compound removal to facilitate structural work)

1. Amended water mixed and carefully applied using an airless sprayer as specified by the manufacturer, shall continuously be used to control the release of asbestos fibers from the material prior to and during removal. The amended water will be applied in sufficient quantity to fully saturate the material before it is removed.

2. The asbestos materials will then be removed by the use of hand tools.

3. As the material is removed, it will be properly wetted, placed into labeled 6-mil polyethylene plastic

bags as non hazardous/hazardous waste and placed into non hazardous/hazardous containers, as directed by the consultant.

4. Upon completion of the abatement process, Tri Span will then seal all substrate surfaces from which asbestos material was removed with at an approved penetrating encapsulant.

5. Tri Span will minimize contamination of the work area, and all other surrounding surfaces. At the end of each shift, all surfaces will be cleaned of all materials and then HEPA vacuumed or wet mopped.

6. The decontamination facility will be wet cleaned and HEPA vacuumed upon completion of each shift.

9.0 ISOLATION AND PREPARATION OF WORK AREA
(Drilling of holes through plaster and or drywall joint compound)

1. Tri Span will regulate the work area for the duration of work by completely closing and regulating all openings to the work area including, but not limited to, heating and ventilation ducts. Sealing shall be accomplished by utilizing plastic sheeting taped securely in place.

2. Shutdown and isolate heating, cooling and ventilating air systems to prevent contamination and fiber dispersal to other areas. 6 mil poly drops will be utilized beneath all areas where drilling takes place.

3. Tri Span will utilize drills equipped with HEPA vac recovery to drill holes or attach screws through the plaster.

4. two stage decontamination chamber located within a control zone, this control zone may be established at ground or roof level, suits will be HEPA vacuumed before removal.

5. The control zone will be established by roping off an area with asbestos caution tape.

5. Tri Span will post warning signs in English and Spanish meeting the requirements of OSHA 29 CFR 1926.1101 Warning Signs shall be readily visible to any person attempting to enter the work area.

9.1 RESPIRATOR PROTECTION
(Drilling holes through plaster and or drywall joint compound)

1. Tri Span personnel at a minimum will utilize 1/2 face respirators.

9.2 PROTECTIVE CLOTHING
(Drilling holes through plaster and or drywall joint compound)

1. Tri Span will provide to all workers, foreman, and superintendents disposable clothing consisting of full body coveralls, head covers, gloves, and eye protection.

2. Provide hard hats and safety shoes as required by job conditions and safety regulations.

3. Reusable foot wear, hardhats, and eye protection devices shall be left in the Contaminated Equipment room until the end of the abatement work, at which time they shall be disposed of as non hazardous waste or transported to another work area.

4. All disposable protective clothing shall be discarded every time the wearer exits from the workspace to the outside through the decontamination facilities.

9.3 REMOVAL PROCEDURES / CLEANING PROCEDURES (Drilling holes through plaster and or drywall joint compound)

1. Amended water mixed and carefully applied as the drilling takes place.

2. The plaster will be collected in the HEPA Vacuum recovery shroud.

3. Upon completion of the abatement process, Tri Span will then seal all substrate surfaces from which asbestos material was removed with an approved penetrating encapsulant.

6. Tri Span will minimize contamination of the work area, and all other surrounding surfaces. At the end of each shift, all surfaces will be cleaned of loose debris at the end of each shift.

7. The decontamination facility will be wet cleaned and HEPA vacuumed upon completion of each shift.

10.0 ISOLATION AND PREPARATION OF WORK AREA (Roofing mastics,felts, and debris)

1. Tri Span will seal all openings to the work area (critical barrier) for the duration of work by completely closing and sealing all openings and doorways to the work area including, but not limited to, heating and ventilation ducts, doorways and windows. Sealing shall be accomplished by utilizing (6) mil plastic sheeting taped securely in place. Splash guards will be utilized.

2. Shutdown and isolate heating, cooling and ventilating air systems to prevent contamination and fiber dispersal to other areas.

3. Tri Span will utilize a three stage decontamination chamber, which will include a clean room and dirty room.

4. Tri Span will utilize negative air, (4) air changes per hour.

5. Tri Span will post warning signs in English and Spanish meeting the requirements of OSHA 29 CFR 1926.1101 Warning Signs shall be readily visible to any person attempting to enter the work area.

10.1 RESPIRATOR PROTECTION (Roofing mastics, felt, and debris)

1. Tri Span personnel at a minimum will utilize 1/2 face respirators.

10.2 PROTECTIVE CLOTHING (Roofing mastics, felt, and debris)

1. Tri Span will provide to all workers, foreman, and superintendents disposable clothing consisting of full body coveralls, head covers, gloves, 18-inch high boot-type covers or reusable footwear, and eye protection.

2. Provide hard hats and safety shoes as required by job conditions and safety regulations.

3. Reusable foot wear, hardhats, and eye protection devices shall be left in the Contaminated Equipment room until the end of the abatement work, at which time they shall be disposed of as hazardous waste or transported to another work area.

4. All disposable protective clothing shall be discarded every time the wearer exits from the workspace to the outside through the decontamination facilities.

10.3 REMOVAL PROCEDURES / CLEANING PROCEDURES (Roofing mastics, felt, and debris)

1. Amended water mixed and carefully applied using an airless sprayer as specified by the manufacturer, shall continuously be used to control the release of asbestos fibers from the material prior to and during removal. The amended water will be applied in sufficient quantity to fully saturate the material before it is removed.

2. The stucco will be removed manually with the use of pry bars and scrapers. Additional detail work will be done to remove all nails and attachments; clean inside any j-boxes or openings that remain to assure all pieces of material are removed.

3. As the material is removed, it will be properly wetted, placed into labeled 6-mil polyethylene plastic bags as non hazardous/hazardous waste and placed into non hazardous/hazardous containers, as directed by the Consultant.

4. Upon completion of the abatement process, Tri Span will then seal all substrate surfaces from which asbestos material was removed with at an approved penetrating encapsulant.

5. Tri Span will minimize contamination of the work area, and all other surrounding surfaces. At the end of each shift, all surfaces will be cleaned of all materials and then HEPA vacuumed or wet mopped.

6. The decontamination facility will be wet cleaned and HEPA vacuumed upon completion of each shift.

11.0 ISOLATION AND PREPARATION OF WORK AREA (Duct expansion reducers and gaskets)

1. Tri Span will seal all openings to the work area (critical barrier) for the duration of work by completely closing and sealing all openings and doorways to the work area including, but not limited to, heating and ventilation ducts, doorways and windows. Sealing shall be accomplished by utilizing (6) mil plastic sheeting taped securely in place. Splash guards will be utilized.

2. Shutdown and isolate heating, cooling and ventilating air systems to prevent contamination and fiber dispersal to other areas.

3. Tri Span will utilize a (2) stage decontamination chamber, which will include a clean room and dirty room.

4. Tri Span will utilize negative air, (4) air changes per hour.

5. Tri Span will post warning signs in English and Spanish meeting the requirements of OSHA 29 CFR 1926.1101 Warning Signs shall be readily visible to any person attempting to enter the work area.

11.1 RESPIRATOR PROTECTION
(Duct expansion reducers and gaskets)

1. Tri Span personnel at a minimum will utilize 1/2 face respirators / organic filters will be utilized for mastic chemical removal operations.

11.2 PROTECTIVE CLOTHING
(Duct expansion reducers and gaskets)

1. Tri Span will provide to all workers, foreman, and superintendents disposable clothing consisting of full body coveralls, head covers, gloves, 18-inch high boot-type covers or reusable footwear, and eye protection.

2. Provide hard hats and safety shoes as required by job conditions and safety regulations.

3. Reusable foot wear, hardhats, and eye protection devices shall be left in the Contaminated Equipment room until the end of the abatement work, at which time they shall be disposed of as hazardous waste or transported to another work area.

4. All disposable protective clothing shall be discarded every time the wearer exits from the workspace to the outside through the decontamination facilities.

11.3 REMOVAL PROCEDURES / CLEANING PROCEDURES
(Duct expansion reducers and gaskets)

1. Amended water mixed and carefully applied using an airless sprayer as specified by the manufacturer, shall continuously be used to control the release of asbestos fibers from the material prior to and during removal. The amended water will be applied in sufficient quantity to fully saturate the material before it is removed.

2. The window frames will be removed in their entirety. Caulking around the doors will be removed with hand scrapers and or the doors will be removed in their entirety. Transite vertical pipes will be dislodged by removing the metal straps that hold them in place.

3. As the material is removed, it will be properly wetted, placed into labeled 6-mil polyethylene plastic bags as non-hazardous waste and placed into non-hazardous containers.

4. Upon completion of the abatement process, Tri Span will then seal all substrate surfaces from which asbestos material was removed with at an approved penetrating encapsulant.

5. Tri Span will minimize contamination of the work area, and all other surrounding surfaces. At the end of each shift, all surfaces will be cleaned of all materials and then HEPA vacuumed or wet mopped.

6. The decontamination facility will be wet cleaned and HEPA vacuumed upon completion of each shift.

12.0 ISOLATION AND PREPARATION OF WORK AREA (Transite Pipe)

1. Tri Span will seal all openings to the work area for the duration of work by completely closing and sealing all openings to the work area including, but not limited to, heating and ventilation ducts. Sealing shall be accomplished by utilizing plastic sheeting taped securely in place.

2. Shutdown and isolate heating, cooling and ventilating air systems to prevent contamination and fiber dispersal to other areas.

3. Tri Span will utilize a two stage decontamination chamber located within a control zone, this control zone may be established at ground or roof level, suits will be HEPA vacuumed before removal.

4. The control zone will be established by roping off an area with asbestos caution tape.

5. Tri Span will post warning signs in English and Spanish meeting the requirements of OSHA 29 CFR 1926.1101 Warning Signs shall be readily visible to any person attempting to enter the work area.

12.1 RESPIRATOR PROTECTION (Transite Pipe)

1. Tri Span personnel at a minimum will utilize 1/2 face respirators.

12.2 PROTECTIVE CLOTHING (Transite Pipe)

1. Tri Span will provide to all workers, foreman, and superintendents disposable clothing consisting of full body coveralls, head covers, gloves, 18-inch high boot-type covers or reusable footwear, and eye protection.

2. Provide hard hats and safety shoes as required by job conditions and safety regulations.

3. Reusable foot wear, hardhats, and eye protection devices shall be left in the Contaminated Equipment room until the end of the abatement work, at which time they shall be disposed of as non hazardous waste or transported to another work area.

4. All disposable protective clothing shall be discarded every time the wearer exits from the workspace to the outside through the decontamination facilities.

12.3 REMOVAL PROCEDURES / CLEANING PROCEDURES (Transite Pipe)

1. Amended water mixed and carefully applied using an airless sprayer as specified by the manufacturer, shall continuously be used to control the release of asbestos fibers from the material prior to and during removal. The amended water will be applied in sufficient quantity to fully saturate the material before it is removed.

2. The asbestos roof materials will then be removed by the use of shovels, picks, etc. Tri Span will remove in an intact state to the extent feasible.

3. As the roof material is removed, it will be properly wetted, transported by wheelbarrow to the roof edge placed into a non hazardous container via an enclosed chute and or slide.

4. Mastic on pipes, vents, metal, etc. may be removed by removing the pipe, vent, metal etc. as a whole unit. The metal roof may be removed in its entirety.

5. Upon completion of the abatement process, Tri Span will then seal all substrate surfaces from which asbestos material was removed with an approved penetrating encapsulant.

6. Tri Span will minimize contamination of the work area, and all other surrounding surfaces. At the end of each shift, all surfaces will be cleaned of loose debris at the end of each shift.

7. The decontamination facility will be wet cleaned and HEPA vacuumed upon completion of each shift.

13.0 ASBESTOS WASTE TRANSPORTER, LANDFILL AND CLASSIFICATION OF WASTE

1. TBD

2. Azusa Land Reclamation
   1201 W. Gladstone Ave.
   Azusa, CA 91702
   EPA No. CAD 009007626

3. LA PAZ
   26999 Highway 95 Mile Post 128,
   Parker AZ 85344
   EPA AZC950823111

Appendix B

Daily Field Reports

NV5

ALTA ENVIRONMENTAL

Log Sheet

Project Name: Roosevelt E.S. HVAC Date: 5-11-2021

Project Location: Roosevelt Job No.: SMSD-21-10182

Project/Area Description: Bldg. H, 2nd floor Mechanical Room

Scope of Work: Removal of Vibration Reducer

Type of Containment: full Containment w/ 2 stage decon

Respiratory Protection: half face w/ P100

Abatement Contractor: Tri Span

Contractor Supervisor: Jairo Urzua

Alta Rep. On-Site: Randolph Flores

Project Manager: Jim Byers

Time Arrived (Military): 1500 Shift Start Time: 1500

Time Left (Military): 2230 Shift End Time: 2200

Type of Sample	Number of Samples Taken	Highest (f/cc)	Lowest (f/cc)
Inside Work Area			
Outside Work Area			
Personal			
Clearance	3	.004	.002
Background			

Manometer Reading (Time reading was taken/Actual Reading			
NA	/	/	/

Other Contractors On-Site	Contractor Activities

NV5

ALTA ENVIRONMENTAL

Client: SMMUSD

Page 1 of 1

Project Name: Roosevelt

Alta Job No.: SMSD-21-10182

TIME OF OBSERVATION	COMMENTS
1500	arrived on site, (NV5 Rep. Randy Flores)
	- Randy flores checked in with contractor
	- Tri Span was'nt on site yet, stuck in traffic.
~ 1530 RF ~~1500~~	Jairo Urzua arrived on site, Rang F. from NV5 checked worker certs. 2 workers Present
	- Tri Span set up containment
~ 1630	Containment is set up w/ 2 stage Tri Span is cutting 2 areas in air handler
~ 1640	Tri Span is ready for visual, NV5 Rep. Randy Flores visually inspected containment @ the 2nd floor mechanical Room of Bldg H
	- Area is set up, Air tight & ready for workers to start. Tri Span started removal
~ 1725	Tri Span finished removal & clean up.
	- NV5 Rep set up clearances after visual
	- Containment was wet wiped & Hepa vacuumed. free of all debri.
~ 1905	NV5 Rep collected Air Samples to RF ~~analyze~~ analyze
	- TRI Span took lunch while
~ 2010	Randy Flores Analyzed Air Samples Clearances were < 0.01 f/cc Randy F. relayed info to Tri Span.
~ 2030	Tri Span Started tear down
~ 2130	Randy Flores visually inspected work area after tear down, area is cleaner than when we arrived.
~ 2200	Left site.
	* 2 bags of waste generated workers took waste & contractor signed manifest.

For Bag-Out Shift Only

# of Bags	Manifest #

Alta Rep. Signature: [signature]

Cert. Number: 17-10819

Date: 5-11-2021

NV5

ALTA ENVIRONMENTAL

Log Sheet

Project Name: Roosevelt E.S. HVAC Date: 6-17-2021

Project Location: Roosevelt E.S SMMUSD Job No.: SMSD-21-10182

Project/Area Description: Bldg. K

Scope of Work: 9"x9" Floor tile w/Mastic Removal & transite pipe.

Type of Containment: full w/2 stage

Respiratory Protection: 1/2 fad w/P100

Abatement Contractor: Tri Span

Contractor Supervisor: Jairo Urzua

Alta Rep. On-Site: Randolph Flores

Project Manager: Jim Byers

Time Arrived (Military): 0645 Shift Start Time: 0700

Time Left (Military): _____ Shift End Time: _____

Type of Sample	Number of Samples Taken	Highest (f/cc)	Lowest (f/cc)
Inside Work Area			
Outside Work Area	2	.004	.003
Personal			
Clearance	2	.008	.007
Background			

Manometer Reading (Time reading was taken/Actual Reading			
N/A /	/	/	/

Other Contractors On-Site	Contractor Activities

NV5

ALTA ENVIRONMENTAL

Client: SMMUSD

Page 1 of 1

Project Name: Roosevelt HVAC

Alta Job No.: SMSD-21 - 10182

TIME OF OBSERVATION	COMMENTS
0645	NVS Rep. Randy Flores (RF) arrived on-site
	- R.F. met with contractor Far.
	- Contractor called Tri Span because they didn't show up. tim is now 0745. RF left to Rogers
~0830	Tri Span arrived 1 supervisor Jaime Urzua w/ 1 worker.
	- Tri Span, NVS & Far from Pardess air walked site and went over scope with tri span
~0850	- Tri Span mobilized & set up.
~0930	setting up containment in Bldg. K heater closet.
~1000	set up complete, RF did visual. The containment was set up good, neg air, Asbestos tape, signs & 2 stage decon. workers don p.p.e. to start work. R.F. set up low flows.
~1030	went to check on work @ Rogers.
~1305	Visual in Heater room was good area was wet wiped and hepa vacuumed after removal RF. set 2 high flows for clearance
	- Tri Span removed vent from roof @ this time, that vent was non haz.
	- Tri Span moved over to bldg. D to remove transite pipes.
~1580	Bldg K & Bldg D are complete. R.F. needs to analyze slides from Bldg K heater closet.
	* containment stood up, Results pending

For Bag-Out Shift Only

# of Bags	Manifest #

Alta Rep. Signature:

Cert. Number:

Date: 17 - 6019

Appendix C

Perimeter and Clearance Air Sampling Data Sheets and Results

ENVIRONMENTAL LABORATORIES LLC

1508 East 33rd Street
Signal Hill, CA 90755
Toll: 888-207-2022
Tel: 562-206-2770
Fax: 562-206-2773

Alta Environmental
3777 Long Beach Blvd.
Long Beach CA 90807
Attn.: Jim Byers

Report Number **2144828**

Date Received 06/22/2021
Date Analyzed 06/23/2021
Date Reported 06/23/2021

Project Number
Project Name Roosevelt ES
Location Bldg C- Closets Rm 9, 10, 12
PO Number
WO Number

Date Sampled 06/22/2021
Sampled By Carbany Becerril
Total Samples 8

Method of Anaylsis: NIOSH Method 7400

Test Report

Lab ID / Customer ID	Description / Activity	Avg. Flow Rate (L/min)	Time (min.)	Volume (Liters)	Fibers Count	Fields Count	LOD (f/cc)	Results (f/mm2)	Results (f/cc)
2144828-001 0622-C1	Rm 9 Closet- North of Closet	12.0	120	1440	10.0	100	0.002	12.10	0.003
2144828-002 0622-C2	Rm 9 Closet- South of Closet	12.0	120	1440	8.0	100	0.002	9.55	0.003
2144828-003 0622-C3	Rm 10 Closet- South of Closet	12.0	100	1200	4.5	100	0.002	<7.0	<0.002
2144828-004 0622-C4	Rm 10 Closet- North of Closet	12.0	100	1200	8.5	100	0.002	10.19	0.003
2144828-005 0622-C5	Rm 12 Closet- South of Closet	12.0	100	1200	3.0	100	0.002	<7.0	<0.002
2144828-006 0622-C6	Rm 12 Closet- North of Closet	12.0	100	1200	2.0	100	0.002	<7.0	<0.002
2144828-007 0622-C7	BLANK Field Blank				1.0	100	NA	<7.0	NA
2144828-008 0622-C8	BLANK Lab Blank				0.0	100	NA	<7.0	NA

* All samples have been prepared and analyzed in accordance with the NIOSH 7400 method using "A" Counting Rules Issue 2, August 1994
* OSHA PEL's are 1.0 f/cc for 30 minutes excursion and 0.1 f/cc for 8-hour Time Weighted Average (TWA).
* Void 1= Overloaded with Fibers
* Void 2= Overloaded with Particles
* LOD= 5.5 fibers
* Average Blank (f/field) = 0.005

Analyst - Justine Pablo

Approved Signatory - Cristina E. Tabatt

The limit of detection is 7 fibers/mm2. The laboratory is not responsible for data reported in fibers/cc as this data is dependent on volume collected by non-laboratory personnel. Results have been blank corrected using blanks submitted by customer or laboratory blank, as applicable.

CHAIN OF CUSTODY

AQ ENVIRONMENTAL LABORATORIES
1508 E. 33rd Street
Signal Hill, CA 90755
562-206-2770 Tel
562-206-2773 Fax
services@AQenvlabs.com

(Lab) Order No. 2144828

CUSTOMER INFORMATION		Turnaround Time		Shipped By		Report Send Via:	
Company	Alta Environmental	Same Day	☐	Fedex	☐	Web	☐
Address	3777 Long Beach Boulevard	1 Day	☑	UPS	☐	Email	☑
City/State/Zip	Long Beach, CA 90807	2 Day	☐	USPS	☐	Fax	☐
Contact	Jim Byers	3 Day	☐	Drop Off	☑	Verbal	☐
Office Phone	562/ 495-5777	5 Day	☐	Drop Box	☐	Mail	☐
Cell		Weekend	☐	Other	☐	Pick up	☐
Fax	562/ 495-5877	**Special Instructions:** CC: Carbany B					
Email							

PROJECT INFORMATION

Project Name:	Roosevelt ES	PO Number:	
Project Number:		Work Order No.:	
Location:	Bldg C - Closets RM 9, 10, 12	Sampled By:	Carbany B.

PLM		PCM		MOLD		LEAD (Pb)			
PLM EPA 600/M4-82-020	☐	NIOSH 7400A	☐	Spore Trap	☐	Air	☐	TTLC	☐
PLM 400 Pt. Count (<0.25%)	☐	NIOSH 7400B	☐	Tape Lift	☐	Paint	☐		
PLM 1000 Pt. Count (<0.1%)	☐	w/ TWA	☐	Bulk Sample	☐	Wipe	☐		
						Soil	☐		

SAMPLE ID	SAMPLE TYPE	LOCATION	Date Sampled	Start Time / Stop Time	Avg Flow Rate	Volume (L)
0622-C1	PLM Air clearance	RM 9 Closet - North of Closet	6-22-21	1252 / 1452	12.0	1,200
-C2		RM 9 Closet - South of Closet		1252 / 1452	12.0	1,200
-C3		RM 10 Closet - South of Closet		1317 / 1457	12.0	1,200
-C4		RM 10 Closet - North of Closet		1317 / 1457	12.0	1,200
-C5		RM 12 Closet - South of Closet		1422 / 1602	12.0	1,200
-C6		RM 12 Closet - North of Closet		1422 / 1602	12.0	1,200
-C7	Field Blank					
-C8	Lab Blank					

Relinquished By: Carbany Becerril	Received By:
Date/Time: 6-22-21	Date/Time: 6/22/21 @ 17:17

Lab Forms
Ver. 082411

ENVIRONMENTAL LABORATORIES LLC

1508 East 33rd Street
Signal Hill, CA 90755
Toll: 888-207-2022
Tel: 562-206-2770
Fax: 562-206-2773

Alta Environmental
3777 Long Beach Blvd.
Long Beach CA 90807
Attn.: Jim Byers

Report Number **2144834**

Date Received 06/22/2021
Date Analyzed 06/24/2021
Date Reported 06/25/2021

Project Number
Project Name Roosevelt ES
Location Roosevelt ES, Bldg C
PO Number
WO Number

Date Sampled 06/21/2021
Sampled By Carbany Becerril
Total Samples 4

Method of Anaylsis: NIOSH Method 7400

Test Report

Lab ID / Customer ID	Description / Activity	Avg. Flow Rate (L/min)	Time (min.)	Volume (Liters)	Fibers Count	Fields Count	LOD (f/cc)	Results (f/mm2)	Results (f/cc)
2144834-001		2.5	213	533	4.0	100	0.005	<7.0	<0.005
0621-A1	Rm 9 Closet- Outside Decon								
2144834-002		2.5	214	535	2.5	100	0.005	<7.0	<0.005
0621-A2	Rm 10 Closet- Outside Decon								
2144834-003	BLANK				0.0	100	NA	<7.0	NA
0621-A3	Field Blank								
2144834-004	BLANK				0.0	100	NA	<7.0	NA
0621-A4	Lab Blank								

* All samples have been prepared and analyzed in accordance with the NIOSH 7400 method using "A" Counting Rules Issue 2, August 1994
* OSHA PEL's are 1.0 f/cc for 30 minutes excursion and 0.1 f/cc for 8-hour Time Weighted Average (TWA).
* Void 1= Overloaded with Fibers
* Void 2= Overloaded with Particles
* LOD= 5.5 fibers
* Average Blank (f/field) = 0.000

Analyst - Justine Pablo

Approved Signatory - Cristina E. Tabatt

CHAIN OF CUSTODY

AQ ENVIRONMENTAL LABORATORIES
1508 E. 33rd Street
Signal Hill, CA 90755
562-206-2770 Tel
562-206-2773 Fax
services@AQenvlabs.com

(Lab) Order No. 2144834

CUSTOMER INFORMATION		Turnaround Time	Shipped By	Report Send Via:
Company	Alta Environmental	Same Day ☐	Fedex ☐	Web ☐
Address	3777 Long Beach Boulevard	1 Day ☐	UPS ☐	Email ☑
City/State/Zip	Long Beach, CA 90807	2 Day ☐	USPS ☐	Fax ☐
Contact	Jim Byers	3 Day ☑	Drop Off ☑	Verbal ☐
Office Phone	562/ 495-5777	5 Day ☐	Drop Box ☐	Mail ☐
Cell		Weekend ☐	Other ☐	Pick up ☐
Fax	562/ 495-5877	**Special Instructions:** CC: Carbany		
Email				

PROJECT INFORMATION

Project Name:	Roosevelt ES	PO Number:	
Project Number:		Work Order No.:	
Location:	Roosevelt ES, Bldg C	Sampled By:	Carbany

PLM		PCM		MOLD		LEAD (Pb)			
PLM EPA 600/M4-82-020	☐	NIOSH 7400A	☑	Spore Trap	☐	Air	☐	TTLC	☐
PLM 400 Pt. Count (<0.25%)	☐	NIOSH 7400B	☐	Tape Lift	☐	Paint	☐		
PLM 1000 Pt. Count (<0.1%)	☐	w/ TWA	☐	Bulk Sample	☐	Wipe	☐		
						Soil	☐		

SAMPLE ID	SAMPLE TYPE	LOCATION	Date Sampled	Start Time / Stop Time	Avg Flow Rate	Volume (L)
0621-A1	PLM Air	RM 9 Closet - out side Decon	6-21-21	0722 / 1055	2.5	532.5
-A2	↓	RM 10 closet - out side Decon	↓	0724 / 1058	2.5	535
-A3	Field Blank	/	↓	---		
-A4	Lab Blank	/	/	---		

Relinquished By: Carbany B
Date/Time: 6-21-21

Received By: [signature]
Date/Time: 6/22/21 17:17

Lab Forms
Ver. 082411

ENVIRONMENTAL LABORATORIES LLC

1508 East 33rd Street
Signal Hill, CA 90755
Toll: 888-207-2022
Tel: 562-206-2770
Fax: 562-206-2773

Alta Environmental
3777 Long Beach Blvd.
Long Beach CA 90807
Attn.: Jim Byers

Report Number **2144835**

Project Number
Project Name Roosevelt ES
Location
PO Number
WO Number

Date Received 06/22/2021
Date Analyzed 06/24/2021
Date Reported 06/25/2021

Date Sampled 06/22/2021
Sampled By Carbany Becerril
Total Samples 6

Method of Anaylsis: NIOSH Method 7400

Test Report

Lab ID / Customer ID	Description / Activity	Avg. Flow Rate (L/min)	Time (min.)	Volume (Liters)	Fibers Count	Fields Count	LOD (f/cc)	Results (f/mm2)	Results (f/cc)
2144835-001		2.5	204	510	0.0	100	0.005	<7.0	<0.005
0622-A1	Bldg A (South) Roof- North of Roof								
2144835-002		2.5	205	513	0.0	100	0.005	<7.0	<0.005
0622-A2	Bldg A (South) Roof- South of Roof								
2144835-003		2.5	72	180	1.0	100	0.015	<7.0	<0.015
0622-A3	Rm 9 Closet- Outside Decon								
2144835-004		2.5	55	138	0.0	100	0.020	<7.0	<0.020
0622-A4	Rm 12 Closet- Outside Decon								
2144835-005	BLANK				0.0	100	NA	<7.0	NA
0622-A5	Field Blank								
2144835-006	BLANK				0.0	100	NA	<7.0	NA
0622-A6	Lab Blank								

* All samples have been prepared and analyzed in accordance with the NIOSH 7400 method using "A" Counting Rules Issue 2, August 1994
* OSHA PEL's are 1.0 f/cc for 30 minutes excursion and 0.1 f/cc for 8-hour Time Weighted Average (TWA).
* Void 1= Overloaded with Fibers
* Void 2= Overloaded with Particles
* LOD= 5.5 fibers
* Average Blank (f/field) = 0.000

Analyst - Justine Pablo

Approved Signatory - Cristina E. Tabatt

The limit of detection is 7 fibers/mm2. The laboratory is not responsible for data reported in fibers/cc as this data is dependent on volume collected by non-laboratory personnel. Results have been blank corrected using blanks submitted by customer or laboratory blank, as applicable. This report may not be reproduced except in full without written approval by AQ Environmental Laboratories LLC.

CHAIN OF CUSTODY

AQ ENVIRONMENTAL LABORATORIES
1508 E. 33rd Street
Signal Hill, CA 90755
562-206-2770 Tel
562-206-2773 Fax
services@AQenvlabs.com

(Lab) Order No. 2144835

CUSTOMER INFORMATION		Turnaround Time		Shipped By		Report Send Via:	
Company	Alta Environmental	Same Day	☐	Fedex	☐	Web	☐
Address	3777 Long Beach Boulevard	1 Day	☐	UPS	☐	Email	☑
City/State/Zip	Long Beach, CA 90807	2 Day	☐	USPS	☐	Fax	☐
Contact	Sim Byers	3 Day	☑	Drop Off	☑	Verbal	☐
Office Phone	562/ 495-5777	5 Day	☐	Drop Box	☐	Mail	☐
Cell		Weekend	☐	Other	☐	Pick up	☐
Fax	562/ 495-5877	**Special Instructions:** CC: Carbery					
Email							

PROJECT INFORMATION

Project Name:	Roosevelt ES	PO Number:	
Project Number:		Work Order No.:	
Location:	Roosevelt ES	Sampled By:	Carbany B

PLM		PCM		MOLD		LEAD (Pb)			
PLM EPA 600/M4-82-020	☐	NIOSH 7400A	☑	Spore Trap	☐	Air	☐	TTLC	☐
PLM 400 Pt. Count (<0.25%)	☐	NIOSH 7400B	☐	Tape Lift	☐	Paint	☐		
PLM 1000 Pt. Count (<0.1%)	☐	w/ TWA	☐	Bulk Sample	☐	Wipe	☐		
						Soil	☐		

SAMPLE ID	SAMPLE TYPE	LOCATION	Date Sampled	Start Time / Stop Time	Avg Flow Rate	Volume (L)
0622-A1	PCM Air	Bldg A (South) Roof – North of Roof	6-22-21	0732 / 1056	2.5	510
-A2	↓	Bldg A (South) Roof – South of Roof	↓	0737 / 1058	2.5	512.5
-A3	↓	RM 9 Closet – outside Decon	↓	0828 / 0940	2.5	180
-A4	↓	RM 12 Closet – outside Decon	↓	0950 / 1045	2.5	137.5
-A5	Field Blank	/	/			
-A6	Lab Blank	/	/			

Relinquished By: Carbany Beverril	Received By:
Date/Time: 6-22-21	Date/Time: 6/22/21 17:17

Lab Forms
Ver. 082411

ENVIRONMENTAL LABORATORIES LLC

1508 East 33rd Street
Signal Hill, CA 90755
Toll: 888-207-2022
Tel: 562-206-2770
Fax: 562-206-2773

Alta Environmental
3777 Long Beach Blvd.
Long Beach CA 90807
Attn.: Jim Byers

Report Number 2144771

Project Number
Project Name Roosevelt ES
Location Bldg C
PO Number
WO Number

Date Received 06/18/2021
Date Analyzed 06/18/2021
Date Reported 06/18/2021

Date Sampled 06/18/2021
Sampled By Carbany Becerril
Total Samples 6

Method of Analysis 40 CFR Part 763 Appendix E to Subpart E, EPA Method 600/M4-82-020; updated method 600 R-93/116 Determination of Asbestos in Bulk Building Materials.

Test Report

Laboratory ID Sample No.	Sample Location Description	Layer No. Layer %	Non-Asbestos Components	(%)	Asbestos Type	(%)
2144771-001	Rm 6- Heater Rm (West wall)					
CB-1	Bulk Sample, Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	15% 85%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**
2144771-002	Rm 6- Heater Rm (West wall)					
CB-2	Bulk Sample, Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	15% 85%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**
2144771-003	Rm 6- Heater Rm (West wall)					
CB-3	Bulk Sample, Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	15% 85%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**
2144771-004	Rm 6- Heater Rm (West wall)					
CB-4	Bulk Sample, Cream/Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	10% 90%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**
2144771-005	Rm 6- Heater Rm (West wall)					
CB-5	Bulk Sample, Cream/Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	15% 85%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**
2144771-006	Rm 6- Heater Rm (West wall)					
CB-6	Bulk Sample, Cream/Brown, Non-homogeneous	LAYER 1 100%	Jute Fiber Non-Fibrous Material	15% 85%	None Detected	
	Asbestos Present: No		Total % Non-Asbestos:	100.0%	**Total %Asbestos:**	**No Asbestos Detected**

ENVIRONMENTAL LABORATORIES LLC

1508 East 33rd Street
Signal Hill, CA 90755
Toll: 888-207-2022
Tel: 562-206-2770
Fax: 562-206-2773

Alta Environmental
3777 Long Beach Blvd.
Long Beach CA 90807
Attn.: Jim Byers

Report Number 2144771

Project Number
Project Name Roosevelt ES
Location Bldg C
PO Number
WO Number

Date Received 06/18/2021
Date Analyzed 06/18/2021
Date Reported 06/18/2021

Date Sampled 06/18/2021
Sampled By Carbany Becerril
Total Samples 6

Method of Analysis 40 CFR Part 763 Appendix E to Subpart E, EPA Method 600/M4-82-020; updated method 600 R-93/116 Determination of Asbestos in Bulk Building Materials.

Test Report

Laboratory ID / Sample No.	Sample Location / Description	Layer No. / Layer %	Non-Asbestos Components	(%)	Asbestos Type	(%)

Method Detection Limit: Less than one percent (<1%). Asbestos content has been determined using calibrated visual estimation (CVES). Samples tested were received in acceptable condition unless otherwise stated. Test report relates only to items tested. Non-homogeneous samples containing discrete and separable layers are analyzed and reported separately; composite results may be reported upon customer's request. Non-homogeneous samples with inseparable layers are analyzed and reported as composite samples. Due to the limitations of Polarized Light Microscopy, samples reported as None Detected or with low asbestos concentrations may not be reliable and further analysis such as TEM is recommended to confirm PLM results. This report shall not be reproduced except in full without the written approval of this laboratory. This report may not be used by the customer to claim product certification, endorsement, or approval by NIST/NVLAP or any agency of the government. Samples shall be disposed according to local, state and federal laws, 30 days after results are reported unless otherwise instructed.

CA-ELAP #2823

Analyst - Fred Chappelear

Approved Signatory Cristina E. Tabatt

NVLAP TESTING
NVLAP Lab Code 500044-0

CHAIN OF CUSTODY

ENVIRONMENTAL LABORATORIES
1508 E. 33rd Street
Signal Hill, CA 90755
562-206-2770 Tel
562-206-2773 Fax
services@AQenvlabs.com

(Lab) Order No. 2144771

CUSTOMER INFORMATION

Company	Alta Environmental
Address	3777 Long Beach Boulevard
City/State/Zip	Long Beach, CA 90807
Contact	~~Joel~~ @ Jim Byers
Office Phone	562/ 495-5777
Cell	
Fax	562/ 495-5877
Email	

Turnaround Time		Shipped By		Report Send Via:	
Same Day	☒	Fedex	☐	Web	☐
1 Day	☐	UPS	☐	Email	☒
2 Day	☐	USPS	☐	Fax	☐
3 Day	☐	Drop Off	☒	Verbal	☐
5 Day	☐	Drop Box	☐	Mail	☐
Weekend	☐	Other	☐	Pick up	☐

Special Instructions: Rush as soon as possible
CC: Carbany

PROJECT INFORMATION

Project Name:	Roosevelt FS	PO Number:	
Project Number:		Work Order No.:	
Location:	Bldg C	Sampled By:	Carbany B

PLM		PCM		MOLD		LEAD (Pb)		
PLM EPA 600/M4-82-020	☒	NIOSH 7400A	☐	Spore Trap	☐	Air	☐	TTLC ☐
PLM 400 Pt. Count (<0.25%)	☐	NIOSH 7400B	☐	Tape Lift	☐	Paint	☐	
PLM 1000 Pt. Count (<0.1%)	☐	w/ TWA	☐	Bulk Sample	☐	Wipe	☐	
						Soil	☐	

SAMPLE ID	SAMPLE TYPE	LOCATION	Date Sampled	Start Time / Stop Time	Avg Flow Rate	Volume (L)
CB-1	Bulk Sample	RM 6 – Header RM (west wall)	6-18-21			
-2	↓	↓	↓			
-3						
-4						
-5						
-6	↓	↓	↓			

Relinquished By: Carbany Becerril
Date/Time: 6-18-21

Received By: [signature] 6/18/21 16:52
Date/Time:

Lab Forms
Ver. 082411

NV5
ALTA ENVIRONMENTAL

Air Sampling Form

Client: SMMUSD
Project No.: SMSD-21-10182
Project Location: Roosevelt BLDG. H

Date: 5-11-21
Page: 1 of 1

Sample #	Pump #	Sample Location	Type	Activity in Progress	Start Time	Stop Time	LPM Start	LPM Stop	Volume	Fibers/ Fields	F/CC*
C-1		Containment - west	C	None	1725	1905	13.5	13.5	1350	7/100	.003
C-2		- center			1725	1905	13.5	13.5	1350	5.5/100	.002
C-3		- East			1725	1905	13.5	13.5	1350	10/100	.004
C-4		Field Blank								0/100	
C-5		Lab Blank								0/100	

Type: OWA = Outside Work Area; IWA = Inside Work Area; B = Background; P = Personal; C = Clearance

Detection limit is 5.5 f/cc

Analytical Method:

PCM-Niosh 7400	✓
TEM-AHERA	
TEM-EPA Yamate	
NIOSH-7082/Pb	

Sample Media:

25 mm MCE 0.8 µg	✓
25 mm MCE 0.45 µg	
37 mm MCE	

Sample Analysis:

Alta On-site	✓
Outside Lab	

Field Blank
Sample # C-4
Fiber/Fields 0/100

Lab Blank
Sample # C-5
Fiber/Fields 0/100

Microscopist: Randy Flores
Microscope #: Leica DM 500
Graticle field area (mm²): 0.00778
Filter area (mm²): 385
Q.C. slide readable: Yes
Rotometer #:

Comments:

On-Site Technician: Randy Flores
Signature:

Cert Number: 17-6017

NV5
ALTA ENVIRONMENTAL

Air Sampling Form

Client: SMMUSD
Project No.: SMSD-21-10182
Project Location: BLDG K

Date: 6-17-2021
Page: 1 of 1

Sample #	Pump #	Sample Location	Type	Activity in Progress	Start Time	Stop Time	LPM Start	LPM Stop	Volume	Fibers/ Fields	F/CC*
A-1		Outside Recon	OWA	ACM Removal	1001	1304	2.5	2.5	457.5	4/100	.004
A-2		Neg Air	"	"	1004	1305	2.5	2.5	452.5	2.5/100	.003
C-5		Bldg K Heater Closet	C	NONC	1315	1501	13.0	13.0	1378	22.5/100	.008
C-6		"	"	"	1317	1505	13.0	13.0	1400	20/100	.007

Type: OWA = Outside Work Area; IWA = Inside Work Area; B = Background; P = Personal; C = Clearance

Detection limit is 5.5 f/cc

Analytical Method:

PCM-Niosh 7400	✓
TEM-AHERA	
TEM-EPA Yamate	
NIOSH-7082/Pb	

Sample Media:

25 mm MCE 0.8 µg	✓
25 mm MCE 0.45 µg	
37 mm MCE	

Sample Analysis:

Alta On-site	✓
Outside Lab	

Field Blank
Sample # A-3
Fiber/Fields 1.5/100

Lab Blank
Sample # A-4
Fiber/Fields 0/100

Microscopist: Randy Flores
Microscope #: Leica DM 500
Graticle field area (mm²): 0.00785
Filter area (mm²): 385
Q.C. slide readable: yes
Rotometer #:

Comments:

On-Site Technician: Randy Flores
Signature:
Cert Number: 17-6019

Appendix D

Employee Certifications

Certificate Of Completion

Asbestos Building Inspector Refresher Course

DOSH #:CA-015-06

Carbany Becerril

ABIR0714210006N26992

David Wallach	Michael W. Horner
Principal Instructor	Training Director

7/14/2021	7/14/2021	7/14/2021	7/14/2022
Course Start Date	Course End Date	Exam Date	Expiration Date

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

NATEC International, Inc.

National Association of Training and Environmental Consulting

1100 Technology Circle- Suite A, Anaheim, CA 92805 • www.natecintl.com • 800-969-3228

Important Industry Contacts

CAL-OSHA: Ph# (916) 574-2993
(916) 483-0572 Fax Notification
Web: www.dir.ca.gov or calosha.com

CDPH/CLPPB: Ph# (510) 620-5600
Web: www.cdph.ca.gov/programs/CLPPB

SCAQMD: Ph# (909) 396-3739
Fax#(909) 396-3342

BAAQMD: Ph# (415) 749-4762

NATEC International, Inc.

National Association of Training and Environmental Consulting

Anaheim, CA • Oakland, CA • Fresno, CA • Sacramento, CA

Asbestos • Lead • Mold • HAZWOPER

P.O. Box 25205 Anaheim, CA 92825-5205

(714) 678-2750, (800) 969-3228, Fax (714) 678-2757

www.natecintl.com

NATEC International, Inc.

National Association of Training and Environmental Consulting

*Note: Card is not suitable substitute for certificate and is not accepted by SCAQMD as proof of certification

This Card Acknowledges That
Carbany Becerril

Holds Training Certification For
Asbestos Building Inspector Refresher Course

Expiration: 7/14/2022

Training Date 7/14/2021
Certificate No. ABIR0714210006N26992

Michael W. Horner
Training Director

State of California
Division of Occupational Safety and Health
Certified Site Surveillance Technician

Name **Randolph J Flores**

Certification No. **17-6019**

Expires on **09/12/22**

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
Division of Occupational Safety and Health
Certified Asbestos Consultant
James Charles Byers, Jr.
Name
Certification No. 06-4122
Expires on 01/18/22
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.

Appendix E

Contractor Closeout Documents

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

AN ENVIRONMENTAL & GENERAL CONSTRUCTION SERVICES CORPORATION

August 31, 2021

VIA EMAIL

Kay Khadem
Senior Project Manager
Facility Improvement Projects
Santa Monica-Malibu Unified School District
2828 4th Street
Santa Monica, CA 90405
KKhadem@smmusd.org

RE: Roosevelt School
Closeout Documents – Abatement Work

Attached you will find the below list of documents required for the close out package for abatement work at the above referenced school.

1. **Daily job Reports**
2. **Safety Meetings**
3. **Filter change logs**
4. **Employee & Visitor entry/exit logs for containments**
5. **Signed manifest**
6. **AQMD notifications**
7. **Contractors License**
8. **DOSH Certificate**
9. **Certificate of Insurance**
10. **Employee training Certificates**
11. **Employee Physical Certifications**
12. **Respirator Fit Tests**
13. **SCAQMD Permits for HEPA Equipment**
14. **CPR Training Cert for Supervisor**
15. **Abatement Work Plan**

Feel free to contact me with any questions or if you need additional information.

Thank you.

Adela Miller
Tri Span, Inc.

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. TSZ-050-21 | Date: 5-11-21

Project Name Roosevelt ES | Work area location

Starting time: 3:00pm | Finish time: 11:30pm

Hazardous: Non-Hazardous:

Number of air samples taken Today of the following	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	✓			GFCI On Site/In Use	✓		
HVAC System Turned Off/Sealed	✓			Decontamination system Functioning	✓		
Negative Pressure maintained in Work Area	✓			Fire Exits/Fire Extinguishers	✓		
Signs Posted at Work Area	✓			Safety/Fire Meeting (If Yes, Attach Report)	✓		
Work Area Secure	✓			Asbestos Waste Property Wet/Labeled	✓		
EPA/OSHA Municipal Job Notification Posted	✓			Dumpster Lined/Secure	✓		
Specification/Scope of Work on Site	✓			Dump Manifest on Site	✓		
Respirator Type	✓			Worker Training/Medical Records on Site	✓		

DESCRIPTION OF WORK

Arrive at Job Site Sign in Safety Meeting and daily Stretch Saw the Foreman going to work at tools down equipment and Start Setting up equipment and poly and critical on door and windows continue with the set up then we Started the decon and waiting air then start Suiting up went in Containment and Start wetting everything then start to remove the the dampers from the AC units 7:00pm lunch time back container with the dampers finish with everything set cleanness teard down and hoold up equipment went to office and unload 11:30pm finish End of Shift

Foreman's Signature

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. TSI-063-21	Date: 6-17-21
Project Name Roosevelt	Work area location
Starting time: 6:00 Finish time: 3:30	
	Hazardous: Non-Hazardous:

Number of air samples taken Today of the following	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	✓			GFCI On Site/In Use	✓		
HVAC System Turned Off/Sealed	✓			Decontamination system Functioning	✓		
Negative Pressure maintained in Work Area	✓			Fire Exits/Fire Extinguishers	✓		
Signs Posted at Work Area	✓			Safety/Fire Meeting (If Yes, Attach Report)	✓		
Work Area Secure	✓			Asbestos Waste Property Wet/Labeled	✓		
EPA/OSHA Municipal Job Notification Posted	✓			Dumpster Lined/Secure	✓		
Specification/Scope of Work on Site	✓			Dump Manifest on Site	✓		
Respirator Type	✓			Worker Training/Medical Records on Site	✓		

DESCRIPTION OF WORK

Assign at job Site Sign in safety meeting and daily stretch talk to far to see where we go to start working at so we went to the 14 Building to do tile and mastic continue with the set up full containment continue with the containment by 10:00am started removing the tile remove tile and at start clean the tile put mastic removal on the mastic 11:00am lunch time back from lunch started the mastic by 12:30pm finish with the mastic clean up then move on with the transite on the roof continue with the transit pipe clean up 3:30pm end of shift.

Foreman's Signature [signature]

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. TS2-063-21 | Date: 6-18-21
Project Name Roosevelt ES | Work area location
Starting time: 7:00 | Finish time: 3:30

Hazardous: Non-Hazardous:

Number of air samples taken	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
Today of the following							
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	✓			GFCI On Site/In Use	✓		
HVAC System Turned Off/Sealed	✓			Decontamination system Functioning	✓		
Negative Pressure maintained in Work Area	✓			Fire Exits/Fire Extinguishers	✓		
Signs Posted at Work Area	✓			Safety/Fire Meeting (If Yes, Attach Report)	✓		
Work Area Secure	✓			Asbestos Waste Property Wet/Labeled	✓		
EPA/OSHA Municipal Job Notification Posted	✓			Dumpster Lined/Secure	✓		
Specification/Scope of Work on Site	✓			Dump Manifest on Site	✓		
Respirator Type	✓			Worker Training/Medical Records on Site	✓		

DESCRIPTION OF WORK

Arrive at Job Site sign in safety meeting and daily Stretch talk to for to see what he want us to start so we start at the cafeteria to remove transite two pipe run down to the roof Continue with the same process set up the floor and put criticals on the Doors then went up to the roof to start removing the transite from the roof then come down for lunch at 11:00am back from lunch at 11:30 am went up to the roof and continue with the transite pipe continue with the transite pipe by 2:00pm we finish removing the transite pipe so start cleaning up 3:30pm End of Shift.

Foreman's Signature

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. TSI-063-21	Date: 6-21-21
Project Name Roosevelt ES	Work area location
Starting time: 7:00 Finish time: 4:30	
	Hazardous: Non-Hazardous:

Number of air samples taken Today of the following	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	✓			GFCI On Site/In Use	✓		
HVAC System Turned Off/Sealed	✓			Decontamination system Functioning	✓		
Negative Pressure maintained in Work Area	✓			Fire Exits/Fire Extinguishers	✓		
Signs Posted at Work Area	✓			Safety/Fire Meeting (If Yes, Attach Report)	✓		
Work Area Secure	✓			Asbestos Waste Property Wet/Labeled	✓		
EPA/OSHA Municipal Job Notification Posted	✓			Dumpster Lined/Secure	✓		
Specification/Scope of Work on Site	✓			Dump Manifest on Site	✓		
Respirator Type	✓			Worker Training/Medical Records on Site	✓		

DESCRIPTION OF WORK

Arrive at Job Site sign in safety meet and daily Stretch talk to for so we can do the class 9, 10, and 12 So we started setting up Containment on all the room continue with the Set up continue with the same process. continue with the Set up when finish we told the Inspector Visual on the containment 11:00am lunch time back at 12:30pm start to remove the tile in one room the Clean up and put Mastic removal for the mastic. went back room remove the tile and then when finish clean up and putting mastic removal on the mastic move on on the 3rd room remove the tile and then Clean up went back and start removing the Mastic continue with the mastic then when finish move on on the next room 3:30pm finish with every clean and pick up every thing.

Foreman's Signature

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. TSZ-063-21	Date: 6-22-21
Project Name Boosevelt ES	Work area location
Starting time: 7:00 Finish time: 3:30	
	Hazardous: Non-Hazardous:

Number of air samples taken	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
Today of the following							
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	/			GFCI On Site/In Use	/		
HVAC System Turned Off/Sealed	/			Decontamination system Functioning	/		
Negative Pressure maintained in Work Area	/			Fire Exits/Fire Extinguishers	/		
Signs Posted at Work Area	/			Safety/Fire Meeting (If Yes, Attach Report)	/		
Work Area Secure	/			Asbestos Waste Property Wet/Labeled	/		
EPA/OSHA Municipal Job Notification Posted	/			Dumpster Lined/Secure	/		
Specification/Scope of Work on Site	/			Dump Manifest on Site	/		
Respirator Type	/			Worker Training/Medical Records on Site	/		

DESCRIPTION OF WORK

Arrive at job site sign in Safety Caution and daily stretch talk to for to see where we going to work at he told up to remove 12 transite pipe on the roof on the library room so took down equipment and went up to the roof then had 1 guy on the bottom put poly in the rooms where the transite pipe run down continue with the set up start remove 1 pipe at 11:00am lunch time back from lunch at 11:30am continue to remove the transite pipe Continue with the same process by 2:30pm start Cleaning up double bagging all the bags by 3:30pm finish with everything End of Shift.

Foreman's Signature [signature]

TRI SPAN, INC. *AQMD ID # 97908*

DAILY CHECK LIST AND LOG

Project No. 757-063-22	Date: 7-8-22
Project Name Roosevelt ES	Work area location
Starting time: 7:00 am / Finish time: 3:30pm	
	Hazardous: Non-Hazardous:

Number of air samples taken	Baseline	Personal:		Area Aft:	Final air clearance	PCM	TEM:
Today of the following							
DESCRIPTION:	**Yes**	**No**	**N/A**	**Description**	**Yes**	**No**	**N/A**
Work Area Isolated	✓			GFCI On Site/In Use	✓		
HVAC System Turned Off/Sealed	✓			Decontamination system Functioning	✓		
Negative Pressure maintained in Work Area	✓			Fire Exits/Fire Extinguishers	✓		
Signs Posted at Work Area	✓			Safety/Fire Meeting (If Yes, Attach Report)	✓		
Work Area Secure	✓			Asbestos Waste Property Wet/Labeled	✓		
EPA/OSHA Municipal Job Notification Posted	✓			Dumpster Lined/Secure	✓		
Specification/Scope of Work on Site	✓			Dump Manifest on Site	✓		
Respirator Type	✓			Worker Training/Medical Records on Site	✓		

DESCRIPTION OF WORK

Arrive at Job Site Sign in Safety Meeting and daily Stretch start taking down the equipment went to the library to do some coring hole on the ceiling set up the class room so we can do the coring on the ceiling we got to do bo coring on the ceiling Continue to set up the library 11:00 am lunch time finish the set came back and started the corings on the library on the ceiling Continue with the coring on the ceiling by 2:00pm Started making a hole on the dry wall finish and double bag all the bags 3:30pm End of Shift.

Foreman's Signature A

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

SAFETY GEAR IS REQUIRED FOR ALL JOBS

I acknowledge that I have received a Safety Vest, Safety Glasses, and a pair of Kevlar Cut Resistant Gloves, which have been issued by the employer. If any of the items are in poor shape, I am to turn them in for replacement. Furthermore, I understand that I am to have my safety gear, including steel toe boots and a hard hat, with me at every job site. These safety requirements are for your benefit and are required by OSHA standards.

Reconozco que he recibido un chaleco de seguridad, gafas de seguridad y un par de guantes resistentes al corte, que han sido emitidos por el empleador. Si alguno de los artículos está en mal estado, debo entregarlos para su reemplazo. Además, entiendo que tengo que tener mi equipo de seguridad, incluyendo botas de puntera de acero y un casco, conmigo en cada sitio de trabajo. Estos requisitos de seguridad son para su beneficio y son requeridos por las leyes estatales de OSHA.

Name/Nombre:	Sign/Firma:
Saul Matias	
Sonia [illegible]	

HARBOR ENVIRONMENTAL GROUP, INC.

DATE: 6-17-21

PROJECT NAME: Roosevelt ES

ROJECT NUMBER: TSZ-063-21

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

SAFETY GEAR IS REQUIRED FOR ALL JOBS

I acknowledge that I have received a Safety Vest, Safety Glasses, and a pair of Kevlar Cut Resistant Gloves, which have been issued by the employer. If any of the items are in poor shape, I am to turn them in for replacement. Furthermore, I understand that I am to have my safety gear, including steel toe boots and a hard hat, with me at every job site. These safety requirements are for your benefit and are required by OSHA standards.

Reconozco que he recibido un chaleco de seguridad, gafas de seguridad y un par de guantes resistentes al corte, que han sido emitidos por el empleador. Si alguno de los artículos está en mal estado, debo entregarlos para su reemplazo. Además, entiendo que tengo que tener mi equipo de seguridad, incluyendo botas de puntera de acero y un casco, conmigo en cada sitio de trabajo. Estos requisitos de seguridad son para su beneficio y son requeridos por las leyes estatales de OSHA.

Name/Nombre:	Sign/Firma:
Jaime Ugarte	
Alem Uqbu	

HARBOR ENVIRONMENTAL GROUP, INC.

DATE: 7.7.21

PROJECT NAME: ROOSEVELT

PROJECT NUMBER: TSi 063-21

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

SAFETY GEAR IS REQUIRED FOR ALL JOBS

I acknowledge that I have received a Safety Vest, Safety Glasses, and a pair of Kevlar Cut Resistant Gloves, which have been issued by the employer. If any of the items are in poor shape, I am to turn them in for replacement. Furthermore, I understand that I am to have my safety gear, including steel toe boots and a hard hat, with me at every job site. These safety requirements are for your benefit and are required by OSHA standards.

Reconozco que he recibido un chaleco de seguridad, gafas de seguridad y un par de guantes resistentes al corte, que han sido emitidos por el empleador. Si alguno de los artículos está en mal estado, debo entregarlos para su reemplazo. Además, entiendo que tengo que tener mi equipo de seguridad, incluyendo botas de puntera de acero y un casco, conmigo en cada sitio de trabajo. Estos requisitos de seguridad son para su beneficio y son requeridos por las leyes estatales de OSHA.

Name/Nombre:	Sign/Firma:
Jesus Urzua	
Allen Urzua	
JESÚS CEJA	

HARBOR ENVIRONMENTAL GROUP, INC.

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

AN ENVIRONMENTAL & GENERAL CONSTRUCTION SERVICES CORPORATION

PRE-JOB SAFETY MEETING

PROJECT NAME Roosevelt ES

PERSON CONDUCTING MEETING Saico Ortuno

DATE 5-11-21 PROJECT NO.: TSI-050-21

ITEMS DISCUSSED DURING MEETING

- ☐ Job Site Housekeeping
- ☑ Respirator use & Cleaning
- ☑ Keep Waste Material Wet
- ☑ Work Area Steel Toe
- ☑ Wet Blown
- ☑ Glasses

LIST OF THOSE ATTENDING THIS MEETING

Saul Matias

Saico Ortuno

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

AN ENVIRONMENTAL & GENERAL CONSTRUCTION SERVICES CORPORATION

PRE-JOB SAFETY MEETING

PROJECT NAME Roosevelt ES

PERSON CONDUCTING MEETING Sara Uh

DATE 6-17-21 PROJECT NO.: TSI-0803-21

ITEMS DISCUSSED DURING MEETING

- [x] Job Site Housekeeping
- [x] Respirator use & Cleaning
- [x] Keep Waste Material Wet
- [x] Hard hat, Steel toe
- [x] Glasses done
- [ ]

LIST OF THOSE ATTENDING THIS MEETING

Sara Uh
Allen Urtu

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

AN ENVIRONMENTAL & GENERAL CONSTRUCTION SERVICES CORPORATION

PRE-JOB SAFETY MEETING

PROJECT NAME Roosevelt

PERSON CONDUCTING MEETING Jairo Urzua

DATE 7.7.21 PROJECT NO.: TS 063-21

ITEMS DISCUSSED DURING MEETING

- ☐ Job Site Housekeeping
- ☐ Respirator use & Cleaning
- ☐ Keep Waste Material Wet
- ☐ Stretch & Flex
- ☐ Keep PPE At All times
- ☐

LIST OF THOSE ATTENDING THIS MEETING

Jairo Urzua
Alvin Urzua
Jesús Ceja

591 W. Explorer Street | BREA, CA 92821 | PHONE: (714) 257-9680 | FAX: (714) 257-9681
LICENSE #611639 DOSH #218

TRI SPAN, INC.
ENVIRONMENTAL, DEMOLITION AND CONSTRUCTION SERVICES

AN ENVIRONMENTAL & GENERAL CONSTRUCTION SERVICES CORPORATION

NEGATIVE AIR LOG

PROJECT NUMBER: TS2-063-21

SUPERVISOR: Sara Ha

DATE	TIME	MACHINE #	MGR	TOTAL OPERATION HOURS
	8:00			
5-11-21	~~7:00~~ pm	~~117~~ 118	1.5	3
6-17-21	10:00 am	~~120~~ 140	1.5	2
6-21-21	12:00	117	1.0	5
7-7-21	10:00 am	119	1.0	5

591 W. Explorer Street | BREA, CA 92821 | PHONE: (714) 257-9680 | FAX: (714) 257-9681
LICENSE #611639 DOSH #218

Project Name: Assessment ES No: TSI-063-21

Address: _____

Foreman: Jaime Vera Date: 5-11-21

Page ____ of ____

AIR MONITORING DATA SHEET

SAMPLE TYPE	MATERIAL REMOVED	
Background = **BG** Personal = **P** Inside area = **IA** Outside Area = **OA** Neg Air = **NG** Final Clearances = **F** Blank = **BK** Excursion = **EX** Exposure Blank = **EB**	Vinyl Tile = **VAT** Vinyl Tile Mastic = **VATM** Linoleum = **LINO** Acoustic Ceiling = **AC** Plaster = **PLS** Drywall Mud = **DWM** Roof Felts = **RF** Ceramic Tile = **CT** Lead Base Paint = **LBP**	Roof Mastic = **RM** Transite = **TRAN** Stucco = **STO** Fireproof = **FP** Pipe Insulation = **PI** Tank Insulation = **TI** Duct Insulation = **DI** Exhaust = **Exh**

Sample #	Name SS #	Sample Type	Material Removed	Job Description	Start Time	Stop Time	# Min	Flow Rate	Pump #	Calb Date	TOTAL LITERS
1	Saul Matias #	EA	DI	GR	8:00	8:30	30	2.5/2.5 2.5	7	5-11-21	75
2	Saul Matias #	P	DI	GR	8:30	10:30	120	2.5/2.2 2.2	7	5-11-21	264
	 #										
	 #										
	 #										
	 #										

Sample # & Comments: _____

Relinquished By: Time: Date:

Received By: Time: Date:

Job Description (work area prep=**PR**, Gross removal = **GR**, detail removal=**DR**, wet-wipe & Hepa vac.=**WH**, encapsulation =**EN**, containment tear down=**TD**, glove bag removal=**GB** Scrape Loose & Flaking Paint=**SLFP**,)

Tri Span, Inc.
591 W. Explorer Street Brea, CA 92821 Tel: (714) 257-9680 Fax: (714) 257-9681
License # 611639 DOSH # 218

Project Name: Roosevelt ES No: TSZ-063-21

Address: _____

_____

Foreman: _____ Date: ____-____-____

Page ____ of ____

AIR MONITORING DATA SHEET

SAMPLE TYPE	MATERIAL REMOVED	
Background = **BG**	Vinyl Tile = **VAT**	Roof Mastic = **RM**
Personal = **P**	Vinyl Tile Mastic = **VATM**	Transite = **TRAN**
Inside area = **IA**	Linoleum = **LINO**	Stucco = **STO**
Outside Area = **OA**	Acoustic Ceiling = **AC**	Fireproof = **FP**
Neg Air = **NG**	Plaster = **PLS**	Pipe Insulation = **PI**
Final Clearances = **F**	Drywall Mud = **DWM**	Tank Insulation = **TI**
Blank = **BK**	Roof Felts = **RF**	Duct Insulation = **DI**
Excursion = **EX**	Ceramic Tile = **CT**	Exhaust = **Exh**
Exposure Blank = **EB**	Lead Base Paint = **LBP**	

Sample #	Name SS #	Sample Type	Material Removed	Job Description	Start Time	Stop Time	# Min	Flow Rate	Pump #	Calb Date	TOTAL LITERS
1	~~Jaime~~ Aiken wife #	EA	tile	GR	9:30	10:30	30	2.5/2.5 2.5	7	6-17	75
2	Aiken wife #	P	tile	GR	10:00	11:30	90	2.5/2.4 2.0	7	6-17	190
3	Jaime wife #	P	transite	GR	12:00	2:00	120	2.5/2.0 1.5	7	6-17	288
	#										
	#										
	#										

Sample # & Comments: _____

Relinquished By: Time: Date:

Received By: Time: Date:

Job Description (work area prep=**PR**, Gross removal = **GR**, detail removal=**DR**, wet-wipe & Hepa vac.=**WH**, encapsulation =**EN**, containment tear down=**TD**, glove bag removal=**GB** Scrape Loose & Flaking Paint=**SLFP**,)

Tri Span, Inc.
591 W. Explorer Street Brea, CA 92821 Tel: (714) 257-9680 Fax: (714) 257-9681
License # 611639 DOSH # 218

Project Name: Roosevelt No: TS2-063

Address: _____

Foreman: Sara Uptn Date: 6-21-21

Page ____ of ____

AIR MONITORING DATA SHEET

SAMPLE TYPE	MATERIAL REMOVED		
Background = **BG**	Vinyl Tile = **VAT**	Vinyl Tile Mastic = **VATM**	Roof Mastic = **RM**
Personal = **P**	Linoleum = **LINO**	Transite = **TRAN**	
Inside area = **IA**	Acoustic Ceiling = **AC**	Stucco = **STO**	
Outside Area = **OA**	Plaster = **PLS**	Fireproof = **FP**	
Neg Air = **NG**	Drywall Mud = **DWM**	Pipe Insulation = **PI**	
Final Clearances = **F**	Roof Felts = **RF**	Tank Insulation = **TI**	
Blank = **BK**	Ceramic Tile = **CT**	Duct Insulation = **DI**	
Excursion = **EX**	Lead Base Paint = **LBP**	Exhaust = **Exh**	
Exposure Blank = **EB**			

Sample #	Name SS #	Sample Type	Material Removed	Job Description	Start Time	Stop Time	# Min	Flow Rate	Pump #	Calb Date	TOTAL LITERS
1	Allen Uptn #	EX	tile 12:00	GR ~~12~~	12:00	12:30	30	2.5/2.5 2.5	7	6-21-21	75
2	~~Allen Uptn~~ #	P	tile	GR	12:30	1:30	60	2.5/2.4 2.1	7	6-21-21	126
3	Sara Uptn #	P	mastic	GR	1:30	3:00	120	2.5/2.3 2.2	7	6-21-21	264
	#										
	#										
	#										

Sample # & Comments: _____

Relinquished By: Time: Date:

Received By: Time: Date:

Job Description (work area prep=**PR**, Gross removal = **GR**, detail removal=**DR**, wet-wipe & Hepa vac.=**WH**, encapsulation =**EN**, containment tear down=**TD**, glove bag removal=**GB** Scrape Loose & Flaking Paint=**SLFP**,)

Tri Span, Inc.
591 W. Explorer Street Brea, CA 92821 Tel: (714) 257-9680 Fax: (714) 257-9681
License # 611639 DOSH # 218

Project Name: Roosevelt ES No: TSZ-063-21

Address: _____

Foreman: Jairo [illegible] Date: 6 - 22 - 21

Page ____ of ____

AIR MONITORING DATA SHEET

SAMPLE TYPE

Background = **BG**
Personal = **P**
Inside area = **IA**
Outside Area = **OA**
Neg Air = **NG**
Final Clearances = **F**
Blank = **BK**
Excursion = **EX**
Exposure Blank = **EB**

MATERIAL REMOVED

Vinyl Tile = **VAT**
Vinyl Tile Mastic = **VATM**
Linoleum = **LINO**
Acoustic Ceiling = **AC**
Plaster = **PLS**
Drywall Mud = **DWM**
Roof Felts = **RF**
Ceramic Tile = **CT**
Lead Base Paint = **LBP**
Roof Mastic = **RM**
Transite = **TRAN**
Stucco = **STO**
Fireproof = **FP**
Pipe Insulation = **PI**
Tank Insulation = **TI**
Duct Insulation = **DI**
Exhaust = **Exh**

Sample #	Name SS #	Sample Type	Material Removed	Job Description	Start Time	Stop Time	# Min	Flow Rate	Pump #	Calb Date	TOTAL LITERS
1	Allen Wells #	EX	Transite	GR	7:30	8:00	30	2.5/2.5 2.5	7	6-22-21	75
2	Alfe Wells #	P	Transite	GR	8:30	11:00	140	2.5/2.2 1.8	7	6-22-21	228
3	Juan Zuniga #	P	Transite	GR	12:00	2:00	120	2.5/2.4 1.1	7	6-22-21	132
	 #										
	 #										
	 #										

Sample # & Comments: _____

Relinquished By: Time: Date:

Received By: Time: Date:

Job Description (work area prep=**PR**, Gross removal = **GR**, detail removal=**DR**, wet-wipe & Hepa vac.=**WH**, encapsulation =**EN**, containment tear down=**TD**, glove bag removal=**GB** Scrape Loose & Flaking Paint=**SLFP**,)

Tri Span, Inc.
591 W. Explorer Street Brea, CA 92821 Tel: (714) 257-9680 Fax: (714) 257-9681
License # 611639 DOSH # 218

JOB SITE ENTRY/EXIT LOG

PROJECT NO: TSI-063-21

DATE 5-11-21 | START TIME AM OR PM

PROJECT NAME: Roosevelt ES

WORK AREA LOCATION:

Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
Jairo Aten		3:00 pm	7:00 pm	7:30 pm	11:30 pm	8.U
Saul Matias		|	|	|	|	SM

JOB SITE ENTRY/EXIT LOG

PROJECT NO:	DATE:	START TIME: AM OR PM
TSL-063-21	6-17-21	7:00

PROJECT NAME:	WORK AREA LOCATION:
Roosevelt	

	Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
1	Saiso Usher	5447	6:00	17:00	4:30	3:30	S.U
2	Allen Usher	7466	"	"	"		AU
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

JOB SITE ENTRY/EXIT LOG

PROJECT NO:	DATE:	START TIME: AM OR PM
TSZ-063-21	6-18-21	7:00

PROJECT NAME:	WORK AREA LOCATION:
Roosevelt	

	Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
1	Sojra Urtia	5447	7:00	11:00	11:30	3:30	J.U
2	Allen Urtia	7466	"	"	"	"	PU
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

JOB SITE ENTRY/EXIT LOG

PROJECT NO:	DATE:	START TIME: AM OR PM
TSZ-063-21	6-21-21	

PROJECT NAME:	WORK AREA LOCATION:
Roosevelt ES	

	Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
1	Jaiso USTCA	5447	7:00	12:00	12:30	3:30	J.U
2	Allen USTCA	7466	"	"	"	"	AU
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

JOB SITE ENTRY/EXIT LOG

PROJECT NO:	DATE:	START TIME: AM OR PM
TSZ-063-21	6-22-21	7:00 am

PROJECT NAME:	WORK AREA LOCATION:
Roosevelt E.S	

	Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
1	Saira Urtuz	5447	7:00	11:00	11:30	3:30	S.U
2	Allen Urtuz	7466					AU
3	Juan Zuniga	5783					JZ
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

JOB SITE ENTRY/EXIT LOG

PROJECT NO:	DATE:	START TIME: AM OR PM
TSI-063-21	7.7.21	7:00

PROJECT NAME:	WORK AREA LOCATION:
Roosevelt	Library

	Employee Name	Social Security Number	Time In	Lunch Out	Lunch In	Time Out	Employee
1	Jairo Urtea	5447	7:00	11:00	11:30	3:30	JU
2	Allen Urtea	7466	7:00	11:00	11:30	3:30	AU
3	JESUS CEJA	2165	7:00am	11:00	11:30	3:30	J.C
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

TS1063-21

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: CAC003126671
2. Page 1 of: 1
3. Emergency Response Phone: 888-420-8663
4. Manifest Tracking Number: 022955065 JJK

GENERATOR

5. Generator's Name and Mailing Address: SANTA MONICA - MALIBU USD, 1651 16th ST. SANTA MONICA, CA 90404
Generator's Phone: (310) 450-8338

Generator's Site Address (if different than mailing address): ROOSEVELT E.S. 801 MONTANA AVE SANTA MONICA, CA 90403

6. Transporter 1 Company Name: Medical BioWaste Solutions, Inc. 888-420-8663
U.S. EPA ID Number: CAR000286651

7. Transporter 2 Company Name
U.S. EPA ID Number

8. Designated Facility Name and Site Address: Azusa Land Reclamation, 1211 W. Gladstone St., Azusa CA 91702
Facility's Phone: 626 224-9127
U.S. EPA ID Number: CAD980007826

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. NA2212, Asbestos 9, PGIII	5	BA	1	Y	151
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
SEALED: 21665 COPLEY DRIVE, DIAMOND BAR CA 91765 (909) 396-3456 TRI SVAN, INC 63690GCA
EPA REGION 1X75 HAWTHORNE ST., SAN FRANCISCO CA 94105 (415) 744-1305
ASBESTOS REMOVAL REQUIREMENTS 40 CFR61 (BAGGED, SEALED, LABELED)

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: ON BEHALF OF SMMUSD
Signature:
Month: 7 Day: 14 Year: 21

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Richard Chamberlain
Signature:
Month: 7 Day: 14 Year: 21

Transporter 2 Printed/Typed Name
Signature
Month Day Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ 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.
11132			

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: CRYSTAL COFFIN
Signature:
Month: 7 Day: 21 Year: 21

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

TRANSPORTER COPY

South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4182
Phone: (909) 396-2336
www.aqmd.gov

Facility ID **97908**

Notification Number **651780**

Rule 1403 Notification of Procedure 1 3 Asbestos Removal

Please maintain a copy of this Notification at the job site, either electronic or paper.

Project Type

Project Type	**Asbestos Removal**	Project Urgency	**Routine**
Origin Date	**4/28/2021 10:07:03 AM**		
Completed By	**Rosalia Moreno**	Phone Number	**(714) 257-9680-115(Ex.)**
User Email	**rosiem@trispaninc.com**		

Contractor Information

Company Name	**TRI SPAN INC**	Address	**591 EXPLORER ST**
City	**BREA**	State	**CA**
Zip	**92821**		
CSLB License #	**611639**	OSHA REG #	**00218**
Supervisor #1	**Paul Araiza, Wes Moss, Eric Urzua**	Phone	**(714) 257-9680**
Supervisor #2	**Jairo Urzua, Juan Fierro, Eric Gardner**	Phone	**(714) 257-9680**
Supervisor #3	**Adrian Santiago, Julio Espinoza**	Phone	**(714) 257-9680**
Supervisor #4	**Jose Xochitiotzi, Osvaldo Sastre**	Phone	**(714) 257-9680**
Supervisor #5	**Allen Urzua, Luis Sanchez**	Phone	**(714) 257-9680**
Supervisor #6	**Juan Ibarra, Hector Espinosa**	Phone	**(714) 257-9680**

Site Information

Site Name	**ROOSEVELT E.S.**	Project #	**TSI063-21**
Site Street #	**801**	Street Name	**MONTANA AVE**
Cross Street	**LINCOLN BLVD**	Site County	**LOS ANGELES**
City	**SANTA MONICA**	State	**CA**
Zip	**90403**		
Contact Name	**DAVE SHACK**	Contact Phone	**(310)951-9482**
Site Owner	**SANTA MONICA/MALIBU UNIFIED SCHOOL DISTR**	Owner Address	**1651 16TH ST**
City	**SANTA MONICA**	State	**CA**
Zip	**90404**		
Project Start Date	**5/12/2021**	Project End Date	**7/9/2021**
Project Work Shift(s)	**Day**	Building Size in Sq.ft	**25000**
Number of Floors	**1**	Building Age (years)	**60**
Number of Building/Dwelling Units	**8**	Building Prior Use	**School**
Asbestos Survey	**Yes**	Asbestos Found	**Yes**
Asbestos Removed	**No**	Building to be Demolished	**No**
Describe Work	**REMOVE AND DISPOSE OF ACM**	Describe Work Location	**BUILDING A, B, C, D, E, G, H, K**

Project Information

Asbestos Information

Amount of Asbestos in each type in Sq.Ft

Acoustic Ceiling	**0**	Linoleum	**0**	Insulation	**0**	Fire Proofing	**0**
Ducting	**0**	Dry Wall	**450**	HEPA Vacuum & wet wipe	**0**	Mastic (Non-friable)	**150**
Floor Tiles (Non-friable)	**0**	Transite	**0**	Roofing	**0**	Stucco	**0**
Plaster	**1020**	Other (Friable)	**0**	Coal Tar Wrap	**0**	Mastic (Friable)	**0**
Floor Tile (Friable)	**50**	Other (Non-friable)	**0**	Contaminated Soil	**0**		

Asbestos Amount to be Removed in Sq.Ft

FRIABLE	**1520**
CLASS I	**150**
CLASS II	**0**
Total	**1670**

Asbestos Removal From	**Surfaces , Components**	Control Procedures	**1 , 3**
Asbestos Detection Procedure(s)	**Survey , Bulk Sampling , PLM**		

Survey Information

Certified Asbestos Inspector Name	**JAMES BYERS**	Certification Expiration Date	**1/18/2021 12:00:00 AM**
Survey Plan Date	**1/13/2020 12:00:00 AM**	Phone Number	**(562)495-5777**
Email	**jim.byers@nv5.com**		

Waste Information

Waste Transporter #1	**TRI SPAN, INC.**		
Address	**591 W EXPLORER ST**	City	**BREA**
State	**CA**	Zip	**92821**
Waste Transporter #2	**ECTI**		
Address	**953 WEST REECE STREET**	City	**SAN BERNARDINO**
State	**CA**	Zip	**92411**
Waste Storage Site	**TRI SPAN INC**		
Address	**591 EXPLORER ST**	City	**BREA**
State	**CA**	Zip	**92821**
Landfill	**La Paz County Landfill**		
Address	**26999 Highway 95, Mile Post 128**	City	**Parker**
State	**AZ**	Zip	**95344**

Fee Payment

CPI Increase

- Due to COVID-19, the South Coast AQMD Governing Board voted to credit back the FY 2020-21 CPI-based increase of 2.8%.
- The amount due reflects this credit and shows FY 2019-20 rates.

Total Amount of Asbestos to be Removed in sq.ft	**1670**
Tracking Number	**3812690**
Project Size Fee	**199.13**
Additional Fee	**0**
Total Fee	**$ 199.13**
Payment Made	**$ 199.13**
Balance Due	**$ 0**

By clicking the Sign & Submit button, I certify that an individual trained in the provisions of SCAQMD Rule 1403 and the Asbestos NESHAP (CFR Title 40, Part 61, Subpart M) will be onsite during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. In addition, I certify that all of the information contained herein and information submitted with this Notification is true and correct.

dca
DEPARTMENT OF CONSUMER AFFAIRS

CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE

License Number **611639** Entity CORP

Business Name TRI SPAN INC

Classification(s) C21 C33 C10 A B ASB HAZ C22

Expiration Date 02/28/2023 www.cslb.ca.gov

Any change of business address/name must be reported to the Registrar within 90 days

This license is not transferrable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. This pocket card is valid through the expiration date only.

If found, drop in any mailbox
Postage guaranteed by
Contractors State License Board
P.O. Box 26000 Sacramento, CA 95826

Licensee Signature

STATE OF CALIFORNIA *Gavin Newsom, Governor*

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
Asbestos Contractor Registration
1750 Howe Avenue, Suite 460
Sacramento, CA 95825
(916) 574-2993 Office http://www.dir.ca.gov/dosh/asbestos.html acru@dir.ca.gov

July 7, 2021

Joseph Araiza, President
Tri Span, Inc.
591 W Explorer Street
Brea, CA 92821

Your application to renew your asbestos registration number 218 is complete. Your renewal registration commences July 18, 2021 and continues through July 18, 2022.

Be very careful to send in all status changes on a timely basis, including name, entity, workers compensation insurance, CSLB #, ownership, and contact information. Your registration is contingent upon the accuracy of this information. Be aware that your registration and DOSH number are tied to a specific CSLB # and name. In particular, if your CSLB # changes, you will have to reapply as an initial applicant. To provide for business continuity, you must notify the Division as soon as you are aware of such changes. Use the attached form for all status changes.

As always, one condition of continued registration is provision of timely responses to requests for information with regard to your company's compliance history.

This registration is subject to annual renewal by the Division. A renewal application notice will be sent two months in advance of the registration date. However, it is your responsibility that the application and registration fee is received by the Division 30 days before the expiration date [8 CCR 341.7(c)], even if you do not receive the notice.

Sincerely,

Linda Ikami
Staff Services Analyst

State of California

Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

Certificate of Registration for Asbestos-related Work

Certificate No. **218**

Expiration Date **7/18/2022**

Tri Span, Inc.

(Name of Employer)

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5 for asbestos-related work.

Division of Occupational Safety and Health

Effective Date **7/18/2021**

Contractor's License No. **611639**

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating:

Danger - Asbestos
May Cause Cancer - Causes Damage to Lungs
Authorized Personnel Only

4. A copy of the registration shall be posted at the jobsite beside the Cal-OSHA poster.
5. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
6. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
7. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of Title 8 of the California Administrative Code.

California Department of PublicHealth

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:	CERTIFICATE TYPE:	NUMBER:	EXPIRATION DATE:
 **Jairo Urzua**	Lead Worker	LRC-00007104	8/30/2022

Disclaimer: This document alone should not be relied upon to confirm certification status. Compare the individual's photo and name to another valid form of government issued photo identification. Verify the individual's certification status by searching for Lead-Related Construction Professionals at www.cdph.ca.gov/programs/clppb or calling (800) 597-LEAD.

CERTIFICATE NUMBER

40809

Certificate of Attendance

This is to Certify that

JAIRO ORZUA

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 8 HR. REFRESHER COURSE CA-014-04

UNDER TSCA 206, FOR PURPOSES OF COMPLIANCE WITH 29 CFR 1926.1101 AND TITLE 8 CCR 1529 AND TITLE 8 CCR 5208.

ARMANDO DUCOING
DIRECTOR

July 03, 2021	E070321CSR 070321	July 03, 2022
COMPLETION DATE	CLASS NUMBER / STARTING DATE	CERTIFICATE EXPIRES

Ecologics Training Institute

2487 E Orangethorpe Ave . Fullerton, CA 92831 . Ph (714) 632-8100 . Fax (714) 632-8111 . www.ecologicsonline.com

DOUGLAS INDUSTRIAL MEDICAL CLINIC

PHYSICIAN'S WRITTEN OPINION – ASBESTOS

COMPANY: HARBOR ENVIRONMENTAL GROUP

Applicant's Name: JAIRO J URZUA

Applicant's Address: 222 S WILLOW AVE COMPTON, CA 90221

" The above named individual was seen by me on, 9/22/2020 and in accordance with all applicable portions of OSHA's Asbestos Standard for the Construction Industry, 29 CFR 1926.1101, with which I am familiar, I have indicated by initials, that I have performed the following."

1. D.O. Reviewed with this individual, his/her completed OSHA standardized Medical questionnaire and Work History, directed toward the pulmonary, cardiovascular, and gasrointestinal system.

2. D.O. Reviewed the employer's description of the individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respiratory equipment to be utilized by the individual, and any additonal medical information resulting from previous examination:

3. D.O. Conducted a physical examination of the individual with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1);

4. D.O. Determined that a chest roentgenogram ☒ was ☐ was not required as part of this examination.

5. D.O. Determined that this individual ☒ may ☐ may not use a respiratory device while performing his/her required employment services;

6. D.O. Informed this individual that I ☐ have ☒ have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos;

7. D.O. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos;

8. D.O. Informed this individual of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and/or Limitations (if any):

Douglas E. Okpara, MD
Physician's Printed Name

Douglas Okpara, M.D.
Physician's Signature

310-631-631-5655
Physician's Phone No.

19301 S. Santa Fe Ave., Ste 120 – Rancho Dominguez, CA 90221
Physician's Address

HARBOR ENVIRONMENTAL GROUP, INC.

FIT TEST RECORD

Employee Name: Jairo Urzua

Social Security: XXX-XX- 5447

EPA / AHERA School Attended: Ecologics Training Institute

Medical Respirator Approved By: Douglas Industrial Medical clinic

Respirator # 1: NORTH (Make) TC-21C-203 (NIOSH Approval #) M (Size)

(Circle Appropriate Response)
Respiratory Type: (Half Face) Full Face PAPR
Testing Method: Isoamyl Acetate Protocol (Irritant Fume Protocol)
Fit Rating: (1) 2 3

Respirator # 2: _____ (Make) _____ (NIOSH Approval #) _____ (Size)

(Circle Appropriate Response)
Respirator Type: Half Face Full Face PAPR
Testing Method: Isoamyl Acetate Protocol Irritant Fume Protocol
Fit Rating: 1 2 3

Test Administrator: Wesley Moss Tested By: Porfirio Medina Jr.
Date Tested: 9/22/20 Date Renewal Due: 9/22/21

Fit Key Rating

1=Proper seal, very comfortable 2=Proper seal, comfortable 3=Proper seal, fairly comfortable

PO Box 9476 | BREA, CA 92821 | PHONE: (714) 349-1317 | FAX: (714) 257-9681
LICENSE #936557 DOSH #970

HEARTSAVER

Heartsaver®
First Aid CPR AED

American Heart Association.

Jairo Urzua

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.

Optional modules completed:

Issue Date
10/30/2020

Training Center Name
Life Goes On

Training Center ID
CA01409

Training Center City, State
Santa Clarita, CA

Training Center Phone Number
(661) 298-4277

Renew By
10/2022

Instructor Name
Erica Kurowski

Instructor ID
03112348689

eCard Code
206006732022

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

California Department of PublicHealth

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:	CERTIFICATE TYPE:	NUMBER:	EXPIRATION DATE:
 **Allen Urzua**	Lead Worker	LRC-00008956	7/6/2022

Disclaimer: This document alone should not be relied upon to confirm certification status. Compare the individual's photo and name to another valid form of government issued photo identification. Verify the individual's certification status by searching for Lead-Related Construction Professionals at www.cdph.ca.gov/programs/clppb or calling (800) 597-LEAD.

ECOLOGICS™ TRAINING INSTITUTE

Certificate of Attendance

CERTIFICATE NUMBER
40879

This is to Certify that

ALLEN M. URZUA

Has Completed the Course of

AHERA ASBESTOS ABATEMENT CONTRACTOR/SUPERVISOR 40 HR. COURSE CA-014-03

UNDER TSCA 206, FOR PURPOSES OF COMPLIANCE WITH 29 CFR 1926.1101 AND TITLE 8 CCR 1529 AND TITLE 8 CCR 5208.

ARMANDO DUCOING
DIRECTOR

January 08, 2021	E010421CSI 010421	January 08, 2022
COMPLETION DATE	CLASS NUMBER / STARTING DATE	CERTIFICATE EXPIRES

Ecologics Training Institute

1012 Segovia Circle . Placentia, CA 92870 . Ph (714) 632-8100 . Fax (714) 632-8111 . www.ecologicsonline.com

HARBOR ENVIRONMENTAL GROUP, INC.

FIT TEST RECORD

Employee Name: Allen M. URZUA

Social Security: XXX-XX- 7466

EPA / AHERA School Attended: Ecologics Training Institute

Medical Respirator Approved By: Bella Medical Group Inc.

Respirator # 1: NORTH | TC-21C-203 | | Size
Make | NIOSH Approval #

(Circle Appropriate Response)
Respiratory Type: (Half Face) Full Face PAPR
Testing Method: Isoamyl Acetate Protocol (Irritant Fume Protocol)
Fit Rating: (1) 2 3

Respirator # 2: | | M
Make | NIOSH Approval # | Size

(Circle Appropriate Response)
Respirator Type: Half Face Full Face PAPR
Testing Method: Isoamyl Acetate Protocol Irritant Fume Protocol
Fit Rating: 1 2 3

... ...

Test Administrator: Wesley Moss Tested By: Porfirio Medina Jr.
Date Tested: 9/23/20 Date Renewal Due: 9/23/21

Fit Key Rating

1=Proper seal, very comfortable 2=Proper seal, comfortable 3=Proper seal, fairly comfortable

PO Box 9476 | BREA, CA 92821 | PHONE: (714) 349-1317 | FAX: (714) 257-9681
LICENSE #936557 DOSH #970

BELLA MEDICAL GROUP INC
9914-16 SAN JUAN AVE.
SOUTH GATE, CA 90280
TEL (323)564-1100 FAX (323) 564-1133
FITNESS FOR DUTY FORM

DATE OF EXAM: 09/23/2020

NAME: URUZA, ALEN DOB: 04/04/1995 AGE: 25 YEARS OLD SSN: XXX-XX-XXXX

TYPE OF EXAMINATION: (X) Pre-Employment (X) Periodic ( ) DOT Overseas ( ) Return to Work (X) Pulmonary Function (X) Asbestos ( ) others_____

RECOMMENDATIONS:
The following medical recommendation are based on a review of the health history examination finding related tests or studies and the specific physical capacities required for the position applied for or currently held by the examine.

(X) The examination indicates no significant pathological condition. Can be assigned to any work consistent with skills training.
( ) The examination indicates no-occupational pathological conditions. Can be followed by the personal physical. Can be assigned to any work consistent with skills and training.
( ) The examination indicates non- occupational pathological conditions, to be followed by the personal physician. Acceptable for work, but should not be assigned without a review from Medical Department.
( ) The examination indicates that a pathological condition exist which work assigned as follows:
(X) Medically qualified w/no restrictions / no x-ray needed

( ) Lifting over_____	( ) Use of hearing protection devices
( ) Walking	( ) Use of correction lenses
( ) Climbing	( ) Work above ground
( ) Bending	( ) Shift/Overtime work
( ) Driving	( ) Operating machinery
( ) Temp Limits	( ) Operating machinery
( ) others_____	

( ) Eligible for expatriate assignment or overseas ravel.
( ) Results of audiometric exam indicates significant threshold shift since baseline audiogram. Advised to wear hearing protection. Audiogram ( ) to be ( ) not to be repeated
( ) Results of audiometric exam indicated moderate hearing loss.
Advised to wear hearing protection
( ) Does not meet criteria for employment at this time

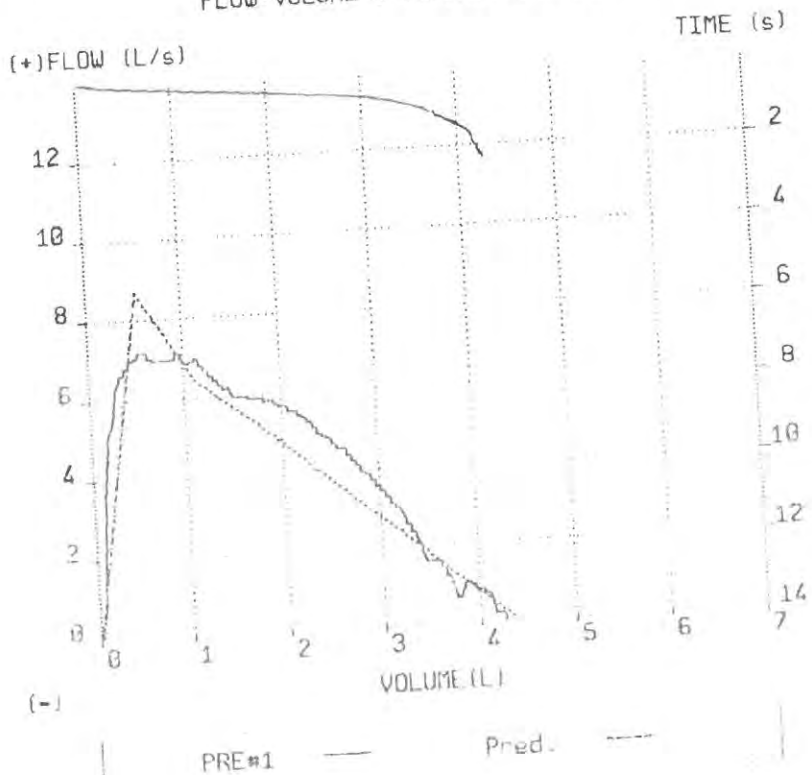
CERTIFICATION:
(X)Approved for work with hazardous material
(X) Approved for use of respirators
(X) Approved for use of personal protective equipment
(X) Medical qualified test completed.
( ) Audiometric test completed.
( ) Mechanical visual screening completed.
(X) No pathological condition has been detected in the above named individual that place him at risk material impairment form exposure to: _____
(X) The patient has been informed of this physical examination

MD

BELLA MEDICAL GROUP

Test Date 09/23/2020 12:22 BTPS 1.092 NHANES
Name URUZA ALEN #ID 2114*
Birth Date 04/24/1995 Weight lb 129 Gender ♂
Age 25 Height in 63 Predicted NHANES
Origin Mexican-American
PRE File N° 2122

FLOW-VOLUME & VOLUME-TIME curves



PARAMETER		Predicted	PRE #1	%Pred
FEV6	L	4.42	4.25	96
FEV1	L	3.76	3.78	101
FEV1/FEV6	%	85.6	88.9	104
PEF	L/s	8.72	7.22	83
FEF25-75	L/s	4.20	4.91	117
FVC	L	4.46	4.25	95
FEV1/FVC	%	84.6	88.9	105

INTERPRETATION:
Normal Spirometry

QUALITY CONTROL GRADE:F

EXHALE for a LONGER time
EXHALE ALL air in the lungs

Made by spirolab Ver 4.6

California Department of PublicHealth

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:	CERTIFICATE TYPE:	NUMBER:	EXPIRATION DATE:
 Jesus Ceja	Lead Worker	LRC-00008598	7/6/2022

Disclaimer: This document alone should not be relied upon to confirm certification status. Compare the individual's photo and name to another valid form of government issued photo identification. Verify the individual's certification status by searching for Lead-Related Construction Professionals at www.cdph.ca.gov/programs/clppb or calling (800) 597-LEAD.

ECOLOGICS™ TRAINING INSTITUTE

Certificate of Attendance

CERTIFICATE NUMBER

90977

This is to Certify that

JESUS CEJA

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE (SPANISH) CA-014-12

UNDER TSCA 206, FOR PURPOSES OF COMPLIANCE WITH 29 CFR 1926.1101 AND TITLE 8 CCR 1529 AND TITLE 8 CCR 5208.

ARMANDO DUCOING
DIRECTOR

October 03, 2020	E100320SWR 100320	October 03, 2021
COMPLETION DATE	CLASS NUMBER / STARTING DATE	CERTIFICATE EXPIRES

Ecologics Training Institute

1012 Segovia Circle . Placentia, CA 92870 . Ph (714) 632-8100 . Fax (714) 632-8111 . www.ecologicsonline.com

DOUGLAS INDUSTRIAL MEDICAL CLINIC

PHYSICIAN'S WRITTEN OPINION – ASBESTOS

COMPANY: HARBOR ENVIRONMENTAL GROUP

Applicant's Name: JESUS CEJA

Applicant's Address: 80 E DAWES ST #72 PERRIS, CA 92571

" The above named individual was seen by me on, 6/29/2021 and in accordance with all applicable portions of OSHA's Asbestos Standard for the Construction Industry, 29 CFR 1926.1101, with which I am familiar, I have indicated by initials, that I have performed the following."

1. D.O. Reviewed with this individual, his/her completed OSHA standardized Medical questionnaire and Work History, directed toward the pulmonary, cardiovascular, and gasrointestinal system.

2. D.O. Reviewed the employer's description of the individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respiratory equipment to be utilized by the individual, and any additonal medical information resulting from previous examination:

3. D.O. Conducted a physical examination of the individual with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1);

4. D.O. Determined that a chest roentgenogram ☒ was ☐ was not required as part of this examination.

5. D.O. Determined that this individual ☒ may ☐ may not use a respiratory device while performing his/her required employment services;

6. D.O. Informed this individual that I ☐ have ☒ have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos;

7. D.O. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos;

8. D.O. Informed this individual of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and/or Limitations (if any): Wear hearing protection in noisy environment.

Douglas E. Okpara, MD
Physician's Printed Name

Douglas Okpara, M.D.
Physician's Signature

310-631-631-5655
Physician's Phone No.

19301 S. Santa Fe Ave., Ste 120 – Rancho Dominguez, CA 90221
Physician's Address

HARBOR ENVIRONMENTAL GROUP, INC.

FIT TEST RECORD

Employee Name: Jesus Ceja Arceo

Social Security: XXX-XX- 2165

EPA / AHERA School Attended: Ecologics Training Institute

Medical Respirator Approved By: ~~Occupational Industrial~~ Medical Clinic

Respirator # 1: NORTH (Make) TC-21C-203 (NIOSH Approval #) M (Size)

(Circle Appropriate Response)
Respiratory Type: (Half Face) Full Face PAPR
Testing Method: Isoamyl Acetate Protocol (Irritant Fume Protocol)
Fit Rating: (1) 2 3

Respirator # 2: _____ (Make) _____ (NIOSH Approval #) _____ (Size)

(Circle Appropriate Response)
Respirator Type: Half Face Full Face PAPR
Testing Method: Isoamyl Acetate Protocol Irritant Fume Protocol
Fit Rating: 1 2 3

... ...

Test Administrator: Wesley Moss Tested By: Porfirio Medina Jr.
Date Tested: 6/29/21 Date Renewal Due: 6/29/22

Fit Key Rating

1=Proper seal, very comfortable 2=Proper seal, comfortable 3=Proper seal, fairly comfortable

PO Box 9476 | BREA, CA 92821 | PHONE: (714) 349-1317 | FAX: (714) 257-9681
LICENSE #936557 DOSH #970

California Department of PublicHealth

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

LEAD-RELATED CONSTRUCTION CERTIFICATE

INDIVIDUAL:	CERTIFICATE TYPE:	NUMBER:	EXPIRATION DATE:
 Saul Matias	Lead Worker	LRC-00008953	7/8/2022

Disclaimer: This document alone should not be relied upon to confirm certification status. Compare the individual's photo and name to another valid form of government issued photo identification. Verify the individual's certification status by searching for Lead-Related Construction Professionals at www.cdph.ca.gov/programs/clppb or calling (800) 597-LEAD.

CERTIFICATE NUMBER
30794

Certificate of Attendance

This is to Certify that

SAUL L. MATIAS

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE (SPANISH) CA-014-12

UNDER TSCA 206, FOR PURPOSES OF COMPLIANCE WITH 29 CFR 1926.1101 AND TITLE 8 CCR 1529 AND TITLE 8 CCR 5208.

ARMANDO DUCOING
DIRECTOR

January 23, 2021	E012321SWR	012321	January 23, 2022
COMPLETION DATE	CLASS NUMBER / STARTING DATE		CERTIFICATE EXPIRES

Ecologics Training Institute

2487 E Orangethorpe Ave . Fullerton, CA 92831 . Ph (714) 632-8100 . Fax (714) 632-8111 . www.ecologicsonline.com

DOUGLAS INDUSTRIAL MEDICAL CLINIC

PHYSICIAN'S WRITTEN OPINION – ASBESTOS

COMPANY: HARBOR ENVIRONMENTAL GROUP

Applicant's Name: SAUL MATIAS

Applicant's Address: 1018 FRIAR LANE APT.A POMONA, CA 91766

" The above named individual was seen by me on, 2/26/2021 and in accordance with all applicable portions of OSHA's Asbestos Standard for the Construction Industry, 29 CFR 1926.1101, with which I am familiar, I have indicated by initials, that I have performed the following."

1. D.O. Reviewed with this individual, his/her completed OSHA standardized Medical questionnaire and Work History, directed toward the pulmonary, cardiovascular, and gasrointestinal system.

2. D.O. Reviewed the employer's description of the individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respiratory equipment to be utilized by the individual, and any additonal medical information resulting from previous examination:

3. D.O. Conducted a physical examination of the individual with emphasis on the pulmonary, cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV-1);

4. D.O. Determined that a chest roentgenogram ☒ was ☐ was not required as part of this examination.

5. D.O. Determined that this individual ☒ may ☐ may not use a respiratory device while performing his/her required employment services;

6. D.O. Informed this individual that I ☐ have ☒ have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos;

7. D.O. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos;

8. D.O. Informed this individual of the health risks involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and/or Limitations (if any):

Douglas E. Okpara, MD
Physician's Printed Name

Douglas Okpara, M.D.
Physician's Signature

310-631-631-5655
Physician's Phone No.

19301 S. Santa Fe Ave., Ste 120 – Rancho Dominguez, CA 90221
Physician's Address

HARBOR ENVIRONMENTAL GROUP, INC.

FIT TEST RECORD

Employee Name: Saul L. Matias

Social Security: XXX-XX- 0419

EPA / AHERA School Attended: Ecologics Training Institute

Medical Respirator Approved By: Douglas Industrial Medical Clinic

Respirator # 1: NORTH | TC-21C-203 | M
Make | NIOSH Approval # | Size

(Circle Appropriate Response)
Respiratory Type: (Half Face) Full Face PAPR
Testing Method: Isoamyl Acetate Protocol (Irritant Fume Protocol)
Fit Rating: (1) 2 3

Respirator # 2: _____
Make | NIOSH Approval # | Size

(Circle Appropriate Response)
Respirator Type: Half Face Full Face PAPR
Testing Method: Isoamyl Acetate Protocol Irritant Fume Protocol
Fit Rating: 1 2 3

... ...

Test Administrator: Wesley Moss **Tested By:** Porfirio Medina Jr.
Date Tested: 2/26/21 **Date Renewal Due:** 2/26/22

Fit Key Rating

1=Proper seal, very comfortable 2=Proper seal, comfortable 3=Proper seal, fairly comfortable

PO Box 9476 | BREA, CA 92821 | PHONE: (714) 349-1317 | FAX: (714) 257-9681
LICENSE #936557 DOSH #970

State of California – Health and Human Services Agency

162639
Form Number

Department of Public Health
Childhood Lead Poisoning Prevention Branch (CLPPB)

CDPH COURSE COMPLETION FORM
AND TRAINING CERTIFICATE

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 después 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 paterno*): Matias
(first / *primer nombre*): Saul
(middle initial / *segundo nombre*): L

Telephone number / Número de teléfono: [illegible]

Home address (number, street, apartment number, PO box number / **Dirección** (*número, calle, número de apartamento, apartado postal*)): [illegible]

Date of birth (month/day/year)/ Fecha de nacimiento (mes/día/año): [illegible]

City / *Ciudad*: [illegible] | State / *Estado*: CA | ZIP code / *Código postal*: [illegible]

Photo identification / *Tarjeta de identificación con foto*
Number / *Número*: [illegible]
Type / *Tipo*
☐ Driver's license / *Licencia de conducir*
☐ 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*)

Gender / Sexo
☒ Male / *Masculino* ☐ Female / *Femenino*

City / *Ciudad* | State / *Estado* | ZIP code / *Código postal*

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

E-mail: [illegible]

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)*: [illegible]

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

Accredited Training Provider name and address: Ecologics Training Institute, 2457 E Orangethorpe Ave Fullerton

Training Provider Phone Number: 714 6328100

Course Number: CTI-042 (LW)(SP)

Course title:

☐ Work
☐ Inspection/Assessment
☐ Certified Industrial Hygienist
☐ Sampling Technician
☒ Continuing Education for Workers
☐ General Continuing Education
☐ Supervision and Project Monitoring
☐ Supplemental Supervision and Project Monitoring

Instructor Name(s): [illegible]

☐ 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
2/20/21 to / /	7	2/20/21	

Location of course: 2457 E Orangethorpe Ave Fullerton CA

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	Signature of Training Director	Date (mm/dd/yy)
[illegible]	[signature]	2/20/21

White copy – CLPPB *Blue copy* – Training Provider *PINK copy* – Student (for Certification Application) *Yellow copy* – Student

CERTIFICATE NUMBER
32206

Certificate of Attendance

This is to Certify that

JUAN DANIEL ZUNIGA ALVARADO

Has Completed the Course of

AHERA ASBESTOS ABATEMENT WORKER 8 HR. REFRESHER COURSE (SPANISH) CA-014-12

UNDER TSCA 206, FOR PURPOSES OF COMPLIANCE WITH 29 CFR 1926.1101 AND TITLE 8 CCR 1529 AND TITLE 8 CCR 5208.

ARMANDO DUCOING
DIRECTOR

June 19, 2021	E061921SWR 061921	June 19, 2022
COMPLETION DATE	CLASS NUMBER / STARTING DATE	CERTIFICATE EXPIRES

Ecologics Training Institute

2487 E Orangethorpe Ave . Fullerton, CA 92831 . Ph (714) 632-8100 . Fax (714) 632-8111 . www.ecologicsonline.com

HARBOR ENVIRONMENTAL GROUP, INC.

FIT TEST RECORD

Employee Name: Juan Daniel Zuniga Alvarado

Social Security: XXX-XX- 5783

EPA / AHERA School Attended: Ecologics Training Institute

Medical Respirator Approved By: Dr. Mike's Walk in Clinic

Respirator # 1: NORTH (Make) TC-21C-203 (NIOSH Approval #) M (Size)

(Circle Appropriate Response)

Respiratory Type: (Half Face) Full Face PAPR

Testing Method: Isoamyl Acetate Protocol (Irritant Fume Protocol)

Fit Rating: (1) 2 3

Respirator # 2: _____ (Make) _____ (NIOSH Approval #) _____ (Size)

(Circle Appropriate Response)

Respirator Type: Half Face Full Face PAPR

Testing Method: Isoamyl Acetate Protocol Irritant Fume Protocol

Fit Rating: 1 2 3

... ...

Test Administrator: Wesley Moss Tested By: Porfirio Medina Jr.

Date Tested: 6/21/21 Date Renewal Due: 6/21/22

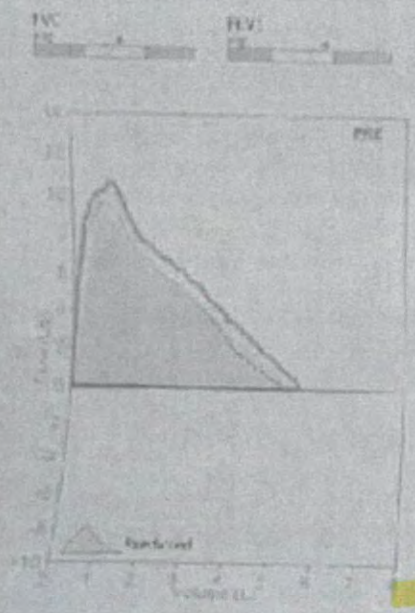
Fit Key Rating

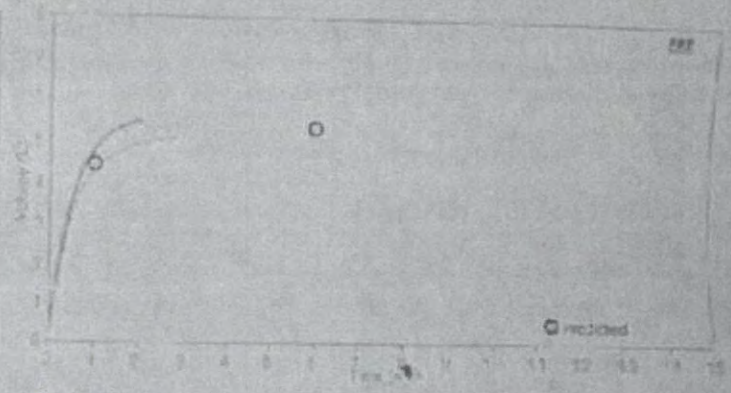
1=Proper seal, very comfortable 2=Proper seal, comfortable 3=Proper seal, fairly comfortable

PO Box 9476 | BREA, CA 92821 | PHONE: (714) 349-1317 | FAX: (714) 257-9681
LICENSE #936557 DOSH #970

Visit date 6/21/2021

Patient code	HF26772952	Age	24
Surname	ZUNIGA	Gender	Male
Name	JUAN	Height, in	69
Date of birth	2/19/1997	Weight, lb	250
Ethnic group	Caucasian	BMI	37.22
Smoke	Smoker	Pack-Year	0.4
Patient group			





Quality Control Grade: D Variability: FEV1=0.5L (11.47%), PVC=0.41L (8.82%)
1 Acceptable trials

Interpretation

Normal Spirometry

PRE Trial date 6/21/2021 6:54:04 PM

Parameters		LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	4.49	5.38	5.52*	103	0.26	5.11	5.52		*		
FEV1	L	3.71	4.46	4.85*	109	1.07	4.36	4.85		*		
FEV1/FVC	%	73.4	83.1	88.0*	106	0.83	85.3	88.0		*		
PEF	L/s	7.70	9.83	10.60*	107	0.49	9.54	10.60		*		
FIA	Years		24									
FEF25%	L/s	3.13	4.67	5.26	113	0.63	4.65	5.26				
FET	s		6.00	2.01	34		2.76	2.01				
FIVC	L	4.49	5.38									
FEV1/VC	%	73.4	83.1									

*Best values from all loops - BTPS 1.082 27 °C (80.6 °F) - Predicted NHANES III

Conclusion / Medical report

Patient capable of wearing respirator mask during duties.

Signature

Instrument used

* Spirometer is new S/N: Y07263

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Wood Gutmann & Bogart
15901 Red Hill Ave., Suite 100
License #0679263
Tustin CA 92780

CONTACT NAME: Dawn Stephens-Wright
PHONE (A/C, No, Ext): 714-505-7000 **FAX (A/C, No):** 714-573-1770
E-MAIL ADDRESS: dawn@wgbib.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : State Compensation Ins Fund	35076
INSURER B : Starr Indemnity & Liab Co	38318
INSURER C : Starr Indemnity & Liability Co	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Tri Span, Inc
591 W. Explorer St.,
Brea CA 92821

COVERAGES **CERTIFICATE NUMBER:** 1449882625 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			1000065447211	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	X Asbestos/Lead/Mo						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	POLICY X PRO-JECT LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
							Mold/Poll Liability	$ 1,000,000
C	AUTOMOBILE LIABILITY			1000636797211	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X MCS-90							$
C	UMBRELLA LIAB X OCCUR			1000336460211	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 5,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			900625621	3/1/2021	3/1/2022	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Contractors Pollution Professional Liability			1000065447211	3/1/2021	3/1/2022	Per Claim 1,000,000 Aggregate	Aggr 2,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE; ROOSEVELT ELEMENTARY SCHOOL; TSI063-21; SITE: 801 MONTANA AVE SANTA MONICA, CA 90405;

CERTIFICATE HOLDER

PARDESS AIR
1769 KELTON AVE
Los Angeles CA 90024

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ralph Madyaccus

South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

DATE: 12/01/2020

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
BREA,CA 92821

LEGAL OWNER OR OPERATOR CO. ID: 97908
TRI SPAN INC
591 W EXPLORER ST
BREA,CA,92821

RULE 222 FILING

FILING APPL NBR	EQUIPMENT DESCRIPTION	FACILITY RENEWAL DATE
BILLING YEAR: 2020		
V41 592481	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V31 594297	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V13 594298	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V5 594751	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V27 598191	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V30 598211	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V28 599198	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V32 601937	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V29 603999	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V25 604000	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
120 615424	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
121 615425	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
122 615426	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
123 615427	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
124 615428	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
137 618993	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
129 619005	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
130 619006	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
131 619007	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
132 619008	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
135 619011	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V46 619018	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V47 619019	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V48 619020	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
126 619194	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
127 619195	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
128 619196	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V52 620089	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V51 620090	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
V49 620092	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
148 621882	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021
149 621883	NEGATIVE AIR MACHINE/HEPA,ASBES <=15 GAL	10/01/2021

South Coast
Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

DATE: 12/01/2020

EQUIPMENT LOCATED AT: VARIOUS LOCATIONS IN SCAQMD
BREA,CA 92821

LEGAL OWNER OR OPERATOR CO. ID: 97908
TRI SPAN INC
591 W EXPLORER ST
BREA,CA,92821

PERMIT/APPLICATION RENEWAL

PERMIT/ APPL NBR	EQUIPMENT DESCRIPTION		NEXT RENEWAL DATE
BILLING YEAR: 2020			
G27372	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	BEAD BLASTER	10/01/2021
G27373	DRY FILTER (<=100 SQ FT)	FILTER FOR BEAD BLASTER	10/01/2021
G48101	UNSPECIFIED EQUIP/PROCESS (SCH A)	BUFFER	10/01/2021
G48102	UNSPECIFIED EQUIP/PROCESS (SCH A)	BUFFER	10/01/2021
G59055	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	TILE MACHINE	10/01/2021
G59056	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	TILE MACHINE	10/01/2021
G62413	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	BUFFER	10/01/2021
G62414	ABATEMENT SYSTEM/HEPA, ASBESTOS, LEAD	BUFFER	10/01/2021

NV5

Delivering Solutions
Improving Lives