




**COMPLIANCE REPORT  
FOR THE ABATEMENT OF  
ASBESTOS CONTAINING MATERIALS  
18-20 TRINITY STREET  
HARTFORD, CONNECTICUT**

**Project No. 2B-11-04  
DPW No. 19028**

*Prepared for*  
State of Connecticut Department of Public Works  
Hartford, Connecticut

*Prepared by*  
TRC  
Windsor, Connecticut

  
Donald LePage  
Project Manager

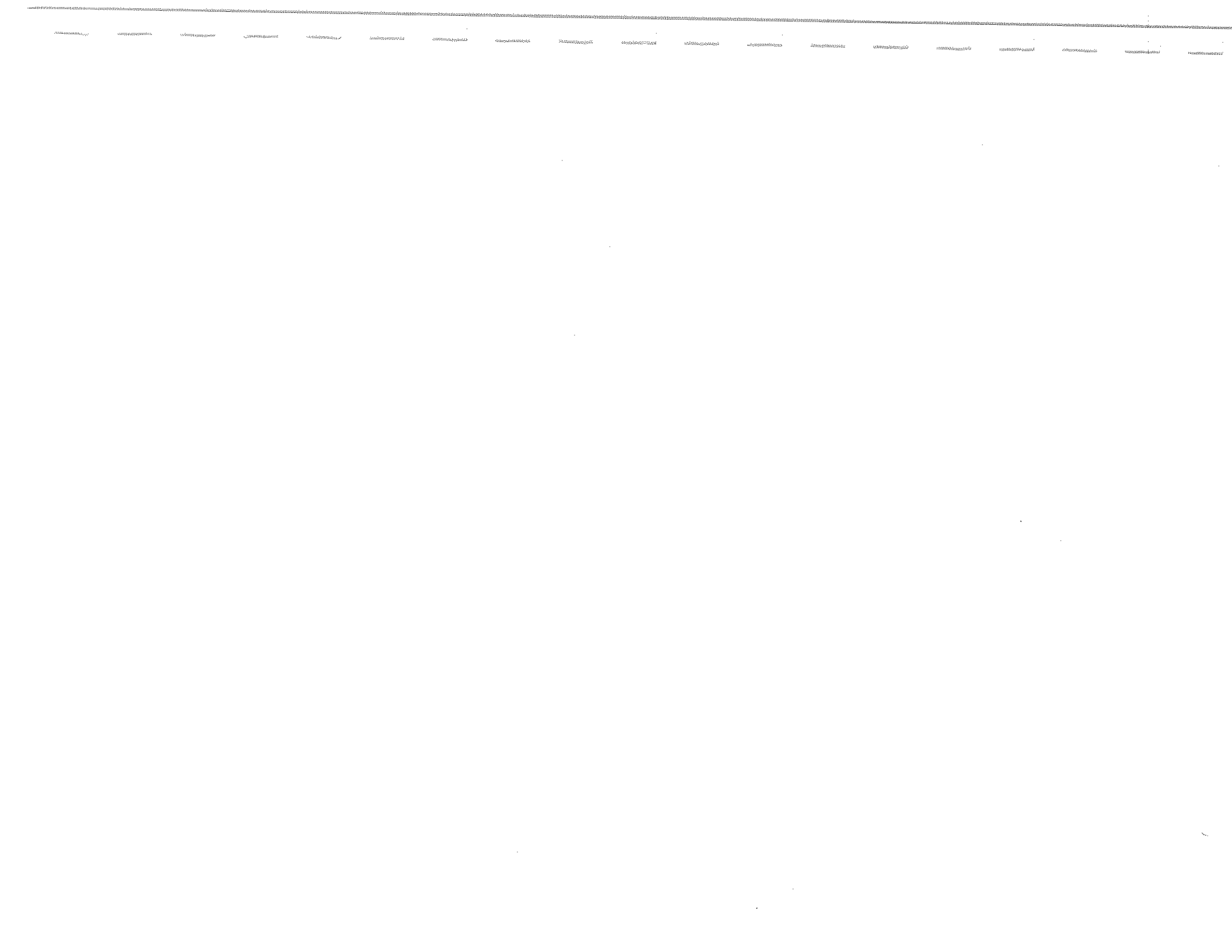
TRC Project No. 164560-2940-0003  
June 15, 2011

TRC  
21 Griffin Road North  
Windsor, Connecticut 06095  
Telephone 860-298-9692  
Facsimile 860-298-6399



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## 1.0 EXECUTIVE SUMMARY

TRC of Windsor, Connecticut was retained by the State of Connecticut Department of Public Works (CTDPW) to provide project compliance and industrial hygiene services during the abatement of asbestos containing materials (ACM) conducted at 18-20 Trinity Street, Hartford, Connecticut. TRC conducted this work per DAS Contract 08PSSX0202 which is effective from January 30, 2009 through December 31, 2011. Asbestos abatement was necessitated in accordance with the U.S. Environmental Protection Agency (USEPA) Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) (40 CFR Part 61 Subpart M) as the building structure was scheduled for future renovation. The asbestos abatement contractor for the project was A.A.I.S. Corporation (A.A.I.S.) of West Haven, Connecticut utilizing DAS Contract #10PSSX0238. TRC was on site throughout the duration of the project to provide monitoring services.

The scope of work for the project, which took place on March 22, 2011, involved the emergency abatement of approximately 36 linear feet (LF) of asbestos containing paper-wrap pipe insulation within the wall between the third and fourth floor North stairwell due to a leaky pipe. Emergency notification of the abatement activity was filed with the Connecticut Department of Public Health (CT DPH) by A.A.I.S. within 24 hours of the initiation of the abatement work. A copy of the notification was submitted by A.A.I.S. to TRC. All work conducted by A.A.I.S. was performed in compliance with OSHA's Occupational Exposure to Asbestos Standard, 29 CFR 1926.1101, the CT DPH Standards for Asbestos Abatement, 19a-332a-1 through 16, and the EPA's Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) 40 CFR Part 61 Subpart M. A.A.I.S. is a licensed State of Connecticut Asbestos Abatement Contractor and all A.A.I.S. employees performing work on this project were appropriately licensed, trained, and medically qualified to perform such work. Interior work on ACM pipe insulation was performed under full containment conditions with a negative pressure enclosure (NPE) and contiguous decontamination system.



Air samples were collected during abatement activities to monitor airborne asbestos fiber emissions and were transferred using proper chain-of-custody records to TRC's Accredited Laboratory in Windsor, Connecticut and analyzed on-site by an AIHA Registered Asbestos Analyst from TRC for Phase Contrast Microscopy (PCM) analysis via the National Institute for Occupational Safety and Health (NIOSH) 7400 method. All asbestos air samples collected by TRC (inside and outside of the work areas) were found to be below the OSHA Permissible Exposure Level (PEL).

After abatement activities, the work areas were visually inspected by a TRC licensed Asbestos Project Monitor following ASTM Standard E1368-90 to ensure complete abatement. Further, reoccupancy asbestos clearance air sampling was conducted by TRC in the interior NPE work areas. The interior NPE reoccupancy clearance air samples were collected and analyzed on-site by an AIHA registered Asbestos Analyst from TRC using PCM analysis via the NIOSH 7400 method. The interior NPE work areas received a satisfactory visual inspection on March 22, had reoccupancy clearance air samples collected on March 22 and received acceptable reoccupancy clearance criteria air results on March 22, 2011.

The asbestos-containing waste generated during this project was containerized and labeled as asbestos waste in compliance with CTDEP/CTDPH, OSHA, DOT and USEPA requirements. The waste was removed from the site in accordance with all state and federal disposal requirements, including the USEPA Asbestos NESHAP, and transported by TransWaste, Inc. of Cheshire, Connecticut to Modern Landfill of York, Pennsylvania where it was deposited. Approximately one (1) cubic yard of asbestos waste was removed from the project site.

This concluded TRC's on-site efforts for this project. Refer to Section 2.0 for TRC's complete site log notes documenting all aspects of the project on a daily basis.





## 2.0 SITE LOGS





Site / Station CTDPW

Month / Year March / 2011

18-20 Trinity St. Hartford, CT

Project No 164560.2940.0003

Date	Time	Instrument and TRC ID	Comments	Initials
3/22/11	0825	AReder	TRC's Allison Reder arrives on-site, and locates AAIS, already on-site. Scope of work is emergency abatement of ~36 linear feet of asbestos paper-wrap pipe insulation located within the wall between the 3 <sup>rd</sup> + 4 <sup>th</sup> Floor North Stairwell, due to a leaky pipe. TRC has mobilized equipment to 4 <sup>th</sup> Floor - former Family Court area, which is adjacent to the abatement area.	AR
	0845		AAIS's Dudley Watson + Yachaira Ardon on-site for AAIS, prepping area on 3 <sup>rd</sup> Floor landing - access TSI via 3'x3' access panel.	AR
	0910		TRC deploys daily air monitoring pumps - one in 3 <sup>rd</sup> Floor Stairwell and one in 4 <sup>th</sup> Floor - former Judge's Chamber bathroom, where top of pipe ends in wall. Chris Bennett off site.	AR
	0920		3 <sup>rd</sup> Floor Stair Landing not large enough for full deck, so no room for shower, so they are using 2 pop-ups. Negative air will be vented via window in Stairwell.	AR
	0940		AAIS takes break.	AR
	1010		AAIS returns to work. Installing negative air machines. Also, they will attempt to put critical and 4 <sup>th</sup> Floor bath area and see if	AR



Site / Station CT DPW

Month / Year March/2011

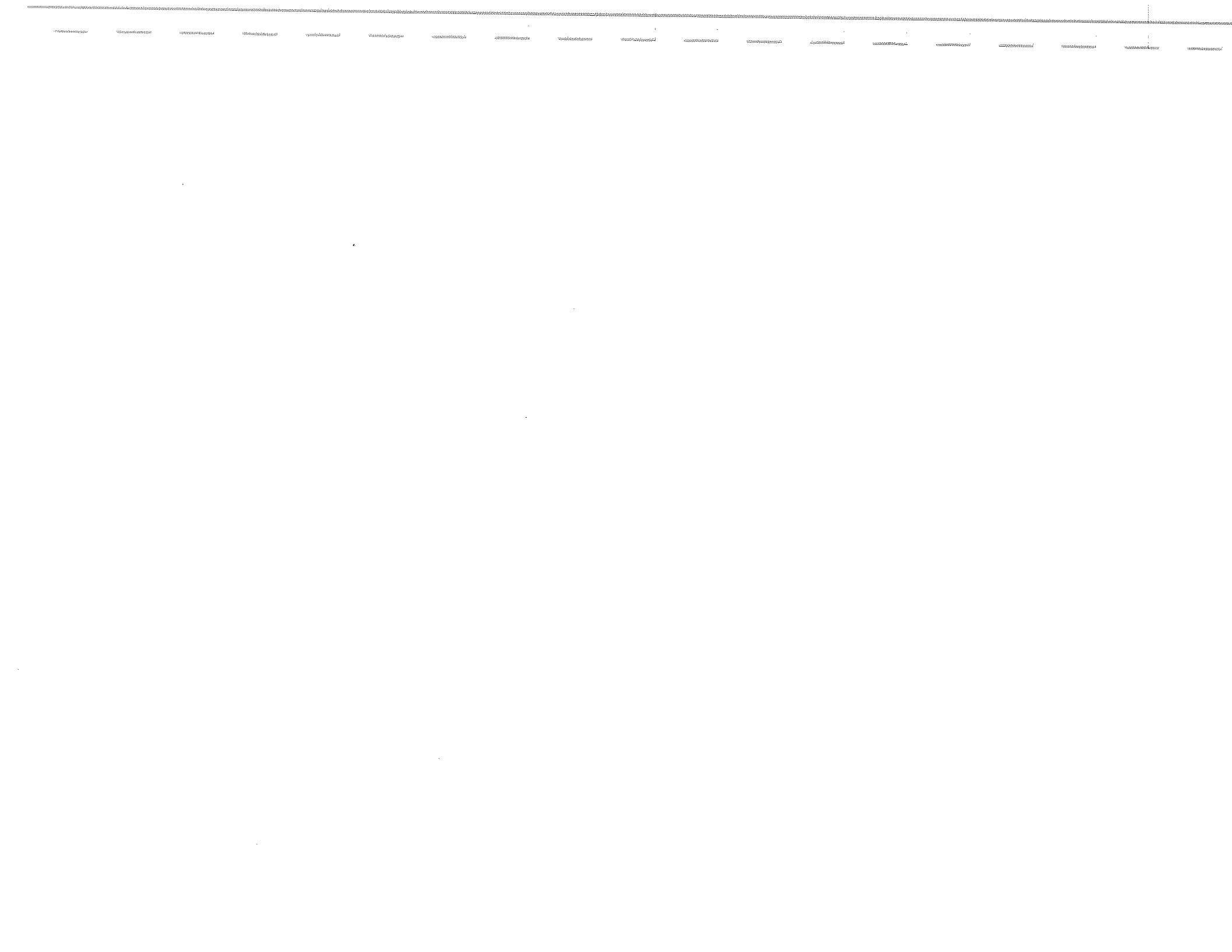
18-20 Trinity St., Hartford, CT

Project No 164560.2940.0003

Date	Time	Instrument and TRC ID	Comments	Initials
3/22/11	1010	(cont.)	they are able to slide TSI down the pipe. Prep almost complete.	AR
	1030		TRC's AR does pre-abatement visual inspection - all set to begin work.	AR
			First they must sawed plaster + terra cotta wall in stairwell to open up area to be able to access pipe.	
	1045		AAIS enters containment & begins to cut the wall away.	AR
	1105		AAIS has cut the wall away; bag out concrete/plaster/terra cotta debris.	AR
	1115		AAIS begins to abate TSI from pipe. Material is soaking wet due to water leak.	AR
	1140		AAIS has removed pipe from inside wall @ 3 <sup>rd</sup> Floor Stairwell North, but unable to remove 4th Floor TSI, as mudded fitting/joint just below the floor. AAIS's Dudley exits containment and informs TRC that they do not have glovebag on-site, so they will install a pop-up chamber in 4th Floor bath area to remove small (<3W) section of pipe here.	
	1215		AAIS's Dudley complete with gross removal - exits containment to inform TRC & DPW representative Ken that the leak is not coming from section of pipe that has been abated. AAIS thinks that pipe in floor under 4th Floor bath running	AR









## PROJECT OUTLINE

Project Address: 18-20 Trinity Street  
Hartford, CT

DAS Contract Number: 08PSX0202

DPW Project Manager: Michael Sanders

DPW Project No.: 2B-11-04

DPW Building No.: 19028

TRC Project No.: 164560-2940-0003

Date(s) of Project: 3-22-11

TRC Project Manager: Donald LePage

TRC Project Monitor(s)/Inspector(s): Allison Reder (#000370) – PM

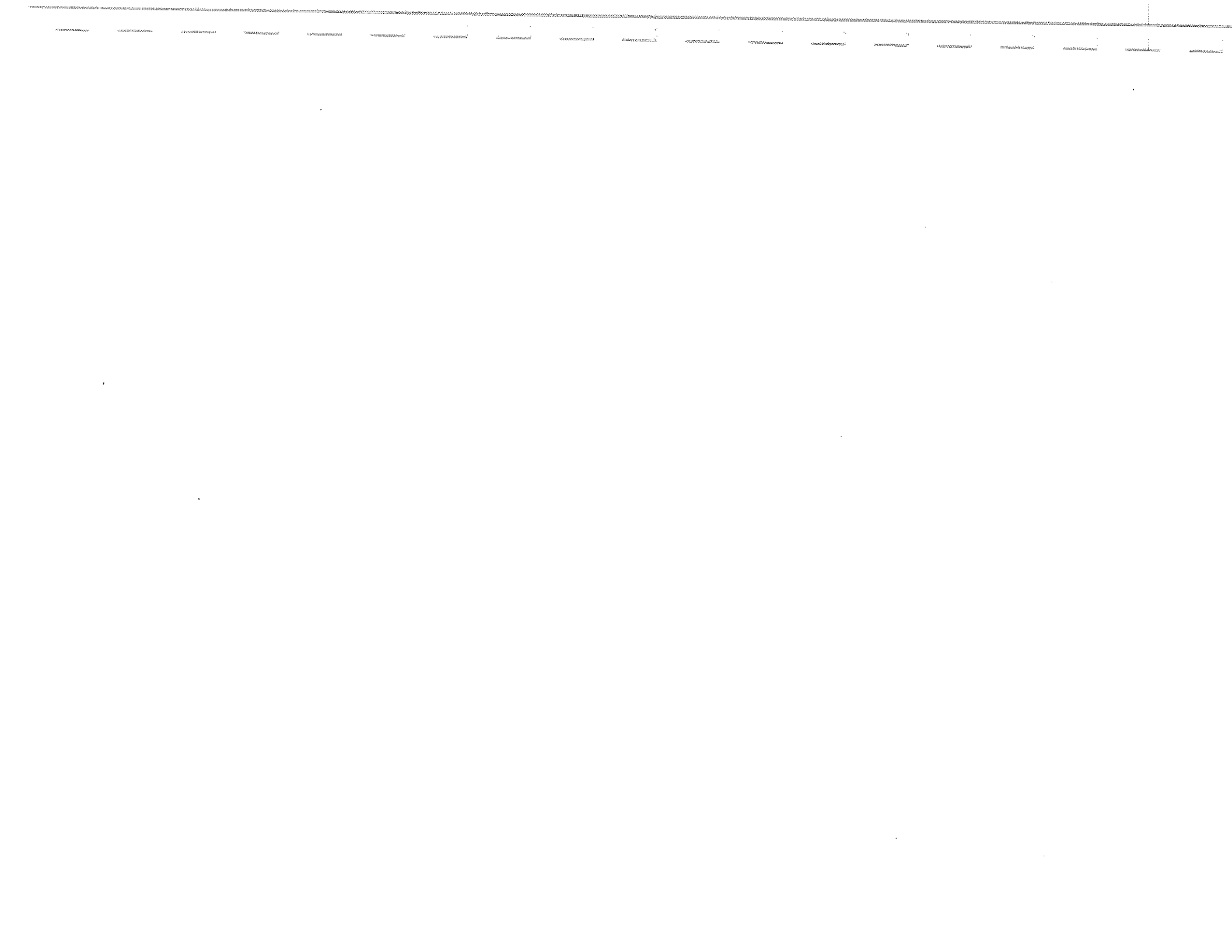
Abatement Contractor: A.A.I.S. Corporation (#000017)

Materials Abated: ~36 LF ACM paper wrap pipe insulation –  
within wall between 3<sup>rd</sup> & 4<sup>th</sup> floor North  
stairwell

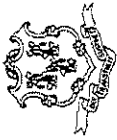
Waste Hauler(s): Trans Waste, Inc., Cheshire, CT

Asbestos Landfill: Modern Landfill, York, PA

Asbestos Waste Generated: ~ One cubic yard (CY)



**APPENDIX A  
NOTIFICATIONS**



# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

For State Use Only
Postmark Date _____
Check # _____
Amount _____
Transmittal # _____
Record No. _____

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

### 1. TYPE OF NOTIFICATION

A. NEW	<input type="checkbox"/>	
D. REVISED	<input type="checkbox"/>	
E. EMERGENCY	<input checked="" type="checkbox"/>	

B. BLANKET (ITEMS REVISED)	<input type="checkbox"/>	C. CANCELLATION/POSTPONED	<input type="checkbox"/>	P
-------------------------------	--------------------------	---------------------------	--------------------------	---

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_ OK PER BILL STAPLETON  
REVISION # \_\_\_\_\_

### 2. ABATEMENT CONTRACTOR

NAME AAIS Corporation  
 ADDRESS 802 Boston Post Rd.  
 CITY West Haven  
 PHONE # (203) 932-2992

LICENSE # 000017  
 STATE CT ZIP 06516  
 CONTACT PERSON JIM REILLY

### 3. FACILITY (OWNER'S NAME) OWNER/OPERATOR

NAME State of CT, Dept. of Public Works  
 ADDRESS 165 Capitol Avenue,  
 CITY Hartford  
 PHONE # (860) 713-5702

STATE CT ZIP 06106  
 CONTACT PERSON Michael Sanders

### 4. NAME OF FACILITY (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS 18-20 TRINITY ST  
 CITY HARTFORD

STATE CT ZIP 06106

### 5. PROJECT DATES

5(A) ABATEMENT START DATE 03/22/11  
 5(B) COMPLETION DATE 03/24/11

NOTIFICATION FEE DUE \_\_\_\_\_ *TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET*  
 \$100 + 1% total asbestos abatement cost

6. TOTAL ABATEMENT PROJECT COST \_\_\_\_\_ \* REVISED COST (ONLY FOR REVISIONS)

### 7. USE OF FACILITY

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input checked="" type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/>	I. OTHER			

Phone: (860) 509-7367 / Fax (860) 509-7378  
 Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue, MS #51-AIR  
 P.O. Box 340308 Hartford, CT 06135

An Equal Opportunity Employer

8. BUILDING DATA  
 SQUARE FEET 42,815

NUMBER OF FLOORS 4

AGE 91

9. ABATEMENT CLASSIFICATION  
 RENOVATION  DEMOLITION

ORDERED DEMO   
(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE  
 A. FULL CONTAINMENT WITH NEGATIVE AIR   
(IF AWP, include) PROJECT DESIGNER & LICENSE #

B. ALTERNATIVE WORK PRACTICE  (PRE-APPROVAL REQUIRED)

C. EXTERIOR ABATEMENT

D. SPOT REPAIR (> 25 SF Total)

11. ABATEMENT METHOD  
 A. REMOVAL  B. ENCAPSULATION

C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM  
 A. CONTIGUOUS  B. REMOTE

C. BOTH

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (Reported in Square Feet)  
 FRIABLE MATERIAL

NON-FRIABLE MATERIAL  
 Category I: J. Floor Covering - Floor Tiles  
 K. Roofing (Specify)  
 L. Flashing/Field/Etc...  
 M. GASKETS, PACKINGS  
 N. TRANSDOME BOARD  
 O. OTHER (Specify)

H. PIPE INSULATION <small>(Pipe Diameter)</small>	Use conversion table	Linear Feet	CF	Total Square Ft.
2 in		36 Ft.	0.52	18.72
in				
in				
in				
in				
in				
in				
in				
in				
in				
in				

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME Modern Landfill  
 ADDRESS 4400 Mount Pisgah Rd.  
 CITY, ST, ZIP York, PA 17402  
 PHONE # 717-246-4615  
 OWNER/OPERATOR Jodi

NAME Hakes Landfill  
 ADDRESS 4376 Manning Ridge Rd.  
 CITY, ST, ZIP Painted Post, NY 14870  
 PHONE # 607-937-6044  
 OWNER/OPERATOR Bonnie

NAME Minerva Enterprises  
 ADDRESS 9000 Minerva Rd.  
 CITY, ST, ZIP Pike Township, OH 44688  
 PHONE # 603-330-0217  
 OWNER/OPERATOR Steve Chardler

NAME WMNH, Inc.  
 ADDRESS 97 Rochester Neck Rd  
 CITY, ST, ZIP Gonic, NH 03839  
 PHONE # X2108  
 OWNER/OPERATOR John Monaco

15. HAZARDOUS WASTE TRANSPORTER  
 NAME RTL Enterprises  
 ADDRESS 173 Pickering Street  
 CITY, ST, ZIP Portland, CT 06480  
 NAME Transwaste, Inc.  
 ADDRESS 3 Barker Street  
 CITY, ST, ZIP Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM  
 JIM REILLY, VP  
Name & Title

Signature

MAIL COMPLETED FORM TO:  
 DDH, ASBESTOS PROGRAM  
 410 CAPITAL AVE., MS#51 AIR  
 PO BOX 340308  
 HARTFORD, CT 06134-0308



**APPENDIX B**  
**CONTRACTOR CERTIFICATIONS/LICENSES**



State of Connecticut

Lookup Detail View

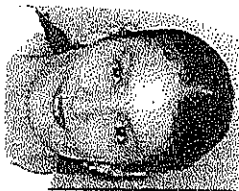
Name
<b>Name</b>
YAHARA Y ARDON

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Past Discipline or Pending Charges
Asbestos Abatement Supervisor	3424	07/31/2011	04/01/2008	Yohakra Y. Ardon	ACTIVE	None

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**ASBESTOS ABATEMENT  
SUPERVISOR REFRESHER**

YAHAIIRA Y ARDON	
Certificate Number 045961390ASBSSR0610	
Course Date 6/24/2010	Exam Date 6/24/2010
Expires: 6/24/2011	

**NEW ENGLAND LABORERS'  
TRAINING TRUST FUND**

P.O. Box 77  
Pomfret Center, CT 06259  
(860) 974-1455  
YAHAIIRA Y ARDON

The individual named has completed  
the requisite training for asbestos  
accreditation under TSCA Title II

*Joseph M. Sabloni Training Director*

ASBESTOS ABATEMENT  
SUPERVISOR COURSE



YAHARA Y ARDON	
Certificate Number	045961380ASBS0907
Course Date	9/10/2007
Exam Date	9/14/2007
Expires: 9/14/2008	

NEW ENGLAND LABORERS'  
TRAINING TRUST FUND

P.O. Box 77  
Pomfret Center, CT 06259  
(860) 874-1455



YAHARA Y ARDON

The individual named has completed  
the requisite training for asbestos  
recertification under TSCA Title II

Joseph M. Sabitoni *Training Director*

PLHCP WRITTEN STATEMENT FOR RESPIRATORS (EMPLOYEE)

Service Date: 4/13/10

Employee SSN: \_\_\_\_\_

Employee Name: Yehia Ardon

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

**Check  ALL that apply**

- The above individual HAS been examined for respirator fit/size in accordance with 29 CFR 1910.134. This fitting evaluation is specific to respirator use only. Employees should be instructed to report any difficulty in using respirators or change of any physical status to their supervisor or physician.
  - The evaluation included the Respiratory Questionnaire outlined in 29 CFR 1010.134. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation and the above individual HAS NOT been examined by me for respirator fit/size. The employee's medical evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1010.134.
  - In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposures(s).
- Respirators must be properly selected based on the confinement and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instructions and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Worker must be trained in the proper care of any respirator for a product literature and packaging for specific information regarding its use and/or limitations.*

PLHCP Signature [Signature]

Employee's Signature [Signature]  
4/13/11  
Expiration Date

PLHCP Name (printed) \_\_\_\_\_

Physician or other Licensed Healthcare Professional

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

JUL-26-10 03:38PM FROM-CONCENTRA  
 Puritan-Bennett Renaissance II  
 S/N: G080701896

+800 281 1885

T-748 P.002/004 F-762

Last Cal Check: 13APR2010

Version: 1.1.11

BEST 3 PVC/FVL REPORT

015951390  
 YAHAIKA ARDON  
 FEMALE

Height: 66" Physician:  
 Age: 29YRS Technician:  
 Weight: 134LBS  
 Smoker: NO  
 Ethnicity/Correction: OTHER

Sensor Code: 938949  
 Temperature: 72F  
 Barometric Press: 760mmHg  
 BTPS Correction: 1.104  
 Normals: HUDSON 83

Clinical format: PREMED - 05:43PM  
 Best Criteria:

\* Indicates Best Value  
 VAL

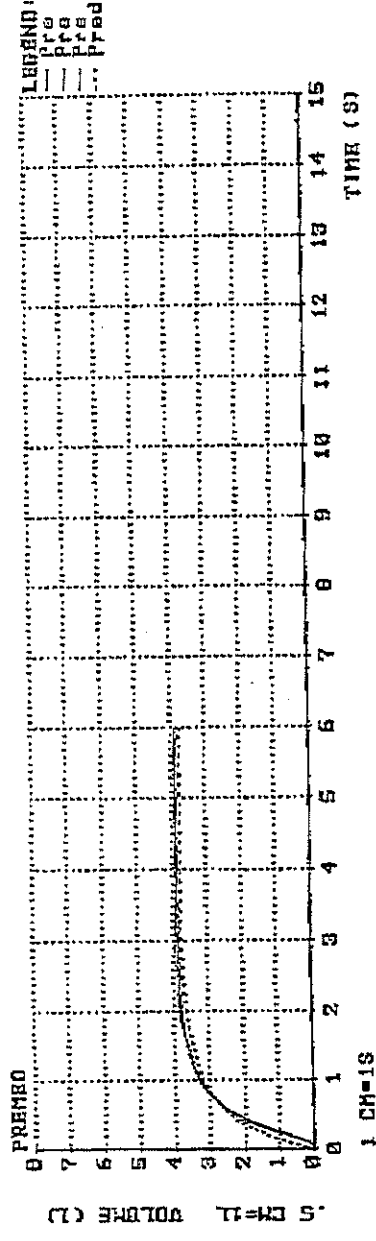
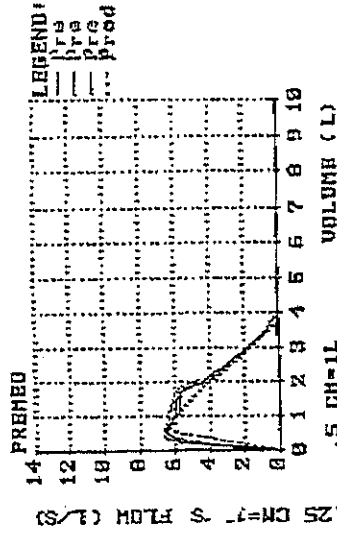
MEASUREMENT	1val 1	2pred	1val 2	2pred	LLN
FVC (L)	3.00*	105	3.91	3.77	2.90
FEV1 (L)	3.42*	106	3.40	3.21	2.26
FEV1%	NO	101	87	85	72
FEF25-75 (L/S)	3.92*	104	3.84	3.74	
PEF(L/S)	7.02*	103	6.84	6.77	
FET (S)	3.97*		4.81		

BEST FEV1% 81%\*

Report Summary:  
 Pre Med: Tests 3 Acceptable 0 Reproducible 2 FVC VAR: 83ML FEV1 VAR: 18ML PEF VAR: 180ML/S

HEIGHT Interpretation:  
 Comment:

PREMED - Normal Spirometry



*Handwritten signature*

JUL-26-10 03:39PM FROU-CONCENTRA

4860 261 1895

T-749 P.003/004 F-762

Concentra Medical Centers (V11)  
701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-6591 Fax: (860) 201-1895

### Physician Respiratory Examination Record

Service Date: 04/13/2010

Patient Name: Ardon, Yahalka Y.

Address: 806 South Quaker Lane

WEST HARTFORD, CT, 06110

SSN: XXX-XX-1390

Gender: Female

Day Time Phone: ( ) - X

Night Time Phone: (860) 586-8614

Race: (Circle One) Asian / Black / Hispanic  
Indian / White / Other

Employer: \_\_\_\_\_

#### EXAMINATION

Height 66 1/2  
 Weight 134  
 Pulse 72  
 Temperature \_\_\_\_\_  
 Blood Pressure 125/72  
 Respiration 16  
 Heart NL AB AB  
 Lungs NL AB AB  
 Ears NL AB AB  
 Ear Drums NL AB AB  
 Nose NL AB AB  
 Buccal Cavity NL AB AB  
 Pharynx NL AB AB  
 Musculoskeletal NL AB AB  
 Hernia NO YES

#### RESPIRATOR FIT TEST

Not performed at Concentra Medical Centers (CT)  
 Pass  
 Fail  
 Return to Clinic on \_\_\_\_\_ At: \_\_\_\_\_ am/pm

This Examination Expires on: 4/13/11 (date)

Physician's Signature \_\_\_\_\_  
 Physician's Name (print) J. M. Hanson PA-C

To be maintained in employee's medical record

#### TESTING

Testing necessary for 29 CFR 1910.134 does not include testing necessary for other OSHA medical surveillance:

EKG Performed YES NO

Spirometry Performed YES NO  
 Spirometry Results Attached YES NO

Chest x-ray Performed WNL YES NO

B-reader Required YES NO

Vision Testing  
 • Right Eye Far Near  
 • Left Eye Far Near

Audiometric Test Ordered YES NO  
 • Results: Within Range Out of Range

Blood Tests Ordered YES NO  
 • Tests Ordered: Within Range Out of Range

Urinalysis Ordered YES NO  
 • Results: Within Range Out of Range

CONCENTRA Medical Centers (V.I.)  
701 Main Street EAST HARTFORD, CT 06108  
Phone: (860) 289-5991 Fax: (860) 291-1895

PULMONARY FUNCTION TEST RECORD

Ardon, Yabalia Y.  
Patient's Last Name, First Name and Middle Initial  
806 South Quaker Lane

WEST HARTFORD, CT. 06110  
Address:

Employer Name: \_\_\_\_\_  (Check  when print out is attached)

Employee SSN: XXX-XX-1390

Test Number: \_\_\_\_\_

Age 28

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

Race  Black  Hispanic  White  Asian  Other:

Time of Test: \_\_\_\_\_

Sex:  Male  Female

Location: \_\_\_\_\_ In Clinic \_\_\_\_\_ In Plant \_\_\_\_\_ Other \_\_\_\_\_

Height in inches \_\_\_\_\_

Check  Indicates the one that applies

Non Smoker  Former Smoker  Smoker

Spirometer/Pulmonometer (circle one) (S) (P)

Hours Since Medication Used \_\_\_\_\_

Date of last calibration \_\_\_\_\_

List Medications Used: \_\_\_\_\_

Ambient Temp - C° \_\_\_\_\_

Hours Since Last Smoked \_\_\_\_\_

Complete this section when print out is not available

Observed Values (BTPS)

FEV1  FVC  FEV1/FVC%

Predicted Normals \*

FEV1%  FVC%

Change (%)

FEV1 (> 8%)  FVC (> 8%)  FEV1/FVC% (> 6%)

Attach Print Out Here Or To The Back Of This Form

Comments:

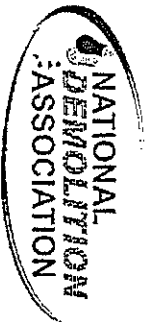
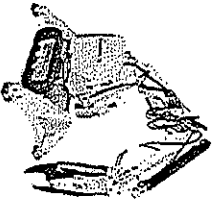
Yabalia Y. Ardón  
Technician's Name (Signature)  
Madeline Trachlo  
Technician's Name (Print)

\* The predicted FEV1 and FVC in black individuals must be multiplied by 0.85.

† In stocking feet

BTPS - Body Temperature Ambient Pressure Saturated with Water Vapor Correction.

# AAIS



## RESPIRATOR FIT TEST

Employee Name:

Yachira Arbo

Social Security #:

1390

Location:

802 Boston Post Road, West Haven, CT 06516

Location if different from above: \_\_\_\_\_

Date Tested: 07/26/10

Type of Test: Irritant Smoke Qualitative Testing

Type of Respiratory: North 1/2 Face (7700-30 Small, Medium or Large)

Test Results: Pass - Fail

Type of Respirator: Racal PAPR

Test Results: Pass - Fail

Other Type of Respirator: 3M - FULL FACE

Test Results: Pass - Fail 3M - PAPR

Employee Signature: [Signature]

Date: 07/26/10

Administrator: [Signature]

Date: 07/26/10



State of Connecticut

Lookup Detail View

Name
<b>Name</b>
DUDLEY A WATSON

License Information						
License Type	License Number	Expiration Date	Granted Date	License Name	License Status	License Actions or Pending Charges
Asbestos Abatement Supervisor	318	05/31/2011	07/12/2000	Dudley A. Watson	ACTIVE	None

Generated on: 4/1/2011 11:05:46 AM



# ENVIRONMENTAL TRAINING AND ASSESSMENT


## *Certificate of Completion Asbestos Abatement Site Supervisor Refresher Training Course*

*Awarded To*

**Dudley Watson**  
*246 Mansion Street  
Poughkeepsie, NY 12601*

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 4/23/2010                      Examination Grade: 86%  
Examination Date: 4/23/2010              Certificate Number: ASR-00711  
Expiration Date: 4/23/2011



Stephen J. Craig, Training Manager

Boston Lead Company, LLC  
dba  
Environmental Training and Assessment  
62 Washington Street  
Middletown, CT 06457  
860-347-7277

PH 1981159 2822 51 1100

**Superior Industries LLC**  
 SUPERIOR INDUSTRIES L.L.C.

Committed to a Clean Environment

**Certificate of Completion**  
 Awarded to  
**Dudley Watson**  
 (SSN 109-72-8072) (DOB 5-31-57)

Has completed a 40 Hour 5 Day Approved Course of instruction in  
 Asbestos Abatement, Removal and Disposal (AARD)  
 Supervisor Initial  
 September 14, 1998 to September 18, 1998  
 Required by OSHA and the EPA Revised MAP for accreditation under  
 the TSCA Title II as self-certified by Trainer BA297  
 Required by Connecticut Regulations 19a-302-21

Examination Date: September 18, 1998  
 Expiration Date: September 18, 1999  
 Certificate Number: 109-72-8072

*[Signature]*  
 Ed R. Clark, Training Director

**Superior Industries LLC**  
 250 Bench Road  
 Weymouth, MA 01978  
 203-879-8531 (Voice)  
 860-820-1134 (Fax)

Initial

WALTON DUDLEY  
0724 W Nash St New Britain, CT 06053  
Phone: (800) 827-0746 Fax: (860) 827-0824  
Medical Surveillance - Asbestos

Patient: Watson, Dudley

SSN: XXX-XX-8072

DOB: 05/31/1957

Gender: M

Marital Status: S

Address: 246 Mansion St.

POUGHKEEPSIE, NY 12601

Home Phone: (203) 496-0265

Work Phone: \_\_\_\_\_

Ext.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: AAS

Address: 802 Boston Post Rd

West Haven, CT 065161828

Job Contact: Tammy Hubbard

Role: Primary Contact

Phone: (203) 932-2992 Ext.: 230

Fax: (203) 932-0802

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/17/2010 in accordance with: 29 CFR 1926.1101, 40 CFR 763.121.

The following was performed:

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

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

Comments or limitations (if any): \_\_\_\_\_

M. D. [Signature]  
Provider Signature

6/17/10  
Date

JUN-17-10 02:44PM FROM-CONCENTRA  
 Puritan-Bennett Renaissance II  
 S/N: G060701509  
 Version: 1.1.11

860 827 0824

T-870 P.002/003 F-210  
 Session Time: 02:13PM  
 Last Cal Check: 17JUN2010

BEST 3 FVC/FVI REPORT

IF 109728072  
 Gender: MALE  
 Medication:  
 Dosage:

Sensor Code: 027640  
 Temperature: 70F  
 Barometric Press: 746mmHg  
 BTPS Correction: 1.11  
 Normals: KNUDSON B3

Height: 72" Physician:  
 Age: 53YRS Technician:  
 Weight: 205LBS  
 Smoker: 10YRS, 5 Pack Yrs  
 Ethnicity/Correction: AFRICAN AMERICAN 08.0%

Clinical Format: PREMED - 02:13PM  
 Best Criteria: VAL

\* Indicates Best Value

MEASUREMENT	INITIAL 4	PREMED	INITIAL 3	INITIAL 5	PREM	LLN
FVC (L)	5.51*	123	5.27	5.17	4.47	3.28
FEV1 (L)	4.74*	117	4.03	3.83	3.61	2.79
FEV3	//	95	//	//	81	71
FEF25-75 (L/S)	3.06*	83	2.86	2.98	3.66	
PEF(L/S)	14.38*	174	13.10	12.30	8.23	
PET (S)	19.41*	//	18.53	13.66		

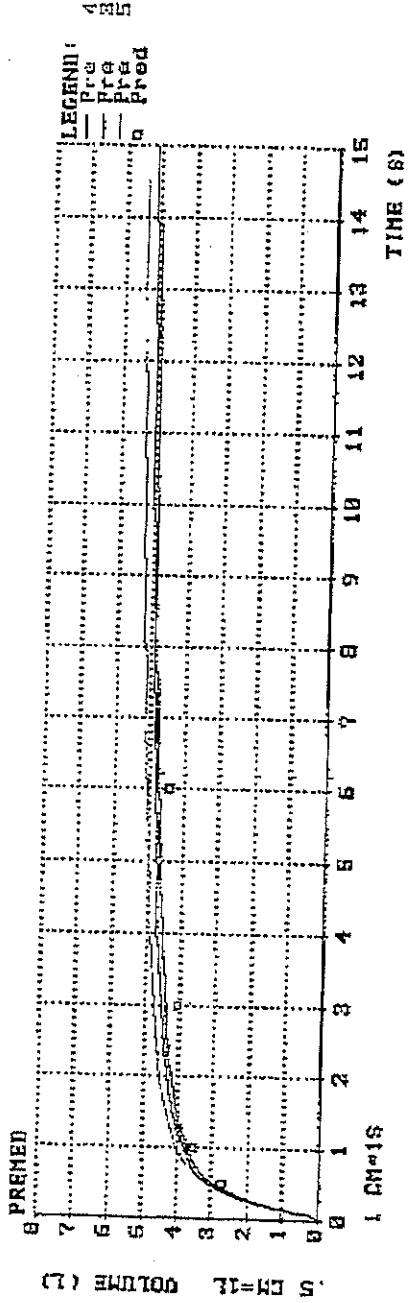
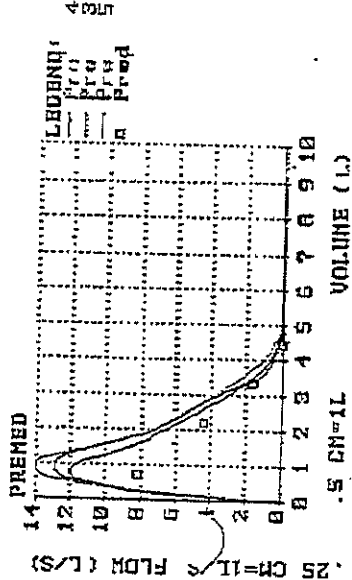
BEST FEV1% //\*

Report Summary:

Pre Med: Tests 8 Acceptable 6 Reproducible 0 FVC VAR: 2464L FEV1 VAR: 2071L PEF VAR: 12771L/S

ATS Interpretation:  
 Lung Age: 53 YRS  
 Comment:

PREMED - Normal Spirometry  
 COPD Risk 0% If stop smoking: 0%



*val*

# Respirator Fit Test

Employee Name:

Dudley Watson

Social Security #:

8072

Location:

802 Eastern Post Road  
West Haven, Ct. 06516

Location if different than above:

Date Tested: 06/17/10

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 Face (7700-30 small, medium or large)

Test Results: Pass / Fail

Type of Respirator: Raoul PAPR

Test Results: Pass / Fail

Other type of Respirator: 3M - FULL FACE  
P.A.P.R.

Test Results: Pass / Fail

Employee Signature:

Dudley Watson Date: 06/17/10

Administrator:

[Signature] Date: 06/17/10

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

**APPENDIX C**  
**DAILY PROJECT SIGN-IN SHEETS**

**SIGN-IN SHEET FOR CT DPW-18-20 Trinity St., Hartford, CT**  
 (Job Name and Project Number)

**NOTICE: All persons entering and leaving the Clean Room, Showers, Equipment Room and Work Area(s) must sign in and out. Please complete all information slots.**

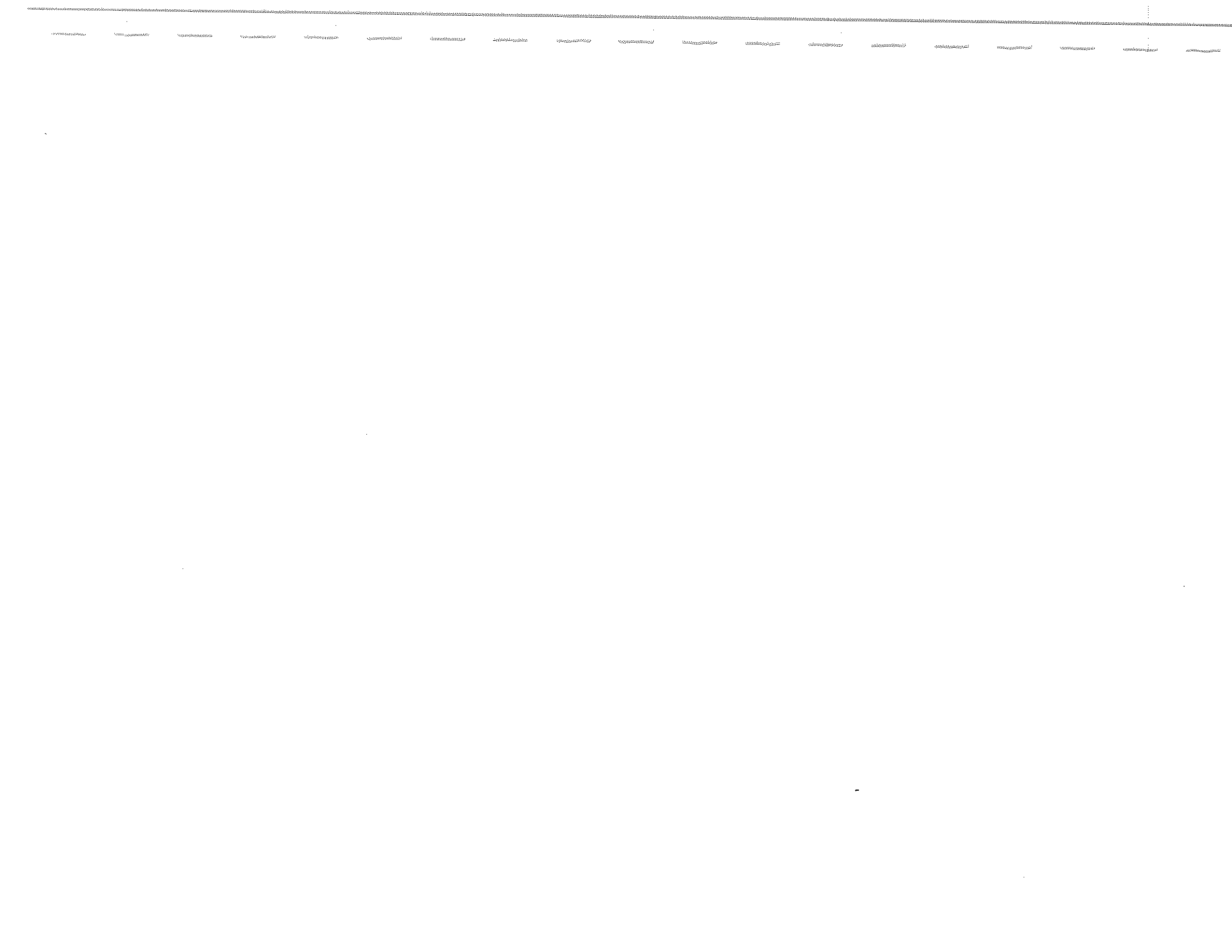
**TRC REPRESENTATIVE:** Allison Reder **DATE:** 3/22/11

NAME	COMPANY	DESTINATION (Clean Room, Showers, Equip. Room, Work Area)	PROTECTIVE CLOTHING (Respirator, Tyvek Suit, Gloves)	PURPOSE of Entry (Inspection, Work)	TIME IN - OUT
Dudley Watson Yahara Ardon	AATIS	3rd/4th Floor Pipe inside wall	All OSHA PPE	prep	0700 - 0700

11/86

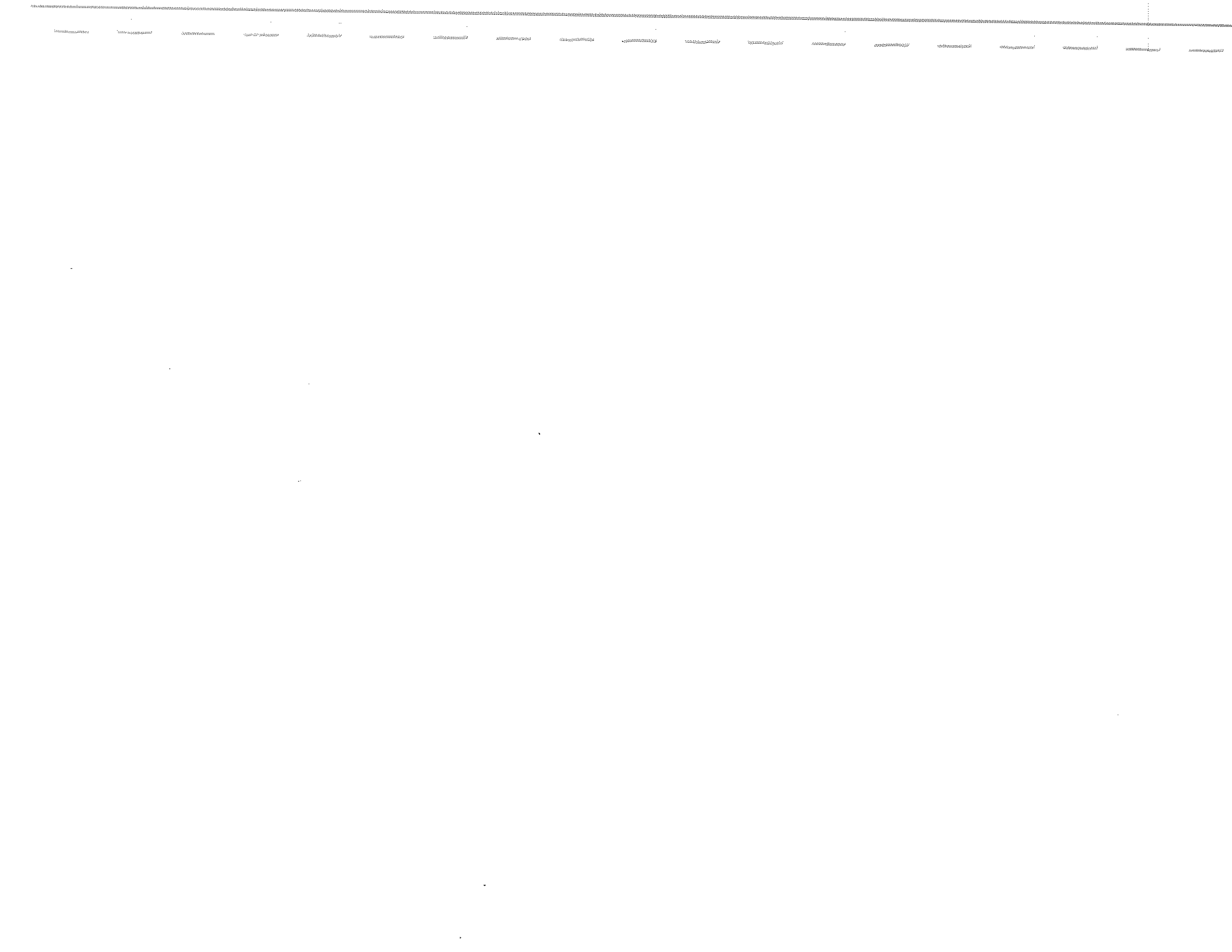


**APPENDIX D**  
**CONTRACTOR OSHA PERSONNEL AIR**  
**SAMPLING RESULTS**



**CONTACT A.A.I.S. DIRECTLY**

**FOR OSHA PERSONNEL AIR SAMPLING RESULTS  
RESULTS WERE NOT SUBMITTED TO TRC**



**APPENDIX E**  
**TRC CERTIFICATIONS/LICENSES**

Dear Licensed/Certified Professional,  
 Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:  
 Department of Public Health  
 P.O. Box 340308  
 M.S.#12MOA  
 Hartford, CT 06134-0308  
 Sincerely,  
*Robert Galvin, MD, MPH, MDA*  
 J. ROBERT GALVIN, MD, MPH, COMMISSIONER  
 DEPARTMENT OF PUBLIC HEALTH

0002566 FP \*\*PRSRT 17 0 1264 06095  
 ALLISON E. REDER  
 TRC  
 21 GRIFFIN RD NORTH  
 WINDSOR CT 06095

**INSTRUCTIONS:**

1. Detach and sign each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH  
 PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
 THE INDIVIDUAL NAMED BELOW IS LICENSED  
 BY THIS DEPARTMENT AS A  
**ASBESTOS CONSULTANT-PROJECT MONITOR**

**ALLISON E. REDER**

LICENSE NO. 000370  
 CURRENT THROUGH 08/31/11  
 VALIDATION NO. 03-091190

*Robert Galvin, MD, MPH, MDA*  
 COMMISSIONER

*Allison Reder*  
 SIGNATURE

**EMPLOYER'S COPY**

**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH

**ALLISON E. REDER**  
 NAME  
 LICENSE NO. 000370  
 CURRENT THROUGH 08/31/11

**ASBESTOS CONSULTANT-PROJECT MONITOR**  
 PROFESSION

*Robert Galvin, MD, MPH, MDA*  
 COMMISSIONER

*Allison Reder*  
 SIGNATURE

**WALLET CARD**

**STATE OF CONNECTICUT**  
 DEPARTMENT OF PUBLIC HEALTH

**ALLISON E. REDER**  
 NAME  
 LICENSE NO. 000370  
 CURRENT THROUGH 08/31/11

**ASBESTOS CONSULTANT-PROJECT MONITOR**  
 PROFESSION

*Robert Galvin, MD, MPH, MDA*  
 COMMISSIONER

*Allison Reder*  
 SIGNATURE

# CERTIFICATE OF ACHIEVEMENT

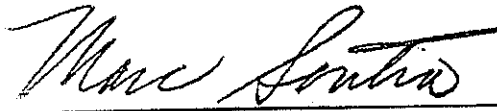
*This certifies that*

**Allison Reder**

*has successfully completed the*

**8 Hour Asbestos Project Monitor Refresher Training**

*conducted by*  
ATC Associates Inc.  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070



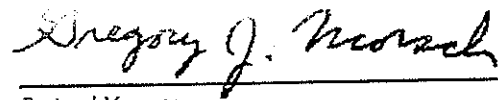
Principal Instructor

November 16, 2010

Date of Course

November 16, 2011

Expiration Date



Regional Manager

PMR-1342

Certificate Number

November 16, 2010

Examination Date



AIHA

Your Essential  
Connection

## RETAIN FOR YOUR RECORDS

June 1, 2001

Allison Burnett  
TRC Environmental Corporation  
5 Waterside Crossing  
Windsor, CT 06095

Counter ID: 8236  
Organization ID: 100122

Dear Analyst

**Congratulations!** The American Industrial Hygiene Association (AIHA) Analytical Accreditation Board (AAB) has approved your listing in the Asbestos Analysts Registry (AAR). This Board Approval takes effect today and is current as long as you maintain two or less outliers in the two most current consecutive Asbestos Analytical Testing (AAT) rounds. This is the only time AIHA requires that you be on the AAB Ballot.

If you should receive more than two outliers in two consecutive rounds, your AAT Performance Results report will show that you are "not acceptable." To regain your Board Approval, your options are:

- 1) Purchase the current round retest to override the results, or;
- 2) Analyze the next two AAT rounds and again meet Board Approval qualifications.

If you foresee non-participation in a future AAT round, AIHA requires a letter requesting a suspension from that round to retain the Board Approval status before the date that results are due for that particular round.

For your information:

- 1) You automatically lose Board Approval status when you cease analyzing AAT samples with your organization.
- 2) If you transfer to an unapproved organization, you immediately lose Board Approval status.

Congratulations again and thank you for your continued interest in the Asbestos Analysts Registry program. If you have any questions concerning your status, please call me.

Sincerely,

Gary E. Coates  
Laboratory Accreditation Specialist



SOUND DATA

LABORATORY QUALITY  
ASSURANCE PROGRAMS

SMART DECISIONS

AIHA

Your Essential Connection:  
Advancing Occupational and Environmental Health  
and Safety Globally

2700 Prosperity Ave., Suite 250, Fairfax, VA 22031 U.S.A.  
(703) 849-8888; Fax (703) 207-8558; www.aiha.org



0092713 FP  
JONATHAN D. GENTILE  
88 WHEELER STREET  
WINSTED CT 06098

\*\*PHSRT 17 0 1684 06098

**INSTRUCTIONS:**

1. Detach and sign each of the copies.
2. Display the large one in your office.
3. The one that ends in 06098 is for the State. Put the vehicle serial plate in a secure place.

**NOTICE**  
PURSUANT TO § 14-211c

THE INDIVIDUAL NAMED BELOW IS LICENSED  
BY THIS DEPARTMENT AS A  
**ASBESTOS CONSULTANT-PROJECT MONITOR**

LICENSE NO.  
000538  
CURRENT THROUGH  
10/31/11  
VALIDATION NO.  
03-137290

JONATHAN D. GENTILE

*Robert Galvin, MD, MPH, MBA*  
COMMISSIONER

*J. D. Gentile*

Dear Licensed/Certified Professional,  
Attached you will find your validated license/certification for the coming year. Should you have any questions about your license/certificate renewal, please do not hesitate to write or call:  
**Department of Public Health (860) 509-7603**  
**P.O. Box 340308**  
**M.S.#12MGA** <http://www.dph.state.ct.us>  
**Hartford, CT 06134-0308**

Sincerely,  
*Robert Galvin, MD, MPH, MBA*  
**J. ROBERT GALVIN, MD, MPH, COMMISSIONER**  
**DEPARTMENT OF PUBLIC HEALTH**

JONATHAN D. GENTILE  
LICENSE NO. 000538 10/31/11  
ASBESTOS CONSULTANT-PROJECT MONITOR

*Robert Galvin, MD, MPH, MBA*  
COMMISSIONER

JONATHAN D. GENTILE  
LICENSE NO. 000538 10/31/11  
ASBESTOS CONSULTANT-PROJECT MONITOR

*Robert Galvin, MD, MPH, MBA*  
COMMISSIONER

*J. D. Gentile*

**CERTIFICATE OF ACHIEVEMENT**

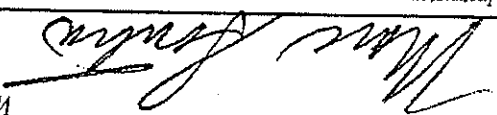
*This certifies that*

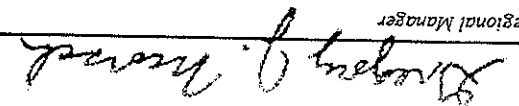
**Jonathan Gentile**

*has successfully completed the*

**8 Hour Asbestos Project Monitor Refresher Training**

conducted by  
ATC Associates Inc.  
73 William Franks Drive  
West Springfield, MA 01089  
(413) 781-0070

*Principal Instructor*  
  
December 15, 2010  
Date of Course  
December 15, 2011  
Expiration Date

*Regional Manager*  
  
PMR-1350  
Certificate Number  
December 15, 2010  
Examination Date



Your Essential Connection

# Asbestos Analysts

## Registry

American Industrial Hygiene Association  
2700 Prosperity Ave, Suite 250, Fairfax, VA 22031  
Phone: (703) 846-0798 Fax: (703) 207-8558  
[cdezio@aiha.org](mailto:cdezio@aiha.org)

April 5, 2006

TRC Environmental Corporation  
Jonathan Gentile  
21 Griffin Road North  
Windsor, CT 06095

Organization ID: 100122  
Analyst ID: 8729

Dear Mr. Gentile:

**Welcome back!** The American Industrial Hygiene Association (AIHA) welcomes you back into the Asbestos Analyst Registry (AAR) program. Thank you for you continued participation in the AAR program.

Each participating analyst has a unique Analyst Identification (ID) number and a corresponding Organization ID number. Please note that your analyst ID number, which remains the same, and the new organization ID number, to which you have transferred, appear on the upper right corner of this letter. Be sure to use your analyst ID and organization ID in all correspondence to AIHA. You must enter your Analyst ID and Organization ID numbers when entering the results on the AAT Data Entry Website.

On a quarterly basis Asbestos Analytical Testing (AAT) samples are mailed with the AAT Results Website Data Entry Worksheet to your organization's AAR contact person. Your organization should have received **AAT Round # 77** samples the first week in **March, 2006**. You should begin your AAT participation with this organization with this round. If you will be unable to participate by the due date, April 10, 2006, please contact me so that you can request an excused absence I can ensure you are not included in the round.

It is your responsibility to obtain a copy of a worksheet and prepare a wedge from each sample in a set. AIHA also recommends that each analyst: keep a photocopy of the completed worksheet; print a copy of the results confirmation page from the AAT Data Entry Website (<http://www.aiha.org/patl>); and obtain the AAT Performance Result Report after each round.

To continue your listing, you must successfully participate in the AAT program. Successful participation is defined as no more than two (2) outliers in the two (2) most

current consecutive rounds. More than a total of two outliers will result in an unacceptable rating. Nonparticipation will be considered as four (4) outliers. Analysts who have been given an unacceptable rating may request additional samples for retesting. A fee will be charged for participation in the retest round. (<http://www.aiha.org/1documents/lab/2006lqapfees.pdf>) Analysts participating in the retest round will be evaluated on the retest sample set and retest results will override the regular round attempted. (AAR policy: 3.4 – Retesting)

If you have any questions, please contact me at 703-846-0798.

Sincerely,



Carter Dezio  
AAR Program Specialist

**APPENDIX F**  
**EQUIPMENT CALIBRATION DATA**

# Rotameter H-41

Calibrated on: 02 November 2010

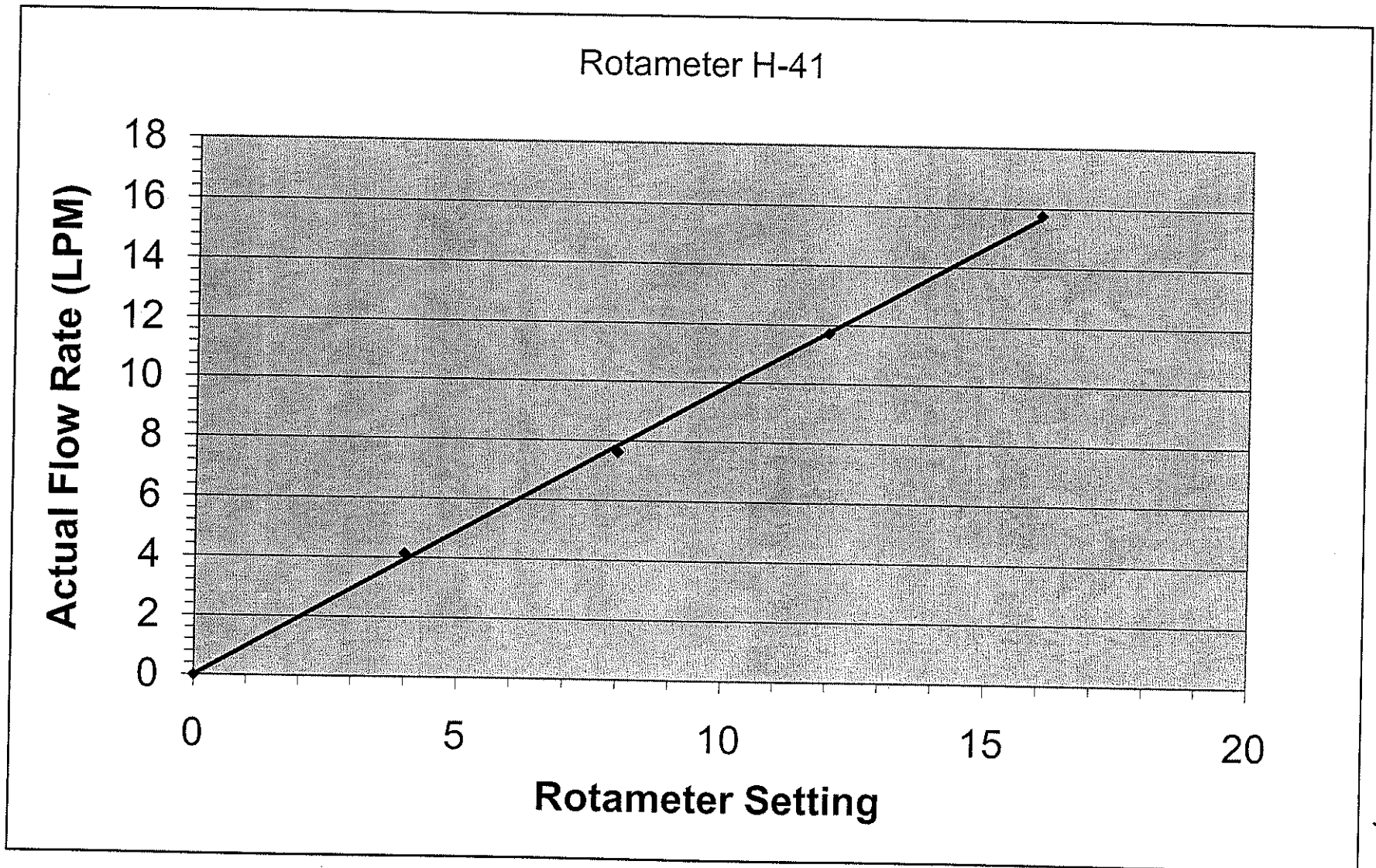
Due: 05 May 2011

By: K. Williamson



TSI # 4146 0650 010

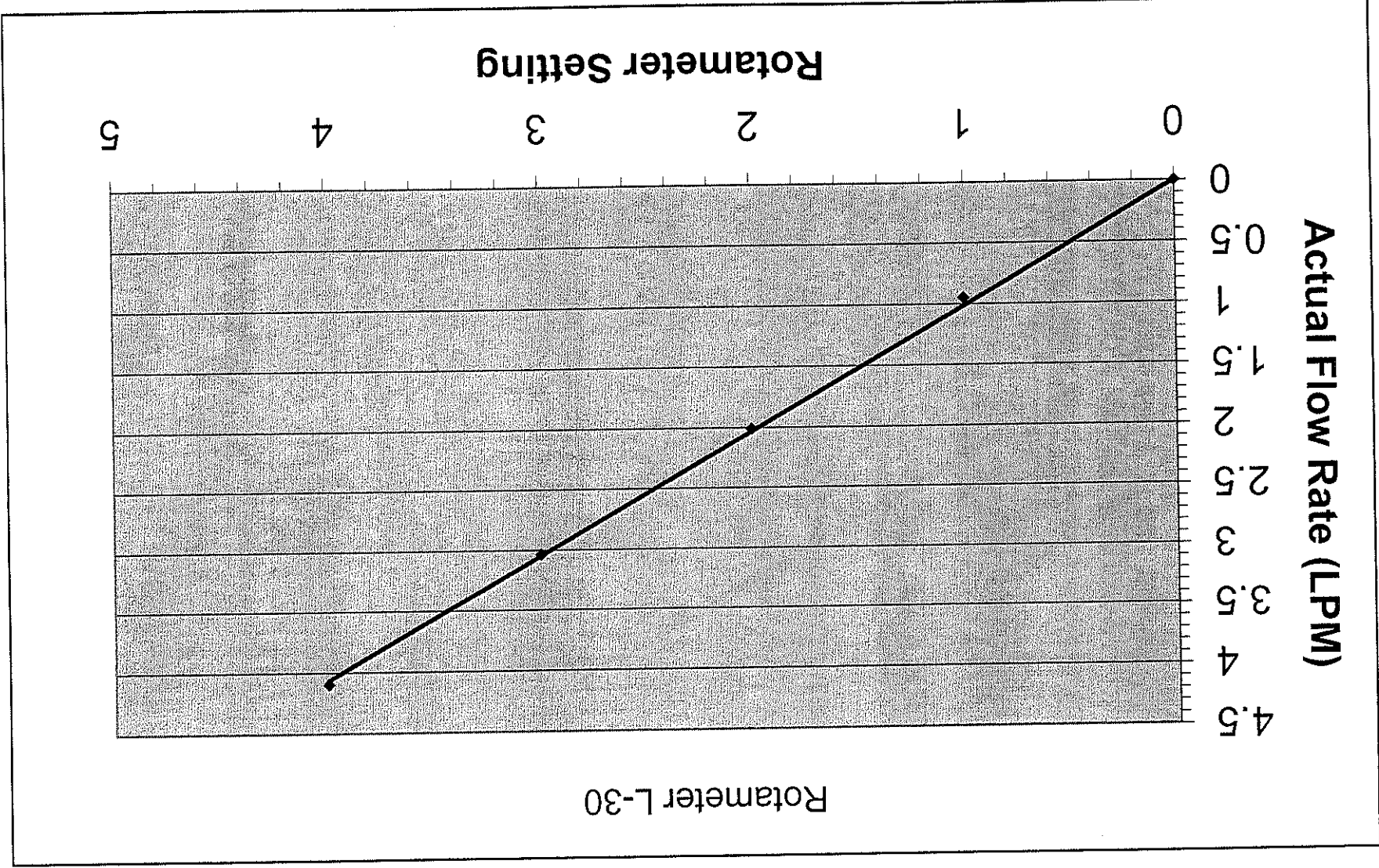
Rotameter Setting	Avg. Flow
0	0
4	4.1
8	7.6
12	11.7
16	15.8



Rotameter Setting	Avg. Flow
0	0
1	0.95
2	2.01
3	3.04
4	4.10

**Rotameter L-30**

Calibrated on: 02 November 2010  
 Due: 05 May 2011  
 By: K. Williamson  
 TSI # 4146 0650 010



Rotameter calibrated using center of ball





**APPENDIX G**  
**LABORATORY ANALYTICAL CERTIFICATIONS**

*State of Connecticut, Department of Public Health  
Approved Environmental Laboratory*

THIS IS TO CERTIFY THAT THE LABORATORY DESCRIBED BELOW HAS BEEN APPROVED BY THE STATE DEPARTMENT OF PUBLIC HEALTH PURSUANT TO APPLICABLE PROVISIONS OF THE PUBLIC HEALTH CODE AND GENERAL STATUTES OF CONNECTICUT, FOR MAKING THE EXAMINATIONS, DETERMINATIONS OR TESTS SPECIFIED BELOW WHICH HAVE BEEN AUTHORIZED IN WRITING BY THAT DEPARTMENT.

**TRC ENVIRONMENTAL CORPORATION**

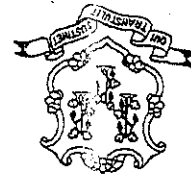
LOCATED AT 21 Griffin Road North IN Windsor, CT 06095  
AND REGISTERED IN THE NAME OF Erik Plimpton

THIS CERTIFICATE IS ISSUED IN THE NAME OF Kathleen Williamson WHO HAS BEEN DESIGNATED BY THE REGISTERED OWNER/AUTHORIZED AGENT TO BE IN CHARGE OF THE LABORATORY WORK COVERED BY THIS CERTIFICATE OF APPROVAL AS FOLLOWS:

**ASBESTOS  
AIR-FIBER COUNTING - PCM  
BULK IDENTIFICATION - PLM**

**SEE COMPUTER PRINT-OUT FOR SPECIFIC TESTS APPROVED**

THIS CERTIFICATE EXPIRES December 31, 2011 AND IS REVOCABLE FOR CAUSE BY THE STATE DEPARTMENT OF PUBLIC HEALTH DATED AT HARTFORD, CONNECTICUT, THIS 2nd DAY OF December 2009



Registration  
No.  
PH-0426

*[Signature]*  
SUZANNE BLANCAFLOR, MS  
CHIEF, ENVIRONMENTAL HEALTH SECTION



**AIHA**

Laboratory Accreditation  
Programs, LLC

**AIHA Laboratory Accreditation Programs, LLC**

*acknowledges that*

**TRC Environmental Corporation**

21 Griffin Road North, Windsor, CT 06095

Laboratory ID: 100122

has fulfilled the requirements of the AIHA Laboratory Accreditation Programs (AIHA-LAP), LLC thereby conforming to the ISO/IEC 17025:2005 international standard, *General Requirements for the Competence of Testing and Calibration Laboratories*. The above named laboratory, along with all premises from which key activities are performed, as listed above, have been accredited by AIHA-LAP, LLC in the following:

**LABORATORY ACCREDITATION PROGRAMS**

- INDUSTRIAL HYGIENE
- ENVIRONMENTAL LEAD
- ENVIRONMENTAL MICROBIOLOGY
- FOOD

Accreditation Expires: 10/01/2012  
Accreditation Expires:  
Accreditation Expires:  
Accreditation Expires:

Specific Field(s) of Testing (FoT)/Method(s) within each Accreditation Program for which the above named laboratory maintains accreditation is outlined on the attached Scope of Accreditation. Continued accreditation is contingent upon successful on-going compliance with AIHA-LAP, LLC requirements. This certificate is not valid without the attached Scope of Accreditation. Please review the AIHA-LAP, LLC website ([www.aihaaccreditedlabs.org](http://www.aihaaccreditedlabs.org)) for the most current scope of accreditation.

*Dave Sandusky, CIH*  
Chairperson, Analytical Accreditation Board

Date Issued: 10/01/2010



## AIHA Laboratory Accreditation Programs, LLC SCOPE OF ACCREDITATION

TRC Environmental Corporation  
21 Griffin Road North, Windsor, CT 06095

Laboratory ID: 100122  
Issue Date: 10/01/2010

The laboratory is approved for those specific field(s) of testing/methods listed in the table below. Clients are urged to verify the laboratory's current accreditation status for the particular field(s) of testing/Methods, since these can change due to proficiency status, suspension and/or revocation. A complete listing of currently accredited Industrial Hygiene laboratories is available on the AIHA-LAP, LLC website at: <http://www.aihaaccreditedlabs.org>

### Industrial Hygiene Laboratory Accreditation Program (IHLAP)

Initial Accreditation Date: 09/01/1984

IHLAP Scope Category	Field of Testing (FoT)	Technology sub-type/ Detector	Published Reference Method/Title of In-house Method	Method Description or Analyte <i>(for internal methods only)</i>
Asbestos/Fiber Microscopy Core	Polarized Light Microscopy (PLM)		EPA/600/R-93/116	
	Phase Contrast Microscopy (PCM)		NIOSH 7400	

**APPENDIX H**  
**ASBESTOS AIR SAMPLE ANALYSIS AND**  
**CHAIN-OF-CUSTODY DATA**

# AIR SAMPLE ANALYSIS REPORT

Client: CT DPW  
 Site: Hartford, CT  
 Address: 18-20 Trinity Street  
 Contact/Name: Don LePage Phone: 413-622-4842  
 Project No.: 164560.2940.0003 Date: 3/22/11  
 Sampler Print: Allison Keder Signature: Allison Keder Date: 3/22/11  
 Analyst Print: Allison Keder Signature: Allison Keder Date: 3/22/11  
 QC Analyst Print: Allison Keder Signature: Allison Keder Date: 3/22/11  
 Lab Supervisor Print: Allison Keder Signature: Allison Keder Date: 3/22/11  
 Microscope No.: \_\_\_\_\_  
 Sample Type:  PCM  TEM  Other: \_\_\_\_\_  
 Analysis Method:  NIOSH 7400  AHERA  Other: \_\_\_\_\_  
 Received in Lab for Analysis:  QC Only:   
 Date of Calibration: 11/2/10 Lab No. 39203  
 Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance  
 Issue 2 8/15/94 A rules

Relative Standard Deviation (Sr)	
Range Fibers/fields	Inter-lab Sr
<20/100	0.269
20.5 to 50/100	0.502
>50/100	0.454

Sample No.	Sampling Location/Comments	Type of Sample	Pump Number	Start Time/Stop Time	Total Time (min)	Flow Rate	Total Volume (l)	FB - BFB	FL - BFL	Filter Fiber Conc. (fibers/mm <sup>3</sup> )	Airborne Fiber Conc. (fibers/cc)
1	3rd Floor Stairwell 0% cont.	4	—	911   1400	289	2.2   2.1	621.4	14/100	17-8	0.011	0.009
2	4th Floor Former Family Court Judge's back	4	—	922   1355	273	2.0   2.0	546	10/100	12.7	0.009	0.009
3	FIELD	3									
4	BLANKS	4									

**STANDARDS**  
 <0.01 f/cc - EPA Re-Occupancy Clearance Criteria  
 0.10 f/cc - OSHA Permissible Exposure Limit (8 hr. TWA)  
 1.0 f/cc - OSHA 30 min Excursion Level  
 ND < - Non Detected, less than the limit of detection  
 Limit of Detection - 5.5 fibers/100 fields

TRC Laboratory Asbestos Analytical Certifications:  
 CT#PH-0426 MA#AA000052 NY#10980 RI#AL-007C3  
 ME#LB-0071 VA#3333000283 TX#300354 VT#AL014538  
 AIHA/PAT#100122

Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm<sup>3</sup>.

Sample No.	FB/FL	Analyst/Date	Field/Lab
2		3/22/11	Lab
		3/22/11	Lab

Relinquished by: Allison Keder Date: 3/22/11 Time: 1540  
 Received By: Allison Keder Date: 3/22/11 Time: 1620  
 Relinquished by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received by Laboratory: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Condition of Sample: Y  
 Acceptable: Y  
 Comments: \_\_\_\_\_



21 Griffin Road North  
Windsor, CT 06095  
860-298-9692

Edition: September 2009  
Supersedes Previous Edition

# AIR SAMPLE ANALYSIS REPORT

Client: CT DPW  
Site: 18-20 Trinity St.  
Address: Hartford, CT

Project No.: 164560.2940.0003 Date: 3/22/11 Page      of       
Sampler Print: J. Gentile Signature: [Signature] Date: 3/22/11  
Analyst Print: J. Gentile Signature: [Signature] Date Analyzed: 3/22/11  
QC Analyst Print:      Signature:      Date Analyzed:       
Lab Supervisor Print:      Signature:      Date Issued:     

Contact/Name: D. Lepage Phone: (860) 298-6222 Rotometer No.: H=41 Date of Calibration: 11/2/10 Lab No.     

Relative Standard Deviation (Sr)		
Range Fibers/fields	Intra-lab Sr	Inter-lab Sr
<20/100	0.369	0.608
20.5 to 50/100	0.296	0.502
>50/100	0.205	0.454

Microscope No. 207274 Received in Lab for Analysis:  QC Only:   
Sample Type: PCM  TEM  Other:      Analysis Method: NIOSH 7400  AHERA  Other:       
Issue 2 8/15/94 A rules  
Type of Sample: 1. Background 2. Prep. 3. Work Area 4. Environmental 5. Personal 6. Clearance

Sample No.	5	6	7	8	9		
Sampling Location/Comments	4 <sup>th</sup> fl.	3 <sup>rd</sup> fl.	landing	chase			See # 3-4 for Blanks
Type of Sample	6	6	6	6	6		
Pump Number							
Start Time/Stop Time	1340   1500	1340   1500	1340   1500	1340   1500	1340   1500		
Total Time (min)	80	80	80	80	80		
Flow Rate	15   15	15   15	15   15	15   15	15   15		
Total Volume (l)	1200	1200	1200	1200	1200		
FB — BFB FL — BFL	12/100	9/100	5/100	8/100	6/100		
Filter Fiber Conc. (fibers/mm <sup>2</sup> )	7.6	11.5	6.4	10.2	7.6		
Airborne Fiber Conc. (fibers/cc)	.003	.004	ND<.002	.003	.003		

**STANDARDS**  
<0.01 f/cc — EPA Re-Occupancy Clearance Criteria  
0.10 f/cc — OSHA Permissible Exposure Limit (8 hr. TWA)  
1.0 f/cc — OSHA 30 min Excursion Level  
ND< — Non Detected, less than the limit of detection  
Limit of Detection — 5.5 fibers/100 fields

Relinquished by: [Signature] Date 3/22/11 Time       
Received By:      Date      Time       
Relinquished by:      Date      Time       
Received by Laboratory:      Date      Time     

TRC Laboratory Asbestos Analytical Certifications:  
CT#PH-0426 MA#AA000052 NY#10980 RI#AAL-007C3  
ME#LB-0071 VA#13333000283 TX#300354 VT#AL014538  
AIHA/PAT#100122  
Results relate only to the samples tested, as received by the laboratory. Verifiability of the laboratory's results is limited to the FB/mm<sup>2</sup>.

Condition of Sample:       
Acceptable: Y      N       
Comments:     

QC Recount			
Sample No.	FB/FL	Analyst/Date	Field/Lab



Barker Drive • Wallingford, CT 06492  
 (303) 269-8300 • Fax: (203) 269-8600

CT, MA, RI, VT, NH, ME  
 GENERATORS

EPA New England  
 1 Congress Street  
 Boston, MA 02114-2023  
 (617) 918-1111

3819-Y4-7434

E.P.A. AGENCY

NY GENERATORS

EPA Region 2  
 290 Broadway, 26th Floor  
 New York, NY 10007-1866  
 (212) 637-3000

400H635  
 # 162147

EMERGENCY RESPONSE  
 TELEPHONE  
 #1-800-750-3460

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

**\*K#** 115053 P.O. # \_\_\_\_\_

Contractor AAIS Corporation

Address P.O. Box 26066

City West Haven State CT Zip 06576

Telephone Number 203 938 2992

Date Container Del. 3-23-2011 Date of Pickup 4-1-2011

Type of Container 40 Yards

**VOLUME** 1 CY Friable  Non-Friable

MUST BE IN CUBIC YARDS

Tag  Drum  Wrapped  Other

**RQ, ASBESTOS, 9, NA2212, PG III**

**GENERATOR/BUILDING OWNER**

State of CT Dept of Public Works

Address 165 Capitol Avenue

City Hartford State CT Zip 06106

Phone Number 860 713 5702

**GENERATING LOCATION**

Address 18-20 Trinity Street Chase

City Hartford State CT Zip 06106

Phone Number \_\_\_\_\_

Verify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this container 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 government regulations.

### AUTHORIZED SIGNATURE

*[Signature]*

**transporter 1:** Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature \_\_\_\_\_ Registration # \_\_\_\_\_ State / # \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement of receipt of materials.

**transporter 2:** TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: Charrie Knowles Signature \_\_\_\_\_ Registration # \_\_\_\_\_ State / # \_\_\_\_\_ Date: 3-31-11

Acknowledgement of receipt of materials.

**transporter 3:** TransWaste, Inc., 3 Barker Drive, Wallingford, CT 06492 (203) 269-8300

Driver: \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Signature \_\_\_\_\_ Registration # \_\_\_\_\_ State / # \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement of receipt of materials.

Site  **Modern Landfill** Site  **BFI Imperial Landfill** Site  **Hakes Landfill** Site  \_\_\_\_\_

Address: 4400 Mount Pisgah Rd. Address: 11 Boggs Road Address: 4376 Manning Ridge Rd. Address: \_\_\_\_\_

York, PA 17402 Imperial, PA 15126 Painted Post, NY 14870

Phone: 717-246-4615 Phone: 724-695-0900/50831010458 Phone: 607-937-6044 Phone: \_\_\_\_\_

Certification of receipt of materials covered by this manifest.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent [Signature] Signature \_\_\_\_\_

Receipt Date [Signature] Receipt Date \_\_\_\_\_