

Empire State Development Corporation

at

Midtown Plaza Asbestos Abatement
Midtown Mall
Service Tunnel
Rochester, New York

Prepared For:

Empire State Development Corporation
400 Andrews Street
Rochester, New York 14606

February 18, 2010 - February 20, 2010



REPORT PREPARED BY

Paradigm Environmental Services, Inc.
179 Lake Avenue, Rochester, New York 14608

Notifications & Quantities Cover Summary



PARADIGM

ENVIRONMENTAL SERVICES, INC.

WWW.PARADIGMENY.COM

179 Lake Avenue, Rochester, NY 14608

PHONE: 585-647-2530

TOLL FREE: 800-724-1997

FAX: 585-647-3311

March 3, 2010

Mr. Mark Smith
Empire State Development Corp
400 Andrews Street
Rochester, NY 14604

Re: Midtown Plaza Asbestos Abatement

Dear Mr. Smith:

This cover letter serves as a formal introduction to the Project and Air Monitoring records for the Midtown Mall Service Tunnel work area at the above referenced project site. All detailed records are attached, grouped and tabulated by major record type. These include: *survey and confirmed removal quantities, applicable variances, daily air logs, daily air sampling reports, miscellaneous bulk sample reports, daily project monitoring logs, maps of sampling locations, and field and lab certifications*. Abatement contractor certifications and signed off work plans are incorporated by reference only. These documents are found in the *containment logs, maintained by LIRO Engineers*, for the dates referenced below.

The project air background samples were taken on February 18, 2010. The project continued until completion of abatement as confirmed by satisfactory air samples and Final Visual Inspection on February 20, 2010.

Asbestos removal quantities and material types were monitored during abatement for comparison to the original survey information. A table showing verified quantities and types versus original is provided below.

Service Tunnel

<u>Material Type</u>	<u>Original Survey Quantities</u>	<u>Verified Removal Quantities</u>
Pipe Insulation	2260 Linear Feet	415 Linear Feet
Fittings on Fiberglass Pipe Insulation	60 Fittings	24 Fittings
Spray-on Fireproofing	20,120 Square Feet	0 Square Feet
Ceiling system	12,200 Square Feet	0 Square Feet

If you have any questions regarding this letter, or the attached documents, please let me know.

Sincerely,


Bruce Hoogesteger
Paradigm Environmental Services, Inc.

Variances



New York State Department of Labor
David A. Paterson, Governor
M. Patricia Smith, Commissioner

January 15, 2010

*Recd
21 JAN 2010*

56 Services Inc.
POB 561
Buffalo NY 14213

RE: File No. 10-0017

Dear Sir/Madam:

**STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH**

The attached is a copy of Decision, dated, 1/15/2010, which I have compared with the original filed in this office and which I DO HEREBY CERTIFY to be a correct transcript of the text of the said original.

If you are aggrieved by this decision you may appeal within 60 days from its issuance to the Industrial Board of Appeals as provided by Section 101 of the Labor Law. Your appeal should be addressed to the Industrial Board of Appeals, Empire State Plaza, Agency Building 2, 20th Floor, Albany, New York, 12223 as prescribed by its Rules and Procedure, a copy of which may be obtained upon request.

WITNESS my hand and the seal of the
NYS Department of Labor, at the City of
Albany, this 15th day of *January*,
Two thousand nine

Christopher Alonge, P.E.
Associate Safety and Health Engineer
Engineering Services Unit

RP

STATE OF NEW YORK
DEPARTMENT OF LABOR
STATE OFFICE BUILDING CAMPUS
ALBANY, NEW YORK 12240-0100

Variance Petition
Of

56 Services, Inc.
Petitioner's Agent

On Behalf of

Cambria Contracting
Petitioner's Agent

On Behalf of

Empire State Development Corporation
Petitioner

in re

Premises: Midtown Plaza Tunnel
Main/Broad/Euclid
Rochester, NY

**Exterior Elevated Pipe Insulation Removal &
Cleanup**

File No. 10-0017

DECISION

Case(s) 1-5

ICR 56

The Petitioner, pursuant to Section 30 of the Labor Law, having filed Petition No. 10-0017 on January 12, 2010 with the Commissioner of Labor for a variance from the provisions of Industrial Code Rule 56 as hereinafter cited on the grounds that there are practical difficulties or unnecessary hardship in carrying out the provisions of said Rule; and the Commissioner of Labor having reviewed the submission of the petitioner dated December 14, 2009; and

Upon considering the merits of the alleged practical difficulties or unnecessary hardship and upon the record herein, the Commissioner of Labor does hereby take the following actions:

Case No. 1	ICR 56-7.5(d)
Case No. 2	ICR 56-7.8
Case No. 3	ICR 56-8.2(b)
Case No. 4	ICR 56-9.1(f)
Case No. 5	ICR 56-9.2

VARIANCE GRANTED. The Petitioner's proposal for removal of 900 lin. ft. of elevated pipe insulation from pipes approximately between 15 feet from the floor at the subject premises in accordance with the attached 3-page stamped copy of the Petitioner's submittal, is accepted; subject to the Conditions noted below:

THE CONDITIONS

1. The regulated work areas, decontamination units, airlocks, and dumpster areas shall be cordoned off at a distance of twenty-five feet (25') where possible, and shall remain vacated except for certified workers until satisfactory clearance air monitoring results have been achieved or the abatement project is complete. These areas shall have Signage posted in accordance with Subpart 56-7.4(c) of this Code Rule. For areas where twenty-five feet isn't possible, the areas shall be cordoned off as practical, and a daily abatement air sample shall be included in the vicinity of the barrier
2. The full time on-site Project Monitor will be responsible to determine if pipe/fitting insulation or other thermal system insulations is too damaged to perform wrap-and-cut or glovebag operations. Any thermal system insulation that is significantly damaged and will likely be disturbed during wrapping or glovebag installation, shall require gross removal within a negative pressure enclosure as per the conditions of this variance. All failures of the abatement contractor to comply with the project monitor's determination regarding damage shall be immediately reported by the project monitor to the local district of the asbestos control bureau.
3. Remote Decontamination Units as per ICR 56-7.5(d) **are allowed** for this portion of the project, provided glovebags are used for all insulation removals.
4. Entry/Exit of all persons and equipment shall be through one designated and secure "doorway" in the barrier or fence, which shall provide an adequate and appropriate means of egress from the work area.

5. Personal protective equipment as required by ICR 56 shall be required of and used by all persons within the work area.
6. All workers within the work area and all equipment operators accessing the work area to disturb asbestos-containing materials, shall be certified in accordance with ICR 56-3.2.
7. Critical Barriers to any vicinity structures within 25 foot of the immediate glovebag removal area shall be installed in conformance to Subpart 56-7.11(a). All openings (critical barriers) shall be covered with two (2) layers of (6) six-mil fire retardant polyethylene or for around pipes or similar openings an expandable foam or other sealant may be used.
8. Under areas where ACM is scheduled for negative pressure glovebag operations without a tent enclosure, a dropcloth, made of 6 mil fire retardant polyethylene sheeting, shall be placed below the material to be removed to prevent spread of any ACM remnants. (Alternately, if dropcloth cannot be placed on the floor underneath, it shall be placed on the scaffolding or under the manlift to collect ACM remnants). This dropcloth shall be a minimum of 10 feet wide with an additional 10-ft. of width for every 20 feet in height above the floor/ground level where removal work will take place. This dropcloth shall be removed and containerized following removal of the glovebags or abandoned piping, prior to the cleaning stage. All remnants observed on the dropcloth shall be collected and immediately bagged or containerized for disposal as ACM.
9. If a straight scaffolding, man-lift, swing scaffolding or similar equipment is used, the lift/scaffolding unit shall be plasticized with two layers of 6 mil fire retardant polyethylene on the platform with plastic sheeting on all platform sides. While the platform/lift walking surfaces must be plasticized, the Contractor must provide proper traction surfaces or equipment to assure the safety and comfort of abatement workers while performing abatement activities on the lift/scaffold equipment. After glovebags are removed from each work location, the platform and plasticized surfaces shall be wet wiped and/or HEPA vacuumed clean before reuse. The plastic on the lift or scaffolding shall be periodically inspected during use and repaired as needed.
10. Tents or shrouds for glovebag removals shall be constructed with a minimum of one layer of six-mil fire-retardant polyethylene sheeting and shall include walls, ceiling and a floor (except for portions of floors, walls and ceilings that are the removal surfaces) with double-folded seams and used in accordance with ICR 56-7.11(f). For shrouds within manlifts, the walls and ceiling of the shroud are to be draped (with adequate support) over the component subject to removal, and the shroud shall be sealed airtight. Where an existing non-porous ceiling or wall exists, the

tent/shroud enclosure may be sealed to the existing non-plasticized ceiling or wall. The tent/shroud shall be adequately supported for the duration of the abatement activities. This plastic sheeting will be treated as contaminated material and properly disposed of as asbestos waste at the end of the project. Each tent/shroud enclosure shall be large enough to accommodate workers, equipment, removal and cleaning operations as well as the piping or HVAC component subject to removal activities.

11. At all penetrations and openings to the tent/shroud work area, critical barriers shall be installed in conformance to Subpart 56-7.11. All openings (critical barriers) shall be covered with two (2) two layers of (6) six-mil fire retardant polyethylene or for around pipes or similar openings an expandable foam or other sealant may be used.
12. Negative air shall be established as per ICR 56-7.8 once each tent/shroud has been constructed. A minimum of 4 air changes per hour for tent/shroud work areas with glovebag removals must be observed once the negative air has been established. A two-hour pre-abatement settling period shall be observed once the tent has been constructed and the negative air has been established. For tents/shrouds within manlifts, a ten-minute pre-abatement settling period shall be observed once the tent/shroud has been constructed, sealed airtight, and the negative air has been established.
13. Actions that shall be taken in the event of a loss of glovebag integrity are as outlined in Subpart 56-8.4(a)(11).
14. Once ACM removal has been completed, one thorough cleaning as described in ICR 56-9.1(e) and one settling, waiting period shall suffice, except when an air test fails.
15. The contractor shall observe, at a minimum, two-hour waiting (settling/drying) periods for glovebag removals, and 20-minute waiting (settling/drying) periods for man-lift removals.
16. After removal and cleanings are complete and a minimum drying period has elapsed, Project Monitor shall determine if the area is dry and free of visible asbestos debris. For man-lift work areas, if the area is determined to be acceptable and the most recent daily abatement air sample results meet 56-4.11 clearance criteria, the final dismantling of the site may begin.
17. All pipe waste must be immediately containerized and labeled. All generated waste shall be adequately wet and transported as an asbestos-containing material by appropriate legal methods.

18. Usage of this variance is limited to those asbestos removals identified in this variance or as outlined in the Petitioner's proposal.

In addition to the conditions required by the above specific variances, the Petitioner shall also comply with the following general conditions:

GENERAL CONDITIONS

1. A copy of this DECISION and the Petitioner's proposals shall be conspicuously displayed at the entrance to the personal decontamination enclosure.
2. This DECISION shall apply only to the removal of asbestos-containing materials from the aforementioned areas of the subject premises.
3. The Petitioner shall comply with all other applicable provisions of Industrial Code Rule 56-1 through 56-12.
4. The NYS Department of Labor Engineering Service Unit retains full authority to interpret this variance for compliance herewith and for compliance with Labor Law Article 30. Any deviation to the conditions leading to this variance shall render this variance Null and Void pursuant to 12NYCRR 56-12.2. Any questions regarding the conditions supporting the need for this variance and/or regarding compliance hereto must be directed to the Engineering Services Unit for clarification.
5. This DECISION shall terminate on January 31, 2011.

Date: January 15, 2010

By

M. PATRICIA SMITH
COMMISSIONER OF LABOR


Christopher Alonge, P.E.
Associate Safety and Health Engineer

PREPARED BY: Ravi Pilar, P.E.
Senior Safety and Health Engineer

REVIEWED BY: Edward Smith, P.E.
Senior Safety and Health Engineer

Attachments for Variance Petition
MIDTOWN PLAZA - Tunnel Area
04 January 2010

9. ICR 56 Relief Sought:

- ~~a. 6.7.11(f)(1)~~ Glove Bag Pipe Insulation Removals within Negative Pressure Tent Enclosure of approximately 900LF of ACM piping. *See variance for relief granted.*

10. Hardship Description:

- a. The pipe insulation to be abated is intact and is located in an active tunnel in the City of Rochester under the Midtown Mall Complex of buildings. It is an active city roadway. The tunnel systems are used by delivery vehicles on a daily basis. Only a portion of the tunnel can be shut down at any time. ~~It is not feasible to construct tent enclosures around the elevated pipe, some of which are heating pipes that cannot be shut down during the abatement process.~~ The work methods proposed below are in compliance with the Glove Bag Systems abatement procedures outlined in OSHA 29 CFR 1926.1101(g)(5)(11). An alternative method will be used if the piping system is hot and cannot be shut down.

- ~~b. This conditions included in this variance petition are similar to those for which approved Variance File 07-0458 was previously granted.~~

11. Proposed Abatement Method Description for each work area or method used:

- a. The full time on-site Project Monitor will determine if pipe/fitting insulation or other thermal system insulations is too damaged to perform glovebag operations. Any thermal system insulation that is significantly damaged and will likely be disturbed during glovebag installation, shall require gross removal within a negative pressure enclosure as per the conditions of this variance. All failures of the abatement contractor to comply with the Project Monitor's determination regarding damage shall be immediately reported by the Project Monitor to the local district of the Asbestos Control Bureau.
- b. Remote decontamination Units as per ICR 56-7.5(d) are allowed for this portion of the project, provided glovebags are used for all insulation removals.
- c. Entry/Exit of all persons and equipment shall be through one designated and secure "doorway" in the barrier or fence, which shall provide an adequate and appropriate means of egress from the work area.
- d. Personal protective equipment as required by ICR 56 shall be required of and used by all persons within the work area.
- e. All workers within the work area and all equipment operators accessing the work area to disturb asbestos-containing materials shall be certified in accordance with ICR 56-3.2.

R. Barr – Project Designer Certificate No. 93-19183

Attachments for Variance Petition
MIDTOWN PLAZA - Tunnel Area
04 January 2010

- f. Critical Barriers to any vicinity structures within the immediate glovebag removal area shall be installed in conformance to Subpart 56-7.11(a). All openings (critical barriers) shall be covered with two (2) layers of (6) six-mil fire retardant polyethylene or for around pipes or similar openings an expandable foam or other sealant may be used.
- g. The regulated work area will be confined to the immediate area being abated, due to traffic pattern restrictions, the establishment barrier tape 25 feet from the affected piping cannot be established.
- h. Under areas where ACM is scheduled for negative pressure glovebag operations from a man lift or other similar equipment without a tent enclosure, a dropcloth, made of 6 mil fire retardant polyethylene sheeting, shall be placed below the material to be removed to prevent the spread of any ACM remnants. The dropcloth shall be removed and containerized following removal of the glovebags or abandoned piping, prior to the cleaning stage. All remnants observed on the dropcloth shall be collected and immediately bagged or containerized for disposal as ACM. If the piping is hot and that portion of the system cannot be shut down the contractor will provide a mini tent over the affected area and from the scaffold remove the wetted piping and directly placing into an asbestos disposal bag. The mini-tent will have negative pressure during the removals and will be inspected by the project monitor after removal. Because of the high heat the tent will be removed within an hour after the project monitor visual clearance.
- i. If a straight scaffolding, man-lift, swing scaffolding or similar equipment is used, the lift/scaffolding unit shall be plasticized with 2 layers of 6 mil fire retardant polyethylene on the platform with plastic sheeting on all platform sides. While the platform/lift walking surfaces must be plasticized, the contractor must provide proper traction surfaces or equipment to ensure the safety and comfort of abatement workers while performing abatement activities on the lift/scaffold equipment. After glovebags are removed from each work location, the platform and plasticized surfaces shall be wet wiped and/or HEPA vacuumed cleaned before reuse. The plastic on the lift or scaffolding shall be periodically inspected during use and repaired as needed.
- j. Actions that shall be taken in the event of a loss of glovebag integrity are as outlined in subpart 56-8.4(a)(11).
- k. Once ACM removal has been completed, one thorough cleaning as described in ICR 58-9.1(e) and one settling, waiting period shall suffice, except when a glovebag test fails.
- l. The contractor shall observe, at a minimum, 20-minute waiting (settling/drying) periods for man-lift removals.

See
Variance for
additional
conditions.
PRP
1/15/10

Attachments for Variance Petition

MIDTOWN PLAZA - Tunnel Area

04 January 2010

-
- m. After removal and cleanings are complete and minimum drying period has elapsed, Project Monitor shall determine if the area is dry and free of visible asbestos debris.
 - n. Project air sampling shall be conducted as per subpart 56-4.
 - o. All pipe waste must be immediately containerized and labeled. All generated waste shall be adequately wet and transported as an asbestos-containing material by appropriate legal methods.

Daily Logs & Air Data

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐

Air Technician: ☒ Scheuerman

Date: 2/18/10

Job Ticket #: 36828

Building / Location: Midtown Mall

Work

Area: Service Tunnel 2a

Shift

A

B

C

Project Description

ESDL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambridge

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

39

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☐

Large ☐

Small ☒

Minor ☐

Job Type

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 1515

2nd Check 1745

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

Cal + set pumps at 1515 all running normal

Collected samples at 1745 and delivered to Lab.

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

2008-10

Job Ticket #

09/1079
36828 SM 2-19-10

Empire State Development Corporation

Client

Midtown Mall

Building/Location

Cambria

Contractor

39

Rotometer #

Service Tunnel 2a

Work Area

Contractor Contact

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

Schuehman 207-0157

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I1	I2	I3	O4	O5	O6	B1	B2				
Pre-Calibrated Flow Rate	4											
Post-Calibrated Flow Rate	4											
Average Flow Rate	4											
Start Time Military Time	1515	1516	1517	1518	1519	1520						
End Time Military Time	1745	1746	1747	1748	1749	1750						
Duration (Minutes)	150											
Sample Volume (Liters)	600											

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18	521	522	523	524	525	526	527	528			
Fibers/100 Fields:	3.5	5	2.5	2	6	4.5	0	0				
Fibers/cc:	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01					

Samples Relinquished By:

Date:

2/18/10

Received in Lab By:

Date:

2-19-10

Analyzed By:

Date:

2-19-10

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

235757

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒

Air Technician: ☒ Schenckman

Date: 2/18/10

Job Ticket #: 36828

Building / Location: Midtown Mall

Work Area: Service Tunnel 2b

Shift A ☒ B ☐ C

Project Description

ESDL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

39

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☐

Large ☐

Small ☒

Minor ☐

Job Type

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 1525

2nd Check 1755

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

Cal + Set pumps at 1525 all running normal

Collected samples at 1755 and delivered to Lab.

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job # 2606-10

09/1079

Job Ticket # 368285

Empire State Development Corporation

Client

Midtown Mall Service Tunnel 26

Building/Location

Work Area

Cambridge

Contractor

Contractor Contact

39

Rotometer #

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

Schweerman

202-0157

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I1	I2	I3	04	05	06	B1	B2				
Pre-Calibrated Flow Rate	4											
Post-Calibrated Flow Rate	4											
Average Flow Rate	4											
Start Time Military Time	1525	1526	1527	1528	1529	1530						
End Time Military Time	1755	1756	1757	1758	1759	1800						
Duration (Minutes)	150											
Sample Volume (Liters)	600											

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18	505	506	507	508	509	510	511	512			
Fibers/100 Fields:	5.5	3	4	2.5	2	7	0	0				
Fibers/cc:	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01					

Samples Relinquished By:

Date:

2/18/10

Received in Lab By:

Date:

2-19-10

Analyzed By:

Date:

2-19-10

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒

Air Technician: ☒ Schenckman

Date: 2/18/10

Job Ticket #: 36528

Building / Location: Midtown Mall

Work Area: Service Tunnel 3

Shift A ☒ B ☐ C

Project Description

ESDL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☐

Large ☐

Small ☒

Minor ☐

Job Type

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 1535

2nd Check 1805

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

Cal + Set pumps at 1535 cell running normal.

Collected samples at 1805 and delivered to Lab.

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job # 2607-10

Job Ticket # 09/1071
36828 5/11/10

Empire State Development Corporation

Client

Midtown Mall Service Tunnel 3

Building/Location

Work Area

Cambria

Contractor

Contractor Contact

1-39

Rotometer #

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

Scheuerman

202-0157

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☒

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I1	I2	I3	04	05	06	B1	B2				
Pre-Calibrated Flow Rate	4											
Post-Calibrated Flow Rate	4											
Average Flow Rate	4											
Start Time Military Time	1535	1536	1537	1538	1539	1540						
End Time Military Time	1805	1806	1807	1808	1809	1810						
Duration (Minutes)	150											
Sample Volume (Liters)	600											

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18	513	514	515	516	517	518	519	520			
Fibers/100 Fields:	4	7	3.5	2	5	3	0	0				
Fibers/cc:	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01					

Samples Relinquished By:	Date: 2/18/10
Received in Lab By:	Date: 2-19-10
Analyzed By:	Date: 2-19-10
Microscope Make, Model & #:	Turn-around Time Immed. 24 Hr. 48 Hr.

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

09/1079

Project Monitor: ☒ Schenermann

Date: 2/19/10

Job Ticket #: 36830

Building / Location: Midtown Mall

Work Area: Service Tunnel

Shift A ☒ B ☐ C

Project Description

ESDL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambridge

M. Depante

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

39

Map Completed

Rotometer Number

Date of Last Calibration

*Env.

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☒

Class II ☐

Large ☐

Small ☐

Minor ☐

Job Type

1

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 1815

2nd Check 2015

3rd Check 2215

4th Check 2400

5th Check

Time of air sampling pump check

Notes

Cal/set pumps at 1815 all running normal.

check pumps at 2015 all running normal

check pumps at 2215 all running normal

collected samples at 2400 and delivered to Lab.

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job # 2695-10

Job Ticket # 09/1079
36830

Empire State Development Corporation

Client

M. d. town Mall

Service Tunnel

Building/Location

Work Area

Conbr. 4

M. De poste

Contractor

Contractor Contact

39

Rotometer #

Cassette Lot #

Mark Sm. H

Client Contact

Client Contact Phone

Scheuerman

202-0157

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project
Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☒

Phase IIC ☐

Phase IIC ☐

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	06	07	B1	B2								
Pre-Calibrated Flow Rate	3	3										
Post-Calibrated Flow Rate	3	3										
Average Flow Rate	3	3										
Start Time Military Time	1827	1828										
End Time Military Time	2357	2358										
Duration (Minutes)	330	330										
Sample Volume (Liters)	990	990										

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	19	040	049	050	051							
Fibers/100 Fields:	27	25.5	0	0								
Fibers/cc:	0.013	0.012	NIA	NIA								

Samples Relinquished By:

Date:

2/19/10

Received in Lab By:

SM

Date:

2-20-10

Analyzed By:

SM

Date:

2-22-10

Microscope Make, Model & #:

221113

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

Left w/c email for Josh. SM 2-22-10 4:29pm

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ Mark Seiber

Date: 2/20/10

Job Ticket #: 36919

Building / Location: Midtown Mall

Work Area: Service Tunnel
Decon + Bag out

Shift A B C

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Mark D.

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/09

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☒

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☒ (3)

Minor ☒ (4)

Job Type

P.I.

minor

spray on Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 0005 2nd Check 0155 3rd Check 0535 4th Check 0705 5th Check

Time of air sampling pump check

Notes

* Envoy on site and met with Mark D of Cambria For tonights job scope.

* Set up Remote Decon + Bag out samples

* Pumps checked at times above

* All went well

* Envoy license is posted on Decon

* Samples taken to Paradigm Labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

09/1079

Lab Job #

2694-10

Asbestos Air Monitoring

Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #

36919

Empire State Development Corporation

Client Rochester NY
Midtown Mall / Decon - Bagout

Building/Location

Work Area

Cambria

Mark D.

Contractor

Contractor Contact

99

T8808808288

Rotometer #

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

M. Seiber 414-5476

Air Technician

Air Technician Phone

Fax Results To:

Fax #

PI

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☒

Phase IIC ☐

Phase IIC ☐

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	0607		B1	B2								
Pre-Calibrated Flow Rate	3	3										
Post-Calibrated Flow Rate	3	3										
Average Flow Rate	3	3										
Start Time Military Time	0005	0006										
End Time Military Time	0705	0706										
Duration (Minutes)	420	420										
Sample Volume (Liters)	1260	1260	0	0								

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	19	044	045	046	047							
Fibers/100 Fields:	253	92.5		1	0							
Fibers/cc:	0.98	0.36		N/A	N/A							

Samples Relinquished By:

Mark Seiber

Date:

2/20/10

Received in Lab By:

SM

Date:

2-20-10

Analyzed By:

SM

Date:

2-22-10

Microscope Make, Model & #:

22113

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

VEHIS to Mark. SM 2-22-10

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐ Air Technician: ☒ *D. Park* Date: *2/20/10* Job Ticket #: *36796*

Building / Location: *Midtown Tower* Work Area: *Tunnel 2A* Shift ☒ A ☐ B ☐ C

Project Description

ESDC Client / Owner (Print Name) *mark Smith* Client / Owner Representative (Print Name) Client Contact (Print Name)

Camden Abatement Contractor (Print Name) *mark D.* Abatement Supervisor (Print Name) NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB <input type="checkbox"/>	Phase IIA <input type="checkbox"/>	Phase IIB <input type="checkbox"/>	Phase IIC <input type="checkbox"/>	Phase IIC <input checked="" type="checkbox"/>
Project Phase	Backgrounds	Work Preparation samples	Asbestos Handling Samples	Final Cleaning Samples
Class I <input type="checkbox"/>	Class II <input type="checkbox"/>	Large <input type="checkbox"/>	Small <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>
Clearance Air Samples				

Job Type

fitting Sq/ft Ln/ft Project with multiple removals ☐

Type of Material

1st Check 2nd Check 3rd Check 4th Check 5th Check

Time of air sampling pump check

Notes

visual insp. passed
Set up all fans @ 4pm @ 0840
checked all pumps after
Broke down for 150 mins
submitted samples to US

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

2686-10

Job Ticket #

36796

Empire State Development Corporation

Client

Midtown Tunnel

Tunnel 2A

Building/Location

Cambridge

Work Area

B11

Contractor

31

Contractor Contact

Rotometer #

Cassette Lot #

Client Contact

D. Park

Client Contact Phone

317 7294

Air Technician

Air Technician Phone

Fax Results To:

See Air Log

Fax #

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I-1	I-2	I-3	O-4	O-5	O-6	B-1	B-2				
Pre-Calibrated Flow Rate	4	4	4	4	4	4						
Post-Calibrated Flow Rate	4	4	4	4	4	4						
Average Flow Rate	4	4	4	4	4	4						
Start Time Military Time	0840	0840	0841	0842	0844	0845						
End Time Military Time	1110	1110	1111	1113	1114	1115						
Duration (Minutes)	150											
Sample Volume (Liters)	600											

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18970	971	972	973	974	975	976	977				
Fibers/100 Fields:	1	0.5	1	1	2	1.5	0	0				
Fibers/cc:	2.01	2.01	2.01	2.01	2.01	2.01	NA	NA				

Samples Relinquished By:

D. Park

Date:

2/20/10

Received in Lab By:

Calb

Date:

2-20-10

Analyzed By:

Date:

2-20-10

Microscope Make, Model & #:

235757

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐

Air Technician: ☒

Date:

2/20/10

Job Ticket #:

30796

Building / Location:

Midtown Tunnel

Work Area:

Tunnel 2B

Shift

A

B

C

Project Description

ESOC

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Mark Smith

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Cumbrin

Mark Andy O

Yes ☒ No ☐

31

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☐

Large ☐

Small ☒

Minor ☐

Job Type

fitting

Sq/ft

1/11

Project with multiple removals ☐

Type of Material

1st Check

2nd Check

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

Visual Passed

Set up ACP and ODSO @ 4:00pm

checked pumps after 30 min operation - all good

Broke down pumps after 150 min

Submitted all samples to ICS

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

2685-10

Job Ticket #

36746

Empire State Development Corporation

Client

Building/Location

Work Area

Contractor

Contractor Contact

Rotometer #

Cassette Lot #

Client Contact

Client Contact Phone

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	F1	F2	F3	0-4	0-5	0-6	B1	B2				
Pre-Calibrated Flow Rate	4	4	4	4	4	4						
Post-Calibrated Flow Rate	4	4	4	4	4	4						
Average Flow Rate	4	4	4	4	4	4						
Start Time Military Time	0850	0850	0851	0854	0855	0856						
End Time Military Time	1120	1120	1121	1124	1125	1126						
Duration (Minutes)	150											
Sample Volume (Liters)	600											

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	962	963	964	965	966	967	968	969				
Fibers/100 Fields:	0.5	1	0	0.5	0	1	0	0				
Fibers/cc:	2.01	2.01	2.01	2.01	2.01	2.01	NA	NA				

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

Verbals to Dave Parker 12:50 2-20-10 (db)

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ Mark Seiber

Date: 2/20/10

Job Ticket #: 36919

Building / Location: Midtown Mall

Work Area: Services Tunnel
Small Area #3

Shift A B C

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Mark Di

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/09

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☒

Minor ☐

Job Type

Pipe Ins.

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check

0400

2nd Check

0515

3rd Check

0630

4th Check

5th Check

Time of air sampling pump check

Notes

* Envoy on Site and Met with Mark of Cambria
For tonight's job Scope

* 2 hour wait when completed

* IIC air Samplers were Set up after the
Project Monitor Insp. passed

* Pumps checked at times above

* Samples taken to Paradigm labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

09/1079

Lab Job #

2679-10

Asbestos Air Monitoring

Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #

36919

Empire State Development Corporation

Client Rochester, NY / Service Tunnel
Midtown Mall / Small Area #3

Building/Location

Work Area

Cambria

Mark A

Contractor

Contractor Contact

99

T8208808288

Rotometer #

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

M. Seebor 414-5476

Air Technician

Air Technician Phone

Fax Results To:

Fax #

P.I.

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Env. ☐

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I-1	I-2	I-3	O-4	O-5	O-6		B-1	B-2			
Pre-Calibrated Flow Rate	4	4	4	4	4	4						
Post-Calibrated Flow Rate	4	4	4	4	4	4						
Average Flow Rate	4	4	4	4	4	4						
Start Time Military Time	0400	0401	0402	0403	0404	0405						
End Time Military Time	0630	0631	0632	0633	0634	0635						
Duration (Minutes)	150	150	150	150	150	150						
Sample Volume (Liters)	600	600	600	600	600	600		0	0			

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18932	933	934	935	936	937		938	939			
Fibers/100 Fields:	10	1.5	8.5	7	9	5		0	9			
Fibers/cc:	2.01	2.01	2.01	2.01	2.01	2.01		NA	NA			

Samples Relinquished By:

Mark Seebor

Date:

2/20/10

Received in Lab By:

dlb

Date:

2-20-10

Analyzed By:

dlb

Date:

2-20-10

Microscope Make, Model & #:

2237 235757

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments: Verbal's to Ted T. 11:39 am 2-20-10

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒

Air Technician: ☒ Mark Seiber

Date: 2/20/10

Job Ticket #: 36919

Building / Location: Midtown Mall

Work Area: Service Tunnel
Minor Area 2

Shift A B C

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Cambria

Client / Owner Representative (Print Name)

Mark D

Client Contact (Print Name)

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/09

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☐

Minor ☒

Job Type

P.I.

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 0030 2nd Check 0145 3rd Check 0300 4th Check 5th Check

Time of air sampling pump check

Notes

* Envoy on Site and met with Mark D of Cambria For tonights job scope.

* After project monitor Inspection passed, IIC Air samples were set up.

* Pumps checked at times above

* Samples taken to Paradigm labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

09/1079
2682-10

Job Ticket #

36919

Empire State Development Corporation

Client Rochester, NY / Minor Area
Midtown Mall #2

Building/Location Cambria Work Area Mark A

Contractor 99 Contractor Contact T8208808288

Rotometer # _____ Cassette Lot # _____

Client Contact Mark Smith
M. Seiber Client Contact Phone 414-5476

Air Technician _____ Air Technician Phone _____

Fax Results To: P.I. Fax # _____

Materials to be Removed _____

Project Phase ☒ Phase IB ☐ Phase IIA ☐ Phase IIB ☐ Phase IIC ☐ Phase IIC ☒ Env. ☐
Backgrounds Work Area Preparation Asbestos Handling Final Cleaning Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I-1	O-2		B-1	B-2						
Pre-Calibrated Flow Rate	4	4									
Post-Calibrated Flow Rate	4	4									
Average Flow Rate	4	4									
Start Time Military Time	0030	0031									
End Time Military Time	0300	0300									
Duration (Minutes)	150	150									
Sample Volume (Liters)	600	600		0	0						

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	R949	950		951	952						
Fibers/100 Fields:	0.5	0		0	0						
Fibers/cc:	2.01	2.01		N/A	N/A						

Samples Relinquished By: <u>Mark Seiber</u>	Date: <u>2/20/10</u>
Received in Lab By: <u>[Signature]</u>	Date: <u>2-20-10</u>
Analyzed By: <u>[Signature]</u>	Date: <u>2-20-10</u>
Microscope Make, Model & #: <u>235757</u>	Turn-around Time <u>Immed.</u> 24 Hr. 48 Hr.

Comments:

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ Mark Seiber

Date: 2/20/10

Job Ticket #: 36919

Building / Location: Midtown Mall

Work Area: Service Tunnel
Minor Area 3

Shift A B **C**

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Mark D.

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/10

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☐

Minor ☒

Job Type

P.I.

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 0040 2nd Check 0150 3rd Check 0310 4th Check 5th Check

Time of air sampling pump check

Notes

* Envoy on site and met with Mark D. of Cambria for today's job scope.

* After the project monitor Insp. passed, IIC air samples were set up

* pumps checked at times above

* Samples taken to Paradigm labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Lab Job #

2681-10

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #

36919

Empire State Development Corporation

Client Rochester, NY / Minor Area
Midtown Mall #3

Building/Location Cambria Work Area Mark D

Contractor 99 Contractor Contact T8208808288

Rotometer # Cassette Lot #

Client Contact Mark Smith Client Contact Phone

Air Technician M. Seeber Air Technician Phone 414-5476

Fax Results To: P.I. Fax #

Materials to be Removed

Project Phase ☒ Phase IB ☐ Phase IIA ☐ Phase IIB ☐ Phase IIC ☐ Phase IIC ☒ Env. ☐
Backgrounds Work Area Preparation Asbestos Handling Final Cleaning Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I-1	O-2		B-1	B-2							
Pre-Calibrated Flow Rate	4	4										
Post-Calibrated Flow Rate	4	4										
Average Flow Rate	4	4										
Start Time Military Time	0010	0011										
End Time Military Time	0310	0311										
Duration (Minutes)	150	150										
Sample Volume (Liters)	6000	6000		0	0							

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18945	946		947	948							
Fibers/100 Fields:	0.5	1.5		0	0							
Fibers/cc:	2.01	2.01		NA	NA							

Samples Relinquished By: <u>Mark Seeber</u>	Date: <u>2/20/10</u>
Received in Lab By: <u> </u>	Date: <u>2-20-10</u>
Analyzed By: <u> </u>	Date: <u>2-20-10</u>
Microscope Make, Model & #: <u>235757</u>	Turn-around Time <u>Immed.</u> 24 Hr. 48 Hr.

Comments:

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ Mark Seiber

Date: 2/20/10 Job Ticket #: 36919

Building / Location: Midtown Mall

Work Area: Service Tunnel
Minor Area 4

Shift A B **C**

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Mark D

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/09

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☒

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☐

Minor ☒

Job Type

P.I.

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 0050 2nd Check 0155 3rd Check 0320 4th Check 5th Check

Time of air sampling pump check

Notes

* Envoy on site and met with Mark D of Cambria for tonight's job scope

* After the project monitor Insp. passed, IIC air samples were set up.

* Samples checked at times above

* Samples taken to Paradigm labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Lab Job #
2683-10

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #
36919

Empire State Development Corporation

Client Rochester NY / Minor Area
Midtown Mall # 4

Building/Location Work Area
Cambria Mark D.

Contractor Contractor Contact
99 T820880 8288

Rotometer # Cassette Lot #

Mark Smith
Client Contact Client Contact Phone
M. Seiber 414-5476
Air Technician Air Technician Phone

Fax Results To: Fax #

Materials to be Removed

Project Phase ☐ ☐ ☒ ☐ ☐ ☒ ☐ ☐
Phase IB Phase IIA Phase IIB Phase IIC Phase IIC Env.
Backgrounds Work Area Preparation Asbestos Handling Final Cleaning Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I-1	O-2		B-1	B-2							
Pre-Calibrated Flow Rate	4	4										
Post-Calibrated Flow Rate	4	4										
Average Flow Rate	4	4										
Start Time Military Time	0050	0051										
End Time Military Time	0320	0321										
Duration (Minutes)	150	150										
Sample Volume (Liters)	600	600		0	0							

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18953	954		955	956							
Fibers/100 Fields:	1	2		0	0							
Fibers/cc:	2.01	2.01		NA	NA							

Samples Relinquished By: Mark Seiber	Date: 2/20/10
Received in Lab By: [Signature]	Date: 2-20-10
Analyzed By: [Signature]	Date: 2-20-10
Microscope Make, Model & #: 235757	Turn-around Time Immed. 24 Hr. 48 Hr.

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician

Sample Locations & Maps

LIMITED
ASBESTOS SURVEY

at

Service Tunnel
Midtown Mall
Rochester, New York

Prepared for:

Empire State Development Corporation
400 Andrews Street
Suite 100
Rochester, New York 14604

January 14, 2010

Report Prepared By:

Paradigm Environmental Services, Inc.
179 Lake Avenue, Rochester, New York 14608 (585) 647-2530

**SERVICE TUNNEL
MIDTOWN MALL
ROCHESTER, NEW YORK**

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**** This asbestos survey is a multi-page document which must be viewed in its entirety; see limitations.**

INTRODUCTION

Paradigm Environmental Services, Inc. was retained by **Empire State Development Corporation** on **January 14, 2010** to conduct an inspection for the detection of asbestos containing ceiling plaster and pipe insulation materials located at the **Service Tunnel, Midtown Mall, Rochester, New York.**

The objective of this inspection was to identify and assess with due diligence the locations, quantities, friability and condition of all types of asbestos containing materials at the above referenced location. Paradigm Environmental performed all sample analysis and analytical reports for this project. Field services and survey reports were generated by Envoy Environmental Consultants as a subcontractor to Paradigm. Envoy Environmental Consultants inspector Ted Tronnes (AH#07-00223) conducted this inspection with the procedures and guidelines dictated by state and federal regulatory agencies. The inspectors of Envoy Environmental Consultants, Inc. selected materials for inclusion in this report through an understanding of the scope of the renovation as indicated by the building owner and the historical uses of asbestos in general. Generally, if a building material within a structure could contain asbestos the material was included in the survey.

Samples were collected from locations within each homogeneous sampling area. Samples consist of a small amount of the subject material. Sampling points were recorded and cross-referenced to prepared sketches. Individual samples were also recorded on a chain of custody document. Samples were then transported to the Paradigm analytical laboratory for asbestos analysis.

The Paradigm laboratory is accredited through NYSDOH/ELAP (Lab ID# 10958) for Solid and Hazardous Waste and Air and Emissions for Bulk Asbestos Fiber Analysis. The chain of custody record accompanies all samples from the point collected until they reach the laboratory. Samples are stored at the laboratory for 90 days then disposed of according to authoritative regulations.

The analysis methodology used is as follows:

Asbestos Bulk Samples:

New York State Department of Health, ELAP Method 198.1 and 198.6 ("Polarized Light Microscopy Methods for Identifying and Quantitating Asbestos in Bulk Samples and in Non-Friable Organically Bound Bulk Samples.").

New York State Department of Health, ELAP Method 198.4 ("Transmission Electron Microscope Method for Identifying and Quantitating Asbestos in Non-Friable Organically Bound Bulk Samples").

**** This asbestos survey is a multi-page document which must be viewed in its entirety; see limitations.**

LIMITATIONS

The information provided in this report was compiled from field and laboratory data and was prepared for and referenced to the **Service Tunnel, Midtown Mall, Rochester, New York**. Materials noted and recorded are intended to represent subject site at the time and date that the observations were made. Conclusions and recommendations provided in this report are based on the assumption that materials identified are homogenous throughout their application. Determinations of suspect asbestos containing materials within the building were subject to the accessibility of each individual area or space. Determinations of asbestos containing materials were made by means of bulk sampling, physical assessment or visual assessment if the materials were not accessible. Envoy Environmental Consultants Inc. and Paradigm Environmental Services, Inc. accepts no responsibility for the content of building materials within areas or spaces that were unknown to us, not reasonably accessible, or not part of the scope of the project as defined by the client. Envoy Environmental Consultants Inc. and Paradigm Environmental Services, Inc. assumes no liability for any buildings that were not identified by the client that may fall under state or federal regulation. All conclusions provided in this report are based on the bulks sampling that was performed at the above mentioned site on the above mentioned dates. **This survey was limited to suspect asbestos containing ceiling plaster and pipe insulation materials from the Service Tunnel as per the direction of the client.**

All quantities are approximations and must be field verified by the contractor prior to the submittal of bids. Contractor bids are expected to be based on their own determination of quantities and not the quantities stated in this report.

This asbestos survey report is not intended to be a bid document for a scope of work for the asbestos abatement contractor. The survey report only identifies and assesses the location, quantity and condition of ACM, PACM or asbestos materials at the subject site. The asbestos survey report is intended to be used as a tool in the development of an asbestos abatement project design or work scope. Under the Code Rule regulation this task can only be performed by a Certified Project Designer.

Energized mechanical or electrical systems were not sampled as part of the survey, and were visually assessed as ACM (Asbestos Containing Material). Suspect materials that are visually assessed by the inspector as ACM shall be treated as ACM, unless bulk sampling is conducted consistent with EPA and OSHA accepted methods, and the analysis meets the requirements of Code Rule 56 and the suspect material is found not to be asbestos containing. These systems may contain one or more of the following components, but are not limited to these components: brakes, clutches, gaskets, insulating panels, blocks or backer boards, wire insulation, electrical panel boxes, bus ducts, explosion proof lighting gaskets and fitting packings, insulating papers, pipe sleeve packings, fire stops, caulks, paints and coatings.

**** This asbestos survey is a multi-page document which must be viewed in its entirety; see limitations.**

CONCLUSIONS

Paradigm Environmental Services, Inc. was retained to perform a limited asbestos survey of materials from the **Service Tunnel, Midtown Mall, Rochester, New York on January 14, 2010**. A New York State certified inspector sampled suspect asbestos containing ceiling plaster and pipe insulation materials from the above mentioned site. Sample locations and custody information were recorded and the samples were transported to the Paradigm laboratory for analysis.

The following is a brief description of the space by space survey.

<i>Col. 1</i>	<i>Col. 2</i>	<i>Col. 3</i>	<i>Col. 4</i>	<i>Col. 5</i>	<i>Col. 6</i>	<i>Col. 7</i>	<i>Col. 8</i>	<i>Col. 9</i>	<i>Col. 10</i>	<i>Col. 11</i>
<i>Room #</i>	<i>Sample #'s taken in Room</i>	<i>Positive Sample ID #</i>	<i>Positive Material Description</i>	<i>Location of Material</i>	<i>Condition</i>	<i>Friable Non-Friable NOB</i>	<i>Type of Material</i>	<i>SQ FT</i>	<i>Lin FT</i>	<i>Units</i>

1. Column 1: indicates the Room number, room description and estimated square footage of the room referenced to the attached map/drawing.
2. Column 2: indicates the bulk sample numbers that were taken in the Room indicated in column 1. I.e. 001-007 means samples one through seven were sampled in the room, none would indicate that no samples were taken in the room. You will not see the first three letters of the sample in this column. If you would like to know the materials that were tested in the room please refer to the analytical results which are documented in numerical order.
3. Column 3: indicates the sample number that proves the material is positive for asbestos content. This sample may have taken in the space in column 1 or determined a homogeneous area (material) by the inspector to a sample that was taken in another space. For the purpose of this report all samples are assigned a six digit alphanumeric sample identification number. The first three letters/numbers indicate the material, found in column 4. The last three numbers indicate the sample number in the sequence in which they were taken. If there is a letter after the last three numbers, this indicates that the laboratory or the inspector determines that there were multiple layers within the sample, requiring additional sampling under EPA protocols.
4. Column 4: gives a brief description of the asbestos containing material or the material that is to be treated as asbestos containing as determined by the inspector. At times non-asbestos materials are contaminated with asbestos, therefore must be treated as asbestos.
5. Column 5: indicates a brief description of the location of the material in the room and not the location where the sample was taken from. You will find locations of where each sample was taken from on the analytical sampling results.
6. Column 6: indicates the physical condition of the material as assessed by the inspector in the space indicated in column 1, according to the condition description described below. For the purpose of this report, the condition of the ACM will be reported in good, fair or poor condition. Conditions will be listed in column 6 of the survey report will be as follows;
 - a. **Good:** means material is intact with no visible damage.
 - b. **Fair:** means material contains fewer than 10% distributed damage or 25% localized damage.
 - c. **Poor:** means material contains over 10% distributed damage or 25% localized damage.
 Conditions listed in column 6 of the space by space survey report are only related to the specific material for the specific space.
7. Column 7: indicates the friability of the material in that space as determined by the inspector and the analytical laboratory consistent with Code Rule 56 and EPA regulations.
8. Column 8: indicates the type of material in that space as determined by the inspector and the analytical laboratory consistent with Code Rule 56 and EPA regulations.
9. Column 9: indicates the square footage of ACM material found in the space.
10. Column 10: indicates the linear footage of ACM material found in the space. Pipe insulation that is two feet or greater in diameter is required to be reported in square feet according to code Rule 56.
11. Column 11: indicates the units of ACM material found in the space.

**** This asbestos survey is a multi-page document which must be viewed in its entirety; see limitations.**

SPACE BY SPACE SUMMARY

Room	Sample # s taken in Area	Positive Sample ID #	Positive Material Description	Location of Material	Condition	Friable Non- Friable NOB	Type of Material	SQ FT	Lin FT	Unit
Service Tunnel	001-008	PIN-005/ 006	Gray Pipe Insulation	Center Section – North & South	Fair	Friable	TSI		215	
		PIN-007/ 008	Gray Pipe Insulation	Seneca – North & South	Fair	Friable	TSI		165	

Totals	0	380	0
---------------	----------	------------	----------

Assume*-Indicates materials assumed positive for asbestos containing materials by inspector; inaccessible area.
U- Inspector unable to determine quantity; inaccessible space.

During this inspection, 8 square feet of spray-on insulation overspray from the Euclid Building was found on the I-Beam above ceiling plaster, see sample location drawing for location.

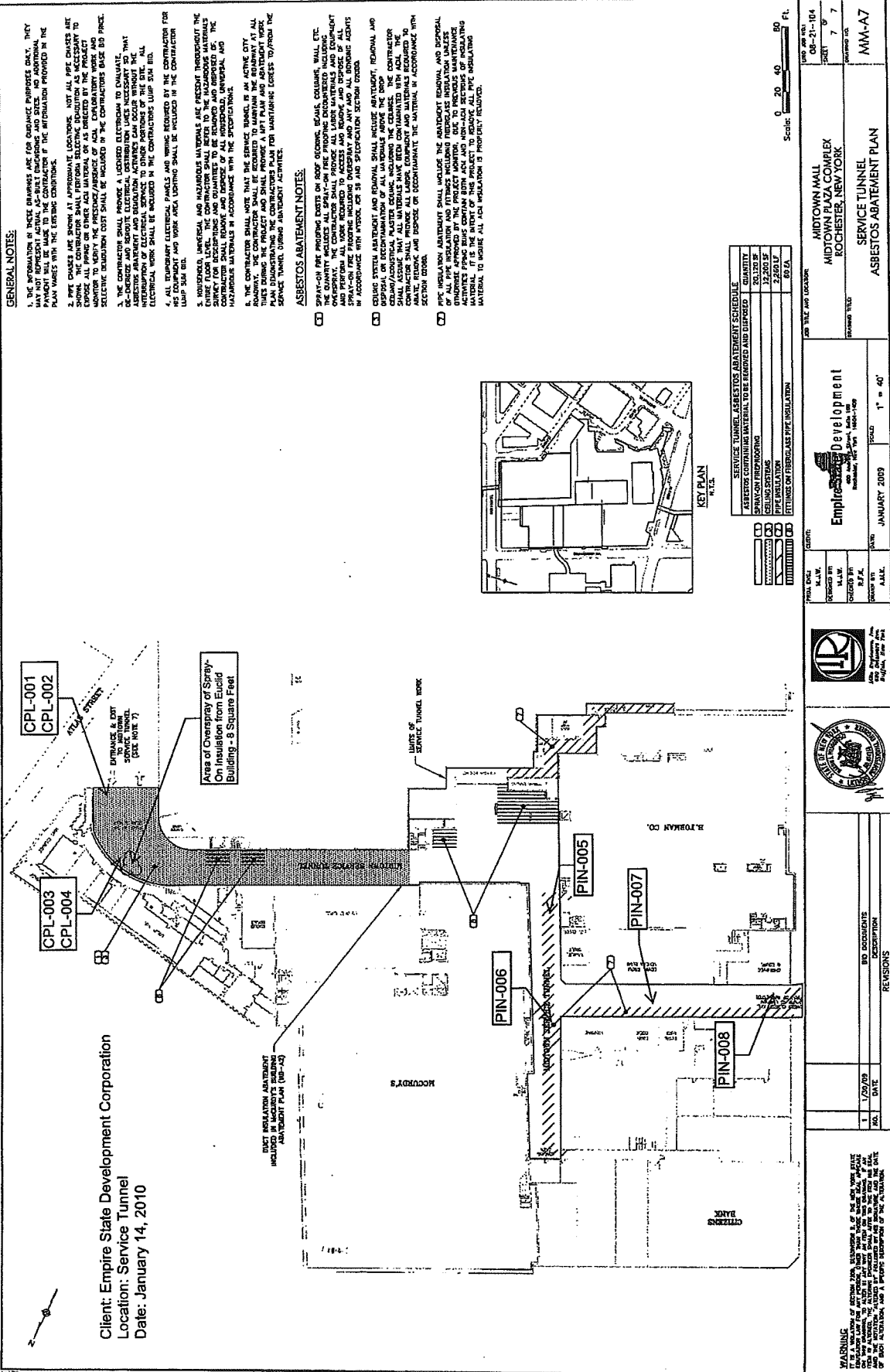
All layers of multi-layered systems are analyzed, quantified and reported separately, as specified by NYSDOL and NYSDOH. In some cases, multi-layered systems may be combined for design and abatement purposes, with effective quantities adjusted accordingly.

All quantities in this report are approximations and must be field verified by the Abatement contractor. Contractor bids are expected to be based on their own determinations of quantities and not the approximate quantities stated in this report.

Paradigm certifies that this report regarding Service Tunnel, Midtown Mall, Rochester, New York based on the observations of the inspector and believes it to be an accurate representation of the conditions as they existed on January 14, 2010.


Ted Tronnes
Envoy Environmental Consultants, Inc.
Inspector #AH 07-00223

**** This asbestos survey is a multi-page document which must be viewed in its entirety; see limitations.**

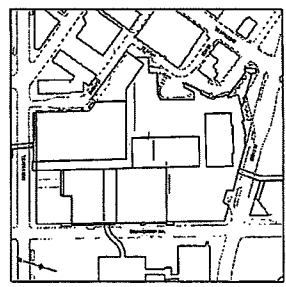


GENERAL NOTES:

- 1. THE INFORMATION IN THESE DRAWINGS ARE FOR GUIDANCE PURPOSES ONLY. THEY MAY NOT REPRESENT ACTUAL AS-BUILT CONDITIONS AND SHALL BE ASSUMED TO BE CORRECT UNLESS OTHERWISE NOTED. THE INFORMATION PROVIDED IN THE PLAN VIEWS WITH THE EXISTING CONDITIONS.
- 2. PIPE CHASES ARE SHOWN AT APPROPRIATE LOCATIONS. NOT ALL PIPE CHASES ARE SHOWN. THE CONTRACTOR SHALL PERFORM SELECTIVE INSULATION AS NECESSARY TO EXPOSE ALL PIPING OF OTHER AGENT MATERIALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 3. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE, DE-ENERGIZE AND REMOVE ELECTRICAL DISTRIBUTION LINES NECESSARY TO THAT THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 4. ALL TEMPORARY ELECTRICAL PANELS AND WIRING REQUIRED BY THE CONTRACTOR FOR HIS EQUIPMENT AND WORK AREA LIGHTING SHALL BE INCLUDED IN THE CONTRACTOR LUMP SUM BID.
- 5. UNDETERMINED, UNEXPOSED AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE PROJECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.

ASBESTOS ABATEMENT NOTES:

- 1. SPRAY-ON FIRE PROOFING EXISTING ON ROOF SCUMS, DETAILS, CHIMNEYS, WALL, ETC. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 2. CEILING SYSTEM ABATEMENT AND REMOVAL SHALL INCLUDE ABATEMENT, REMOVAL AND DISPOSAL OF ALL PIPING INSULATION AND FITTINGS INCLUDING NEARBY INSULATION LACKERS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.
- 3. PIPE INSULATION ABATEMENT SHALL INCLUDE ABATEMENT, REMOVAL AND DISPOSAL OF ALL PIPING INSULATION AND FITTINGS INCLUDING NEARBY INSULATION LACKERS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.



SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE	
ASBESTOS CONTAINING MATERIAL TO BE REMOVED AND DISPOSED	QUANTITY
SPRAY-ON FIREPROOFING	20,120 SF
CEILING SYSTEMS	7,200 SF
PIPE INSULATION	2,000 LF
FITTINGS OF FIBERGLASS PIPE INSULATION	60 LBS

Client: Empire State Development Corporation Location: Service Tunnel Date: January 14, 2010		MIDTOWN MALL MIDTOWN PLAZA COMPLEX ROCHESTER, NEW YORK		SERVICE TUNNEL ASBESTOS ABATEMENT PLAN	
1 1/20/10 DATE		JANUARY 2009		1" = 40'	
BID DOCUMENTS REVISIONS		EMPLOYEE DEVELOPMENT 1000 N. ZEEB RD. ROCHESTER, NY 14609-1009		MM-A7	



PLM & TEM BULK ASBESTOS REPORT

Client: Empire State Development Corporation

Job No: 0752-10

Location: Midtown Mall
Service Tunnel

Page: 1 of 2

Sample Date: 1/14/2010

Client ID	Lab ID	Sampling Location	Description	PLM Asbestos Fibers Type & Percentage	PLM Total Asbestos	N O B	TEM Asbestos Fibers Type & Percentage	TEM Total Asbestos	PLM Non-Asbestos Fibers Type & Percentage	PLM Matrix Material %
CPL-001	5076	Entrance	White Ceiling Plaster	None Detected	0%		Not Required	N/A	Cellulose <1.0%	100%
CPL-002	5077	Entrance	Gray Ceiling Plaster	None Detected	0%		Not Required	N/A	Cellulose <1.0%	100%
CPL-003	5078	Center of Down Ramp	White Ceiling Plaster	None Detected	0%		Not Required	N/A	Cellulose 1%	99%
CPL-004	5079	Center of Down Ramp	Gray Ceiling Plaster	None Detected	0%		Not Required	N/A	None Detected	100%
PIN-005	5080	Center Section - South	Gray Fibrous Pipe Insulation	Amosite 80%	80%		Not Required	N/A	None Detected	20%
PIN-006	5081	Center Section -North	Gray Fibrous Pipe Insulation	Amosite 80%	80%		Not Required	N/A	None Detected	20%
PIN-007	5082	Seneca Loading Dock - North	Gray Fibrous Pipe Insulation	Amosite 80%	80%		Not Required	N/A	None Detected	20%
PIN-008	5083	Seneca Loading Dock - South	Gray Fibrous Pipe Insulation	Amosite 80%	80%		Not Required	N/A	None Detected	20%

NVLAP

Lab Code 200530-0
for PLM Analysis

ELAP ID No.: 10958

New York State Department of Health, ELAP Method 198.1, 198.4 and 198.6 ("Polarized Light Microscopy and Transmission Electron Microscopy Methods for Identifying and Quantitating Asbestos in Bulk Samples and in Non-Friable Organically Bound Bulk Samples.").

✓ **NOB (non-friable organically bound) Classified for Analytical Purposes Only.**

**** Polarized-light microscopy is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Quantitative transmission electron microscopy is currently the only method that can be used to determine if this material can be considered or treated as non-asbestos containing.**

PLM Date Analyzed: 1/14/2010

TEM Date Analyzed: N/A

Microscope: Olympus BH-2 #232953

TEM Analyst: N/A

PLM Analyst: D. Bell

Laboratory Results Approved By:
Asbestos Technical Director

Mary Dohr

Paradigm Environmental Services, Inc. is not responsible for the data supplied by an independent inspector. National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. This PLM report relates ONLY to the items tested. This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government. Quality control data (including 95% confidence limits and laboratory and analysts' and precision) is available upon request.

0752-10 1/15/2010

ENVOY

environmental consultants, inc.

145 Lake Avenue, Rochester, NY 14608

585-454-1060 • Fax 585-454-1062

CHAIN OF CUSTODY FOR PLM ASBESTOS ANALYSIS

OFFICE USE ONLY

Client: E.S.D.C.		Contact: MARK SMITH		Job #: 0752-10	
Phone Number:		Fax Number:		Page 2 of 2	
Results To: e-mail -> T.TROYES		Turn Around Time: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> Other <input type="checkbox"/>		Date Logged In: 1-14-10	
Date Sampled: 01/14/10		Material Type/Quantity: Friable <input type="checkbox"/> NOB <input type="checkbox"/> TEM <input type="checkbox"/>		Logged In By: CSB	
Client Mailing Address:		Project Location: AUSTON MAU - SEWER TURNED		Project Number: 09-1079	

General Location:

Client ID	Lab ID	Sampling Location	Do not Analyze	Color	Size	Material	Friability
1 CPL - 001	5016	Entrance		WHT		Cellulose	F
2 CPL - 002	077	Entrance Entrance		GRY			
3 CPL - 003	078	Center of Down Ramp		WHT			
4 CPL - 004	079	↓		GRY			
5 PTA - 005	080	Center Section - South		GRY		PTA for sulfur	
6 PTA - 006	081	↓ - NORTH					
7 PTA - 007	082	SEWER LANE DECK - NORTH		↓			
8 PTA - 008	083	↓ - South					
9							
10							

Sampled By: T. Troyes	Date: 01/14/10	CHECK ONE: SURVEY <input checked="" type="checkbox"/> BULKS ONLY <input type="checkbox"/>
Transported to Paradigm By: T. Troyes	Date: 01/14/10	CHECK TO AUTOMATICALLY PERFORM TEM ON NOBS <input checked="" type="checkbox"/>
Received By: CSB	Date: 1-14-10	TOTAL NUMBER OF SAMPLES IN SURVEY: 8

Containerized materials attached to this Chain of Custody may contain Asbestos. Asbestos is a known carcinogen and should only be handled by trained and authorized personnel under regulated conditions. (Danger; May Contain Asbestos Fibers, Cancer and Lung Disease Hazard)

Certifications

NEW YORK STATE DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
LICENSE AND CERTIFICATE UNIT
STATE CAMPUS BUILDING 12
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Envoy Environmental Consultants, Inc.
57 Ambrose Street
Rochester, NY 14608

FILE NUMBER: 0240527
LICENSE NUMBER: 28454
LICENSE CLASS: RESTRICTED
DATE OF ISSUE: 06/19/2009
EXPIRATION DATE: 06/30/2010

Duly Authorized Representative: Geoffrey M. Reed

This license has been issued in accordance with applicable provisions of Article 16 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations, 12 NYCRR Part 56. It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project work site. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Maurice A. Cox
Maurice A. Cox, Director
FOR THE COMMISSIONER OF LABOR



**National Voluntary
Laboratory Accreditation Program**



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Paradigm Environmental Services, Inc.

179 Lake Avenue

Rochester, NY 14608

Mr. Bruce Hoogesteger

Phone: 585-647-2530 Fax: 585-647-3311

E-Mail: bhoogesteger@paradigmenv.com

URL: <http://www.paradigmenv.com>

BULK ASBESTOS FIBER ANALYSIS (PLM)

NVLAP LAB CODE 200530-0

NVLAP Code Designation / Description

18/A01

EPA-600/M4-82-020: Interim Method for the Determination of Asbestos in Bulk Insulation Samples

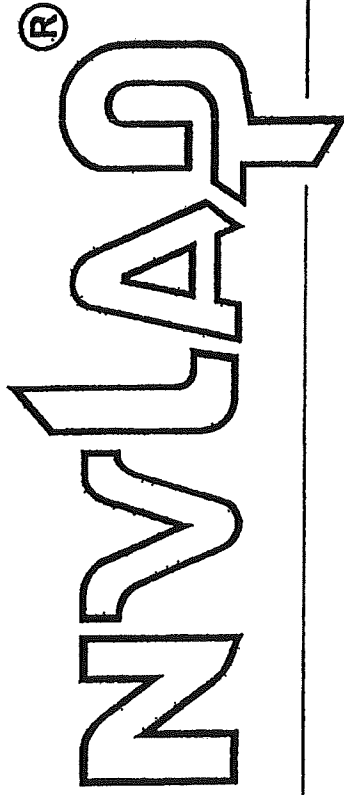
2009-07-01 through 2010-06-30

Effective dates

Sally S. Bruce

For the National Institute of Standards and Technology

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200530-0

Paradigm Environmental Services, Inc.
Rochester, NY

is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:

BULK ASBESTOS FIBER ANALYSIS

*This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality
management system (refer to joint ISO-ILAC-IAF Communiqué dated January 2009).*

2009-07-01 through 2010-06-30

Effective dates



Dolly A. Bucci
For the National Institute of Standards and Technology

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
RICHARD F. DAINES, M.D.



Expires 12:01 AM April 01, 2010
Issued April 01, 2009
Revised September 16, 2009

CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE

Issued in accordance with and pursuant to section 502 Public Health Law of New York State

MR. BRUCE HOOGESTEGER
PARADIGM ENVIRONMENTAL SERVICES INC
179 LAKE AVENUE
ROCHESTER, NY 14608

NY Lab Id No: 10958
EPA Lab Code: NY01287

Is hereby APPROVED as an Environmental Laboratory for the category
ENVIRONMENTAL ANALYSES SOLID AND HAZARDOUS WASTE
All approved subcategories and/or analytes are listed below:

Miscellaneous

Asbestos in Friable Material	EPA 600/M4/82/020
	Item 198.1 of Manual
Asbestos in Non-Friable Material-PLM	Item 198.6 of Manual (NOB by PLM)
Asbestos in Non-Friable Material-TEM	ITEM 198.4 OF MANUAL
Lead in Dust Wipes	EPA 6010B
Lead in Paint	EPA 6010B

Sample Preparation Methods

EPA 3050B

Serial No.: 40520

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted. Valid certificates have a raised seal. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify laboratory's accreditation status.

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



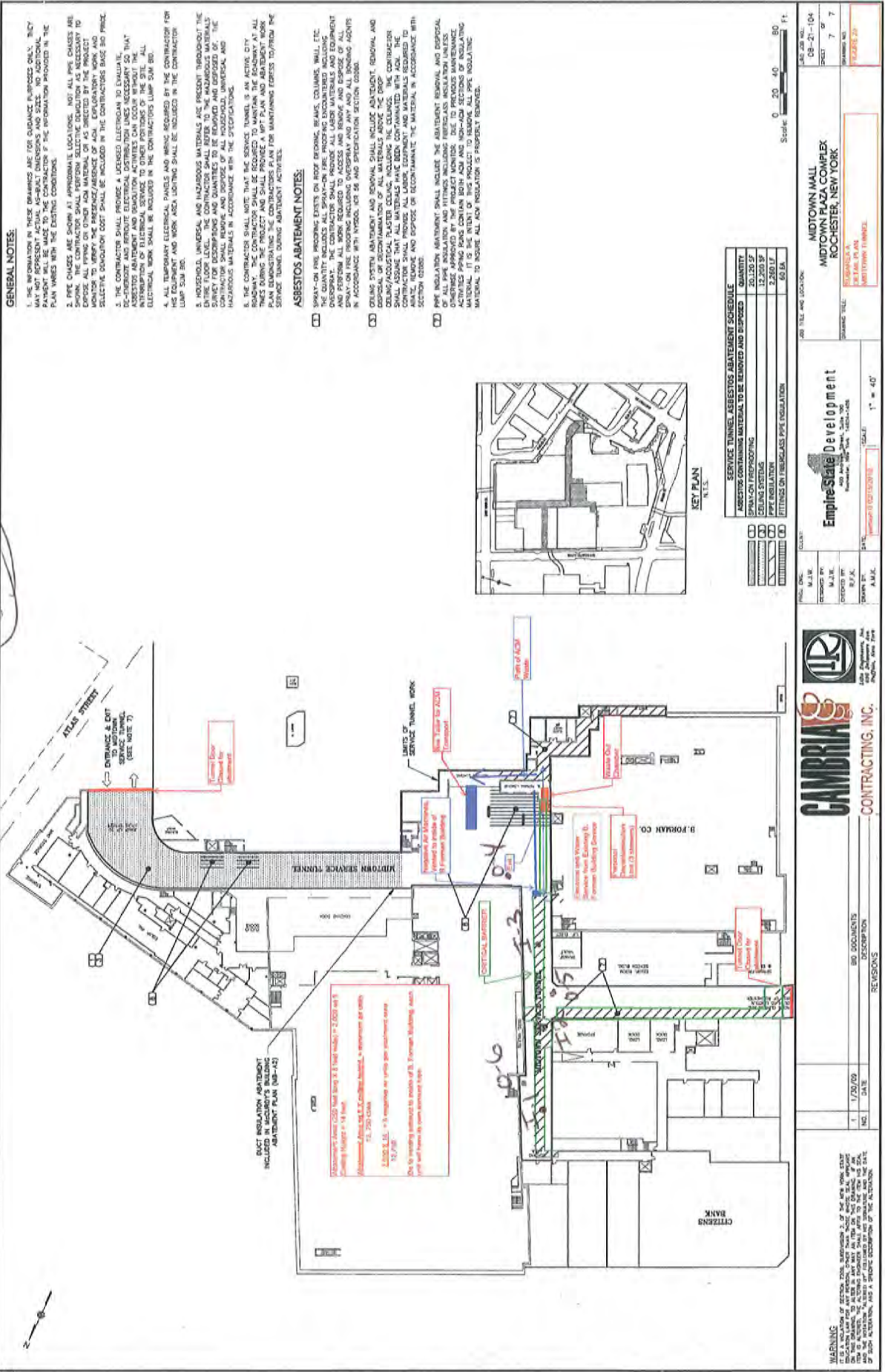
THEODORE A. TRONNES
CLASS/EXPIRES
C/ATEC(06/10) D/NSP(06/10)
H-PM (06/10)



CERT# 07-00223
DMV# 775062693

MUST BE CARRIED ON ASBESTOS PROJECTS

2A



GENERAL NOTES:

1. THE INFORMATION IN THESE DRAWINGS IS FOR GUIDANCE PURPOSES ONLY. THEY MAY NOT BE USED FOR ANY OTHER PURPOSES WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND FOR THE PROTECTION OF THE EXISTING CONDITIONS.
2. PIPE CHASES ARE SHOWN AT APPROXIMATE LOCATIONS. NOT ALL PIPE CHASES ARE SHOWN. THE CONTRACTOR SHALL VERIFY THE LOCATION AND DEPTH OF ALL PIPE CHASES AND MONITOR TO VERIFY THE PRESENCE/ABSENCE OF ASBESTOS. EXPANSION JOINTS AND SELECTIVE DEMOLITION COST SHALL BE INCLUDED IN THE CONTRACTORS BASE BID PRICE.
3. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE, RE-ENGINEER AND REPAIR ELECTRICAL DISTRIBUTION LINES NECESSARY SO THAT THE ELECTRICAL SYSTEMS WILL REMAIN OPERATIONAL THROUGHOUT THE PROJECT. ALL ELECTRICAL WORK SHALL BE INCLUDED IN THE CONTRACTORS LUMP SUM BID.
4. ALL TEMPORARY ELECTRICAL PANELS AND WIRING REQUIRED BY THE CONTRACTOR FOR HIS EQUIPMENT AND WORK AREA LIGHTING SHALL BE REQUIRED BY THE CONTRACTOR FOR LUMP SUM BID.
5. HAZARDOUS, UNIVERSAL AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE PROJECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING, TESTING, REMOVING, AND DISPOSING OF ALL HAZARDOUS, UNIVERSAL AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
6. THE CONTRACTOR SHALL NOTE THAT THE SERVICE TUNNEL IS AN ACTIVE CITY TUNNEL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS DURING THE PROJECT AND SHALL PROVIDE A LIFT AND ABATEMENT WORK PLAN DEMONSTRATING THE CONTRACTORS PLAN FOR MAINTAINING ACCESS TO/FROM THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.

ASBESTOS ABATEMENT NOTES:

1. SHUT-OFF FIRE PROTECTING EXITS ON ROOF, ELEVATOR, BEAMS, COLUMN, WALL, ETC. TO MAINTAIN THE INTEGRITY OF THE BUILDING STRUCTURE. THE CONTRACTOR SHALL PROVIDE ALL NECESSARY MATERIALS AND EQUIPMENT TO MAINTAIN THE INTEGRITY OF THE BUILDING STRUCTURE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND FOR THE PROTECTION OF THE EXISTING CONDITIONS.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING, TESTING, REMOVING, AND DISPOSING OF ALL HAZARDOUS, UNIVERSAL AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
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SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE	
ASBESTOS CONTAINING MATERIAL TO BE REMOVED AND EXPOSED	QUANTITY
CEILING ROOFING	12,200 SF
CEILING CEILING	12,200 SF
PIPE INSULATION	2,200 LF
FITTINGS ON FIBERGLASS PIPE INSULATION	60 EA

DATE: 1/20/09
DRAWN BY: J.M.E.
CHECKED BY: M.J.E.
SCALE: 1" = 40'
REVISIONS:
NO. DATE DESCRIPTION
1 1/20/09 BID DOCUMENTS
CAMBRIDGE CONTRACTING, INC.
1000 Avenue of the Americas, Suite 1000
New York, NY 10020-1400
Phone: 212-692-1000
Fax: 212-692-1001
WWW.CAMBRIDGECONTRACTING.COM
CAMBRIDGE CONTRACTING, INC.
CONTRACTING, INC.
MIDTOWN MALL
MIDTOWN PLAZA COMPLEX
ROCHESTER, NEW YORK
JOB NO. 08-21-104
SHEET NO. 7 OF 7
JOB NO. 08-21-104
SHEET NO. 7 OF 7
JOB NO. 08-21-104
SHEET NO. 7 OF 7

GENERAL NOTES:

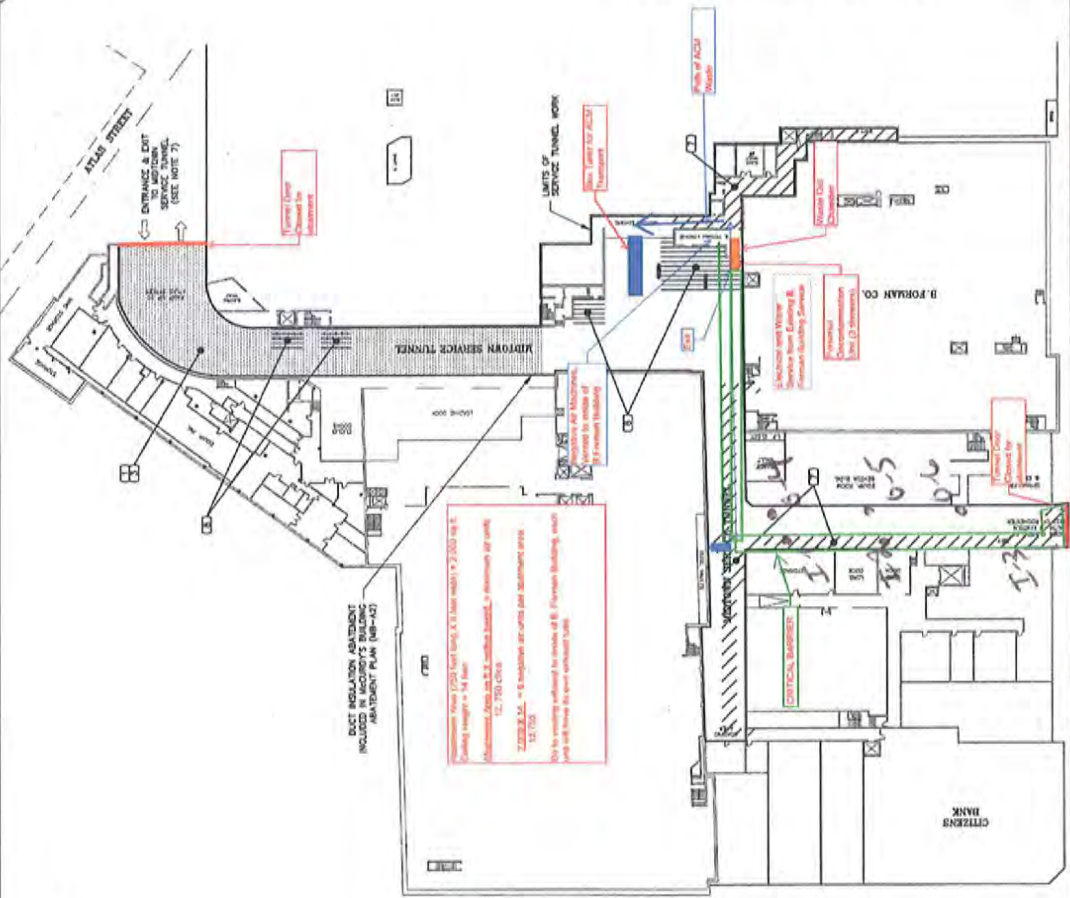
1. THE INFORMATION IN THESE DRAWINGS ARE FOR GENERAL GUIDANCE ONLY. THEY MAY NOT REPRESENT ACTUAL AS-BUILT CONDITIONS AND SIZES. NO ADDITIONAL PAYMENT WILL BE MADE TO THE CONTRACTOR IF THE INFORMATION PROVIDED IN THE PLAN VARIES WITH THE EXISTING CONDITIONS.
2. PIPE CHANGES ARE SHOWN AT APPROXIMATE LOCATIONS. NOT ALL PIPE CHANGES ARE SHOWN. THE CONTRACTOR SHALL VERIFY THE EXISTENCE/ABSENCE OF ALL EXISTING WORK AND MONITOR TO VERIFY THE PRESENCE/ABSENCE OF ALL EXISTING WORK AND MONITOR TO VERIFY THE PRESENCE/ABSENCE OF ALL EXISTING WORK AND MONITOR TO VERIFY THE PRESENCE/ABSENCE OF ALL EXISTING WORK.
3. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE, DE-ENERGIZE AND RE-ELECTRICAL DISTRIBUTION LINES NECESSARY SO THAT THE ELECTRICAL SYSTEMS CAN BE MAINTAINED AND OPERATED. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE, DE-ENERGIZE AND RE-ELECTRICAL DISTRIBUTION LINES NECESSARY SO THAT THE ELECTRICAL SYSTEMS CAN BE MAINTAINED AND OPERATED.
4. ALL TEMPORARY ELECTRICAL PANELS AND WIRING REQUIRED BY THE CONTRACTOR FOR HIS EQUIPMENT AND WORK AREA LIGHTING SHALL BE INCLUDED IN THE CONTRACTOR LUMP SUM BID.
5. HOUSEHOLD, UNIVERSAL AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE EXISTING BUILDING. THE CONTRACTOR SHALL VERIFY THE EXISTENCE/ABSENCE OF ALL HAZARDOUS MATERIALS AND QUANTITIES TO BE REMOVED AND DISPOSED OF. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL HAZARDOUS, UNIVERSAL AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
6. THE CONTRACTOR SHALL NOTE THAT THE SERVICE TUNNEL IS AN ACTIVE CITY WATER MAIN. THE CONTRACTOR SHALL PROVIDE A WATER MAIN CROSSING PLAN DURING THE PROJECT AND SHALL PROVIDE A WPT PLAN AND ABATEMENT WORK PLAN DURING THE PROJECT AND SHALL PROVIDE A WPT PLAN AND ABATEMENT WORK PLAN DURING THE PROJECT.

ASBESTOS ABATEMENT NOTES:

1. SPENT-ON FIRE PROOFING EXISTS ON ROOF BEAMS, BEAMS, COLUMNS, WALLS, ETC. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL SPENT-ON FIRE PROOFING AND PERFORM ALL WORK REQUIRED TO ACCESS AND REMOVE AND DISPOSE OF ALL SPENT-ON FIRE PROOFING IN ACCORDANCE WITH NYSDOT JOB 58 AND SPECIFICATION SECTION 0080.
2. CEILING SYSTEM ABATEMENT AND REMOVAL SHALL INCLUDE ABATEMENT, REMOVAL AND DISPOSAL OR RECONTAMINATION OF ALL MATERIALS ABOVE THE DROP CEILING/ACUSTICAL PLASTER CEILING, INCLUDING THE CEILING. THE CONTRACTOR SHALL PROVIDE A LICENSED ASBESTOS ABATEMENT SPECIALIST TO SUPERVISE ALL ASBESTOS ABATEMENT WORK. THE CONTRACTOR SHALL PROVIDE A LICENSED ASBESTOS ABATEMENT SPECIALIST TO SUPERVISE ALL ASBESTOS ABATEMENT WORK.
3. PIPE INSULATION ABATEMENT SHALL INCLUDE THE ABATEMENT REMOVAL AND DISPOSAL OF ALL PIPE INSULATION MATERIALS TO BE REMOVED AND DISPOSED. THE CONTRACTOR SHALL PROVIDE A LICENSED ASBESTOS ABATEMENT SPECIALIST TO SUPERVISE ALL ASBESTOS ABATEMENT WORK. THE CONTRACTOR SHALL PROVIDE A LICENSED ASBESTOS ABATEMENT SPECIALIST TO SUPERVISE ALL ASBESTOS ABATEMENT WORK.



SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE	
ASBESTOS ABATEMENT MATERIAL TO BE REMOVED AND DISPOSED	QUANTITY
SPRAY-ON FIREPROOFING	20,000 SF
CEILING SYSTEMS	12,000 SF
PIPE INSULATION	2,000 LF
FITTINGS ON FIBERGLASS PIPE INSULATION	60 EA



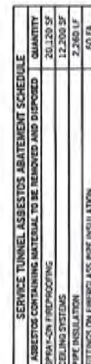
WARNING: THIS IS A WARNING OF SECTION 208, SUBSECTION 2, OF THE NEW YORK STATE ENVIRONMENTAL CONSERVATION LAW AND THE NEW YORK STATE ENVIRONMENTAL CONSERVATION REGULATIONS. IT IS THE POLICY OF THE STATE OF NEW YORK TO PROTECT THE ENVIRONMENT AND THE HEALTH, SAFETY AND WELFARE OF ITS PEOPLE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE ENVIRONMENT AND THE HEALTH, SAFETY AND WELFARE OF ITS PEOPLE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE ENVIRONMENT AND THE HEALTH, SAFETY AND WELFARE OF ITS PEOPLE.		PROJECT NO. 08-21-104 SHEET 7 OF 7 DRAWING TITLE: MIDTOWN PLAZA COMPLEX ROOSTER, NEW YORK DATE: 1/25/09 SCALE: 1" = 40' DRAWN BY: J.M.E. CHECKED BY: J.M.E. APPROVED BY: J.M.E.
PROJECT NAME: MIDTOWN PLAZA COMPLEX PROJECT LOCATION: ROOSTER, NEW YORK PROJECT DESCRIPTION: ASBESTOS ABATEMENT PROJECT OWNER: MIDTOWN PLAZA COMPLEX PROJECT MANAGER: J.M.E.		PROJECT NO. 08-21-104 SHEET 7 OF 7 DRAWING TITLE: MIDTOWN PLAZA COMPLEX ROOSTER, NEW YORK DATE: 1/25/09 SCALE: 1" = 40' DRAWN BY: J.M.E. CHECKED BY: J.M.E. APPROVED BY: J.M.E.

1. THE INFORMATION IN THESE DRAWINGS ARE FOR GUIDANCE PURPOSES ONLY. THEY MAY NOT REPRESENT ACTUAL AS-BUILT DIMENSIONS AND SIZES. NO ADDITIONAL PAYMENT WILL BE MADE TO THE CONTRACTOR IF THE INFORMATION PROVIDED IN THE PLAN VARIES WITH THE EXISTING CONDITIONS.

- [illegible]

SPRAY ON THE PREVIOUS EPOXY OR OTHER PREVIOUS EPOXY, COATING, SHALL BE
THE QUANTITY REQUIRED TO SPRAY ON THE PREVIOUS EPOXY COATING.
OVERLAY, THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT
AND PERSONNEL ALL WORK REQUIRED TO REMOVE AND REPAIR AND DISPOSE OF ALL
SPRAY-ON FLOOR FINISHING OVERLAY AND ANY AND ALL BONDING AGENTS
IN ACCORDANCE WITH DIVISION 05 AND SPECIFICATION SECTION 050800
CONCRETE SYSTEMS AND FINISHES SHALL INCLUDE: REMOVAL, REPAIR, AND
GRINDING AND REFINISHING OF ALL MATERIALS ABOVE THE DECK
CEILING AND REFINISHING OF ALL MATERIALS ABOVE THE DECK
CELLING INCLUDING PLASTER CEILING, INCLUDING THE CEILING.
SHALL ASSUME THAT ALL MATERIALS HAVE BEEN CONTAMINATED WITH ADH.
THE CONTRACTOR SHALL PROVIDE ALL LABOR, EQUIPMENT AND MATERIALS REQUIRED TO
REPAIR, REMOVE OR DISPOSE OF RECONTAMINATE THE MATERIAL IN ACCORDANCE WITH

- PIPE INSULATION ABATEMENT SHALL INCLUDE THE ABATEMENT REMOVAL AND DISPOSAL OF ALL PIPE INSULATION AND FITTINGS INCLUDING FIBERGLASS INSULATION UNLESS OTHERWISE APPROVED BY THE PROJECT MONITOR. DUE TO PREVIOUS MAINTENANCE ACTIVITIES PIPING RUNS CONTAIN BOTH ACM AND NON-ACM SECTIONS OF INSULATING MATERIAL. IT IS THE INTENT OF THIS PROJECT TO REMOVE ALL PIPE INSULATING MATERIAL TO INSURE ALL ACM INSULATION IS PROPERLY REMOVED.



FILE	STANDARD B 2' x 14" (NAN) MIDTOWN TUNNEL
MIDTOWN MALL MIDTOWN PLAZA COMPLEX ROCHESTER, NEW YORK	
DATE JOB SET 08-21-104	DRAWING NO. PAGE 1
SHEET OF 7	

Empire State Development
400 Avenue of the Americas, Suite 100
Roosevelt, New York 10004-1408
TEL: 212-261-1408 FAX: 212-261-1409

GAMBRIAL
CONTRACTING, INC.


1015 Englewood Ave.
10000 Jacksonville Ave.

BIG DOCUMENTS
Description

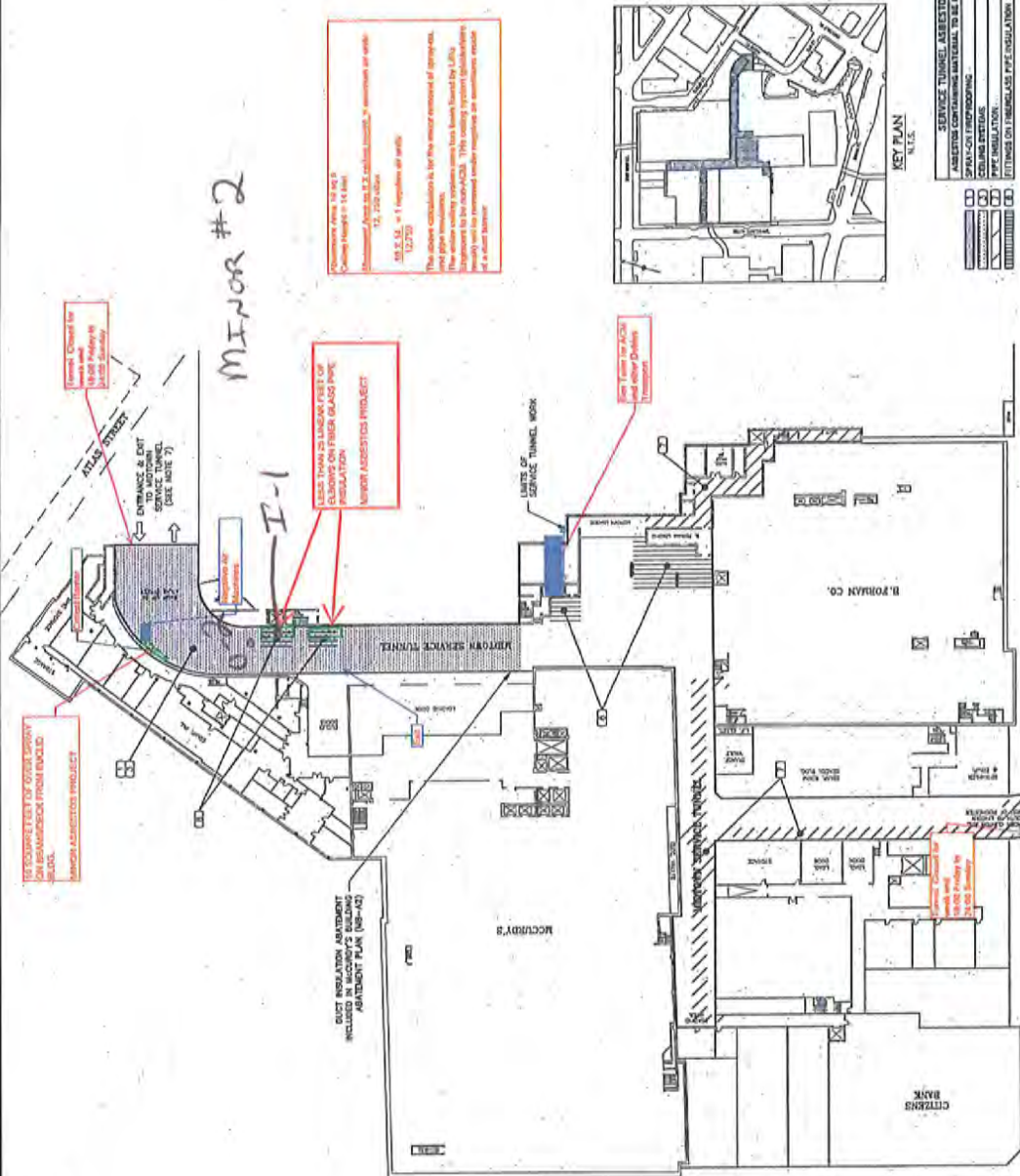
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2. PIPE CHASES ARE SHOWN AT APPROXIMATE LOCATIONS. NOT ALL PIPE CHASES ARE SHOWN. THE CONTRACTOR SHALL PERFORM SELECTIVE DEMOLITION AS NECESSARY TO EXPOSE ALL PIPING OR CHASE AND MATERIAL OR AS DIRECTED BY THE PROJECT ENGINEER. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SELECTIVE DEMOLITION COST SHALL BE INCLUDED IN THE CONTRACTOR'S BASE BID PRICE.
3. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE DE-ENERGIZE AND REDROUTE ELECTRICAL DISTRIBUTION LINES NECESSARY SO THAT ASBESTOS ABATEMENT AND DEMOLITION ACTIVITIES CAN OCCUR WITHOUT THE ELECTRICAL SYSTEM BEING DE-ENERGIZED. THE CONTRACTOR SHALL PROVIDE ALL ELECTRICAL WORK SHALL BE INCLUDED IN THE CONTRACTOR'S LUMP SUM BID.
4. ALL TEMPORARY ELECTRICAL PANELS AND WIRING REQUIRED BY THE CONTRACTOR FOR HIS EQUIPMENT AND WORK AREA LIGHTING SHALL BE INCLUDED IN THE CONTRACTOR'S LUMP SUM BID.
5. HAZARDOUS, UNKNOWN, AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE ENTIRE FLOOR LEVEL. THE CONTRACTOR SHALL BE REQUIRED TO PREPARE AND SUBMIT A HAZARDOUS MATERIALS ASSESSMENT REPORT TO THE PROJECT ENGINEER AND THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL HAZARDOUS, UNKNOWN, AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
6. THE CONTRACTOR SHALL NOTE THAT THE SERVICE TUNNEL IS AN ACTIVE CITY TUNNEL. THE CONTRACTOR SHALL BE REQUIRED TO PREPARE AND SUBMIT A MAINTENANCE PLAN DEMONSTRATING THE CONTRACTOR'S PLAN FOR MAINTAINING EGRESS TO/THROUGH THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.

ASBESTOS ABATEMENT NOTES:

- SPRAY-ON FIRE PROOFING EXISTS ON ROOF DECKING, BEAMS, COLUMNS, WALL, ETC. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING AND OVERPAINT. THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT AND PERFORM ALL WORK REQUIRED TO ACCESS AND REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING.
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- PIPE INSULATION ABATEMENT SHALL INCLUDE THE ABATEMENT, REMOVAL, AND DISPOSAL OF ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION.



SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE

QUANTITY	UNIT	ESTIMATED COST
20,120 SF	Spray-on Fireproofing	\$1,000,000
2,500 SF	Drop Ceiling	\$100,000
600 LF	Fittings on Fiberglass Pipe Insulation	\$120,000

PROJECT INFORMATION

PROJECT NAME: MIDTOWN MALL
 PROJECT ADDRESS: MIDTOWN PLAZA COMPLEX, ROCHESTER, NEW YORK
 PROJECT NUMBER: 100-104
 PROJECT DATE: 7/7
 PROJECT ENGINEER: [Signature]
 PROJECT ARCHITECT: [Signature]
 PROJECT CONTRACTOR: [Signature]

REVISIONS

NO.	DATE	DESCRIPTION
1	1/25/03	ISSUED FOR BIDDING

WARNING: THIS DRAWING IS A PRELIMINARY DESIGN. IT IS NOT TO BE USED FOR CONSTRUCTION WITHOUT THE APPROVAL OF THE ARCHITECT. THE ARCHITECT'S OFFICE SHALL BE RESPONSIBLE FOR THE DESIGN AND CONSTRUCTION OF THE PROJECT. THE ARCHITECT'S OFFICE SHALL BE RESPONSIBLE FOR THE DESIGN AND CONSTRUCTION OF THE PROJECT. THE ARCHITECT'S OFFICE SHALL BE RESPONSIBLE FOR THE DESIGN AND CONSTRUCTION OF THE PROJECT.

GENERAL NOTE:

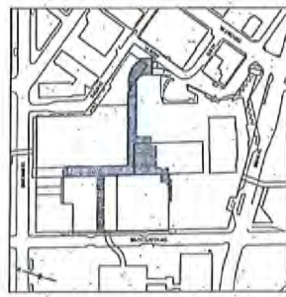
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3. THE CONTRACTOR SHALL PROVIDE A LATERAL ELECTRICAL TO GUARANTEE DE-ENERGIZE AND REMOVE ELECTRICAL DISTRIBUTION LINES NECESSARY TO THAT ASBESTOS ABATEMENT AND REMEDIATION ACTIVITIES CAN OCCUR WITHOUT THE ELECTRICAL WORK SHALL BE INCLUDED IN THE CONTRACTORS LUMP SUM BID.
4. ALL THROUGH ELECTRICAL PANELS AND WIRING REQUIRED BY THE CONTRACTOR FOR HIS EQUIPMENT AND WORK AREA LIGHTING SHALL BE INCLUDED IN THE CONTRACTOR LUMP SUM BID.
5. HOUSEHOLD, UNIVERSAL AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE ENTIRE FLOOR LEVEL. THE CONTRACTOR SHALL REFER TO THE HAZARDOUS MATERIALS SURVEY REPORT FOR A COMPLETE LIST OF ALL HAZARDOUS MATERIALS. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL HOUSEHOLD, UNIVERSAL AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
6. THE CONTRACTOR SHALL NOTE THAT THE SERVICE TUNNEL IS AN ACTIVE CITY HIGHWAY. THE CONTRACTOR SHALL BE REQUIRED TO MAINTAIN THE ROADWAY AT ALL TIMES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR MAINTAINING ACCESS TO THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.

ASBESTOS ABATEMENT NOTES:

1. SPRAY-ON FIRE PROOFING EXISTS ON ROOF BEAMS, BEAMS, COLUMNS, WALL, ETC. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT TO PERFORM ALL WORK REQUIRED TO ACCESS AND REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING.
2. CEILING SYSTEM MATERIALS AND REMOVAL SHALL INCLUDE ASBESTOS REMOVAL AND DISPOSAL OR DECONTAMINATION OF ALL MATERIALS ABOVE THE CEILING. THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT TO PERFORM ALL WORK REQUIRED TO ACCESS AND REMOVE AND DISPOSE OF ALL CEILING SYSTEM MATERIALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL CEILING SYSTEM MATERIALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL CEILING SYSTEM MATERIALS.
3. PIPE INSULATION ABATEMENT SHALL INCLUDE THE ABATEMENT REMOVAL AND DISPOSAL OF ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL PIPE INSULATION.

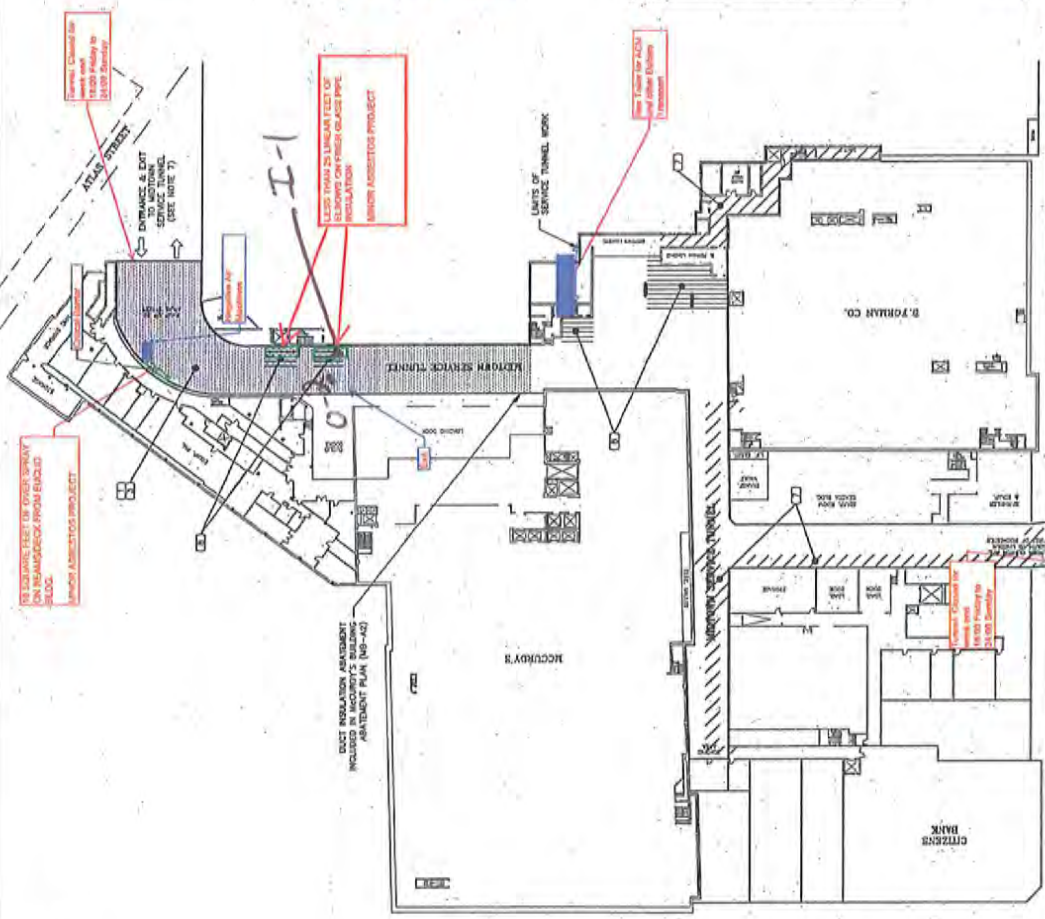
MINOR #3

CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT TO PERFORM ALL WORK REQUIRED TO ACCESS AND REMOVE AND DISPOSE OF ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL SPRAY-ON FIRE PROOFING.



SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE	
QUANTITY	UNIT
25,120 SF	SPRAY-ON FIRE PROOFING
12,200 SF	CEILING SYSTEMS
2,200 LF	FITTINGS ON FIBERGLASS PIPE INSULATION

Scale: 0 20 40 60 FT.



CONTRACTING, INC.

Empire State Development
400 Hudson Street
Rochester, NY 14609-1008

MIDTOWN MALL
MIDTOWN PLAZA COMPLEX
ROCHESTER, NEW YORK

DESIGN: 03-21-104
SHEET: 7 OF 7

NO.	DATE	DESCRIPTION	REVISIONS
1	1/20/09	ISSUED FOR BIDDING	

WARNING: THIS IS A SUMMARY OF THE WORK. IT IS NOT A CONTRACT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

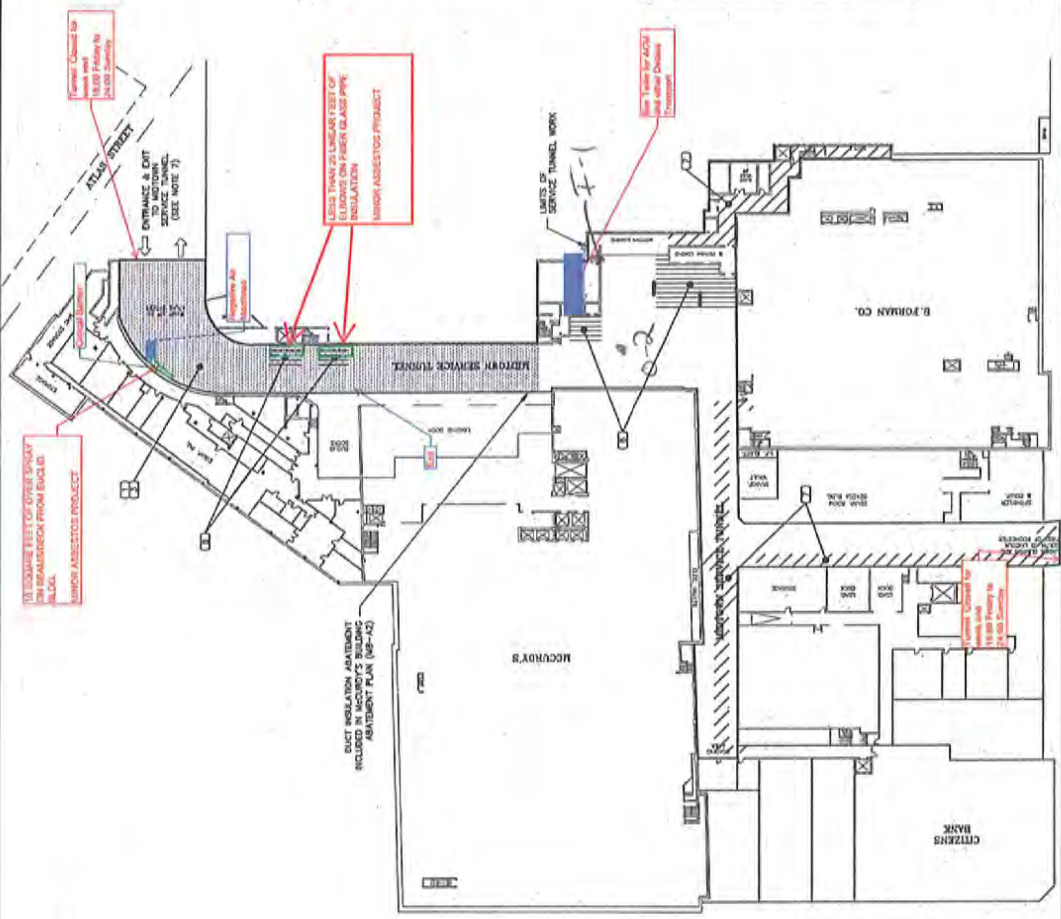
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2. PIPE CHASES ARE SHOWN AT APPROXIMATE LOCATIONS. NOT ALL PIPE CHASES ARE SHOWN. THE CONTRACTOR SHALL PROVIDE SELECTIVE REMOVAL AS NECESSARY TO SHOW THE PRESENCE/ABSENCE OF ASBESTOS. EXPLORATORY WORK AND MONITOR TO VERIFY THE PRESENCE/ABSENCE OF ASBESTOS. SELECTIVE REMOVAL COST SHALL BE INCLUDED IN THE CONTRACTOR'S BASE BID PRICE.
3. THE CONTRACTOR SHALL PROVIDE A LICENSED ELECTRICIAN TO EVALUATE, RE-ROUTING AND REWIRE ELECTRICAL DISTRIBUTION LINES NECESSARY SO THAT THE CONTRACTOR CAN MAINTAIN THE ELECTRICAL SYSTEMS TO OTHER PORTIONS OF THE SITE. ALL INTERSECTION OF ELECTRICAL SERVICES TO OTHER PORTIONS OF THE SITE. ALL ELECTRICAL WORK SHALL BE INCLUDED IN THE CONTRACTOR'S LUMP SUM BID.
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5. HOUSEHOLD, UNIVERSAL AND HAZARDOUS MATERIALS ARE PRESENT THROUGHOUT THE PROJECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL HAZARDOUS MATERIALS AND QUANTITIES TO BE REMOVED AND DISPOSED OF. THE CONTRACTOR SHALL REMOVE AND DISPOSE OF ALL HOUSEHOLD, UNIVERSAL AND HAZARDOUS MATERIALS IN ACCORDANCE WITH THE SPECIFICATIONS.
6. THE CONTRACTOR SHALL NOTE THAT THE SERVICE TUNNEL IS AN ACTIVE CITY TUNNEL. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL HAZARDOUS MATERIALS AND QUANTITIES TO BE REMOVED AND DISPOSED OF. THE CONTRACTOR SHALL DEMONSTRATE THE CONTRACTOR'S PLAN FOR MAINTAINING ACCESS TO/FROM THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.

ASBESTOS ABATEMENT NOTES:

- WORK ON THE REMOVAL OF ASBESTOS SHALL BE DONE IN ACCORDANCE WITH THE CONTRACTOR'S PLAN FOR MAINTAINING ACCESS TO/FROM THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES. THE CONTRACTOR SHALL PROVIDE ALL LABOR MATERIALS AND EQUIPMENT TO REMOVAL OF ASBESTOS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL HAZARDOUS MATERIALS AND QUANTITIES TO BE REMOVED AND DISPOSED OF. THE CONTRACTOR SHALL DEMONSTRATE THE CONTRACTOR'S PLAN FOR MAINTAINING ACCESS TO/FROM THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.
- CEILING SYSTEM ABATEMENT AND REMOVAL SHALL INCLUDE ABATEMENT, REMOVAL AND DISPOSAL OR DECONTAMINATION OF ALL MATERIALS ABOVE THE DROP CEILING/ACoustical PLASTER CEILING, INCLUDING THE CEILING. THE CONTRACTOR SHALL PROVIDE ALL LABOR, EQUIPMENT AND MATERIALS REQUIRED TO ABATE, REMOVE AND DISPOSE OF DECONTAMINATE THE MATERIAL IN ACCORDANCE WITH SECTION 0200.
- PIPE INSULATION ABATEMENT SHALL INCLUDE THE ABATEMENT REMOVAL AND DISPOSAL OF ALL PIPE INSULATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR IDENTIFYING AND REMOVING ALL HAZARDOUS MATERIALS AND QUANTITIES TO BE REMOVED AND DISPOSED OF. THE CONTRACTOR SHALL DEMONSTRATE THE CONTRACTOR'S PLAN FOR MAINTAINING ACCESS TO/FROM THE SERVICE TUNNEL DURING ABATEMENT ACTIVITIES.

MANOR #4



SERVICE TUNNEL ASBESTOS ABATEMENT SCHEDULE	
ABATEMENT CONTAINING MATERIAL TO BE REMOVED AND DISPOSED	QUANTITY
SPRAY-ON FIBERGLASS	20,120 SF
CEILING EXTENSIVE	12,200 SF
PIPE INSULATION	2,200 LF
FITTINGS ON FIBERGLASS PIPE INSULATION	600 EA

PROJECT INFORMATION

PROJECT NO. 100-21-104
 PROJECT NAME: MIDTOWN MALL
 PROJECT ADDRESS: MIDTOWN PLAZA COMPLEX
 PROJECT CITY: ROCHESTER, NEW YORK

CLIENT INFORMATION

CLIENT NAME: Empire State Development
 CLIENT ADDRESS: 100-21-104
 CLIENT CITY: ROCHESTER, NEW YORK

DESIGNER INFORMATION

DESIGNER NAME: CAMBRIDGE CONTRACTING, INC.
 DESIGNER ADDRESS: 100-21-104
 DESIGNER CITY: ROCHESTER, NEW YORK

DATE 1/25/09

REVISIONS

NO.	DATE	DESCRIPTION
1	1/25/09	ISSUE FOR CONSTRUCTION

P.M. Logs & FVI
Misc. Sampling



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: Josh Scheuermann

DATE: 02-19-10

Contract #

Liro Job #:

HOURS: 1700-2400

TASK: PM

TIME	ACTIVITY- Midtown Mall Service Tunnel
1700	To the 3 rd floor of the tower to the Cambria break room to set up a work area.
1715	Gathered equipment in the pump room.
1745	Met up with the night supervisor Mark Depante and clarified a few things for tonight.
1800	Went to the B. Forman basement to prep samples.
1815	Environmental samples set and running normal.
1830	Decon unit and bag out samples set and running normal.
1845	To the break room on the 3 rd floor to start paper work.
1900	Checked on the progress in the tunnel. 6 workers are on scissor lifts using glove bags to start on the pipe work in 2A. 2B workers are beginning to start hanging poly. 4 workers are in this area. 2 workers are on a lift beginning to glove bag removal on minor #4. All the lifts in the areas are polyed and have HEPA vacuums and hoses on board.
2000	Checked all pumps, all are running normal.
2030	Back to the break room.
2150	Checked progress in the tunnel. Work on minors 2, 3, and 4 are complete. 2A work on the pipe is almost ½ done. Prep work in the Chase tunnel in 2B is continuing. Spoke with Mark and got an update on work in the area and addressed some concerns.
2230	Back to the break room.
2330	To the tunnel to check on progress. 2B prep is still continuing. 2A work ¾ finished.
2345	Collected samples and finished paper work.
2400	Offsite.



TASK:

[illegible]



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: Dave Parker

DATE: 2/20/10

Contract #

Liro Job #:

HOURS: 0700-1500

TASK: PM

TIME	ACTIVITY- Midtown Tunnel and Midtown Mall 1E
0730	On site/ spoke with Mark Seeber from Envoy to get an update on the crew's progress in the tunnel. Mark said the crew has finished removal of all pipe insulation in the tunnel and will soon be ready for finals. All finals have been run except for Tunnel area 2A and 2B.
0815	Visually inspected areas 2A and 2B to insure that the pipe insulation has in fact been removed. All insulation has been removed and the area is ready for final air samples.
0845	Set up all pumps in and around areas 2A and 2B. Finals will be run simultaneously with each area having 3 inside samples and 3 outside samples. Inside samples will be placed directly below the pipes that have been abated. Outside samples will be run near the chase door and others near the B. Foreman building. All samples will be set up at 4 LPM and run for 150 mins for a total of 600 liters of air.
0900	Began final air samples.
0935	Local 435 crew that has taken over for the Cambria crew is going to work in the Midtown Mall area 1E while they wait for final air sampling results. Ted Tronnes from Envoy will set up all IIB air samples for this area that I will break down later.
1030	Spoke with Andy O. about his crews plan. He said his crew is going to work in containment 1E until final results are obtained. He said if the finals pass his crew will break down and leave upon completion. If finals fail his crew will re clean all areas in the tunnel.
1130	Broke down final air samples. All pumps were still running at 4 LPM. Samples will be delivered to Paradigm immediately.
1215	Caught up on final air sampling paperwork and maps.
1300	Paradigm called to inform me all final air samples in the tunnel have passed. I immediately called Bill B. and Andy O. to let them know. They said the crew will cease work in 1E and begin tearing down all tents in the tunnel.
1330	Broke down all IIB air samples that were set up for 1E. All samples will be submitted to Paradigm on my way home.
1400	Watched crew completely tear down all tents in the tunnel area.
1500	Off site

Envoy Environmental Consultants Inc.

Empire State Development

Project Monitor Visual Inspection Report



As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Middtown Tunnel 2A Job Ticket # _____

Project Description: ESDC Work Area: _____

Client/Owner (Print Name): Cambrin Client/Owner Representative (print name): Mark Smith PROJECT # 09/1079

Abatement Contractor: _____ Supervisor (print name): X Mark DePauw NYSDOL Asbestos Handling Certificate Number: X 09-13704

Yes ☒ No ☐ Supervisor Visual Inspection Completed? Supervisor Completing Visual Inspection (print name): X Mark DePauw NYSDOL Asbestos Handling Certificate Number: X 09-13704 Date: 2/20/10

Project Monitor (Print Name): Dave Pink NYSDOL Asbestos Handling Certificate Number: 08-10120 Date: _____

Site Emergency Phone: 911

Job Type: Class I ☐ Class II ☐ P.I.

Job Size: Large ☐ Small ☒ Material P.I. Sq 10 Ft _____

Project Monitor Visual Inspection Checklist

Project with Multiple Removals ☐

Section A				Section B				Section C			
Inspectors Checklist		Needs Action N/A		Visual Inspection		Needs Action N/A		Procedures/ Paperwork		Needs Action N/A	
Equipment				Personal Decontamination Unit				Paperwork & Procedures			
Not Required				Required to Pass				Required to Pass			
1. Flashlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Written Scope of Work (attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Knife or pointed object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Supervisor Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Wait period observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Decontamination Unit				Paperwork & Procedures			
6. Tyvek Suit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Required				Not Required			
7. Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Area Asbestos Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection				27. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Sign into work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter all Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Sign out of work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect at Close Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Entry into Supervisors Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas to Inspect				Regulated Abatement Work Area				Required to Pass			
Not Required				Required to Pass				Required to Pass			
10. Permanent Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Detail Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Enter Full Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ductwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. All Criticals intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Enter AH Cert. Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Elevated Horizontal Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. All Isolation Barriers Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Worker Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. No Unremoved Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ceiling Grids/Sprinkler Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. No Visible Debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Conduits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. No Visible Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Hauserman Channels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. Examine Contractor Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Floor and Wall Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Negative Air in Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Creases & Folds in Criticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. No Debris or Water under Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Walls & Corners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Completeness of Abatement**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Completeness of Clean-up**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

1. _____

2. _____

3. _____

4. _____

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated area are to remain also state this).

Verbal Scope given by Mark D from Cambrin. Crew will remove all P.I. in given area as per code rule 56.

Supervisors Signature: X Mark DePauw Date: X 2-20-10

Project Monitor Signature: X Dave Pink Date: 2/20/10

PASS ☒ Area Cleared to proceed with Clearance Airs FAIL ☐ Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made. Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8). Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to:

On Date:

By:

FVI form

White - Envoy / Paradigm Yellow - LiRo Pink - Contractor

Envoy Environmental Consultants Inc.

Empire State Development

Project Monitor Visual Inspection Report



As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Tunnel 2B Job Ticket # _____
 Project Description: ESDC Work Area: _____
 Client/Owner (Print Name): Cummins Client/Owner Representative (print name): Mark Smith PROJECT # 09/1079
 Abatement Contractor: _____ Supervisor (print name): X Mark DePaw NYSDOL Asbestos Handling Certificate Number: X 09-13704
 Yes ☒ No ☐ Supervisor's Visual Inspection Completed? _____ Supervisor Completing Visual Inspection (print name): _____ NYSDOL Asbestos Handling Certificate Number: X 09-13704 Date: _____
 Project Monitor (Print Name): Dave Park NYSDOL Asbestos Handling Certificate Number: 08/10120 Date: 2/20/10

Site Emergency Phone: 911
 Job Type: Class I ☐ Class II ☐ P.I.
 Job Size: Large ☐ Small ☒ Material P.I. Sq ☒ Ft ☐

Project Monitor Visual Inspection Checklist

Section A				Section B				Section C			
Inspectors Checklist		Needs Action N/A		Visual Inspection		Needs Action N/A		Procedures/ Paperwork		Needs Action N/A	
Equipment Not Required				Personal Decontamination Unit Required to Pass				Paperwork & Procedures Required to Pass			
1. Flashlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Written Scope of Work (attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Knife or pointed object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Supervisor Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Wait period observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Decontamination Unit Required to Pass				Paperwork & Procedures Not Required			
6. Tyvek Suit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Sign into work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Sign out of work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Not Required				28. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Entry into Supervisors Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter all Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Detail Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect at Close Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulated Abatement Work Area Required to Pass				50. Enter Full Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas to Inspect Not Required				30. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Enter AH Cert. Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Permanent Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Worker Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. All Criticals intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ductwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. All Isolation Barriers Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Elevated Horizontal Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. No Unremoved Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. No Visible Debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ceiling Grids/Sprinkler Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. No Visible Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Conduits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. Examine Contractor Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Houseman Channels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Negative Air in Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Floor and Wall Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. No Debris or Water under Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Creases & Folds in Criticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Completeness of Abatement**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Walls & Corners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Completeness of Clean-up**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

1. _____
 2. _____
 3. _____
 4. _____

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated area are to remain also state this).

Verbal Scope given by Mark D to remove all P.I. as per code rule 56.

Supervisors Signature: X Mark DePaw Date: X 2-20-10
 Project Monitor Signature: Dyde Date: 2/20/10
 PASS ☐ Area Cleared to proceed with Clearance Airs FAIL ☐ Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made.
 Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8).
 Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to: _____ On Date: _____ By: _____

Envoy Environmental Consultants Inc.

<small>Empire State Development</small>	Project Monitor Visual Inspection Report	
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As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Mall / Service Tunnel	Job Ticket # 36919
Project Description ESDC	Work Area Small Area #3
Client/Owner (Print Name) Cambria	Client/Owner Representative (print name) Mark Smith
Abatement Contractor:	Supervisor (print name) Mark D.
PROJECT # 09/1079	
NYSDOL Asbestos Handling Certificate Number 09-13704	

Supervisors Visual Inspection Completed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Supervisor Completing Visual Inspection (print name) Mark Seiber	NYSDOL Asbestos Handling Certificate Number 92-02379	Date 2/20/10
Project Monitor (Print Name)	NYSDOL Asbestos Handling Certificate Number	Date	

Site Emergency Phone:

Job Type: Class I ☐ Class II ☐ Pipe Ins.

Job Size: Large ☐ Small ☒ **Material** (Sg) Ln Ft

Section A <input type="checkbox"/>				Section B <input type="checkbox"/>				Section C <input type="checkbox"/>			
Inspectors Checklist				Visual Inspection				Procedures/ Paperwork			
Equipment Not Required				Personal Decontamination Unit Required to Pass				Paperwork & Procedures Required to Pass			
1. Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Written Scope of Work (attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Knife or pointed object	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Supervisor Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Wait period observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Decontamination Unit Required to Pass				Paperwork & Procedures Not Required			
6. Tyvek Suit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Area Asbestos Survey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Sign into work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Not Required				28. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Sign out of work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter all Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Entry into Supervisors Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect at Close Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulated Abatement Work Area Required to Pass				49. Detail Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas to Inspect Not Required				30. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Enter Full Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Permanent Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Enter AH Cert. Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32. All Criticals intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Worker Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ductwork	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33. All Isolation Barriers Intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Elevated Horizontal Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34. No Unremoved Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. No Visible Debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ceiling Grids/Sprinkler Heads	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	36. No Visible Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Conduits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	37. Examine Contractor Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Houseman Channels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	38. Negative Air in Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Floor and Wall Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. No Debris or Water under Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Creases & Folds in Criticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40. Completeness of Abatement**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Walls & Corners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Completeness of Clean-up**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

1.
2.
3.
4.

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below. If materials within the regulated area to remain also state this).

42- Verbal Scope of Work given by Mark of Cambria

Removal of Pipe Ins From Elbows on Pipes as per code rule 56

Supervisors Signature <u>Mark DePaul</u>	Date 2-20-10
Project Monitor Signature <u>Mark Seiber</u>	Date 2/20/10
PASS <input checked="" type="checkbox"/> Area Cleared to proceed with Clearance Airs	
FAIL <input type="checkbox"/> Area needs Reclean and Reinspection	

This report represents the condition of the above mentioned site at the time and date the observations were made.

Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8).

Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (B.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report		09/1079																																																																																																																																																																																																																																																												
As per 12NYCRR Part 56 amended January 11, 2006																																																																																																																																																																																																																																																														
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28. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
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37. Examine Contractor Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
38. Negative Air in Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
39. No Debris or Water under Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
40. Completeness of Abatement**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
41. Completeness of Clean-up**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
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42. Written Scope of Work (attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																											
43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
44. Supervisor Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
45. Wait period observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
Paperwork & Procedures																																																																																																																																																																																																																																																														
46. Sign into work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
47. Sign out of work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
48. Entry into Supervisors Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
49. Detail Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
50. Enter Full Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
51. Enter AH Cert. Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
52. Worker Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																											
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Supervisors Signature Mark D.	Date 2-20-10																																																																																																																																																																																																																																																													
Project Monitor Signature Mark Seebert	Date 2/20/10																																																																																																																																																																																																																																																													
PASS <input checked="" type="checkbox"/> Area Cleared to proceed with Clearance Airs	FAIL <input type="checkbox"/> Area needs Reclean and Reinspection																																																																																																																																																																																																																																																													

This report represents the condition of the above mentioned site at the time and date the observations were made.
 Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8).
 Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to:

On Date:

By:

FVI form

White - Envoy / Paradigm Yellow - LiRo Pink - Contractor

Envoy Environmental Consultants Inc.

Empire State Development

Project Monitor Visual Inspection Report



As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Mall / Service Tunnel Job Ticket # 36919

Project Description: ESDC Work Area: Area 3

Client/Owner (Print Name): Cambria Client/Owner Representative (print name): Mark Smith PROJECT # 09/1079

Abatement Contractor: Cambria Supervisor (print name): Mark D NYSDOL Asbestos Handling Certificate Number: 09-13704

Yes ☒ No ☐

Supervisors Visual inspection Completed? ☒ Supervisor Completing Visual Inspection (print name): Mark Seiber NYSDOL Asbestos Handling Certificate Number: 92-02379 Date: 2/20/10

Project Monitor (Print Name): Mark Seiber NYSDOL Asbestos Handling Certificate Number: 92-02379 Date: 2/20/10

Site Emergency Phone: _____

Job Type: Class I ☐ Class II ☒ Pipe Ins.

Job Size: Large ☐ Small ☐ Material: Minor

Project Monitor Visual Inspection Checklist Minor ☒ Project with Multiple Removals ☐

Section A	Needs Action	Section B	Needs Action	Section C	Needs Action
Inspectors Checklist	SAT Action N/A	Visual Inspection	SAT Action N/A	Procedures/ Paperwork	SAT Action N/A
Equipment	Not Required	Personal Decontamination Unit	Required to Pass	Paperwork & Procedures	Required to Pass
1. Flashlight	<input type="checkbox"/>	22. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	42. Written Scope of Work (attached)	<input type="checkbox"/>
2. Knife or pointed object	<input type="checkbox"/>	23. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>
3. Respirator	<input checked="" type="checkbox"/>	24. No condensation	<input checked="" type="checkbox"/>	44. Supervisor Present	<input checked="" type="checkbox"/>
4. Hard Hat	<input checked="" type="checkbox"/>	25. All Isolation Barriers intact	<input checked="" type="checkbox"/>	45. Wait period observed	<input checked="" type="checkbox"/>
5. Safety Glasses	<input checked="" type="checkbox"/>	Waste Decontamination Unit	Required to Pass	Paperwork & Procedures	Not Required
6. Tyvek Suit	<input checked="" type="checkbox"/>	26. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	45. Area Asbestos Survey	<input checked="" type="checkbox"/>
7. Gloves	<input checked="" type="checkbox"/>	27. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	46. Sign into work area	<input checked="" type="checkbox"/>
Inspection	Not Required	28. No condensation	<input checked="" type="checkbox"/>	47. Sign out of work area	<input checked="" type="checkbox"/>
8. Enter all Spaces	<input checked="" type="checkbox"/>	29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	48. Entry into Supervisors Log	<input checked="" type="checkbox"/>
9. Inspect at Close Range	<input checked="" type="checkbox"/>	Regulated Abatement Work Area	Required to Pass	49. Detail Findings	<input checked="" type="checkbox"/>
Areas to Inspect	Not Required	30. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	50. Enter Full Name	<input checked="" type="checkbox"/>
10. Permanent Fixtures	<input checked="" type="checkbox"/>	31. No condensation	<input checked="" type="checkbox"/>	51. Enter AH Cert. Number	<input checked="" type="checkbox"/>
11. Light Fixtures	<input checked="" type="checkbox"/>	32. All Criticals intact	<input checked="" type="checkbox"/>	52. Worker Present	<input checked="" type="checkbox"/>
12. Ductwork	<input checked="" type="checkbox"/>	33. All Isolation Barriers Intact	<input checked="" type="checkbox"/>		
13. Elevated Horizontal Surfaces	<input checked="" type="checkbox"/>	34. No Unremoved Materials	<input checked="" type="checkbox"/>		
14. Pipes	<input checked="" type="checkbox"/>	35. No Visible Debris	<input checked="" type="checkbox"/>		
15. Ceiling Gnds/Sprinkler Heads	<input checked="" type="checkbox"/>	36. No Visible Dust	<input checked="" type="checkbox"/>		
16. Conduits	<input checked="" type="checkbox"/>	37. Examine Contractor Equipment	<input checked="" type="checkbox"/>		
17. Houseman Channels	<input checked="" type="checkbox"/>	38. Negative Air in Operation	<input checked="" type="checkbox"/>		
18. Floor and Wall Penetrations	<input checked="" type="checkbox"/>	39. No Debris or Water under Plastic	<input checked="" type="checkbox"/>		
19. Creases & Folds in Criticals	<input checked="" type="checkbox"/>	40. Completeness of Abatement**	<input checked="" type="checkbox"/>		
20. Walls & Corners	<input checked="" type="checkbox"/>	41. Completeness of Clean-up**	<input checked="" type="checkbox"/>		
21. Floors	<input checked="" type="checkbox"/>				

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes: _____

- 1.
- 2.
- 3.
- 4.

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated are to remain also state this).

#42- Verbal Scope of Work given by Mark of Cambria
Removal of P.I From Pipe Elbow as per Code
Rule 56

Supervisors Signature: Mark DePist Date: 2-20-10

Project Monitor Signature: Mark Seiber Date: 2/20/10

PASS ☒ Area Cleared to proceed with Clearance Airs FAIL ☐ Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made.
 Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8).
 Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (B.4.1 & B.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to: _____ On Date: _____ By: _____

White - Envoy / Paradigm Yellow - LiRo Pink - Contractor

Envoy Environmental Consultants Inc.

Empire State Development

Project Monitor Visual Inspection Report



As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Middtown Mall/Service Tunnel Job Ticket # 36919

Project Description: ESDC Work Area: Area 4 PROJECT # 09/1079

Client/Owner (Print Name): Mark Smith Client/Owner Representative (print name): Mark D

Abatement Contractor: Cambria Supervisor (print name): Mark D NYSDOL Asbestos Handling Certificate Number: 09-13704

Yes ☒ No ☐ Supervisors Visual Inspection Completed? Supervisor Completing Visual Inspection (print name): Mark Seiber NYSDOL Asbestos Handling Certificate Number: 92602379 Date: 2/20/10

Project Monitor (Print Name): Mark Seiber NYSDOL Asbestos Handling Certificate Number: 92602379 Date: 2/20/10

Site Emergency Phone: _____

Job Type: Class I ☐ Class II ☒ Material: Pipe Ins

Job Size: Large ☐ Small ☐ Minor ☒ Sq Ln Ft

Project Monitor Visual Inspection Checklist Project with Multiple Removals ☐

Section A	Section B	Section C
Inspectors Checklist	Visual Inspection	Procedures/ Paperwork
Equipment	Personal Decontamination Unit	Paperwork & Procedures
1. Flashlight <input checked="" type="checkbox"/>	22. Clean & Free of Debris & Dust <input checked="" type="checkbox"/>	42. Written Scope of Work (attached) <input checked="" type="checkbox"/>
2. Knife or pointed object <input checked="" type="checkbox"/>	23. No Visible Pools of Liquid <input checked="" type="checkbox"/>	43. Verbal Scope of Work (see below) <input checked="" type="checkbox"/>
3. Respirator <input checked="" type="checkbox"/>	24. No condensation <input checked="" type="checkbox"/>	44. Supervisor Present <input checked="" type="checkbox"/>
4. Hard Hat <input checked="" type="checkbox"/>	25. All Isolation Barriers intact <input checked="" type="checkbox"/>	45. Wait period observed <input checked="" type="checkbox"/>
5. Safety Glasses <input checked="" type="checkbox"/>	Waste Decontamination Unit	
6. Tyvek Suit <input checked="" type="checkbox"/>	26. Clean & Free of Debris & Dust <input checked="" type="checkbox"/>	
7. Gloves <input checked="" type="checkbox"/>	27. No Visible Pools of Liquid <input checked="" type="checkbox"/>	
Inspection	28. No condensation <input checked="" type="checkbox"/>	
8. Enter all Spaces <input checked="" type="checkbox"/>	29. All Isolation Barriers intact <input checked="" type="checkbox"/>	
9. Inspect at Close Range <input checked="" type="checkbox"/>	Regulated Abatement Work Area	
Areas to Inspect	30. No Visible Pools of Liquid <input checked="" type="checkbox"/>	
10. Permanent Fixtures <input checked="" type="checkbox"/>	31. No condensation <input checked="" type="checkbox"/>	
11. Light Fixtures <input checked="" type="checkbox"/>	32. All Criticals intact <input checked="" type="checkbox"/>	
12. Ductwork <input checked="" type="checkbox"/>	33. All Isolation Barriers Intact <input checked="" type="checkbox"/>	
13. Elevated Horizontal Surfaces <input checked="" type="checkbox"/>	34. No Unremoved Materials <input checked="" type="checkbox"/>	
14. Pipes <input checked="" type="checkbox"/>	35. No Visible Debris <input checked="" type="checkbox"/>	
15. Ceiling Grids/Sprinkler Heads <input checked="" type="checkbox"/>	36. No Visible Dust <input checked="" type="checkbox"/>	
16. Conduits <input checked="" type="checkbox"/>	37. Examine Contractor Equipment <input checked="" type="checkbox"/>	
17. Hauserman Channels <input checked="" type="checkbox"/>	38. Negative Air in Operation <input checked="" type="checkbox"/>	
18. Floor and Wall Penetrations <input checked="" type="checkbox"/>	39. No Debris or Water under Plastic <input checked="" type="checkbox"/>	
19. Creases & Folds in Criticals <input checked="" type="checkbox"/>	40. Completeness of Abatement** <input checked="" type="checkbox"/>	
20. Walls & Corners <input checked="" type="checkbox"/>	41. Completeness of Clean-up** <input checked="" type="checkbox"/>	
21. Floors <input checked="" type="checkbox"/>		

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

1.
2.
3.
4.

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated area to remain also state this).

42- Verbal Scope of Work given by Mark of Cambria

Removal of P.I. From Elbow of pipe as per code rule 56

Supervisors Signature: <u>Mark DePost</u>	Date: <u>2-20-10</u>
Project Monitor Signature: <u>Mark Seiber</u>	Date: <u>2/20/10</u>
PASS <input checked="" type="checkbox"/> Area Cleared to proceed with Clearance Airs	FAIL <input type="checkbox"/> Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made. Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8). Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to: _____ On Date: _____ By: _____

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Certifications

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE



MARK B. SEIBER
CLASS (EXPIRES)
C/ATEC (11/10) D/NSP (11/10)
HPM (11/10)



CERT# 92-02379
DMV# 869921630

MUST BE CARRIED ON ASBESTOS PROJECTS

Concentra Medical Centers (NY)687 Lee Rd Suite 208 Rochester, NY 14606
Phone: (585) 458-7910 Fax: (585) 458-7507**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Seeber, Mark

Address:

PO Box 561

WEBSTER NY 14580

Employee SSN: XXX-XX-9309Employer: Envoy Environmental Services**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions**(Check ☒ ALL That Apply When Wearing Respirator)**

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionare will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER**Extent of Usage (Check ☒ ALL that apply)**

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check ☒ ALL that apply)**☐ Employee must schedule a medical examination with Concentra Medical Centers (NY) prior to respirator approval and usage.☒ Class I - No Restrictions on Respirator Use☐ Class II - Some Specific Use Restrictions☐ To be used for Emergency Response or Escape Only☐ Other: _____☐ Class III - Respirator Use is NOT PERMITTED☐ Further Testing / Evaluation is Required. ²☐ Fit Test Required☐ Fit Test Performed Satisfactorily☐ Fit Test Performed Unsatisfactorily☐ Fit Test NOT Performed at: Concentra Medical Centers (NY)☐ Special prescription eyewear needed to accommodate respirator☐ Special prescription eyewear needed to accommodate respirator☐ Facial hair needs to be shaved to assure tight seal on certain face masks.☐ Physician or other Licensed Healthcare Professional² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (NY) of his/her findings to**(Check ☒ ALL that apply)**

☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

202092 NY

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

5/28/2009

Date of Exam

5/28/2010

Expires On

Concentra Medical Centers (NY)687 Lee Rd Suite 208 Rochester, NY 14605
Phone: (585) 458-7910 Fax: (585) 458-7507**Medical Surveillance - Asbestos**

Patient: Seeber, Mark **Job Title:** _____
SSN: 9309 **Employer:** Envoy Environmental Services
DOB: 11/16/1959 **Address:** 145 Lake Ave
Gender: M ROCHESTER, NY 14608
Marital Status: S **Job Contact:** Shawn House
Address: _____ **Role:** Primary Contact

Phone: (585) 454-1060 **Ext.:** _____
Home Phone: _____ **Fax:** (585) 454-1062
Work Phone: _____ **Ext.:** _____ **Race:** ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/06/2008 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): _____

Ten L...
Provider Signature

6/6/08
Date

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. **565668**

I - To be completed by Trainee

Name of Trainee (print) Mark Seebert	NYS Depart. of Motor Vehicles ID (DMV ID) ¹ 869-921-630	
Signature of Trainee Mark Seebert	Telephone Number 585-414-5476	Date of Birth ¹ 11/16/59
Address P.O. Box 561 Webster, NY 14580		
(Street or PO Box)	(City)	(State) (Zip Code)

II - To be completed by Training Sponsor

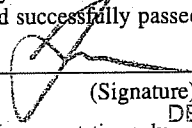
Provider's Name Environmental Education Associates	Telephone Number (716) 833-2922
Address 346 Austin Street Buffalo, New York 14207	Course Location 300 Air Park Drive Suite 80 Rochester NY 14624
Zip Code	

Course Title: **Inspector** ☐ Initial ☒ Refresher ☐ ^{NYS DOH use only} DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: **88% 11/10/09**

Dates of Training: From: **11/10/09** To: **11/10/09** Expires: **11/10/10**

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: **Herbert Dohr** (Print)  (Signature)

DOH-2832 (10/03)

¹Optional Information

²DOH Equivalency signed by NYS DOH representative only

DEPT. OF LABOR

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. **560595**

I - To be completed by Trainee

Name of Trainee (print) Mark Seiber	NYS Depart. of Motor Vehicles ID (DMV ID) ¹ 869 921 630	
Signature of Trainee <i>Mark Seiber</i>	Telephone Number 585-414-5476	Date of Birth ¹ 11/16/59
Address (Street or PO Box) P.O. #561 (City) Webster (State) NY (Zip Code) 14580		

II - To be completed by Training Sponsor

Provider's Name Cornerstone Training Institute	Telephone Number 585-319-3625
Address 1680 Lyell Avenue Suite 200 Rochester, NY 14606	Course Location: SAME

Course Title: **Project Monitor** ☐ Initial ☒ Refresher ☐ NYS DOH use only
☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: **96.8 11/4/09**

Dates of Training: From: **11/4/09** To: **11/4/09** Expires: **11/4/10**

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: **Darren Uehli** (Print) *[Signature]* (Signature)

RESPIRATOR FIT - TEST RECORD

Employee's Name: MARK SEEBER

Employee's Social Security Number: 9309

Fit Test Date: 11-31-09 Person Conducting Fit-Test: D. Huie

Respirator Selected for Test: 1/2 FACE

Manufacture: 3M Model: 7281

Respirator Size: S/M

Type of Fit - Test Conducted: Qualitative Type of Agent Used: Irritant Smoke

Was Rainbow Passage Used: Yes: ☒ No: ☐

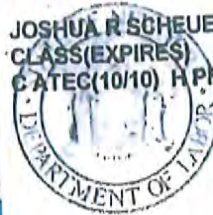
Was Face Piece to Face Seal Obtained: Yes: ☒ No: ☐

Signature of Person Performing Fit Test: D. Huie

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



JOSHUA R SCHEUERMANN
CLASS(EXPIRES)
C-ATEC(10/10) H-PM (10/10)



CERT# 10-00221
DMV# 358570242

MUST BE CARRIED ON ASBESTOS PROJECTS



EYES BRO
HAIR BRO
HGT 6' 01"

IF FOUND RETURN TO:
NYSDEL - L&C UNIT
ROOM 161A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

New York State Department of Health Certificate of Asbestos Safety Training
 This form is the official record of successful completion of a New York State accredited asbestos safety training course. **Certificate No. 566188**

Name of Trainee (print) Joshua Scheuerman		NYS Dept. of Motor Vehicles ID (DMV ID) ¹ 358 570 242	
Signature of Trainee <i>Joshua Scheuerman</i>		Telephone Number 585 698 7056	Date of Birth ¹ 10/28/85
Address 103 Buckman Rd (Street or PO Box)		(City) Rochester	(State) NY
		(Zip Code) 14615	

Provider's Name Cornerstone Training Institute		Telephone Number 585-319-3625
Course Location: 1000 Lyell Avenue Suite 200 Rochester, NY 14606		Course SAME

Course Title: **Project Monitor** ☒ Initial ☐ Refresher ☐ NYS DOH use only ☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: **90.5** **12/11/09**

Dates of Training: From: **12/7/09** To: **12/11/09** Expires: **12/11/10**

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director: **Darren Uehl** (Print) *[Signature]* (Signature) **STUDENT**

Concentra Medical Centers (NY)

637 Lee Rd Suite 203 Rochester, NY 14608

Phone: (585) 458-7910 Fax: (585) 458-7507

Medical Surveillance - Asbestos

Service Date: 11/16/2009

Patient: Scheuermann, Joshua R. Job Title: _____
SSN: XXX-XX-5305 Employer: Envoy Environmental Services
DOB: 10/28/1985 Address: 57 Ambrose St
Gender: M _____
Marital Status: S _____
Address: 103 Buckman Rd _____
_____ Rochester, NY 146081215
Job Contact: Shawn House
Role: Primary Contact
Phone: (585) 454-1060 Ext.: _____
Home Phone: (585) 865-4537 Fax: (585) 454-1062
Work Phone: _____ Ext.: _____ Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

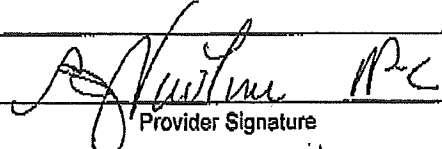
The above individual was seen on 11/16/2009 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

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

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

Comments or limitations (if any): _____



Provider Signature

11-16-09

Date

Concentra Medical Centers (NY)687 Lee Rd Suite 200 Rochester, NY 14608
Phone: (585) 458-7910 Fax: (585) 458-7507**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Scheuermann, Joshua R.Employer: Envoy Environmental Services**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Air-purifying (non-powered) | <input type="checkbox"/> Air-purifying (powered) |
| <input type="checkbox"/> Atmosphere supplying Respirator | |
| <input type="checkbox"/> Combination air-line and SCBA | |
| <input type="checkbox"/> Continuous-Flow Respirator | |
| <input type="checkbox"/> Supplied-Air Respirator | |
| <input type="checkbox"/> Open Circuit SCBA | <input type="checkbox"/> Closed Circuit SCBA |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> 1/2 Face with Canisters |
| | <input type="checkbox"/> Full Face with Canisters |

Make: _____ Model: _____ Cartridge: _____

**Special Work Conditions
(Check ☒ ALL That Apply When Wearing Respirator)**

- | | | |
|---|--|--|
| <input type="checkbox"/> High Places | <input type="checkbox"/> Enclosed Places | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Temperature Extremes | <input type="checkbox"/> Mostly Cold | <input type="checkbox"/> Mostly Hot |
| <input type="checkbox"/> Other: | | |

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:

103 Buckman RdROCHESTER NY 14615Employee SSN: XXX-XX-5305**Extent of Usage (Check ☒ ALL that apply)**

- | |
|--|
| <input type="checkbox"/> On a daily basis _____ Total Hours |
| <input type="checkbox"/> Occasionally - but not more than twice a week _____ Total Hours |
| <input type="checkbox"/> Rarely - or for Emergency situations only _____ Total Hours |

Expected Physical Effort Required (Check ☒ ALL that apply)

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Benzene |
| <input type="checkbox"/> Coke Oven | <input type="checkbox"/> Cotton Seed / Dust |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Chromium |

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check ☒ ALL that apply)**☐ Employee must schedule a medical examination with Concentra Medical Centers (NY) prior to respirator approval and usage.☒ Class I - No Restrictions on Respirator Use☐ Class II - Some Specific Use Restrictions☐ To be used for Emergency Response or Escape Only☐ Other: _____☐ Class III - Respirator Use is NOT PERMITTED☐ Further Testing / Evaluation is Required. ²☐ Fit Test Required☐ Fit Test Performed Satisfactorily☐ Fit Test Performed Unsatisfactorily☒ Fit Test NOT Performed at: Concentra Medical Centers (NY)☐ Special prescription eyewear needed to accommodate respirator☐ Special prescription eyewear needed to accommodate respirator☐ Facial hair needs to be shaved to assure tight seal on certain face masks.² Physician or other Licensed Healthcare ProfessionalEmployee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (NY)

of his/her findings to

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

Physician's Signature

Physician's Name (Printed)

Date of Exam

Expires On

Physician's License Number (Optional in Most States)

RESPIRATOR FIT - TEST RECORD

Employee's Name: Joshua Schuerman

Employee's Social Security Number: 5305

Fit Test Date: 1-5-10 Person Conducting Fit-Test: D. Aluc

Respirator Selected for Test: 1/2 Face

Manufacture: North Model: 7760

Respirator Size: L

Type of Fit - Test Conducted: Qualitative Type of Agent Used: Irritant Smoke

Was Rainbow Passage Used: Yes: ☒ No: ☐

Was Face Piece to Face Seal Obtained: Yes: ☒ No: ☐

Signature of Person Performing Fit Test: [Signature]

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



DAVID J. PARKER
CLASS (EXPIRES)
CATEC (05/10) HPM (05/10)



CERT# 08-10920
DMV# 138257303

MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. **550050**

I - To be completed by Trainee

Name of Trainee (print) <u>Dave Parker</u>	NYS Depart. of Motor Vehicles ID (DMV ID) ¹ <u>138-257-303</u>	
Signature of Trainee <u>[Signature]</u>	Telephone Number <u>585-255-0014</u>	Date of Birth ¹ <u>5/4/86</u>
Address <u>151 Hallbar rd.</u> <u>Rochester</u> <u>NY</u> <u>14626</u> (Street or PO Box) (City) (State) (Zip Code)		

II - To be completed by Training Sponsor

Provider's Name Cornerstone Training Institute	Telephone Number <u>585-319-3025</u>
Address <u>1680 Lyell Avenue Suite 200</u> <u>Rochester, NY 14606</u> Zip Code	Course Location: <u>SAME</u>

Course Title: Project Monitor ☐ Initial ☒ Refresher ☐ NYS DOH use only
☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 88% 5/6/09

Dates of Training: From: 5/6/09 To: 5/6/09 Expires: 5/6/10

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: Darren Gehl (Print) [Signature] (Signature)

Concentra Medical Centers (NY)687 Lee Rd Suite 206 Rochester, NY 14606
Phone: (585) 458-7910 Fax: (585) 458-7607**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Parker, David

Address:

151 Hallbar RdROCHESTER NY 14626Employee SSN: XXX-XX-5004Employer: Envoy Environmental Services**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ☒ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER**Extent of Usage (Check ☒ ALL that apply)**

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT FOR RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ☒ ALL that apply)☐ Employee must schedule a medical examination with Concentra Medical Centers (NY) prior to respirator approval and usage.☒ Class I - No Restrictions on Respirator Use☐ Class II - Some Specific Use Restrictions☐ Class III - Respirator Use is NOT PERMITTED☐ Further Testing / Evaluation is Required. ²☐ Fit Test Required☐ Fit Test Performed Satisfactorily☐ Fit Test Performed Unsatisfactorily☐ Fit Test NOT Performed at: Concentra Medical Centers (NY)☒ Special prescription eyewear needed to accommodate respirator☐ Special prescription eyewear needed to accommodate respirator☐ Facial hair needs to be shaved to assure tight seal on certain face masks.¹ Physician or other Licensed Healthcare Professional² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (NY) of his/her findings to**(Check ☒ ALL that apply)**

☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature M. Lutz RPA

Physician's Name (Printed)

Physician's License Number (Optional in Most States) 5243

Date of Exam

Expires On

Concentra Medical Centers (NY)687 Lee Rd Suite 208 Rochester, NY 14608
Phone: (585) 458-7910 Fax: (585) 458-7507**Medical Surveillance - Asbestos**

Patient: Parker, David Job Title: _____
SSN: XXX-XX-5004 Employer: Envoy Environmental Services
DOB: 05/04/1986 Address: 57 Ambrose St
Gender: M _____
Marital Status: S _____
Address: 151 Hallbar Rd _____
_____ Rochester, NY 146081215
Job Contact: Shawn House
Role: Primary Contact
Phone: (585) 454-1060 Ext.: _____
Fax: (585) 454-1062
Home Phone: (585) 255-0014
Work Phone: _____ Ext.: _____
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 05/05/2009 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): _____

Mari Dwyer RAC
Provider Signature

5-5-09
Date

RESPIRATOR FIT - TEST RECORD

Employee's Name: DAVE PARKER

Employee's Social Security Number: 5004

Fit Test Date: 10-27-09 Person Conducting Fit-Test: J. TROTT

Respirator Selected for Test: Full Face.


Manufacture: PORTA Model: 7600

Respirator Size: Med.

Type of Fit - Test Conducted: Qualitative Type of Agent Used: Irritant Smoke

Was Rainbow Passage Used: Yes: ☒ No: ☐

Was Face Piece to Face Seal Obtained: Yes: ☒ No: ☐

Signature of Person Performing Fit Test: 

RESPIRATOR FIT - TEST RECORD

Employee's Name: DAVE PARKER

Employee's Social Security Number: 5004

Fit Test Date: 9-11-09 Person Conducting Fit-Test: D. Hull

Respirator Selected for Test: 1/2 Face


Manufacture: North Model: 7700

Respirator Size: med.

Type of Fit - Test Conducted: Qualitative Type of Agent Used: Irritant Smoke

Was Rainbow Passage Used: Yes: ✓ No:

Was Face Piece to Face Seal Obtained: Yes: ✓ No:

Signature of Person Performing Fit Test: 

STATE OF NEW YORK - DEPARTMENT OF LAB
ASBESTOS CERTIFICATE



THEODORE A. TRONNES
CLASS (EXPIRES)
DATEC (06/10) D N SP (06/10)
H PM (06/10)



CERT # 07-00223
DMV # 775962693

MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training
This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 552572

I - To be completed by Trainee		
Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID) ¹	
<u>Tronnes, Theodore A.</u>	<u>775-062-693</u>	
Signature of Trainee	Telephone Number	Date of Birth ¹
<u>[Signature]</u>	<u>(585) 202-5733</u>	<u>06/21/1979</u>
Address		
<u>320 ENGLISH RD. ROCHESTER, N.Y. 14616</u>		
(Street or PO Box)	(City)	(State) (Zip Code)

II - To be completed by Training Sponsor	
Provider's Name	Telephone Number
<u>Cornerstone Training Institute</u>	<u>585-319-3025</u>
Address	Course Location:
<u>1680 Lyell Avenue Suite 200</u>	<u>SAME</u>
<u>Rochester, NY 14606</u>	
Zip Code	

Course Title: Project Monitor ☐ Initial ☒ Refresher ☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: Exam Grade/Date: 96.5-6/3/09

Dates of Training: From: 6/3/09 To: 6/3/09 Expires: 6/3/10

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: Darren Uehl

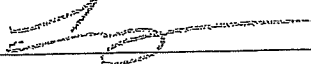
(Print)

(Signature)

DEPT. OF LABOR

Certificate No. **552577**

I - To be completed by Trainee

Name of Trainee (print) TRANNES, Theodore A.	NYS Depart. of Motor Vehicles ID (DMV ID) ¹ 775-062-693	
Signature of Trainee 	Telephone Number (585) 202-5733	Date of Birth ¹ 06/21/1979
Address 320 ENGLISH RD. ROCHESTER, N.Y. 14616		
(Street or PO Box)	(City)	(State) (Zip Code)

II - To be completed by Training Sponsor

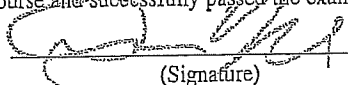
Provider's Name Cornerstone Training Inst.	Telephone Number 585-319-3525
Address 1680 LYON AVE	Course Location: SAME
Zip Code 14606	

Course Title: **INSPECTOR REFRESHER** ☐ Initial ☒ Refresher ☐ DOH Equivalency²

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: **96% 4/5/09**

Dates of Training: From: **4/5/09** To: **4/5/09** Expires: **4/5/10**

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director²: **Darren Yohl** (Print)  (Signature)

Concentra Medical Centers (NY)687 Lee Rd Suite 208 Rochester, NY 14606
Phone: (585) 458-7910 Fax: (585) 458-7507**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Tronnes, Theodore A.Employer: Envoy Environmental Services**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- ☐ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

Special Work Conditions (Check ☒ ALL That Apply When Wearing Respirator)

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

DO NOT WRITE BELOW THIS LINE

Address:

320 English Rd

ROCHESTER NY 14618

Employee SSN: XXX-XX-5897**Extent of Usage (Check ☒ ALL that apply)**

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ Chromium

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions.

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual ☒ (Check ☒ ALL that apply) prior to respirator approval and usage.

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (NY)
☐ Class I - No Restrictions on Respirator Use ☐ To be used for Emergency Response or Escape Only ☐ Other: _____
☐ Class II - Some Specific Use Restrictions
☐ Class III - Respirator Use is NOT PERMITTED
☐ Further Testing / Evaluation is Required. ²
☐ Fit Test Required ☐ Fit Test Performed Satisfactorily
☐ Fit Test Performed Unsatisfactorily ☐ Fit Test NOT Performed at: Concentra Medical Centers (N)
☐ Special prescription eyewear needed to accommodate respirator ☐ Special prescription eyewear needed to accommodate respirator
☐ Facial hair needs to be shaved to assure tight seal on certain face masks.

² Physician or other Licensed Healthcare ProfessionalEmployee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (NY) of his/her findings to**(Check ☒ ALL that apply)**

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

Physician's Signature

DOUGLAS MINCER, R.P.A. - C.

N.Y. LIC # 2220

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

r_plhpc_stmt_resp_employer

Concentra Medical Centers (NY)

687 Lee Rd Suite 208 Rochester, NY 14606

Phone: (585) 458-7910 Fax: (585) 458-7907

Medical Surveillance - Asbestos

Patient: Tronnes, Theodore A. Job Title: _____
SSN: XXX-XX-5897 Employer: Envoy Environmental Services
DOB: 06/21/1979 Address: 57 Ambrose St
Gender: M _____
Marital Status: S _____
Address: 320 English Rd _____
_____ Rochester, NY 146081215
Home Phone: (585) 202-5733 Job Contact: Shawn House
Work Phone: _____ Ext.: _____ Role: Primary Contact
Phone: (585) 454-1060 Ext.: _____
Fax: (585) 454-1062
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

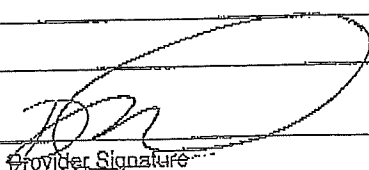
The above individual was seen on 05/07/2009 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

The following was performed:

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

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

Comments or limitations (if any): _____


Provider Signature

5/7/09
Date

RESPIRATOR FIT - TEST RECORD

Employee's Name: TED. TROTT

Employee's Social Security Number: 5897

Fit Test Date: 4-16-09 Person Conducting Fit-Test: D. Hull

Respirator Selected for Test: Full Face

Manufacture: North Model: 5400

Respirator Size: Large

Type of Fit - Test Conducted: Qualitative Type of Agent Used: Irritant Smoke

Was Rainbow Passage Used: Yes: ☒ No: ☐

Was Face Piece to Face Seal Obtained: Yes: ☒ No: ☐

Signature of Person Performing Fit Test: D. Hull

NEW YORK STATE DEPARTMENT OF LABOR

DIVISION OF SAFETY AND HEALTH
LICENSE AND CERTIFICATE UNIT
STATE CAMPUS BUILDING 12
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Envoy Environmental Consultants, Inc.
67 Ambrose Street
Rochester, NY 14608

FILE NUMBER: 0240527
LICENSE NUMBER: 28454
LICENSE CLASS: RESTRICTED
DATE OF ISSUE: 06/19/2009
EXPIRATION DATE: 06/30/2010

Duly Authorized Representative: Geoffrey M. Reed

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Maureen A. Cox
Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR



**National Voluntary
Laboratory Accreditation Program**



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Paradigm Environmental Services, Inc.

179 Lake Avenue

Rochester, NY 14608

Mr. Bruce Hoogesteger

Phone: 585-647-2530 Fax: 585-647-3311

E-Mail: bhoogesteger@paradigmenv.com

URL: <http://www.paradigmenv.com>

BULK ASBESTOS FIBER ANALYSIS (PLM)

NVLAP LAB CODE 200530-0

<i>NVLAP Code</i>	<i>Designation / Description</i>
18/A01	EPA-600/M4-82-020: Interim Method for the Determination of Asbestos in Bulk Insulation Samples

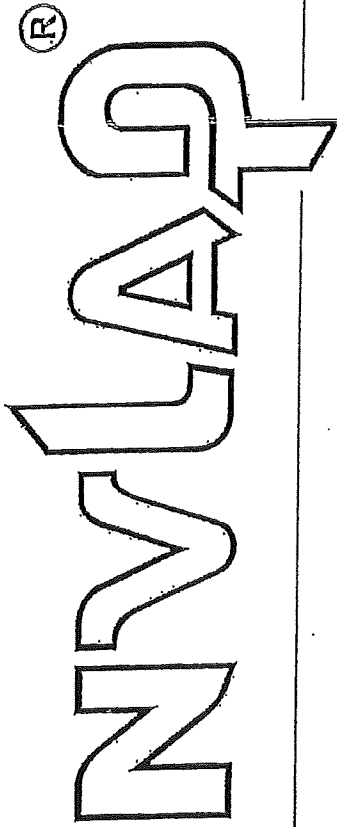
2009-07-01 through 2010-06-30

Effective dates

Sally S. Bruce

For the National Institute of Standards and Technology

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200530-0

Paradigm Environmental Services, Inc.
Rochester, NY

is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:

BULK ASBESTOS FIBER ANALYSIS

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality
management system (refer to joint ISO-ILAC-IAF Communiqué dated January 2009).

2009-07-01 through 2010-06-30

Effective dates



Dolly J. Bruce
For the National Institute of Standards and Technology

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
RICHARD F. DAINES, M.D.



Expires 12:01 AM April 01, 2010
Issued April 01, 2009
Revised September 16, 2009

CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE

Issued in accordance with and pursuant to section 502 Public Health Law of New York State

MR. BRUCE HOOGESTEGGER
PARADIGM ENVIRONMENTAL SERVICES INC
179 LAKE AVENUE
ROCHESTER, NY 14608

NY Lab Id No: 10958
EPA Lab Code: NY01287

*is hereby APPROVED as an Environmental Laboratory for the category
ENVIRONMENTAL ANALYSES SOLID AND HAZARDOUS WASTE
All approved subcategories and/or analytes are listed below:*

Miscellaneous

Asbestos in Friable Material	EPA 600/M4/82/020 Item 198.1 of Manual
Asbestos in Non-Friable Material-PLM	Item 198.6 of Manual (NOB by PLM)
Asbestos in Non-Friable Material-TEM	ITEM 198.4 OF MANUAL
Lead in Dust Wipes	EPA 6010B
Lead in Paint	EPA 6010B

Sample Preparation Methods

EPA 3050B

Serial No.: 40520

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted. Valid certificates have a raised seal. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify laboratory's accreditation status.

NEW YORK STATE DEPARTMENT OF LABOR

DIVISION OF SAFETY AND HEALTH
LICENSE AND CERTIFICATE UNIT
STATE CAMPUS BUILDING 12
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Envoy Environmental Consultants, Inc.
57 Ambrose Street
Rochester, NY 14608

FILE NUMBER: 020527
LICENSE NUMBER: 28454
LICENSE CLASS: RESTRICTED
DATE OF ISSUE: 06/19/2009
EXPIRATION DATE: 06/30/2010

Duly Authorized Representative: Geoffrey M. Reed

This license has been issued in accordance with applicable provisions of Article 80 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 59). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Maureen A. Cox
Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
RICHARD F. DAINES, M.D.



Expires 12:01 AM April 01, 2010
Issued April 01, 2009
Revised September 16, 2009

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MR. BRUCE HOOGESTEGER
PARADIGM ENVIRONMENTAL SERVICES INC
179 LAKE AVENUE
ROCHESTER, NY 14608

NY Lab Id No: 10958
EPA Lab Code: NY01287

is hereby APPROVED as an Environmental Laboratory for the category
ENVIRONMENTAL ANALYSES AIR AND EMISSIONS
All approved subcategories and/or analytes are listed below:

Miscellaneous Air

Asbestos

Fibers

NIOSH 7402

YAMATE, AGARWAL GIBB

NIOSH 7400 A RULES

Serial No.: 40521

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted. Valid certificates have a raised seal. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify laboratory's accreditation status.

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
RICHARD F. DAINES, M.D.



Expires 12:01 AM April 01, 2010
Issued April 01, 2009

CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE

Issued in accordance with and pursuant to section 502 Public Health Law of New York State

MR. BRUCE HOOGESTEGER
PARADIGM ENVIRONMENTAL SERVICES INC
179 LAKE AVENUE
ROCHESTER, NY 14608

NY Lab Id No: 10958
EPA Lab Code: NY01287

*is hereby APPROVED as an Environmental Laboratory in conformance with the
National Environmental Laboratory Accreditation Conference Standards for the category.
ENVIRONMENTAL ANALYSES SOLID AND HAZARDOUS WASTE
All approved analytes are listed below:*

Metals I		Nitroaromatics and Isophorone	
Iron, Total	EPA 6010B	2,4-Dinitrotoluene	EPA 8270C
Lead, Total	EPA 6010B	2,6-Dinitrotoluene	EPA 8270C
Magnesium, Total	EPA 6010B	Isophorone	EPA 8270C
Manganese, Total	EPA 6010B	Nitrobenzene	EPA 8270C
Nickel, Total	EPA 6010B	Pyridine	EPA 8270C
Potassium, Total	EPA 6010B	Nitrosoamines	
Silver, Total	EPA 6010B	N-Nitrosodimethylamine	EPA 8270C
Sodium, Total	EPA 6010B	N-Nitrosodi-n-propylamine	EPA 8270C
Metals II		N-Nitrosodiphenylamine	EPA 8270C
Aluminum, Total	EPA 6010B	Petroleum Hydrocarbons	
Antimony, Total	EPA 6010B	Diesel Range Organics	EPA 8015 B
Arsenic, Total	EPA 6010B	Gasoline Range Organics	EPA 8015 B
Beryllium, Total	EPA 6010B	Phthalate Esters	
Mercury, Total	EPA 7471A	Benzyl butyl phthalate	EPA 8270C
Selenium, Total	EPA 6010B	Bis(2-ethylhexyl) phthalate	EPA 8270C
Vanadium, Total	EPA 6010B	Diethyl phthalate	EPA 8270C
Zinc, Total	EPA 6010B	Dimethyl phthalate	EPA 8270C
Metals III		Di-n-butyl phthalate	EPA 8270C
Cobalt, Total	EPA 6010B	Di-n-octyl phthalate	EPA 8270C
Thallium, Total	EPA 6010B	Polychlorinated Biphenyls	
Miscellaneous		PCB-1016	EPA 8082
Asbestos in Friable Material	EPA 600/M4/82/020	PCB-1221	EPA 8082
Asbestos in Non-Friable Material-PLM	Item 198.6 of Manual (NOB by PLM)	PCB-1232	EPA 8082
Asbestos in Non-Friable Material-TEM	ITEM 198.4 OF MANUAL	PCB-1242	EPA 8082
Hydrogen Ion (pH)	EPA 9045C	PCB-1248	EPA 8082
		PCB-1254	EPA 8082

Serial No.: 39167

Property of the New York State Department of Health. Valid only at the address shown. Must be conspicuously posted. Valid certificates have a raised seal. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify laboratory's accreditation status.





**National Voluntary
Laboratory Accreditation Program**



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

Paradigm Environmental Services, Inc.

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Rochester, NY 14608

Mr. Bruce Hoogesteger

Phone: 585-647-2530 Fax: 585-647-3311

E-Mail: bhoogesteger@paradigmenv.com

URL: <http://www.paradigmenv.com>

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM)

NVLAP LAB CODE 200530-0

NVLAP Code Designation / Description

18/A02

U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

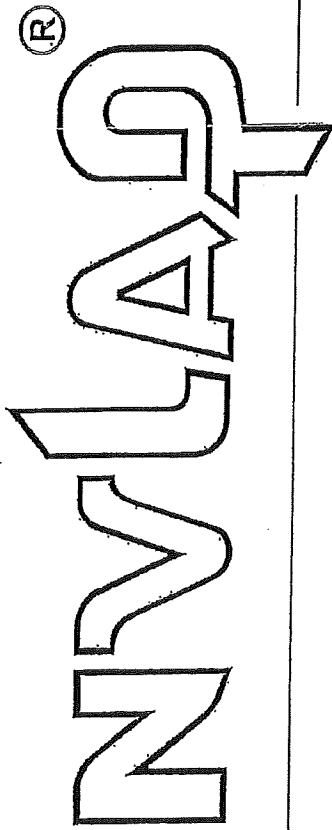
2009-07-01 through 2010-06-30

Effective dates

Bruce S. Hoogesteger
For the National Institute of Standards and Technology

NVLAP-01S (REV. 2005-05-19)

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200530-0

Paradigm Environmental Services, Inc.
Rochester, NY

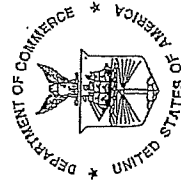
is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

*This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
This accreditation demonstrates technical competence for a defined scope, and the operation of a laboratory quality
management system (refer to joint ISO-IAC-IAF Communique dated January 2009).*

2009-07-01 through 2010-06-30

Effective dates



Dolly S. Bruce
For the National Institute of Standards and Technology

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09/1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ *Scheuermann*

Date: 2/19/10

Job Ticket #: 36830

Building / Location: *Midtown Mall*

Work Area: *Service Tunnel*

Shift A ☒ B ☐ C ☐

Project Description

ESDL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

M. DePante

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

39

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☒

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☒

Class II ☐

Large ☐

Small ☐

Minor ☐

Job Type

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check *1830*

2nd Check *2030*

3rd Check *2230*

4th Check *2400*

5th Check

Time of air sampling pump check

Notes

Cal/set pumps at 1830 all running normal

Check pumps at 2030 all running normal

Check pumps at 2230 all running normal

Collected samples at 2400 and delivered to Lab.

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

2684-10

09/1079

Job Ticket #

36830

Empire State Development Corporation

Client

M.d.town Mall

Service Tunnel

Building/Location

Work Area

Cambria

M. Depante

Contractor

Contractor Contact

39

Mark Smith

Client Contact

Client Contact Phone

Scheverman 202-0157

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Rotometer #

Cassette Lot #

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Env. ☒

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	E1	E2	E3	B1	B2							
Pre-Calibrated Flow Rate	3	3	3	1	1							
Post-Calibrated Flow Rate	3	3	3	1	1							
Average Flow Rate	3	3	3	1	1							
Start Time Military Time	1813	1814	1815									
End Time Military Time	2353	2354	2355									
Duration (Minutes)	340	340	340									
Sample Volume (Liters)	1020	1020	1020									

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18967	958	969	960	961							
Fibers/100 Fields:	9	14.5	5.5	0	0							
Fibers/cc:	2.01	2.01	2.01	N/A	N/A							

Samples Relinquished By:

Date:

2/19/10

Received in Lab By:

Date:

2-20-10

Analyzed By:

Date:

2-20-10

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

235757

ENVOY

environmental consultants, inc.

Air Sampling Log Book

09 / 1079

As per 12NYCRR amended January 11, 2006

Project Monitor: ☒ Mark Seiber

Date: 2/20/10 Job Ticket #: 36919

Building / Location: Midtown Mall Work Area: Service Tunnel Shift A B **C**

Project Description

E.S.D.C.

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambria

Mark D

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

99

12/29/09

Map Completed

Rotometer Number

Date of Last Calibration

Environmental ☒

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☒

Large ☐

Small ☐

Minor ☐

Job Type

P.I.

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 0010 2nd Check 0160 3rd Check 0530 4th Check 0710 5th Check

Time of air sampling pump check

Notes

* on site Met with Mark of Cambria
For tonight's job scope.

* Set up Environmental - air samples

* In tunnel 3 Small 4 Minors

* Pumps checked at times above

* Samples taken to Paradigm labs

Mark Seiber

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

09/1079

Lab Job #

2680-10

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #

36919

Empire State Development Corporation

Client

Rochester NY
Midtown Mall / Service Tunnel

Building/Location

Cambria

Work Area

Mark D.

Contractor

99

Contractor Contact

T880 880 8288

Rotometer #

Cassette Lot #

Client Contact

Client Contact Phone

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

* Env. ☒

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	E-1	E-2	E-3		B-1	B-2						
Pre-Calibrated Flow Rate	3	3	3									
Post-Calibrated Flow Rate	3	3	3									
Average Flow Rate	3	3	3									
Start Time Military Time	0010	0011	0012									
End Time Military Time	0710	0711	0712									
Duration (Minutes)	420	420	420									
Sample Volume (Liters)	1260	1260	1260		0	0						

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	18940	941	942		943	944						
Fibers/100 Fields:	66	75	28		0	0						
Fibers/cc:	0.025 2.4	0.029	0.010		MA	MA						

Samples Relinquished By:

Mark Seeder

Date:

2/20/10

Received in Lab By:

Date:

2-20-10

Analyzed By:

Date:

2-20-10

Microscope Make, Model & #:

235757

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐ D. Park

Air Technician: ☒ D. Park

Date: 2/20/10

Job Ticket #: 36797

Building / Location: Milton

Work Area: Tunnel

Shift ☒ A ☐ B ☐ C

Project Description

ESOL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambridge

Andy O

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSOL Asbestos Handling Certificate Number

Yes ☒ No ☐

31

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I ☐

Class II ☐

Large ☐

Small ☐

Minor ☐

Job Type

Sq/ft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check

2nd Check

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

Set up env. samples for tunnel @ 4:15pm
Samples set up beginning @ 0810
checked pumps after to insure operation - all good
Boils down pumps @ 11:00
Submitted all samples to lab

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311

Lab Job #

2721-10

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Job Ticket #

36797

Empire State Development Corporation

Client

Building/Location

Work Area

Contractor

Contractor Contact

Rotometer #

Cassette Lot #

Client Contact

Client Contact Phone

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☐

Phase IIA ☐

Phase IIB ☐

Phase IIC ☐

Phase IIC ☐

*

Env. ☒

Backgrounds

Work Area Preparation

Asbestos Handling

Final Cleaning

Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	F-1	F-2	F-3		B-1	B-2						
Pre-Calibrated Flow Rate	4	4	4									
Post-Calibrated Flow Rate	4	4	4									
Average Flow Rate	4	4	4									
Start Time Military Time	0810	0811	0812									
End Time Military Time	1310	1311	1312									
Duration (Minutes)	300	→										
Sample Volume (Liters)	1200	→										

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

Lab Sample #	19	220	221	222		223	224					
Fibers/100 Fields:	11	10.5	21.5			0	0					
Fibers/cc:	2.01	2.01	2.01			—	—					

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

White - Lab Original

Yellow - Lab Copy

Pink - Project Folder

Goldenrod - Technician