



June 7, 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 Tower, 16th Floor 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 August 26, 2009. The project continued until completion of abatement as confirmed by satisfactory air samples and Final Visual Inspection on November 6, 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.


| <u>16th Floor</u> <u>Material Type</u> <u>Quantities</u> | <u>Total 16th Floor</u> <u>Original Survey Quantities</u> | <u>Specified Tent Only</u> <u>Verified Removal</u> |
|---|---|---|
| Tent 1 Fittings on Fiberglass Pipe Insulation | 90 Fittings | 29 Fittings |
| Tent 2 Fittings on Fiberglass Pipe Insulation | 90 Fittings | 4 Fittings |

| | | |
|---|-----------------|-----------------|
| Tent 3 Floor Tile/Mastic | 200 Square feet | 120 Square Feet |
| Tent 4 Fittings on Fiberglass Pipe Insulation | 90 Fittings | 3 Fittings |
| Tent 5 Fittings on Fiberglass Pipe Insulation | 90 Fittings | 2 Fittings |
| Tent 6 Fittings on Fiberglass Pipe Insulation | 90 Fittings | 4 Fittings |

Fire Doors and Window Materials are still in place.

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

Sincerely,



Bruce Hoogesteger
Paradigm Environmental Services, Inc.

Notifications & Quantities Cover Summary

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

| | | | |
|---|--|--|---------------------------------|
| Operator Project # | Postmark | Date Received | Notification |
| I. TYPE OF NOTIFICATION (O = Original / R = Revised) R | | | |
| II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | |
| OWNER: Upstate Empire State Development Corporation | | | |
| Address 400 Andrews Street | | | |
| City Rochester | State: NY | ZIP: 14604 | |
| Contact: Robert Kreuzer | | Tel: (716) 882-5476 | |
| REMOVAL CONTRACTOR: Cambria Contracting, Inc. | | | |
| Address: 5105 Lockport Road | | | |
| City: Lockport | State: New York | ZIP: 14094 | |
| Contact: William Eichhorn | | Tel: (716) 625-6690 | |
| OTHER OPERATOR: None | | | |
| Address: | | | |
| City: | State: | ZIP: | |
| Contact: | | Tel: | |
| III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R | | | |
| IV. IS ASBESTOS PRESENT? (Yes/No): Yes | | | |
| V. FACILITY DESCRIPTION (include building name, number and floor or room number): | | | |
| Building Name: The Midtown Tower and Mall | | | |
| Address: 140 Clinton Square - Midtown Plaza | | | |
| Address: | | | |
| City Rochester | State: New York | County: Monroe | |
| Site Location: Mall Floors 1 & 2; Tower Floors 3 through 18 | | | |
| Building Size: 538,000 | SqMeter: | SqFt: X | # of Floors: 18 |
| Present Use: Vacant | | Prior Use: Commercial Mall & Office Building | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TEM (Transmission Electron Microscopy) PLM (Polarized Light Microscopy) | | | |
| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: | | | |
| | Non-friable Asbestos Material not to be removed | | |
| | RACM to be Removed | Category I | Category II |
| Pipes - Linear Feet | 9946 | | |
| Pipes - Linear Meters | | | |
| Surface Area - Square Feet | 1,393,090 | | |
| Surface Area - Square Meters | | | |
| Volume RACM off Facility Component - Cubic Feet | | | |
| Volume RACM off Facility Component - Cubic Meters | | | |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) | | Start: 9/04/2009 | Completion: 9/04/2010 |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) | | Start: | Completion: |

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
 Demolishing with excavator, wet methods, no visible emissions

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:
Reccelli Trucking, Inc

Address:
P.O. Box 6401

City:
Syracuse

State:
New York

ZIP:
13217

Contact Person:
Lucille Nicholson

Telephone:
(315) 433-5115

WASTE TRANSPORTER #2

Name
Cambria Contracting, Inc

Address:
5105 Lockport Rd

City:
Lockport

State:
New York

ZIP:
14094

Contact Person:
William Eichhorn

Telephone:
(716) 625-6690

XIII. WASTE DISPOSAL SITE

Name:
High Acres Landfill

Address:
425 Perinton Parkway

City:
Fairport

State:
NY

ZIP:
14450

Telephone:
(585) 223-6132

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: _____ Title: _____

Authority: _____

Date if Order (MM/DD/YY): _____

Date Ordered to Begin (MM/DD/YY) : _____

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): _____

Description of the Sudden, Unexpected Event: _____

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: _____

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
 Stop work, abatement following ICR 56 and OSHA

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .

 Signature of Owner/Operator

 Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

 Signature of Owner/Operator

 Date

NOTICE DATE: 8/24/2009

NOTICE OF ASBESTOS ABATEMENT

| | |
|--------------------------|---|
| PROJECT LOCATION: | Midtown Plaza Complex 140 Clinton Square Rochester, New York MIDTOWN TOWER FLOORS 3 - 18 |
| CONTRACTOR: | CAMBRIA CONTRACTING, INC. 5105 LOCKPORT ROAD LOCKPORT, NY 14094 AH# 99-0468 |
| MATERIAL: | 514,100 sf Spray-on /troweled Fireproofing 216,300 Ceiling systems 1,415 fittings Fiberglass pipe insulation 2,100 sf Pipe Insulation 197,900 sf Floor Tile/mastic 8,400 sf Mirror Mastic 170 sf Chiller Insulation 11,550 sf Waterproof Membranes 1400 sf Acoustical Plaster 135 sf Caulk 5,200 sf Roofing 11,000lf Roof Flashing 5,960 sf Aluminum Panels with Caulk 77 Doors Fire Doors 15 ea Elevator Components 1,417 Windows |
| PROJECT MONITOR: | ENVOY ENVIRONMENTAL CONSULTANTS 57 Ambrose Street Rochester, NY Asb.Lic.# 28454 Lab: Paradigm Environmental Services ELAP No. NY10958 |
| STATING DATE: | 9/4/2009 |
| PROJECTED FINISH: | 9/4/2010 |



Asbestos Project Notification

| | |
|---|---|
| Project Reference Number: 25738034 | Type: Initial Notification |
| Status: Notification Received | Notification Received: 8/24/2009 |
| Payment Status: PAID | Number of amendments: 0 |
| Notification Entered By: Cambria Contracting, Inc. | |

Contractor Information

FEIN:161542768

Cambria Contracting, Inc.

Mailing Address

5105 Lockport Road

Lockport NY 14094

Asbestos License Number: 29410

Duly Authorized Representative

Keith Trosterud, Manager

Phone Number: 716-625-6690

E-mail Address: keith@cambricontracting.com

Project Information

Project Start Date: 9/4/2009

Project End Date: 9/4/2010

Project Location County: Monroe

Project Location

Building Name: Midtown Tower

Room or Location: Floors 3through 18

Bridge ID#:

Address Line 1: 140 Clinton Square

Address Line 2:

City Town or Village: Rochester

State: New York

Zip Code:

Building Information

Current Use: Vacant

Prior Use: Commercial

Approximate Year Built: 1962

Size(sq.ft): 262000

Is this fee exempt project?: NO

Reason:

Building Representative/Site Contact

Name: Robert Kreuzer
Phone Number: (716) 882-5476
E-mail Address: kreuzer@lilo.com
Cell Phone Number:

Phase Details

| Phase # | Phase Start Date | Phase End Date | Phase Location | Phase Scope |
|---------|------------------|----------------|----------------|-------------|
|---------|------------------|----------------|----------------|-------------|

Sub-Contractor Details

Name: Asbestos License Number:

Night/Weekend/Shift Work Details**Party for Whom Work is being Performed**

| | | | |
|-------------------------|---|-----------------------|--------------------|
| First Name: | | Last Name: | |
| Organization: | Upstate Empire State Development Corporation | Address Line 1: | 400 Andrews Street |
| Apt./Suite: | | City Town or Village: | Rochester |
| Address Line 2: | | State: | NY |
| Province: | | Country: | United States |
| Zip Code: | 14604 | | |
| Contract Dollar Amount: | \$34,000,000.00 | | |

Variance Information**Procedures and Type of Equipment and Ventilation Systems Used**

Negative Air Filtration Units 2000CFM, Aerospace America H2000A Hepa Vacuum, Pullman Holt 102AS Respirators 1/2 Face Negative, Wilson Chapin MXP750 Water Pumps, Teel IPS579E Personal Air Pumps, BGI Inc ABC Manometer, Omnigard BS2000 Shower, Abatement Tech S5000T

Air Monitoring Firm

Name: Envoy Environmental Consultants, Inc. Asbestos License Number: 28454

Laboratory Performing Analysis

Name: Paradigm Environmental Services, Inc. ELAP Registration Number: 10958

Type of Asbestos Work

| | | | |
|-------------------|-----|----------------------|-----|
| Pipe Related: | Yes | Siding: | No |
| Clean up: | No | Vessel covering: | Yes |
| Caulking/mastic: | Yes | Spray-on insulation: | Yes |
| Roofing/flashing: | Yes | VAT: | Yes |
| Demolition: | No | Demolition Ref#: | |
| Other-specify: | | | |

Waste Transporter

Name: Riccelli Trucking, Inc
NYS DEC or EPA Permit Number: 7A-434
Phone Number: (315) 433-5115
Apt./Suite:
Address Line 1: P.O. Box 6401
Address Line 2:
City Town or Village: Syracuse
Province:
State: NY
Zip Code: 13217
Country: United States

Landfill

Name: High Acres Landfill
Phone Number: (585) 223-6132
Apt./Suite:
Address Line 1: 425 Perinton Parkway
Address Line 2:
City Town or Village: Fairport
Province:
State: NY
Zip Code: 14450
Country: United States

Type and Amount of Asbestos Containing Material

| | | | |
|--------------------------|-------|--------------------------|--------|
| Friable linear feet: | 12415 | Friable square feet: | 517770 |
| Non-friable linear feet: | 0 | Non-friable square feet: | 447062 |

Fee

Total linear feet: 12415.0
Total square feet: 964832.0
Total Fee: 4000.0

Project Fee Schedule

If the notification was submitted prior to 4/7/09, the actual project fee is one half of the amount shown on the fee schedule

| Linear Feet: | Fee | Square Feet: | Fee |
|--------------------|--------|--------------------|--------|
| 0 - 259 feet: | \$0 | 0 - 159 feet: | \$0 |
| 260 - 429 feet: | \$200 | 160 - 259 feet: | \$200 |
| 430 - 824 feet: | \$400 | 260 - 499 feet: | \$400 |
| 825 - 1649 feet: | \$1000 | 500 - 999 feet: | \$1000 |
| 1650 or more feet: | \$2000 | 1000 or more feet: | \$2000 |

Remarks

Windows with ACM Caulk - 1417 windows
Elevator Components - 15 each



Report of Asbestos Survey Services

| Location/Area | Asbestos Containing Material | Approximate Quantity | Condition |
|------------------------|--|----------------------|-----------|
| 14 th Floor | Spray-on Fireproofing | 33,200 SF | Fair |
| | Ceiling system | 9,500 SF | Fair |
| | Fittings on Fiberglass Pipe Insulation | 100 fittings | Fair |
| | Floor tile/mastic | 1,400 SF | Fair |
| | Waterproof membranes | 2,850 SF | Fair |
| | Mirror Mastic | 1,850 SF | Fair |
| | Fire Doors | 7 doors | Fair |
| | Vent Caulk (exterior) | <5 SF | Fair |
| | Skylight Caulking (exterior) | <30 SF | Fair |
| | Caulk (at seam of blue panels to roof) | <100 SF | Fair |
| | Roofing | 1,700 SF | Fair |
| | Roof Flashing | 1,300 SF | Fair |
| 15 th Floor | Floor tile/mastic | 1,600 SF | Fair |
| | Mirror Mastic | 700 SF | Fair |
| | Waterproof Membranes | 550 SF | Fair |
| | Fittings on Fiberglass Pipe Insulation | 90 fittings | Fair |
| | Fire Doors | 3 doors | Fair |
| | Acoustical Plaster | 1,400 SF | Fair |
| | Windows with ACM caulk | 98 each | Fair |
| 16 th Floor | Floor tile/mastic | 200 SF | Fair |
| | Mirror Mastic | 700 SF | Fair |
| | Waterproof Membranes | 550 SF | Fair |
| | Fittings on Fiberglass Pipe Insulation | 90 fittings | Fair |
| | Fire Doors | 4 doors | Fair |
| | Windows with ACM caulk | 98 each | Fair |
| 17 th Floor | Mirror Mastic | 600 SF | Fair |
| | Waterproof Membranes | 450 SF | Fair |
| | Fittings on Fiberglass Pipe Insulation | 90 fittings | Fair |
| | Fire Doors | 4 doors | Fair |
| | Windows with ACM caulk | 98 each | Fair |

Variances



STATE OF NEW YORK
DEPARTMENT OF LABOR
www.labor.state.ny.us

DATE: 9/4/09

DELIVER TO:

Name: ROBERT BARR

Office: _____

Location: _____

Floor: _____

Room: _____

Phone No: _____

Fax No: 716-478-9567

FROM:

Name: CHRIS ARNONEOffice: Engineering ServicesLocation: Bldg 12 Room 159, State Campus, Albany, NY 12240Phone No: 518-457-1536Fax No: 518-457-1301

COMMENTS:

VARIANCE DECISION AS DISCLOSEDHANDLERS SHALL FOLLOW VA. US MAILNUMBER OF PAGES BEING TRANSMITTED: 27 (including cover sheet)

This communication is intended only for the use of the named addressee and may contain information which is privileged, confidential and/or exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately by telephone to arrange the immediate return of the communication.

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 5.1(h) limited |
| Case No. 2 | ICR 56-7.2(o) limited |
| Case No. 3 | ICR 56-8.1(b)(1-2) |
| Case No. 4 | ICR 56-8.9(c)(2) |
| Case No. 5 | ICR 56-8.9(e-f) |
| Case No. 6 | ICR 56-9.1(h) |
| Case No. 7 | ICR 56-11.2(b) limited |

VARIANCE GRANTED. The Petitioner's proposal for pre-demolition removal of all friable and non-friable ACM in quantities and locations as listed by the petitioner, from the interior and exterior at the subject premises in accordance with the attached 23-page stamped copy of the Petitioner's submittal, is accepted; subject to the Conditions noted below:

THE CONDITIONS

1. As written with modifications as noted.
2. Relief from Section 5.1(h) is allowed only for non-ACM mounted/fixed object removal and non-ACM drywall removal that will not disturb ACM, as detailed within the petitioner's attached marked-up submittal.
3. During all phase II asbestos project activities, and preliminary preparatory work at the site, an independent full-time project monitor shall observe all work activities and ensure that no ACM is disturbed during work activities that are not within a negative pressurized containment enclosure. The project monitor shall direct the abatement contractor to cease all non-compliant activities upon discovery, and shall immediately inform the local district of the NYS DOL ACB of the situation by telephone.
4. Whenever internal combustion equipment is in use within the work area containment enclosure, combustion by-products shall be monitored as per current OSHA regulations, and engineering controls shall be established as necessary for adequate protection of all personnel in the work area from these by-products.
5. Any large equipment remaining in the work area, must be moved as necessary during the project monitor visual inspection, to allow all surfaces within the work area to be visually inspected adequately.
6. For discovered areas of ACM disturbance outside of negative pressurized work areas, all large size disturbance cleanup asbestos projects must be

Page 3 of 3

File Number 09-0796

appropriately designed and a variance reopening request submitted to address all work area preparation, cleanup and clearance procedures.

7. All reusable tent enclosures shall be disposed of as ACM at the conclusion of the entire asbestos project.
8. 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:

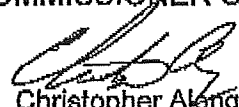
GENERAL CONDITIONS

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 September 30, 2010.

Date: September 4, 2009

By

M. PATRICIA SMITH
COMMISSIONER OF LABOR


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

PREPARED BY: Christopher G. Alonge, P.E.
Associate Safety and Health Engineer

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

09 79 6

Alonge, Christopher G (LABOR)

From: Robert Barr [rob@56services.com]
Sent: Friday, September 04, 2009 1:43 PM
To: Alonge, Christopher G (LABOR)
Cc: kreuzerr@liron.com; Wesolowski, Martin; 'William Eichhorn'
Subject: Midtown Tower Mall Variance clarifications V7
Attachments: Midtown Wire letter and sample results.pdf; Midtown variance V7 04Sept09.pdf

Mr. Alonge,

Most recent additions including listing remaining ACM in the above mentioned buildings and addition of air sampling requirements if and when an incidental disturbance occurs.

Please add previously attached site layout plans and example floor plans to this revised variance application.

If you need anything else corrected or amended, please do not hesitate to let me know.

Thank you,

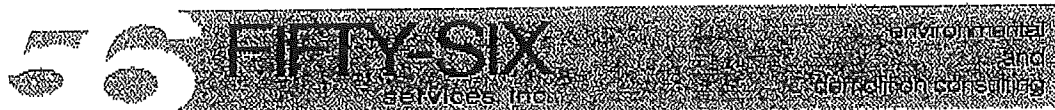
Rob

Robert Barr 716.341.8601



PO Box 561 Buffalo, NY 14213 fax 716.408.9567

9/4/2009



09 796

04 September 2009

Christopher Alonge, P.E.
Engineering Services Unit
New York State Department of Labor
W.Averell Harriman State Office Campus Bldg. 12 Rm 154
1112 South Avenue
Albany NY 12240

RE: Midtown Plaza – Mall and Tower Variance Application Clarification

Dear Mr. Alonge,

Enclosed please find a revised variance application for the above mentioned building(s). The following is a summary of the revisions and attachments to our application.

- Electrical wiring, previously presumed asbestos containing in the December 2008 survey of the Midtown Tower and Mall due to occupancy of the buildings was resampled on 03 September 2009, by LiRo Engineers. The material was analyzed by PLM and TEM methods and was not found to be an asbestos containing material. Please see the enclosed PLM & TEM Bulk Asbestos Results and chain-of-custody forms (Paradigm Environmental Services, Inc. Job#s 10690-09 and 10691-09).

I apologize for any confusion with regard to the prior submittal. Please review the following variance application and call with any further questions.

Sincerely,

Robert Barr
NYS Project Designer #93-19183



PARADIGM
ENVIRONMENTAL SERVICES, INC.

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

09 796

PLM & TEM BULK ASBESTOS REPORT

Client: LIRO Engineers, Inc.

Location: Midtown Plaza
Rochester, New York

Sample Date: 9/3/2009

Job No: 10690-09

Page: 1 of 2

| 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 % |
|-----------|--------|------------------------------------|------------------------|---|--------------------------|-------------|--|--------------------------|--|--------------------------------|
| MM-01 | 75993 | 2nd Level - West | Black Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MM-02 | 75594 | 2nd Level - East | Blue Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MM-03 | 75595 | 1st Level - West | Red Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | <1.0% Residue Remaining TEM not Required | N/A | None Detected | 100% |
| MM-04 | 75596 | 1st Level - East | White Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MM-05 | 75597 | 1st Level - East | Black Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MM-06 | 75598 | 1st Level - West (Rainbow Plus) | Joint Compound | None Detected | 0% | | Not Required | N/A | Cellulose <1.0% | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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: 9/3/2009

TEM Date Analyzed: 9/4/2009

Microscope: Olympus BH-2 #232173

TEM Analyst: J. Peter Donato

PLM Analyst: F. Childs

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.

10690-09.xlsm 9/4/2009

LiRo Engineers, Inc.
ENVIRONMENTAL & ENGINEERING SERVICES

690 Delaware Avenue
 Buffalo, New York 14209
 Tel. 716-882-5476 / Fax 716-882-9640

Bulk Sampling Chain of Custody Form



LiRo Job #: 08-21-104
 Job Name: Midtown Plaza
 Job Location: Midtown Plaza, Rochester NY
 Samples Taken by: DANIEL ROSA
 Building / Site: MALL

FAX Results to: 716-882-9640
 attention: Jason Colvin
 email results to: colvinj@lro.com
 Turn-Around-Time: Immediate

| ACM CODE | SAMPLE NUMBER | SAMPLE LOCATION | DESCRIPTION OF MATERIAL | NOTES | QUANTITY |
|----------|---------------|--|-------------------------|-------|----------|
| . | mm . 01 | 2 nd level - WEST | Black wire covering | 75993 | |
| . | mm . 02 | 2 nd level - EAST | Blue wire covering | 994 | |
| . | mm . 03 | 2 nd level - WEST | Red wire covering | 995 X | |
| . | mm . 04 | 1 st level - EAST | White wire covering | 996 | |
| . | mm . 05 | 1 st level - EAST | Black wire covering | 997 | |
| . | mm . 06 | 1 st level - WEST (bamboo pole) | Joint Compounding | 998 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Comments: First positive stop for each "ACM Code" Group.

Analyze NYS files via PLM only. Analyze NYS NOB via PLM to TEM.

| | | | |
|--|-----------------------|--|-----------------------|
| Relinquished By (Signature)  | Date / Time 9/3/09 | Received By (Signature)  | Date / Time 9.3.09 |
|--|-----------------------|--|-----------------------|

09 796

10690-09

20220

09 796


PARADIGM
 ENVIRONMENTAL SERVICES, INC.

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

PLM & TEM BULK ASBESTOS REPORT

Client: **LiRo Engineers, Inc.**
 Location: Midtown Plaza
 Rochester, New York
 Sample Date: 9/3/2009

Job No: 10691-09
 Page: 1 of 2

| 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 % |
|-----------|--------|--------------------------------|------------------------|---|--------------------------|-------------|---|--------------------------|--|--------------------------------|
| MT-01 | 75999 | 13th Floor | White Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MT-02 | 76000 | 13th Floor | Red Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MT-03 | 76001 | 12th Floor | Blue Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MT-04 | 76002 | 12th Floor | Black Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MT-05 | 76003 | 9th Floor | Black Wire Covering | Inconclusive No Asbestos Detected | 0% | ✓ | None Detected | <1.0% | None Detected | 100% |
| MT-06 | 76004 | 3rd Floor N/W of Pass Elev. | Joint Compound | None Detected | 0% | | Not Required | N/A | Cellulose <1.0% | 100% |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |



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: 9/3/2009

TEM Date Analyzed: 9/4/2009

Microscope: Olympus BH-2 #233173

TEM Analyst: J. Peter Donato

PLM Analyst: F. Childs

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.

10691-09.xlsm 9/4/2009

09 796

LIRo Engineers, Inc.
ENVIRONMENTAL & ENGINEERING SERVICES

690 Delaware Avenue
 Buffalo, New York 14209
 Tel. 716-882-5476 / Fax 716-882-9640

Bulk Sampling Chain of Custody Form

LIRo Job #: 08-21-104
 Job Name: Midtown Plaza
 Job Location: Midtown Plaza, Rochester, NY
 Samples Taken by: Daniel Kober
 Building / Site: Lower

FAX Results to: 716-882-9640
 attention: Jason Calvin
 email results to: calvin@lir.com
 Turn-Around-Time: Immediate

| ACM CODE | SAMPLE NUMBER | SAMPLE LOCATION | DESCRIPTION OF MATERIAL | NOTES | QUANTITY |
|----------|---------------|--------------------------------------|-------------------------|-------|----------|
| . | MT . 01 | 13 th Floor | White wire covering | 75999 | |
| . | MT . 02 | 13 th Floor | Red wire covering | 6000 | |
| . | MT . 03 | 12 th Floor | Blue wire covering | 001 | |
| . | MT . 04 | 12 th Floor | Black wire covering | 002 | |
| . | MT . 05 | 9 th Floor | Black wire covering | 003 | |
| . | MT . 06 | 3 rd Fl Nbr of Pass Elev. | Torn Complete | 004 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Comments: First positive stop for each "ACM Code" Group.

Analyze NYS files via PLM only. Analyze NYS NOB via PLM to TEM.

| | | | |
|--|-----------------------|---------------------------------------|-----------------------|
| Relinquished By (Signature) <i>08/21/09</i> | Date / Time 9/3/09 | Received By (Signature) <i>ASL</i> | Date / Time 9.3.09 |
|--|-----------------------|---------------------------------------|-----------------------|

10691-09

2886

09 796



02 September 2009

Christopher Alonge, P.E.
Engineering Services Unit
New York State Department of Labor
W.Averell Harriman State Office Campus Bldg. 12 Rm 154
1112 South Avenue
Albany NY 12240

RE: **Midtown Plaza – Mall and Tower Variance Application Clarification**

Dear Mr. Alonge,

Enclosed please find a revised variance application for the above mentioned building(s). The following is a summary of the revisions to our application.

- Debris noted in the previous petition referred to the possible discovery of unforeseen conditions and the associated debris, not existing conditions – and the need for an approved variance in place so as to not slow abatement in the case encountered debris is more than 10 SF. Having personally performed the most recent survey on this facility, and having personally reviewed the prior operations and maintenance program documentation – the material in question was in good condition at time of inspection.
- All personnel engaged in general removals are all NYS DOL certified workers with up to date hard cards, physicals and fit tests. They are in the process of removing non-ACM features of the buildings (i.e., removal of gypsum boards installed below the ceiling systems leaving the wall studs, removal of doors, trim, furniture, and other non-ACM features of the building. No ACM will be disturbed by this process and personal air sampling is being conducted.
- The project will have Liro Engineers as a full time construction manager for the asbestos abatement and demolition and Liro will maintain a full time project monitor on-site. Paradigm Environmental will provide full time project monitors and air sampling technicians on-site for the duration of the project as the independent air monitor. Both companies will remain on site from pre-abatement through post abatement activities. All personnel on-site will be DOL licensed.

I apologize for any confusion with regard to the prior submittal. Please review the following variance application and call with any further questions.

Sincerely,

Robert Barr
NYS Project Designer #93-19183

09 796

Attachments for Variance Petition
MIDTOWN PLAZA
Rochester, NY
August 2009

9. Reason for Request

The project consists of the removal of ACM located at the Midtown Plaza Tower and attached Mall Complex. The buildings are part of a major demolition and revitalization project in downtown Rochester, New York. The contractor has twelve months to complete the project. The aforementioned buildings and adjacent buildings are vacant and are all scheduled for abatement and demolition. Materials and approximate quantities addressed by this petition for variance are as follows:

MIDTOWN TOWER - Asbestos Containing Materials:

- Spray-on/troweled-on Fireproofing – 514,100 SF
- Ceiling systems – 216,300 SF
- Pipe Insulation (other than that associated with ceiling systems) - 2,100 SF
- Fittings on fiberglass pipe insulation – 1,415 fittings
- Floor tile/mastic – 197,900 SF
- Fire doors – 77 doors
- Chiller insulation – 170 SF
- Mirror mastic – 8,400 SF
- Waterproof membranes – 11,550 SF
- Acoustical plaster – 1,400 SF
- Vent caulk – 5 SF *CA 8/4/09*
- Skylight caulking – 30 SF
- Caulk at metal panels – 100 SF
- Roofing – 5,200 SF
- Roof flashing – 11000 LF
- Aluminum panels with caulk – 5,960 SF
- Elevator components – 15 each
- Windows with ACM caulk – 1,417 windows

MIDTOWN MALL - Asbestos Containing Materials:

- Spray-on Fireproofing – 877,120 SF
- Ceiling systems – 373,300 SF
- Fittings on fiberglass pipe insulation – 1,171 fittings
- Pipe insulation – 5,260 LF
- Floor tile/mastic – 237,000 SF
- Mirror mastic – 18,300 SF
- Wall panel mastic – 2,500 SF

09 796

Attachments for Variance Petition
MIDTOWN PLAZA
Rochester, NY
August 2009

- Fire doors – 52 doors
- Carpet mastic on wall – 500 SF
- Drywall compound in former Cabochon store – 300 SF
- Caulk – 1,000 SF
- 3rd floor windows with ACM caulk – 8 large window sets
- Roofing – 23,815 SF
- Roof flashing – 6,552 LF
- Vaults and insulated safes
- Caulking and glazing on exterior windows and doors
- Mastic on select vinyl cove base.
- Roof vents - 5 vents

PLASTER ON EXTERIOR OVERHANGS - 23,000 SF CMA 9/4/09

The abatement project is being completed as part of a demolition project of a group of buildings that comprise the Midtown Plaza. All buildings are currently unoccupied. The buildings were occupied as late as the end of 2008 and up to that point operations and maintenance programs were implemented and kept up until the closure of the facility. Records of this were kept in facility management offices and were reviewed as part of the survey process.

The spray-on fireproofing exists in all buildings and necessitates alternative preparation and removal methods. Extensive overspray is present on all components above ceiling systems. Because of the previously mentioned O&M program – this material was in good condition at time of inspection. Periodic monitoring of the buildings was performed by building personnel from the inception of asbestos standards and those records were reviewed as part of the survey report. The relief requested in this variance petition, via methods listed herewithin, are pre-emptive approaches to the discovery of debris above ceiling systems in the event previously unknown debris is discovered during pre-abatement inspections and are not based upon existing conditions. All materials including and above suspended and fixed ceilings, up to and including the decking are considered ACM and abatement methods will adhere to NYCRR56. The project has a strict 12-month schedule that must be maintained, and with an approved variance in place with respect to incidental disturbance delays will be alleviated.

Removal of floor tile, mastics and floor leveler/flash patch material will essentially be in accordance with 56-11.4, but the sequencing needs to be incorporated within the context of the other friable ACM removals in the same area(s), along with provisions to utilize powered equipment.

Attachments for Variance Petition
MIDTOWN PLAZA
Rochester, NY
August 2009

Alternative methods are also required to ensure the safety of abatement personnel performing the work in elevated locations.

Generally, literal compliance with the provisions of 12 NYCRR 56 would present an unnecessary hardship due to practical difficulties in safely accessing and removing the ACM in all of the buildings.

Prior to pre-abatement activities limited general removal of components will be completed that will not disturb or impact any ACM. Prior to regulated work area prep, activities performed will include removal of gypsum board from studs (below ceilings and leaving the wall studs in place to support partition wall above ceiling), removal of doors, trim, furniture, cabinets and other non ACM features of this building. Non-asbestos materials being removed as construction debris will be visually inspected by an on-site project monitor. No materials or wall boards will be disturbed at or above the ceiling systems. No ACM will be disturbed as part of the general removals. At time of inspection, and due in part to the previously existing and implemented O&M program in this facility, no debris from the spray-on fireproofing above was found in spaces below the ceiling system or within interior partition walls.

The operational bus station will reportedly close in October. Until that time hardwalled asbestos work areas will be a minimum of 25' away from public spaces. All areas will be demarcated using barrier tape and signage with access limited to licensed individuals.

Walkways to adjacent noted in the most recent survey are no longer functional and are demarcated with barrier tape and proper signage. Air samples will be taken at this barrier location as per NY CRR56.

Plaster on exterior overhangs will be removed as part of this abatement project. These exterior areas will all be hard walled and all abatement methods will adhere to NY CRR56.

Duct block insulation noted in the survey report will be address as part of the Tunnels or McCurdy's. This material was listed in this report because of it's proximity to this structure, but additionally listed in McCurdy's because of its original intended function.

Electrical wiring initially presumed asbestos containing was resampled 9/3/2009. Material was tested using PLM and TEM methods and was not found to be asbestos containing material. PLM & TEM Bulk Asbestos Results and chain-of-custody forms are also included in this submittal (Paradigm Environmental Services, Inc. Job#s 10690-09 and 10691-09).

Daily Logs & Air Data

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐ Air Technician: ☒ T. T. RONNES Date: 08/26/09 Job Ticket #: 31257

Building / Location: MINTOWN TOWER Work Area: 110TH FLOOR Shift: (A) B C

Project Description: E.S.D.C. Client / Owner (Print Name): MARK SMITH. Client Contact (Print Name):

Abatement Contractor (Print Name): CAMBRIA. Abatement Supervisor (Print Name): MARK DELPANTE. NYSDOL Asbestos Handling Certificate Number:

Yes ☒ No ☐ Rotometer Number: 72 Date of Last Calibration: 07/09

Map Completed: ☒ 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: MIP, WPM, FT/FTM, MAS, FIRE ^{doors} Sq/ft Ln/ft Project with multiple removals ☒

Type of Material: 1st Check 1115 2nd Check 1300 3rd Check 1415 4th Check 5th Check

Time of air sampling pump check: Notes:

- ON SITE.

- WEATHER CONDITIONS - 74° - CLOUDY - SCATTERED SHOWERS.

- CAL. PUMPS AND SET UP SAMPLES @ 1115

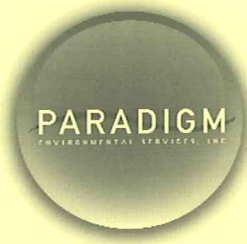
- PUMP CHECK @ 1300

- BROKE DOWN PUMPS @ 1415

- BROUGHT SAMPLES TO LAB AT END OF SHIFT.

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 #

10351-09

Job Ticket #

3125751 8-27-09

Client

E.S.D.C.
MIDTOWN TOWER

Building/Location

Work Area

16TH FLOOR

Contractor

CAMBRIA
72

Contractor Contact

MARK DELPANTE
8231509037

Rotometer #

Cassette Lot #

Client Contact

MARK SMITH
T. TRONNEL

Client Contact Phone

202-5733

Air Technician

Air Technician Phone

Fax Results To:

Fax #

MTP WPM F/ITM MAS FIRE DOORS

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 | I-4 | I-5 | I-6 | O-7 | O-8 | O-9 | O-10 | B-1 | B-2 |
|---------------------------|------|------|------|------|------|------|------|------|------|------|-----|-----|
| Pre-Calibrated Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Post-Calibrated Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Average Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Start Time Military Time | 1115 | 1116 | 1117 | 1118 | 1119 | 1121 | 1122 | 1124 | 1125 | 1125 | | |
| End Time Military Time | 1415 | 1416 | 1417 | 1418 | 1419 | 1421 | 1422 | 1424 | 1425 | 1425 | | |
| Duration (Minutes) | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | | |
| Sample Volume (Liters) | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 73 | 729 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 |
|--------------------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|
| Fibers/100 Fields: | 8 | 13 | 8 | 5 | 14 | 9 | 13 | 10 | 14.5 | 2 | 0 | 0 | |
| Fibers/cc: | 1.01 | .010 | 1.01 | 1.01 | .010 | 1.01 | .010 | 1.01 | .011 | 1.01 | NIA | NIA | |

Samples Relinquished By:

Date:

08/26/09

Received in Lab By:

Date:

8-27-09

Analyzed By:

Date:

8-27-09

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr.

48 Hr.

Comments:

Verbal to Ted. SM 8-27-09 12:57pm

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐

Air Technician: ☒

D. Park

Date: 11/6/07

Job Ticket #: 36331

Building / Location:

Midtown Tower

Work Area:

16th floor tent #1

Shift

A

B

C

Project Description

ESDC

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

Cambron

Mark D.

Yes ☒ No ☐

51

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

1045

2nd Check

1115

3rd Check

1145

4th Check

1215

5th Check

Time of air sampling pump check

Notes

Cal all pumps to 4LPM

Set up pumps beginning @ 1012

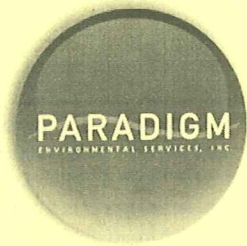
checked all samples after to insure operation - all good

Broke down pumps after 150 mins

Submitted all samples to L&S

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 #

14028-09 ✓ MH

04/10/08

Job Ticket #

36331

Empire State Development Corporation

Client

Midtown Tower

Building/Location

Cambridge

Contractor

SI

Rotometer #

16th floor tent #1

Work Area

Bill

Contractor Contact

Cassette Lot #

Mark Smith

Client Contact

Client Contact Phone

D. Park

317 7294

Air Technician

Air Technician Phone

Fax Results To:

Fax #

P.I.

Materials to be Removed

Project

Phase

Phase IB ☐

Backgrounds

Phase IIA ☐

Work Area Preparation

Phase IIB ☐

Asbestos Handling

Phase IIC ☐

Final Cleaning

Phase IIC ☒

Clearance Airs

Env. ☐

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 | 1012 | 1013 | | | | | | | | | | |
| End Time Military Time | 1242 | 1243 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 47458 | 459 | 60 | 61 | | | | | | | | |
|--------------------|-----------|-----|----|----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 13 | 8 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 0.0010.01 | MA | MA | | | | | | | | | |

Samples Relinquished By:

D. Park

Date:

11/6/09

Received in Lab By:

W. J. [Signature]

Date:

11/6/09

Analyzed By:

W. J. [Signature]

Date:

11/6/09

Microscope Make, Model & #:

221113

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: ☐

Air Technician: ☒

D. Park

Date:

11/7/09

Job Ticket #:

36333

Building / Location:

Midtown Tower

Work Area:

10th floor tent #1

Shift

☒ A

B

C

Project Description

ESDC

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Mark Smith

Abatement Contractor (Print Name)

Cambridge

Abatement Supervisor (Print Name)

Mark D.

NYSDOL Asbestos Handling Certificate Number

51

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

P.I.

Sq/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

Call from LHS 11/6/09 to notify me that we failed.

Crew is cleared area, waited.

Call pumps to 4:00pm

Set up pumps beginning @ 0417

Bob checked pumps when to make operation - all good

Work down pumps @ 1147 after 150 hrs

Submitted all samples to LHS

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 #

11/14/09-09

09/1078

Job Ticket #

36333

11-7-09

Empire State Development Corporation

Client

Midtown Tower 16th floor Unit #1

Building/Location

Work Area

Chimbrick

Mark D.

Contractor

51

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 # | I-1 | 0-2 | 0-1 | 0-2 | | | | | | | | |
|---------------------------|------|------|-----|-----|--|--|--|--|--|--|--|--|
| Pre-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Post-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Average Flow Rate | 4 | 4 | | | | | | | | | | |
| Start Time Military Time | 0917 | 0918 | | | | | | | | | | |
| End Time Military Time | 1147 | 1148 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97 | 1013 | 1004 | 1005 | 1000 | | | | | | | |
|--------------------|------|------|------|------|------|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 2 | 0 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 1.01 | 1.01 | N/A | N/A | | | | | | | | |

Samples Relinquished By:

Date:

11/7/09

Received in Lab By:

Date:

11-7-09

Analyzed By:

Date:

11-7-09

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

finals failed 11/6/09, 1st run finals 11/7/09 Left voicemail for Doug. SLI 11-7-09 4:01pm

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: ☒ D. Park Date: 11/6/07 Job Ticket #: 36331

Building / Location: Midtown Tower Work Area: 16th floor pent #2 Shift: ☒ A ☐ B ☐ C

Project Description

ESCD

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Cambridge

Mark D.

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

SI

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

1600

Project with multiple removals ☐

Type of Material

1st Check 1045 2nd Check 1115 3rd Check 1145 4th Check 1215 5th Check

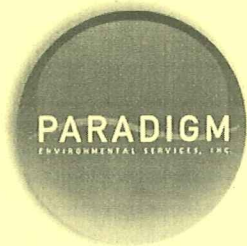
Time of air sampling pump check

Notes

Cal all pumps to 4L/min
Set up pumps beginning @ 1015
Checked pumps after to insure operation - all good
Broke down samples after 150 mins
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

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

Job Ticket #

Empire State Development Corporation

Client

Building/Location

Contractor

Rotometer #

Work Area

Contractor Contact

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 | D-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 | 1015 | 1015 | | | | | | | | | | |
| End Time Military Time | 1245 | 1245 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97434 | 55 | 56 | 57 | | | | | | | | |
|--------------------|-------|-----|------|----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 11 | 22 | 110 | 0 | | | | | | | | |
| Fibers/cc: | 50.01 | 2.2 | 11.0 | 0 | | | | | | | | |

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

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: ☐
 Air Technician: ☒ D. Park

Date: 11/7/09

Job Ticket #: 36333

Building / Location: Midtown Tower

Work Area: 16th floor pent #2

Shift ☒ A ☐ B ☐ C

Project Description

ESDC

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Chimberlin

Att Mark D.

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

51

Map Completed

Rotometer Number

Date of Last Calibration

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

Job Type

P.F.

Sq/ft

1000

Project with multiple removals ☐

Type of Material

1st Check 0945 2nd Check 1025 3rd Check 1045 4th Check 1115 5th Check

Time of air sampling pump check

Notes

Samples failed 11/6/09 / area is cleared

Cal all pumps to 400pm

Set up pumps beginning @ 0920

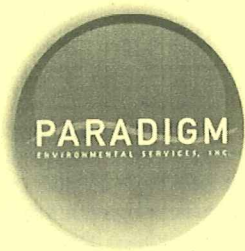
checked pumps often to insure operation - all good

Broke down pumps after 150 mins (1130)

Submitted all samples to L&S

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 # 14040-09

Job Ticket # 091078
36333 SKI 11-7-09

Empire State Development Corporation

Client

Building/Location

Contractor

Rotometer #

Work Area

Contractor Contact

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 # | 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 | 0970 | 0921 | | | | | | | | | | |
| End Time Military Time | 1150 | 1151 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 999 | 1000 | 1001 | 1002 | | | | | | | | |
|--------------------|------|------|------|------|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 1 | 0.5 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 2.01 | 2.01 | N/A | N/A | | | | | | | | |

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

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐ Air Technician: ☒ T. TRONNES Date: 08/26/09 Job Ticket #: 31257

Building / Location: MINTOWN TOWER Work Area: 110TH FLOOR Shift: (A) B C

Project Description: E.S.D.C. MARK SMITH. Client / Owner (Print Name): CAMBRIA. Client / Owner Representative (Print Name): MARK DELPANTE. Client Contact (Print Name):

Abatement Contractor (Print Name): Yes ☒ No ☐ Abatement Supervisor (Print Name): 72 NYSDOL Asbestos Handling Certificate Number: 07/09

Map Completed: Rotometer Number: 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: MIP, WIPM, FT/FTM, MAS, FIRE Doors Sq/ft Ln/ft Project with multiple removals ☒

Type of Material: 1st Check 1115 2nd Check 1300 3rd Check 1415 4th Check 5th Check

Time of air sampling pump check: Notes:

- ON SITE.

-- WEATHER CONDITIONS - 74° - CLOUDY - SCATTERED SHOWERS.

- CAL. PUMPS AND SET UP SAMPLES @ 1115

- PUMP CHECK @ 1300

- BROKE DOWN PUMPS @ 1415

- BROUGHT SAMPLES TO LAB AT END OF SHIFT.

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 #

10351-01

Job Ticket #

3125751

E.S.D.C.

08/26/09

Client

MIDTOWN TOWER

16TH FLOOR

Building/Location

Work Area

CAMBRIA

MARK DELPANTE

Contractor

Contractor Contact

72

823509037

Rotometer #

Cassette Lot #

MARK SMITH

Client Contact

Client Contact Phone

T. TRONNEL

202-5733

Air Technician

Air Technician Phone

Fax Results To:

Fax #

MTP WPM F/10M MAS FIRE DOORS.
Materials to be Removed

Project

Phase I ☒

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 | I-4 | I-5 | I-6 | O-7 | O-8 | O-9 | O-10 | B-1 | B-2 |
|---------------------------|------|------|------|------|------|------|------|------|------|------|-----|-----|
| Pre-Calibrated Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Post-Calibrated Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Average Flow Rate | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | | |
| Start Time Military Time | 1115 | 1116 | 1117 | 1118 | 1119 | 1121 | 1122 | 1124 | 1125 | 1125 | | |
| End Time Military Time | 1415 | 1416 | 1417 | 1418 | 1419 | 1421 | 1422 | 1424 | 1425 | 1425 | | |
| Duration (Minutes) | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | 180 | | |
| Sample Volume (Liters) | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | 630 | | |

ELAP ID # 10958

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

| Lab Sample # | 73 | 731 | 730 | 731 | 732 | 733 | 734 | 735 | 736 | 737 | 738 | 739 | 740 |
|--------------------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|
| Fibers/100 Fields: | 8 | 13 | 8 | 5 | 14 | 9 | 13 | 10 | 14.5 | 2 | 0 | 0 | |
| Fibers/cc: | 1.01 | .010 | 1.01 | 1.01 | .010 | 1.01 | .010 | 1.01 | .011 | 1.01 | NIA | NIA | |

Samples Relinquished By:

Date:

08/26/09

Received in Lab By:

Date:

8-27-09

Analyzed By:

Date:

8-27-09

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr.

48 Hr.

Comments:

Verbal to Tech. SH 8-27-09 12:57pm

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐

Air Technician: ☒

D. Park

Date: 11/6/09

Job Ticket #:

36331

Building / Location:

Midtown Tower

Work

Area: 16th floor pent #3

Shift

A

B

C

Project Description

ASDC

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Mark Smith

Cambridge

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Mark D.

Yes ☒ No ☐

51

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

ft/ftm

(Sq/ft)

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check

1100

2nd Check

1130

3rd Check

1200

4th Check

1200

5th Check

Time of air sampling pump check

Notes

Call DU pumps to 4LPM

Set up pumps beginning @ 1025

checked samples after to make operation - all good

Boiled down pumps after 150 mins

Submitted all samples to LLS

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 # 1403309

Job Ticket # 09/1078
36331 ✓

Empire State Development Corporation

Client Midtown Tower
Building/Location 116th & lower level #3
Contractor Chambric
Contractor Contact Bill
Rotometer # 51
Cassette Lot #

Client Contact Mark Smith
Client Contact Phone 317 7244
Air Technician D. Park
Air Technician Phone
Fax Results To: FT/14th
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 | A-1 | A-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 | 1025 | 1025 | 1026 | 1028 | 1028 | 1029 | | | | | | |
| End Time Military Time | 1255 | 1255 | 1256 | 1258 | 1258 | 1259 | | | | | | |
| Duration (Minutes) | 150 | | | | | | | | | | | |
| Sample Volume (Liters) | 600 | | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | | | |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|----|--|--|--|
| Fibers/100 Fields: | 19 | 8 | 14 | 9 | 7 | 8 | 0 | 0 | | | | |
| Fibers/cc: | 0.016 | 0.008 | 0.014 | 0.009 | 0.007 | 0.008 | 0.000 | 0.000 | | | | |

| | |
|---|--|
| Samples Relinquished By: <u>D. Park</u> | Date: <u>11/6/09</u> |
| Received in Lab By: <u>[Signature]</u> | Date: <u>11/6/09</u> |
| Analyzed By: <u>[Signature]</u> | Date: <u>11/6/09</u> |
| Microscope Make, Model & #: <u>220113</u> | Turn-around Time <u>Immed.</u> 24 Hr. 48 Hr. |

Comments:

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor: ☐
 Air Technician: ☒ D. Park

Date: 11/7/07 Job Ticket #: 36333

Building / Location: Midtown Tower

Work Area: 16th floor Tent #3 Shift A B C

Project Description

ESOL

Mark Smith

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Chambers

Mark D.

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

51

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

FT/FTM

Soft

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check 1000 2nd Check 1030 3rd Check 1100 4th Check 1130 5th Check

Time of air sampling pump check

Notes

Finals failed 11/6/07, (new released area.)

Cal all pumps to 4cfm,

Set up pumps beginning @ 0927

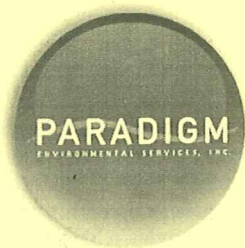
checked pumps orders to make operation - all good.

Submitted all samples to L&S with breaking them down after 180 mins.

D. Park

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 #

14047-09

Job Ticket #

36333

Empire State Development Corporation

Client

Midtown Tower

Building/Location

Cambridge

Contractor

SI

Rotometer #

Work Area

Bill

Contractor Contact

Cassette Lot #

Client Contact

D. Park

Client Contact Phone

317 7254

Air Technician

Air Technician Phone

Fax Results To:

Fax #

Materials to be Removed

Project

Phase

Phase IB ☐

Backgrounds

Phase IIA ☐

Work Area Preparation

Phase IIB ☐

Asbestos Handling

Phase IIC ☐

Final Cleaning

Phase IIC ☒

Clearance Airs

Env. ☐

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

| Field Sample # | I-1 | I-2 | I-3 | O-4 | O-5 | O-6 | I-1 | I-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 | 0927 | 0927 | 0928 | 0930 | 0930 | 0930 | | | | | | |
| End Time Military Time | 1157 | 1157 | 1158 | 1200 | 1200 | 1200 | | | | | | |
| Duration (Minutes) | 130 | | | | | | | | | | | |
| Sample Volume (Liters) | 600 | | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 591 | 592 | 593 | 594 | 595 | 596 | 597 | 598 | | | | |
|--------------------|------|------|------|------|------|------|-----|-----|--|--|--|--|
| Fibers/100 Fields: | 0 | 0 | 1 | 2.5 | 1.5 | 1 | 0 | 0 | | | | |
| Fibers/cc: | 1.01 | 2.01 | 2.01 | 2.01 | 2.01 | 2.01 | N/A | N/A | | | | |

Samples Relinquished By:

D. Park

Date:

11/7/09

Received in Lab By:

SH

Date:

11-7-09

Analyzed By:

SH

Date:

11-7-09

Microscope Make, Model & #:

221113

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

Finals failed 11/6/09, re run 11/7/09 left voicemail for Dave: SH 11-7-09 4:01 PM

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: ☒

D. Park

Date: 4/6/09

Job Ticket #: 36337

Building / Location:

Madison Tower

Work

Area:

16th floor tent # 4

Shift

A

B

C

Project Description

ESDC

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Mark Smith

Cambridge

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Mark D.

Yes ☒ No ☐

51

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

DI

Scrub

Ln/ft

Project with multiple removals ☐

Type of Material

1st Check

1100

2nd Check

1130

3rd Check

1700

4th Check

5th Check

Time of air sampling pump check

Notes

Cal all pumps to 4000

Set up pumps beginning @ 1035

checked all samples after to insure operation - all good

Broke down pumps after 150 mins

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

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

1403/09

Job Ticket #

09/1078

36331

✓MH

Empire State Development Corporation

Client

Midtown Tower 16th floor tent #4

Building/Location

Work Area

Contractor

SI

Contractor Contact

Bill

Rotometer #

Cassette Lot #

Client Contact

Client Contact Phone

D. Parker

317 7299

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 # | J-1 | D-2 | S-1 | B-2 | | | | | | | | |
|---------------------------|------|------|-----|-----|--|--|--|--|--|--|--|--|
| Pre-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Post-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Average Flow Rate | 4 | 4 | | | | | | | | | | |
| Start Time Military Time | 1055 | 1036 | | | | | | | | | | |
| End Time Military Time | 1305 | 1306 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97470 | 71 | 72 | 73 | | | | | | | | |
|--------------------|-------|-----|----|----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 8 | 14 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 50.0 | 2.0 | NA | NA | | | | | | | | |

| | | | |
|-----------------------------|-----------|------------------|----------------------|
| Samples Relinquished By: | D. Parker | Date: | 11/6/09 |
| Received in Lab By: | M. Wenzel | Date: | 11/6/09 |
| Analyzed By: | M. Wenzel | Date: | 11/6/09 |
| Microscope Make, Model & #: | 221113 | 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: ☒ Date: 11/7/09 Job Ticket #: 36333

Building / Location: Midtown Tower Work Area: 16th floor Jent #4 Shift: A B C

Project Description

ESDL Client / Owner Representative (Print Name) Mark Smith Client Contact (Print Name)

Cambriz Abatement Contractor (Print Name) Mark D. Abatement Supervisor (Print Name) NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐ 51 Rotometer Number Date of Last Calibration

Map Completed 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

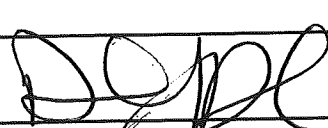
Class I ☒ Class II ☐ Large ☐ Small ☐ Minor ☒

Job Type P.T. Sq/ft 16/ft Project with multiple removals ☐

Type of Material 1st Check 1000 2nd Check 1030 3rd Check 1100 4th Check 1130 5th Check

Time of air sampling pump check Notes

Smells faded 11/6/09, crew re cleared area
Cut all pumps to 400m
Set up pumps beginning @ 0435
Checked pumps after to make operative - all good.
Broke down samplers after 150 mms
Submitted all samples to L&S


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 #

14050-09

Job Ticket #

09/1078
36333

Empire State Development Corporation

Client

Building/Location

Contractor

Rotometer #

Work Area

Contractor Contact

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 # | I-1 | D-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 | 0935 | 0936 | | | | | | | | | | |
| End Time Military Time | 1205 | 1206 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97 | 1008 | 1009 | 1010 | | | | | | | | |
|--------------------|------|------|------|------|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 1 | 1.5 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 1.01 | 2.01 | N/A | N/A | | | | | | | | |

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

Turn-around Time

Immed. 24 Hr. 48 Hr.

Comments:

Smals failed 11/6/09, so run 11/7/09 Left voicemail for Dave, SM 11-7-09 4:01 PM

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: ☒ D. Park

Date: 4/6/09

Job Ticket #: 36301

Building / Location: midtown Tower

Work Area: 16th floor tent # 5

Shift ☒ A ☐ B ☐ C

Project Description

ESDC

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 ☐

SI

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

L/ft

Project with multiple removals ☐

Type of Material

1st Check 1400 2nd Check 1430 3rd Check 1500 4th Check 1530 5th Check

Time of air sampling pump check

Notes

Cal all pumps to 4LPM

set up pumps beginning @ 1320

checked pumps after to insure operation - all good

Submitted Break down pumps after 150 mins

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

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job # 14029-09

09/1078

Job Ticket # 36331 ✓ MT

Empire State Development Corporation

Client

Midtown Tower 16th & low level #5

Building/Location

Work Area

Cymbria Bill

Contractor

Contractor Contact

SI

Rotometer #

Cassette Lot #

Marie Smith
Client Contact

Client Contact Phone

D. Park 317 7294

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 | 0-2 | 0-1 | B-2 | | | | | | | | |
|---------------------------|------|------|-----|-----|--|--|--|--|--|--|--|--|
| Pre-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Post-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Average Flow Rate | 4 | 4 | | | | | | | | | | |
| Start Time Military Time | 1326 | 1327 | | | | | | | | | | |
| End Time Military Time | 1556 | 1557 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97462 | 63 | 64 | 65 | | | | | | | | |
|--------------------|-------|-------|----|----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 0 | 5 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 50.01 | 50.01 | MT | MT | | | | | | | | |

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

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: ☐
Air Technician: ☒ D. Park

Date: 11/6/09

Job Ticket #: 36331

Building / Location: midtown tower

Work Area: 16th floor pent #6

Shift ☒ A ☐ B ☐ C

Project Description

ESOL

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

mark Smith
Client Contact (Print Name)

Abatement Contractor (Print Name)
Cymbris

Abatement Supervisor (Print Name)
mark D.

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Rotometer Number
51

Date of Last Calibration

Map Completed

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

☒ En/ft

Project with multiple removals ☐

Type of Material

1st Check 1400 2nd Check 1430 3rd Check 1500 4th Check 1530 5th Check

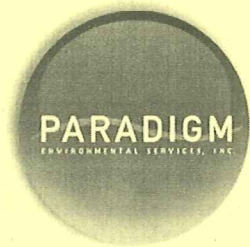
Time of air sampling pump check

Notes

Cal all pumps to 4000
Set up pumps beginning @ 1329
Checked pumps after to insure operation - all good
Broke down pumps after 150 hrs
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

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended January 11, 2006

Lab Job #

14030-09
09/10/08

Job Ticket #

36331 ✓ M/T

Empire State Development Corporation

Client

Midtown Tower 16th floor pent #6

Building/Location

Work Area

Condo

Bill

Contractor

Contractor Contact

SI

Rotometer #

Cassette Lot #

Client Contact

Client Contact Phone

D. Park

317 7294

Air Technician

Air Technician Phone

Fax Results To:

Fax #

P.J.

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 # | A-1 | A-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 | 1529 | 1530 | | | | | | | | | | |
| End Time Military Time | 1559 | 1600 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97466 | 67 | 68 | 69 | | | | | | | | |
|--------------------|-------|------|-----|-----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 3 | 7 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 30.0 | 30.0 | 1.4 | 1.4 | | | | | | | | |

Samples Relinquished By:

Date:

Received in Lab By:

Date:

Analyzed By:

Date:

Microscope Make, Model & #:

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 Date: 4/6/09 Job Ticket #: 36301

Air Technician: ☒ D. Park Work Area: 16th Floor Vent #7 Shift ☒ A ☐ B ☐ C

Building / Location: midtown tower

Project Description

ESOL

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Rotometer Number

Date of Last Calibration

Map Completed

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 1400 2nd Check 1430 3rd Check 1500 4th Check 1530 5th Check

Time of air sampling pump check

Notes

Cal all pumps to 400pm
Set up pumps beginning @ 1340
checked pumps after to insure operation - all good
broke down pumps after 150 mins
submitted all samples to L&S

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 # 1403209

04/11/08

Job Ticket # 36307 ✓ M/11

Empire State Development Corporation

Client Midtown Tower 16th floor pent #7
Building/Location Cummins Work Area Bill
Contractor SI Contractor Contact
Rotometer # Cassette Lot #

Mark Smith
Client Contact O. Park Client Contact Phone 317 7294
Air Technician Air Technician Phone
Fax Results To: P.J. 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 # | J-1 | 0-2 | 15-1 | 17-2 | | | | | | | | |
|---------------------------|------|------|------|------|--|--|--|--|--|--|--|--|
| Pre-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Post-Calibrated Flow Rate | 4 | 4 | | | | | | | | | | |
| Average Flow Rate | 4 | 4 | | | | | | | | | | |
| Start Time Military Time | 1340 | 1341 | | | | | | | | | | |
| End Time Military Time | 1610 | 1611 | | | | | | | | | | |
| Duration (Minutes) | 150 | 150 | | | | | | | | | | |
| Sample Volume (Liters) | 600 | 600 | | | | | | | | | | |

Laboratory analysis Performed by: Paradigm Environmental Services, Inc.

ELAP ID # 10958

| Lab Sample # | 97474 | 75 | 76 | 77 | | | | | | | | |
|--------------------|-------|------|----|----|--|--|--|--|--|--|--|--|
| Fibers/100 Fields: | 7 | 16 | 0 | 0 | | | | | | | | |
| Fibers/cc: | 50.01 | 0.01 | NA | NA | | | | | | | | |

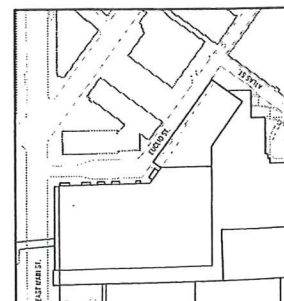
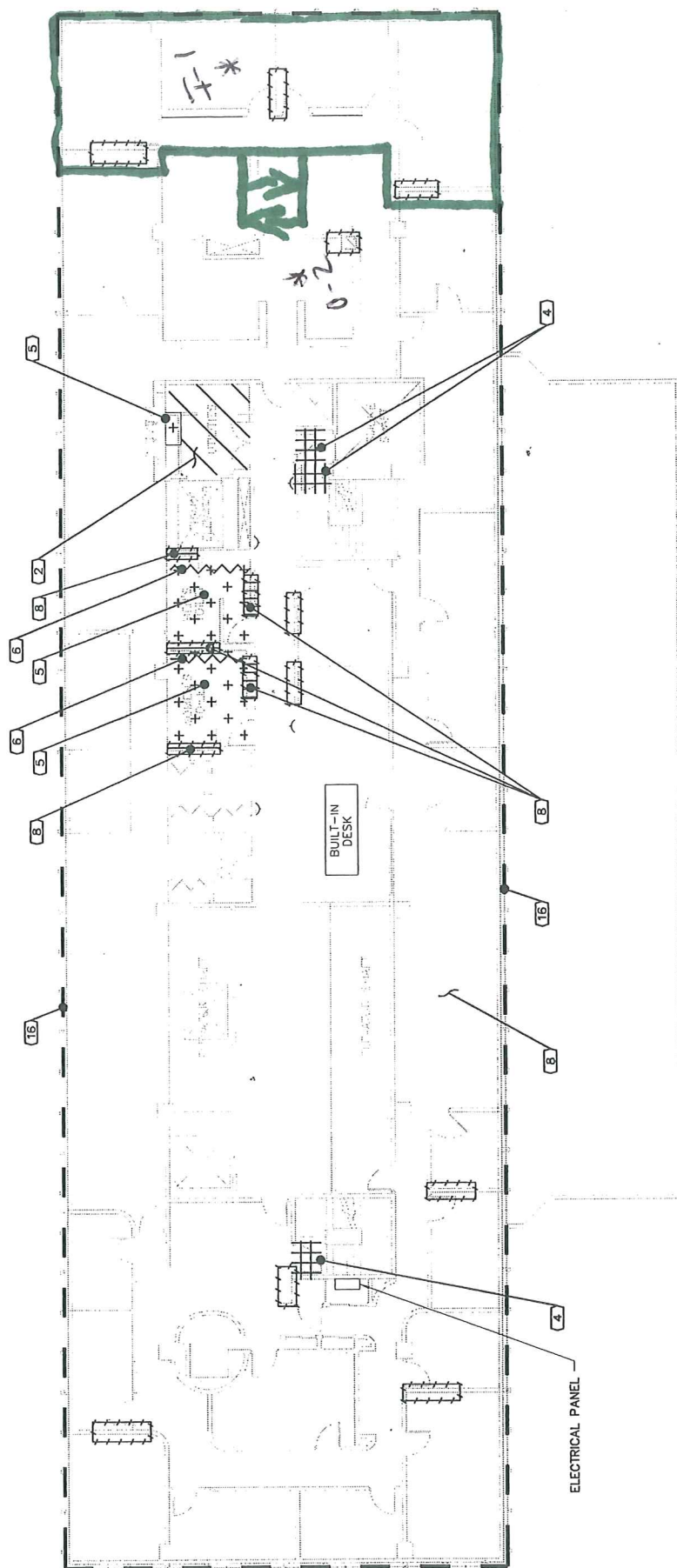
| | |
|---|--|
| Samples Relinquished By: <u>D Park</u> | Date: <u>11/6/09</u> |
| Received in Lab By: <u>M. Asencio</u> | Date: <u>11/6/09</u> |
| Analyzed By: <u>M. Asencio</u> | Date: <u>11/6/09</u> |
| Microscope Make, Model & #: <u>2211/3</u> | Turn-around Time <u>Immed.</u> 24 Hr. 48 Hr. |

Comments:

Sample Locations & Maps

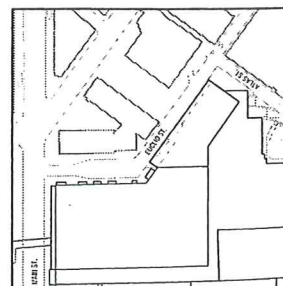
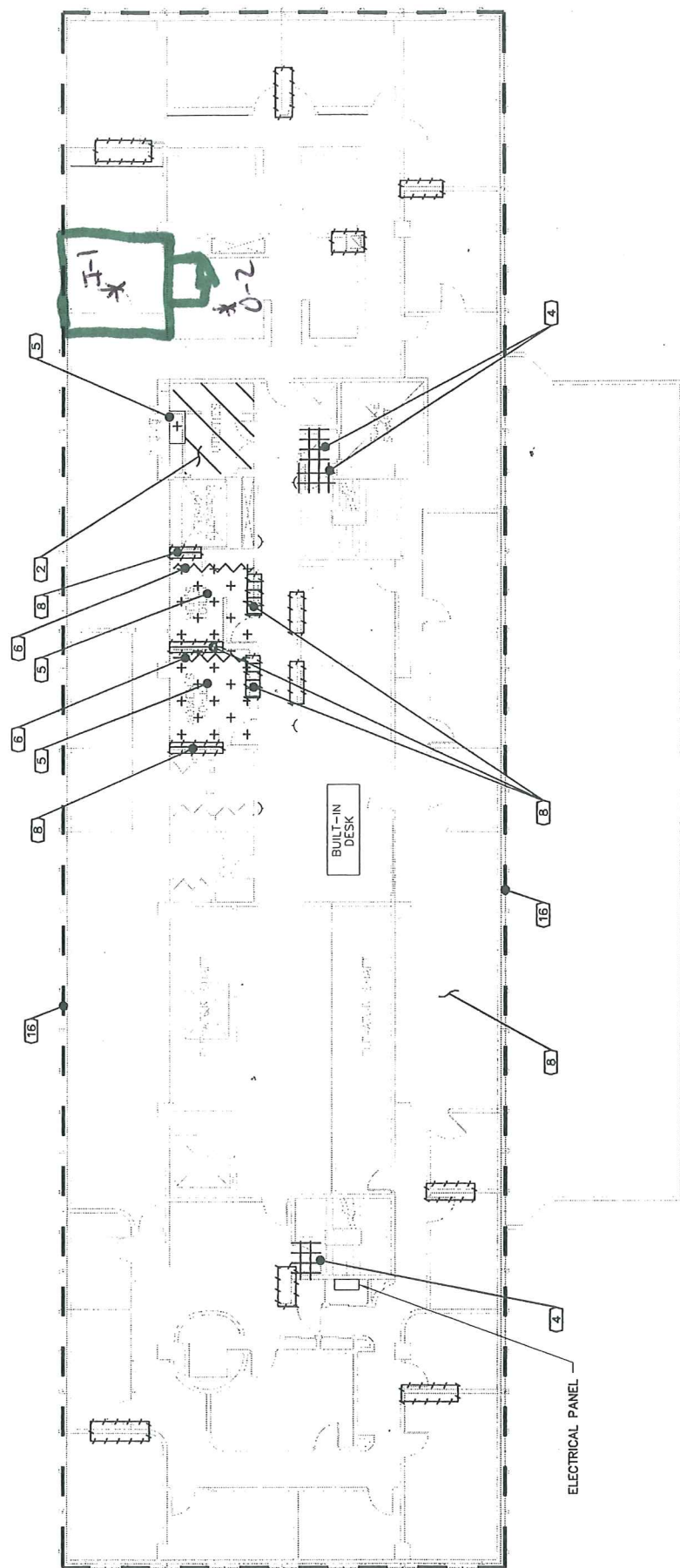
16th floor Tent #1

final Av Samples 11/6/09
Re scan 11/7/09



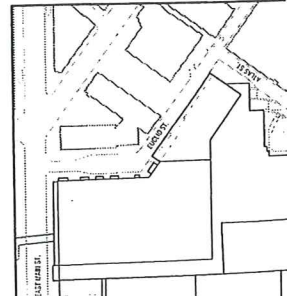
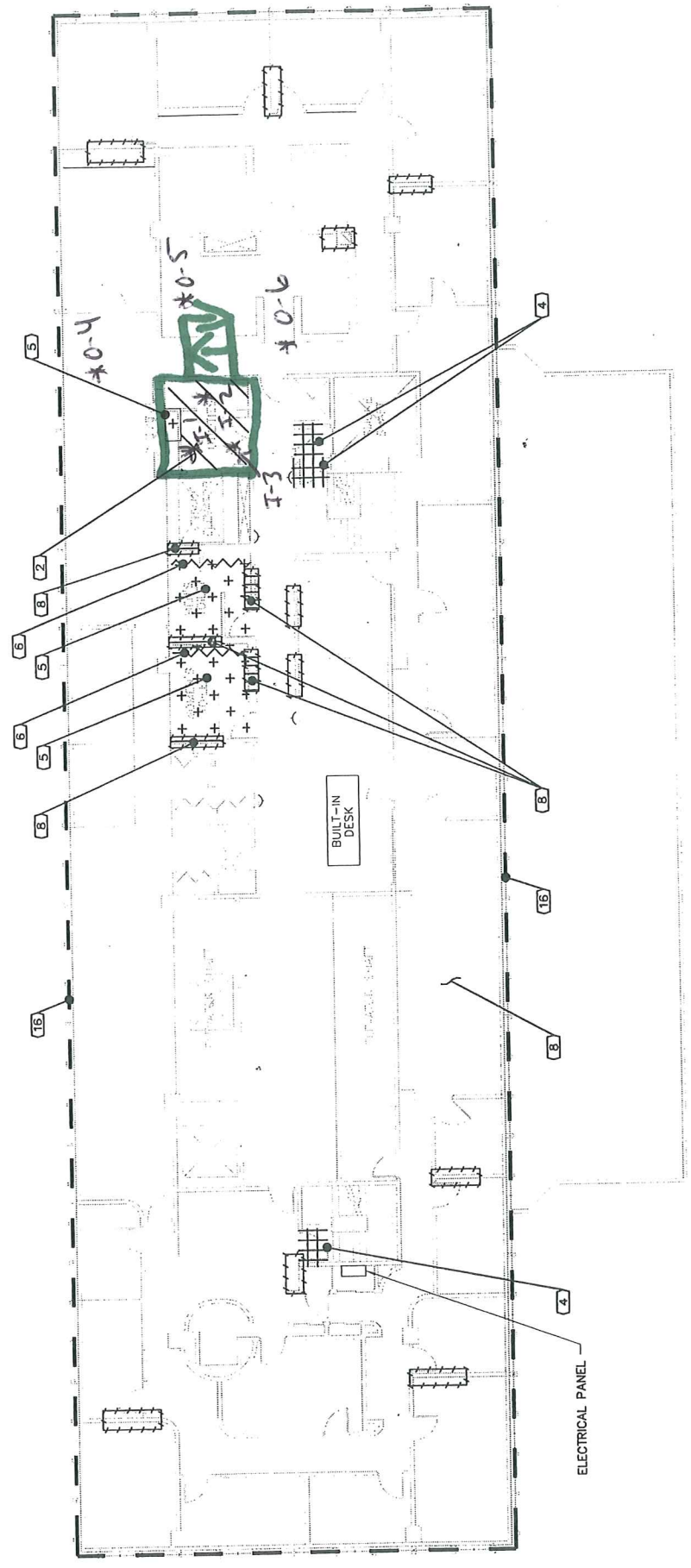
16th flr Tent #2

final Air Samples 11/6/09
 re-run finals 11/7/09



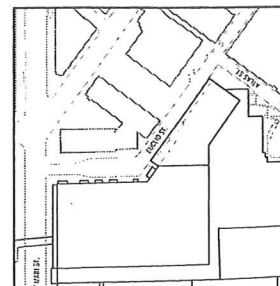
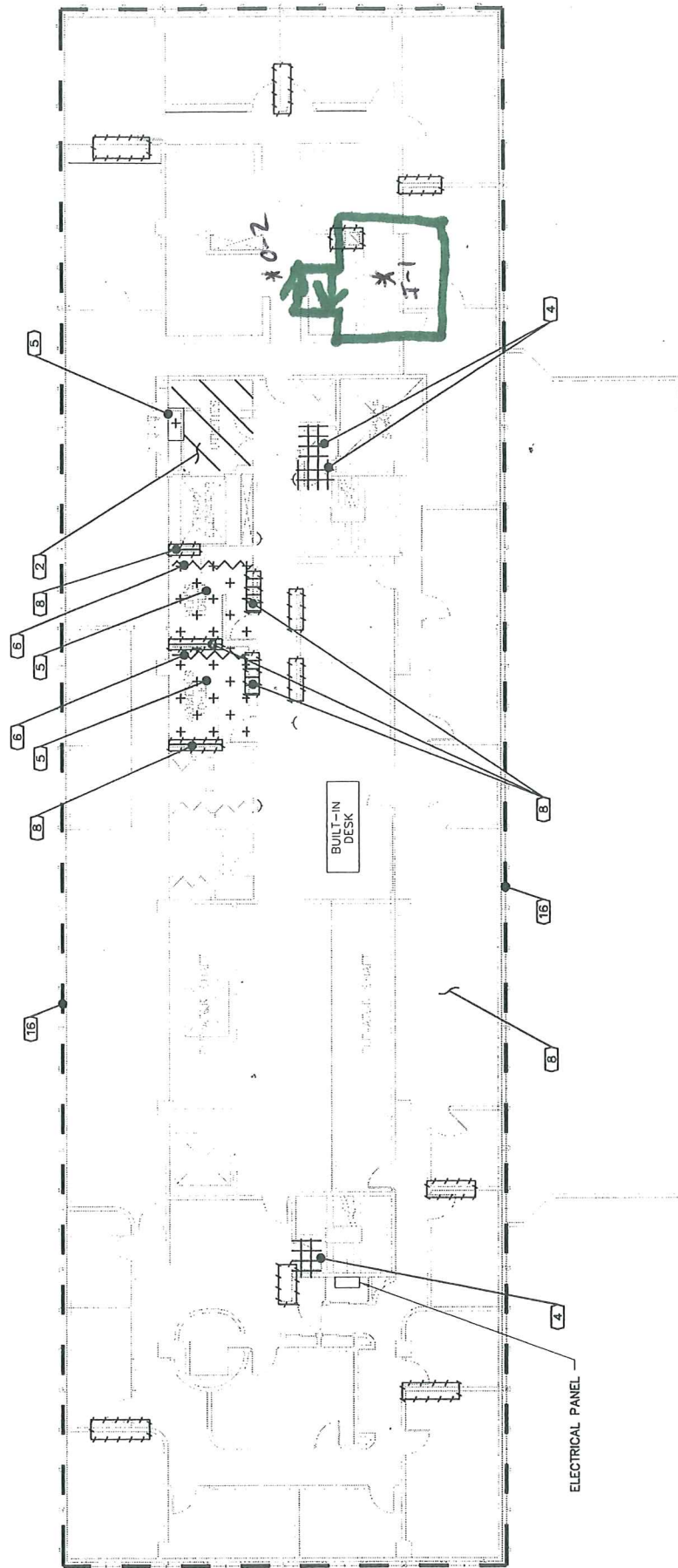
16th Floor Tent #3

Final Air Samples 11/6/09
Re-run Samples 11/7/09



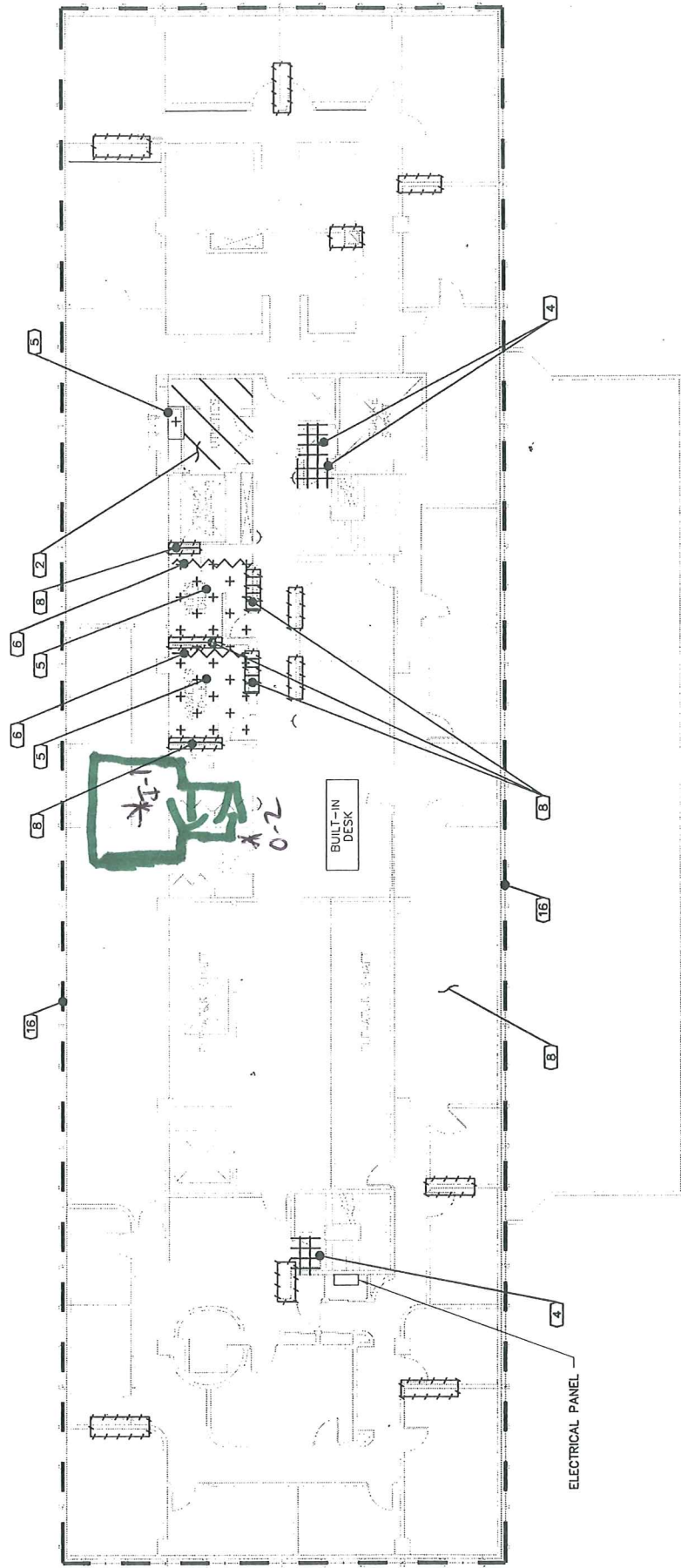
16th floor Tent #4

final Air Samples 11/6/09
Re-ran Samples 11/7/09



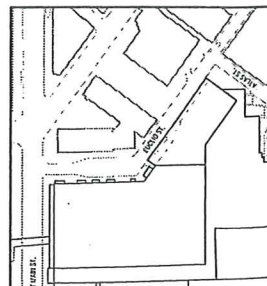
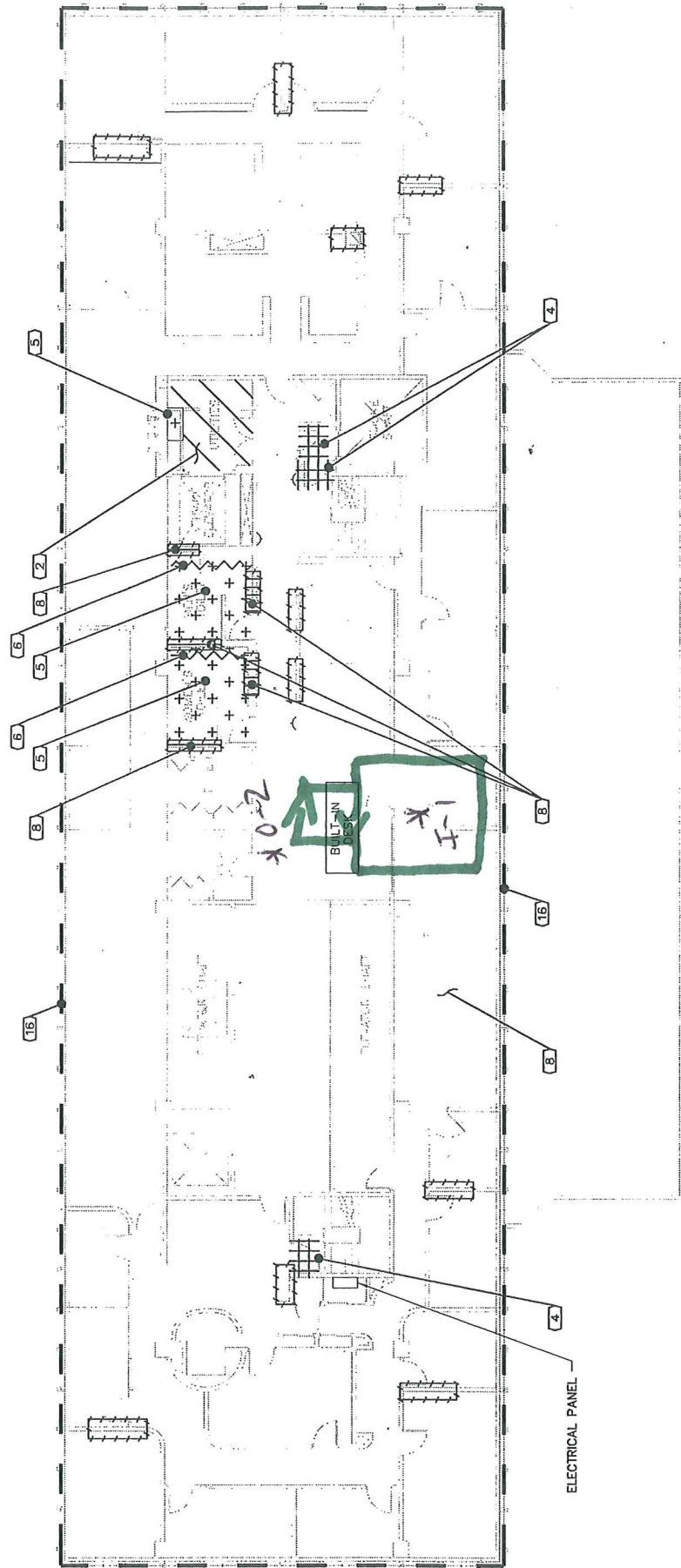
16th floor Tent #5

final Air Samples 11/6/09



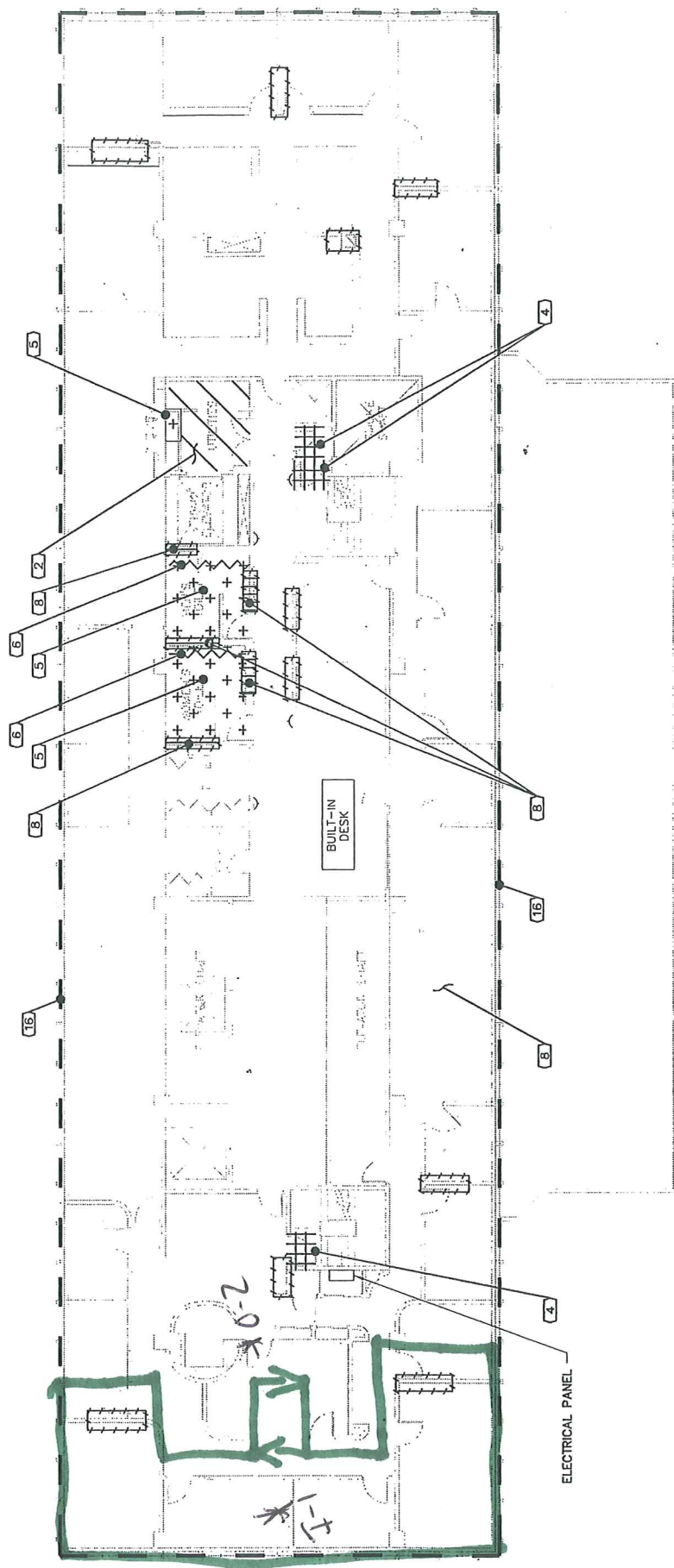
16th floor Tent #6

final Air Samples 11/6/09

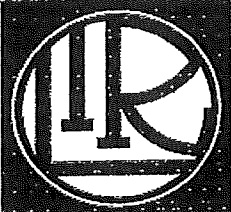


16th floor Tent #7

final Air Samples 11/6/09



P.M. Logs & FVI
Misc. Sampling



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: TED TROMBES

DATE: 08/26/09

Contract #

Liro Job #:

HOURS: 0700 - 1530

TASK: P.M.

| TIME | ACTIVITY |
|------|---|
| 0700 | ON SITE. Met w/ DARRYL AND MARK FOR UPDATES AND WORK FOR DAY. |
| 0800 | WORKERS ON 11 TH AND 13 TH FLOORS TAKING OUT WALLS AND ANYMORE MOVABLE DEBRIS. UNION WORKERS ON 2 ND FLOOR MAIL STILL DOING SELECTIVE DEMO AND ON 1 ST TAKING OUT LIGHT BULBS. |
| ▲ | RUNNING BACKGROUNDS ON 17 TH FLOOR. WILL SETUP 16 TH AFTER 17 TH FLOOR. |
| 1000 | WORK GOING GOOD ON 11 TH AND 13 TH FLOORS. ONLY CONCERN IS THAT SOME CEILINGS AREA ARE BOWING DOWN IF TO MANY METAL STUD ARE REMOVED. TOLD DARRYL AND BILL B. OF MY CONCERNS. - CHRIS ON SITE FOR DESK AND OFFICE FURNITURE FOR OFFICE ACROSS STREET. HELPED MOVE A COUPLE CHAIRS OVER AND POINTED OUT SOME EMPTY FILING CABINETS FOR ACROSS STREET OFFICE. |
| 1300 | WORKER REMOVING BULBS ON 1 ST FLOOR EAST SIDE OF MAIL. NO CONCERNS. |
| ▲ | AIR SAMPLES ON 17 TH FINISHED AND 16 TH SET UP. |
| 1415 | BROKE DOWN 16 TH AIR SAMPLES. BACK TO CHECKING MAIL AREA FOR HAZ. MATS. |
| 1530 | OFF SITE. |



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: Dave Parker

DATE: 11/4/09

Contract #

Liro Job #:

HOURS: 0700-1730

TASK: PM

| TIME | ACTIVITY- Midtown Tower |
|------|--|
| 0700 | On site/ set up all air samples for 12 th , 13 th and 14 th floor. All pumps were set up at 3 LPM. Samples are in same locations as previously stated. |
| 0800 | Checked location of all workers and what they are doing. Workers in the 12 th , 13 th and 14 th floor area are all continuing with the cleaning phase. There are currently 12 workers on the 13 th floor and 9 workers on the 12 th floor. Currently there is one worker outside containment helping with supplies. |
| | On the 17 th floor there are 3 workers removing elbows in minor tents on the. On the 16 th floor there are currently 4 workers prepping tents to be used to remove materials. Workers should finish tents on the 17 th floor shortly after lunch and final visual inspections will be completed after appropriate wait time. |
| 1000 | Inside 12 th , 13 th and 14 th floor area to inspect cleanliness. Pointed out areas that will need to be further addressed. Areas were same as previously stated i.e. pigeon holes, bolts and beams that run opposite pigeon holes. Area is looking good and is approx. 80% completely finished. |
| 1200 | Checked manometer to insure area is getting proper negative pressure. Manometer is currently reading -0.048. |
| 1230 | Lunch and paperwork. |
| 1400 | 5 tents on 17 th floor are now complete with removal and final clean. 3 of 5 tents have a 2 hour wait time. 1 tent has a 4 hour wait and the last tent has a 12 hour wait time. Visual inspections will be complete tomorrow and will be followed by final air samples. |
| 1445 | Crew from 17 th floor has moved down to 16 th floor to assist with building tents. Crews in 12th, 13th and 14th floor have stayed on same floors thru the duration of the day. |
| 1535 | Inspected all Gaylord boxes containing ACM. 24 bags were removed from 15 th floor waste out and 6 boxes were unloaded from 12 th , 13 th and 14 th floor. All boxes and bags have been properly sealed and labeled. No visible leaks or emissions were found in my inspection of boxes and bags. |
| 1700 | Began breaking down all air samples. Pumps are still running at 3 LPM. Samples will be submitted to Paradigm on my way home. |
| 1730 | Off site. |
| | |
| | |



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: Dave Parker

DATE: 11/5/09

Contract #

Liro Job #:

HOURS: 0700-1730

TASK: PM

| TIME | ACTIVITY- Midtown Tower |
|-------------|--|
| 0700 | On site/ set up all phase IIB air samples for 12 th , 13 th and 14 th floor at 3 LPM. All samples are set up in same locations as previously stated. |
| 0800 | Check location of workers and work being completed. On the 16 th floor there are 7 workers removing ACM in tents. On the 16 th floor there are 7 tents being used to remove all materials. On the 15 th floor there are 4 workers prepping tents to be used to remove remaining materials on the 15 th floor. In the 12 th , 13 th and 14 th floor area there are currently 2 workers on the 13 th floor continuing with clean phase. On the 12 th floor there are 12 workers also continuing with clean phase. |
| | Today workers are beginning to build a decon to be used for the 9 th and 10 th floor. Crew of 2 has begun to build frame of decon. Decon will not be able to be used for the 11 th floor. The 11 th floor contains the decon unit for 12 th , 13 th and 14 th floor. The crew cannot remove material on the 11 th floor until the 12 th , 13 th and 14 th floor has final air sample results. |
| 0900 | Visual inspections were complete with Darryl. Tents #1 and #4 need further cleaning. Crew back in these tents immediately to clean up tents. Tents # 2, 3 and 5 have all passed. Final air samples for tents 2, 3 and 5 will be started shortly. Final air samples for tents #1 and #4 will be ran today after proper wait time. Wait times will start when crew is done with clean up. |
| 1000 | All air samples for tent #2, tent #3 and tent #5 were all set up beginning at 0957 and finished setting up samples at 1005. Samples were set up at 4 LPM and will be ran for 150 minutes for a total of 600 liters of air. |
| 1020 | Crew has finished clean up of tent #1 and tent #4 and wait times will begin. Tent # 1 has a 4 hour wait time and tent #4 has a 2 hour wait time. I will begin final air samples for these tents at approx. 1400. All samples will be completed and submitted to lab by the end of the day. |
| 1230 | Broke down final air samples on 17 th floor, all samples were submitted to lab by the end of the day. |
| 1300 | Lunch and paperwork. |
| 1400 | Inspected all ACM waste being loaded out of the areas. 65 bags and 6 boxes of waste have been loaded out from the 15 th floor and 5 boxes have been loaded out from the 12 th , 13 th and 14 th floor. All boxes and bags have been properly sealed and labeled. No visible leaks or emissions were found on any waste containing bag or box. All waste was loaded into the trailer at the Wegman's loading dock. |
| 1530 | Workers on the 16 th floor have finished removing in tents. Workers will final clean for remainder of day and possibly into tomorrow. Crew will move to 15 th floor tomorrow. 7 tents on 16 th floor will have visual inspections complete tomorrow morning. |
| 1615 | Spoke with Mark D. and Sergiy for plan on removal of ceiling plaster remaining on 15 th floor. Crew needs to have an attached decon for this area because it is a small area with friable |

| | |
|--------------------|--|
| | material. The crew was going to use the remote decon and add a tunnel to the area but this cannot be done while the crew is using the decon as a remote decon for tent removal. Crew agreed to build a small project decon attached to both areas containing ceiling plaster to make 1 small ceiling plaster area. |
| <i>1700</i> | Began breaking down air samples for 12 th , 13 th and 14 th floor. All pumps are still running at 3 LPM. Samples will be submitted to Paradigm on my way home. |
| <i>1730</i> | Off site. |
| | |
| | |
| | |
| | |



LiRo Engineers, Inc.

Midtown Plaza Complex Asbestos Abatement Daily Summary Report

NAME: Dave Parker

DATE: 11/6/09

Contract #

Liro Job #:

HOURS: 0700-1730

TASK: PM

| TIME | ACTIVITY- Midtown Tower |
|------|---|
| | All final air samples for 17 th floor have passed. I notified Mark D. and Sergiy about results. The crew can break down tents as soon as they like. |
| 0700 | On site/ set up all phase IIB air samples for 12 th , 13 th and 14 th floor at 3 LPM. Samples are in same locations as previously stated. |
| 0800 | Checked location of workers and work being complete. Currently there are only 4 workers in 12 th , 13 th and 14 th floor areas cleaning. On the 15 th floor there are 9 workers; 6 workers are prepping tents to be removed and 3 workers are removing in tents that are already prepped. On the 17 th floor there are currently 3 workers tearing down tents that passed final airs. On the 8 th floor there are 5 workers continuing to build the decon for 9 th and 10 th floor. 6 workers are on the 10 th floor doing selective demo. |
| 0900 | Workers have finished final clean on all tents on the 16 th floor. Visual inspections will be completed after a 2 hour wait period. |
| 1000 | Inspected work being completed on 15 th floor. Workers have checked multiple spots where membrane was supposed to be located and no membrane was found. I inspected area myself and found no membrane. Crew will not have to abate area. Crew is removing in all remaining tents. There are 5 tents on the 15 th floor to be abated. |
| 1100 | All visual inspections have passed on the 16 th floor. Air samples will be set up shortly. |
| 1200 | Lunch and Paperwork. |
| 1300 | Set up all final air samples. Samples will be set up at 4 LPM and ran for 150 minutes for a total for 600 liters of air. Samples will be submitted to Paradigm on my way home. |
| 1430 | Back and forth between 15 th and 16 th floor to check on progress on 15 th floor and final air samples running on 16 th floor. Crew on 15 th floor is still in removal stage. Final cleans for tents will begin shortly but will not be finished today. Pumps running on 16 th are in good shape with no drop in LPM. |
| 1530 | Broke down final air samples for 16 th floor. And completed all necessary paperwork for samples. See maps for sample locations. |
| 1630 | Spoke with Sergiy and Mark D. about crews plan for tomorrow. They will have half a crew here tomorrow to complete removal on 15 th floor. Time permitting I will run finals on this tomorrow as well. Crew will work until 15 th floor is complete. |
| 1700 | Broke down all air samples. Pumps are still running at 3 LPM. All samples will be submitted to Paradigm on my way home. |
| 1730 | Off site. |

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2008

Building & Location: Midtown Tower 16th floor Jent #1 Job Ticket # 36331

Project Description

Work Area

ESDC

Mark Smith

Client/Owner (Print Name)

Client/Owner Representative (print name)

Client Contact (Print Name)

Cummins

X Mark DePauw

X 09-13704

Abatement Contractor:

Supervisor (print name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

X Mark DePauw

X 09-13704

Supervisors Visual Inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSDOL Asbestos Handling Certificate Number

Date/Time

Dave Park

08-10920

11/6/05

Project Monitor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Date

Site Emergency Phone: 411

Job Type: Class I ☒ Class II ☐ 2 hours

Wait period duration

End Time of Final Clean

Job Size: Large ☐ Small ☐ minor

Material P.I. Sq 6 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 | | | | 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 | | | |
| 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"/> | Paperwork & Procedures | | | |
| 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"/> | 45. Area Asbestos Survey | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspection | | | | 28. No condensation | <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"/> | 29. All Isolation Barriers intact | <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"/> | Regulated Abatement Work Area | | | | 48. Entry into Supervisors Log | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Areas to Inspect | | | | 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"/> |
| 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"/> | 50. Enter Full Name | <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"/> | 51. Enter AH Cert. Number | <input checked="" 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"/> | 52. Worker Present | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Negative Air in Operation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 to remain also state this).

Verbal Scope of work given by Jerry from Cummins to remove all P.I. in given area via glove bag as per code 56.

| | | | |
|---|----------------------|--|------------------|
| Supervisors Signature | <u>X Mark DePauw</u> | Date/Time | <u>X 11-6-04</u> |
| Project Monitor Signature | <u>Dave Park</u> | Date/Time | <u>11/6/05</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 1CR-56.

Copy delivered to:

On Date:
FVI form

By:

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Middletown Tower 16th floor Pent #2 Job Ticket #: 36331

Project Description

Work Area

Client/Owner (Print Name)

Client/Owner Representative (print name)

Client Contact (Print Name)

Abatement Contractor:

Supervisor (print name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Supervisors Visual Inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSDOL Asbestos Handling Certificate Number

Date/Time

Project Monitor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Date

Site Emergency Phone: 911

Job Type: Class I ☒ Class II ☐ 2 hours

End Time of Final Clean

Job Size: Large ☐ Small ☒ minor

Material P.J. Sq 0 Ft

Project Monitor Visual Inspection Checklist

Project with Multiple Removals ☐

| Section A | Section B | Section C |
|---|---|---|
| Inspectors Checklist | Visual Inspection | Procedures/ Paperwork |
| SAT | SAT | SAT |
| Needs Action | Needs Action | Needs Action |
| N/A | N/A | N/A |
| Equipment 1. Flashlight <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Knife or pointed object <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Respirator <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Hard Hat <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Safety Glasses <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Tyvek Suit <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Gloves <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inspection 8. Enter all Spaces <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"/> Areas to Inspect 10. Permanent Fixtures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Light Fixtures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Ductwork <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Elevated Horizontal Surfaces <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Pipes <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Ceiling Grids/Sprinkler Heads <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Conduits <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Houseman Channels <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Floor and Wall Penetrations <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Creases & Folds in Criticals <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Walls & Corners <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Floors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Personal Decontamination Unit 22. Clean & Free of Debris & Dust <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"/> 24. No condensation <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"/> Waste Decontamination Unit 26. Clean & Free of Debris & Dust <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"/> 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"/> Regulated Abatement Work Area 30. No Visible Pools of Liquid <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 31. No condensation <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 32. All Criticals intact <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"/> 34. No Unremoved Materials <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 35. No Visible Debris <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 36. No Visible Dust <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> | Paperwork & Procedures 42. Written Scope of Work (attached) <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"/> 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. Area Asbestos Survey <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 47. Sign into work area <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 48. Sign out of work area <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 49. Entry into Supervisors Log <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 50. Detail Findings <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 51. Enter Full Name <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 52. Enter AH Cert. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 53. Worker Present <input checked="" 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).

Verbal Scope of work given by Jerry from Cambria. Crew is to remove all P.I. in given area with gloves as per code rule 06.

| | |
|---|----------------------------|
| Supervisors Signature <u>X Mark DePauw</u> | Date/Time <u>X 11-6-09</u> |
| Project Monitor Signature <u>[Signature]</u> | Date/Time <u>11/6/09</u> |
| PASS <input checked="" type="checkbox"/> Area Cleared to proceed with Clearance Airtight 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

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Milford Tower 16th floor Unit #3 Job Ticket #: 36331

Project Description

Work Area

Client/Owner (Print Name)

Client/Owner Representative (print name)

Client Contact (Print Name)

Abatement Contractor

Supervisor (print name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Supervisors Visual Inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSDOL Asbestos Handling Certificate Number

Date/Time

Project Monitor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Date

Site Emergency Phone: 911

Job Type: Class I ☐ Class II ☒ 4 hours

Wait period duration

End Time of Final Clean

Job Size: Large ☐ Small ☒

Material FT/FTM Sq 0 Ln 0 Ft 0

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 | | | |
| 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"/> | | | | 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 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"/> | | | | 46. Sign into work area <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Inspection | | | | 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 | | | | 49. Detail Findings <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| Areas to Inspect | | | | 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | 33. All Isolation Barriers Intact <input checked="" 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"/> | | | | | | | |
| 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"/> | | | | | | | |
| 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"/> | | | | | | | |
| 16. Conduits <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | 37. Examine Contractor Equipment <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 17. Houseman Channels <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"/> | | | | | | | |
| 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"/> | | | | | | | |
| 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"/> | | | | | | | |
| 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"/> | | | | | | | |
| 21. Floors <input checked="" 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).

| |
|---|
| <u>Verbal Scope of work given by Sergio - (Clerk) to remove all FT/FTM in given area - 5 per code note 510.</u> |
| |
| |
| |

| | | | |
|---|----------------------|--|------------------|
| Supervisors Signature | <u>X Mark DePauw</u> | Date/Time | <u>X 11-6-09</u> |
| Project Monitor Signature | <u>D. L. D.</u> | Date/Time | <u>11/6/09</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:

FVI form

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2008

Building & Location: Midtown Tower 16th floor Pent #4 Job Ticket #: 36331

Project Description

Work Area

ESDC
Client/Owner (Print Name)

Client/Owner Representative (print name)

Client Contact (Print Name)

Cunha
Abatement Contractor:

Supervisor (print name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Supervisors Visual inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSDOL Asbestos Handling Certificate Number

Date/Time

Project Monitor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Date

Site Emergency Phone: 911

Job Type: Class I ☒ Class II ☐ 2 hour

Wait period duration

End Time of Final Clean

Material P.I.

Sq

60 Ft

Job Size: Large ☐ Small ☐ minor

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 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 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 | | | | Paperwork & Procedures | | | |
| Not Required | | | | Required to Pass | | | | Not Required | | | |
| 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 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"/> |
| 17. Hauserman Channels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 are to remain also state this).

Verbal Scope of work given by Sergio - Area is to remain all P.I. in given area via gloves as per code note 56.

| | |
|--|----------------------------|
| Supervisors Signature <u>X Mark DePaute</u> | Date/Time <u>X 11-6-09</u> |
| Project Monitor Signature <u>D. J. P.</u> | Date/Time <u>11/6/09</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:

FVI form

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Tower 16th floor pent #5 Job Ticket #: 36337

Project Description

Work Area

Client/Owner (Print Name) E.S.P.C. Client/Owner Representative (print name) Mark Smith Client Contact (Print Name)

Abatement Contractor: Camden Supervisor (print name) X Marie DePauze NYSDOL Asbestos Handling Certificate Number X 09-13704

Yes ☒ No ☐ Supervisors Visual Inspection Completed? Supervisor Completing Visual Inspection (print name) X Marie DePauze NYSDOL Asbestos Handling Certificate Number X 09-13704

Project Monitor (Print Name) Dave Perle NYSDOL Asbestos Handling Certificate Number 0810920 Date/Time 11/6/09 Date

Site Emergency Phone: 911

Job Type: Class I ☒ Class II ☐ 2 hours Wait period duration End Time of Final Clean

Job Size: Large ☐ Small ☐ minor Material P.I. Sq 40 Ft

Project Monitor Visual Inspection Checklist Project with Multiple Removals ☐

| Section A | Needs | Section B | Needs | Section C | Needs |
|-----------------------------------|---|--------------------------------------|---|--------------------------------------|---|
| 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 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 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 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"/> | 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 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"/> |
| 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"/> |

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

-
-
-
-

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).

Verbal Scope given by Sergio. Clean is to remain all P.I. in given area via staining as per code rule 56.

Supervisors Signature X Marie DePauze Date/Time X 11-6-09

Project Monitor Signature D. Perle Date/Time 11/6/09

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

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Tower 16th floor Jend #6 Job Ticket #: 30331

Project Description

Work Area

ESOL
Client/Owner (Print Name)

Client/Owner Representative (print name)

Client Contact (Print Name)

Abatement Contractor:

Supervisor (print name)

NYSDOL Asbestos Handling Certificate Number

Yes ☒ No ☐

Supervisors Visual inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSDOL Asbestos Handling Certificate Number

Date/Time

Project Monitor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Date

Site Emergency Phone: 911

Job Type: Class I ☒ Class II ☐ 2 hours

Job Size: Large ☐ Small ☐ Wait period duration

End Time of Final Clean

Material P.I. Sq Ft

Project Monitor Visual Inspection Checklist

Project with Multiple Removals ☐

| Section A | Section B | Section C |
|--|---|---|
| Inspectors Checklist | Visual Inspection | Procedures/ Paperwork |
| SAT | SAT | SAT |
| Needs Action | Needs Action | Needs Action |
| N/A | N/A | N/A |
| Equipment 1. Flashlight <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Knife or pointed object <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Respirator <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Hard Hat <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Safety Glasses <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Tyvek Suit <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Gloves <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inspection 8. Enter all Spaces <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"/> Areas to Inspect 10. Permanent Fixtures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Light Fixtures <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Ductwork <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Elevated Horizontal Surfaces <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Pipes <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Ceiling Grids/Sprinkler Heads <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Conduits <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Hauserman Channels <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Floor and Wall Penetrations <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Creases & Folds in Criticals <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Walls & Corners <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Floors <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Personal Decontamination Unit 22. Clean & Free of Debris & Dust <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"/> 24. No condensation <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"/> Waste Decontamination Unit 26. Clean & Free of Debris & Dust <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"/> 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"/> Regulated Abatement Work Area 30. No Visible Pools of Liquid <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 31. No condensation <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 32. All Criticals intact <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"/> 34. No Unremoved Materials <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 35. No Visible Debris <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 36. No Visible Dust <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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"/> | Paperwork & Procedures 42. Written Scope of Work (attached) <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"/> 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. Area Asbestos Survey <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 47. Sign into work area <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 48. Sign out of work area <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 49. Entry into Supervisors Log <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 50. Detail Findings <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 51. Enter Full Name <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 52. Enter AH Cert. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 53. Worker Present <input checked="" 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).

| | |
|---|--|
| Verbal Scope given by Sergio from Cambria. Crew is to remove all P.I. in given area via glovebag as per code rule 56. | |
|---|--|

Supervisors Signature

Date/Time

Project Monitor Signature

Date/Time

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

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: Midtown Tower 10th Floor Tenet #7 Job Ticket #: 36331

Project Description

Work Area

Client/Owner (Print Name)
ESOL

Client/Owner Representative (print name)

Client Contact (Print Name)

Abatement Contractor:
Cumbrich

Supervisor (print name)

NYSOL Asbestos Handling Certificate Number

Yes ☐ No ☒

Supervisors Visual Inspection Completed?

Supervisor Completing Visual Inspection (print name)

NYSOL Asbestos Handling Certificate Number

Date/Time

Project Monitor (Print Name)
Daniel Park

NYSOL Asbestos Handling Certificate Number
08-10720

Date
11/6/09

Site Emergency Phone: 411

Job Type: Class I ☒ Class II ☐ 2 hours

Job Size: Large ☐ Small ☐ Wait period duration minor

End Time of Final Clean

Material D.I. Sq 10 Ft

Project Monitor Visual Inspection Checklist

Project with Multiple Removals ☐

| Section A | | | | Section B | | | | Section C | | | |
|-----------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Inspectors Checklist | | | Needs Action | Visual Inspection | | | Needs Action | Procedures/ Paperwork | | | Needs Action |
| SAT | Action | N/A | | SAT | Action | N/A | | SAT | 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 checked="" 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"/> | 45. Area Asbestos Survey | <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"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Negative Air in Operation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 to remain also state this).

| | |
|--|--|
| <u>Verbal Scope given by survey from condition - crew is to remove all V.I. in given area as per code via glove bag as per code note 50.</u> | |
| | |
| | |

| | |
|--|--------------------------|
| Supervisors Signature <u>X Mark DePaulis</u> | Date/Time <u>11-6-09</u> |
| Project Monitor Signature <u>D. Park</u> | Date/Time <u>11/6/09</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:

FVI form

Certifications

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE



DAVID PARKER
CLASS (EXPIRES)
CATEC (05/10) REM (05/10)



CERT# 08-10920
DMV# 138257303

MUST BE CARRIED ON ASBESTOS PROJECTS

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>583-255-0014</u> | Date of Birth ¹ <u>5/4/86</u> |
| Address <u>151 Hallbar rd.</u> (Street or PO Box) | <u>Rochester</u> (City) | <u>NY</u> (State) |
| <u>14626</u> (Zip Code) | | |

II - To be completed by Training Sponsor

| | |
|---|--|
| Provider's Name Cornerstone Training Institute | Telephone Number <u>585-319-3025</u> |
| Address 1680 Lyell Avenue Suite 200 Rochester, NY 14606 | Course Location: <u>JAM5</u> |
| Zip Code | |
| Course Title: <u>Project Monitor</u> | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Refresher |
| | <input type="checkbox"/> NYS DOH use only <input type="checkbox"/> DOH Equivalency ² |

Training Language: ☒ English ☐ Other: _____ Exam Grade/Date: 88.5 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)

RESPIRATOR FIT - TEST RECORD

Employee's Name: DAVE PARKER

Employee's Social Security Number: 5004

Fit Test Date: 10-27-69 Person Conducting Fit-Test: J. TRONNES

Respirator Selected for Test: FULL FACE.


Manufacture: NORTH 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: 

Concentra Medical Centers (NY)

687 Lee Rd Suite 208 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

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: 151 Hallbar Rd

ROCHESTER NY 14626

Employee SSN: XXX-XX-6004

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)

| | |
|--|---|
| <input type="checkbox"/> Employee must schedule a medical examination with <u>Concentra Medical Centers (NY)</u> prior to respirator approval and usage. | |
| <input checked="" type="checkbox"/> Class I - No Restrictions on Respirator Use | <input type="checkbox"/> To be used for Emergency Response or Escape Only |
| <input type="checkbox"/> Class II - Some Specific Use Restrictions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Class III - Respirator Use is NOT PERMITTED | |
| <input type="checkbox"/> Further Testing / Evaluation is Required. ² | |
| <input type="checkbox"/> Fit Test Required | <input type="checkbox"/> Fit Test Performed Satisfactorily |
| <input type="checkbox"/> Fit Test Performed Unsatisfactorily | <input type="checkbox"/> Fit Test NOT Performed at: <u>Concentra Medical Centers (NY)</u> |

| | |
|---|--|
| <input checked="" type="checkbox"/> Special prescription eyewear needed to accommodate respirator | <input type="checkbox"/> Special prescription eyewear needed to accommodate respirator |
| <input type="checkbox"/> Facial hair needs to be shaved to assure tight seal on certain face masks. | |

¹Physician or other Licensed Healthcare Professional
²Employee 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-C
5243

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

Date of Exam

Expires On

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE



THEODORE A. TRONNES
CLASS (EXPIRES)
O/ATEC (06/10) D/WSP (06/10)
H/PM (06/10)

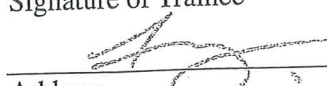


CERT# 07-00223
DMV# 775062693

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. **552572**
Certificate No. 552572

I - To be completed by Trainee

| | | |
|---|--|---|
| Name of Trainee (print) <u>TRONNES, Theodore A.</u> | NYS Depart. of Motor Vehicles ID (DMV ID) ¹ <u>775-062-693</u> | |
| Signature of Trainee  | Telephone Number <u>(585) 202-5733</u> | Date of Birth ¹ <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 <u>Cornerstone Training Institute</u> | Telephone Number <u>585-319-3425</u> |
| Address <u>1680 Lyell Avenue Suite 200</u> <u>Rochester, NY 14606</u> Zip Code | Course Location: <u>SAME</u> |

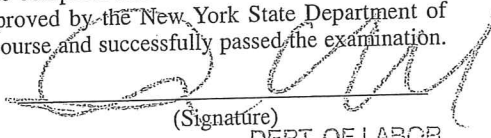
Course Title: PROJECT MGMT ☐ Initial ☒ Refresher ☐ DOH Equivalency² NYS DOH use only

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

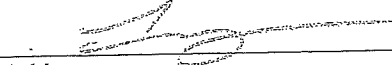
Dates of Training: From: 6/3/09 To: 6/3/09 Expires: 6/3/10

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

I - To be completed by Trainee

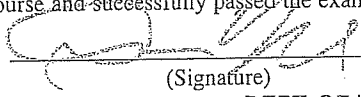
| | | | |
|---|--|---|------------|
| Name of Trainee (print) <u>Tronnes, Theodore A.</u> | NYS Depart. of Motor Vehicles ID (DMV ID) ¹ <u>775-062-693</u> | | |
| Signature of Trainee  | Telephone Number <u>(585) 202-5733</u> | Date of Birth ¹ <u>06/21/1979</u> | |
| Address <u>320 ENGLISH RD. ROCHESTER,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

II - To be completed by Training Sponsor

| | |
|--|---|
| Provider's Name <u>Cornerstone Training Inc.</u> | Telephone Number <u>585-319-3625</u> |
| Address <u>1680 LYON AVE</u> | Course Location: <u>Same</u> |
| Zip Code <u>14606</u> | |
| Course Title: <u>INSPECTOR REFRESHER</u> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Refresher <input type="checkbox"/> <small>NYS DOH use only</small> DOH Equivalency ² | |

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: Dan Yoh (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 14616

Employee SSN: XXX-XX-6897

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)

- ☐ Employee must schedule a medical examination with Concentra Medical Centers (NY) prior to respirator approval and usage.
☒ 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
☐ 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 Professional
² 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 DOUGLAS MINCER, R.R.A. - C.

Physician's License Number (Optional in Most States) N.Y. LIC. # 2220

Physician's Name (Printed)

Date of Exam

Expires On

r_phcp_stmt_resp_employer

Page 1 of 1

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

Print Date: 05/07/2009

Revision Date: 06/29/1999

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

Manufacturer: 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

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

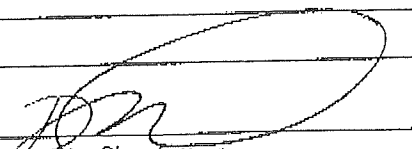
The above individual was seen on 05/07/2009 in accordance with: _____ 29 CFR 1926.1101.
_____ 40 CFR 763.121.

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

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: 0210527
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

NVLAP Code Designation / Description

18/A01

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

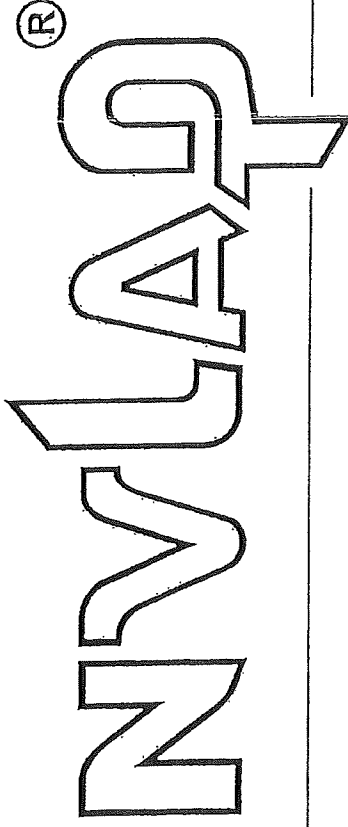
2009-07-01 through 2010-06-30

Effective dates

Bruce S. Hoogesteger

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



Jolly 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 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.

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: 0210527
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 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

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 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

| | |
|------------------|-----------|
| Iron, Total | EPA 6010B |
| Lead, Total | EPA 6010B |
| Magnesium, Total | EPA 6010B |
| Manganese, Total | EPA 6010B |
| Nickel, Total | EPA 6010B |
| Potassium, Total | EPA 6010B |
| Silver, Total | EPA 6010B |
| Sodium, Total | EPA 6010B |

Metals II

| | |
|------------------|-----------|
| Aluminum, Total | EPA 6010B |
| Antimony, Total | EPA 6010B |
| Arsenic, Total | EPA 6010B |
| Beryllium, Total | EPA 6010B |
| Mercury, Total | EPA 7471A |
| Selenium, Total | EPA 6010B |
| Vanadium, Total | EPA 6010B |
| Zinc, Total | EPA 6010B |

Metals III

| | |
|-----------------|-----------|
| Cobalt, Total | EPA 6010B |
| Thallium, Total | EPA 6010B |

Miscellaneous

| | |
|--------------------------------------|-----------------------------------|
| Asbestos in Friable Material | EPA 600/M4/82/020 |
| 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 |
| Hydrogen Ion (pH) | EPA 9045C |

Nitroaromatics and Isophorone

| | |
|--------------------|-----------|
| 2,4-Dinitrotoluene | EPA 8270C |
| 2,6-Dinitrotoluene | EPA 8270C |
| Isophorone | EPA 8270C |
| Nitrobenzene | EPA 8270C |
| Pyridine | EPA 8270C |

Nitrosoamines

| | |
|---------------------------|-----------|
| N-Nitrosodimethylamine | EPA 8270C |
| N-Nitrosodi-n-propylamine | EPA 8270C |
| N-Nitrosodiphenylamine | EPA 8270C |

Petroleum Hydrocarbons

| | |
|-------------------------|------------|
| Diesel Range Organics | EPA 8015 B |
| Gasoline Range Organics | EPA 8015 B |

Phthalate Esters

| | |
|-----------------------------|-----------|
| Benzyl butyl phthalate | EPA 8270C |
| Bis(2-ethylhexyl) phthalate | EPA 8270C |
| Diethyl phthalate | EPA 8270C |
| Dimethyl phthalate | EPA 8270C |
| Di-n-butyl phthalate | EPA 8270C |
| Di-n-octyl phthalate | EPA 8270C |

Polychlorinated Biphenyls

| | |
|----------|----------|
| PCB-1016 | EPA 8082 |
| PCB-1221 | EPA 8082 |
| PCB-1232 | EPA 8082 |
| PCB-1242 | EPA 8082 |
| 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.

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>

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM)

NVLAP LAB CODE 200530-0

NVLAP Code Designation / Description

18/A02

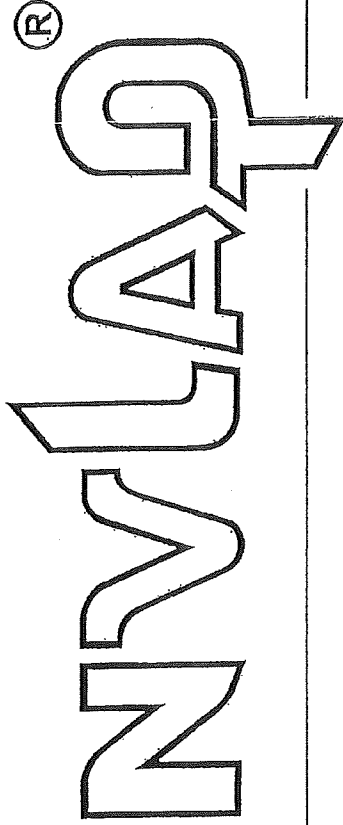
U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

2009-07-01 through 2010-06-30

Effective dates

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:

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-ILAC-IAF Communiqué dated January 2009).

2009-07-01 through 2010-06-30

Effective dates



Sally A. Bruce
For the National Institute of Standards and Technology

