

ASBESTOS ABATEMENT OVERSIGHT REPORT
LOGAN HIGH SCHOOL ROOM 215
100 SOUTH 162 WEST
LOGAN, UTAH

WT JOB NO. 6120JW137



**Western
Technologies
Inc.**

The Quality People
Since 1955

SALT LAKE CITY – UTAH

420 West Lawndale Drive
Salt Lake City, Utah 84115-2917
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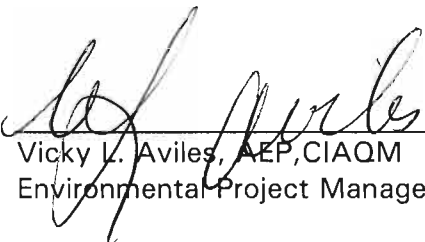
Prepared For:

**Logan City School District
101 West Center Street
Logan, Utah**

August 16, 2011



Charles Kaleta
Environmental Technician



Vicky L. Aviles, AEP, CIAQM
Environmental Project Manager

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**ASBESTOS ABATEMENT REPORT
LOGAN HIGH SCHOOL ROOM 215
100 SOUTH 162 WEST
LOGAN, UTAH**

WT JOB NO. 6120JW137

1.0 EXECUTIVE SUMMARY

Western Technologies Inc. (WT) was retained by the Logan City School District (LCSD) to provide contractor oversight during the removal of the asbestos containing materials in Room 215 at Logan High School, 100 South 162 West, Logan, Utah. The asbestos containing building materials (ACBM) consisted of approximately 900 square feet (s.f.) of vinyl floor tile/mastic.

WT provided contractor oversight, work area inspections, and air monitoring throughout the project. Eagle Environmental Inc. (Eagle) conducted the abatement July 26 through 28, 2011. Abatement work was performed in accordance with applicable government regulations.

This report provides LCSD with a summary of WT's records of oversight during this project.

2.0 INDUSTRIAL HYGIENE ACTIVITIES

WT performed a number of industrial hygiene-related activities during the course of this asbestos abatement project for LCSD. This section summarizes those activities.

2.1 Inspections/Approval Activities

WT observed the activities and engineering controls used by Eagle in order to monitor compliance with applicable federal, state, and local asbestos regulations. WT reviewed the contractor's pre-submittal documents that include their worker EPA certifications, medical surveillance and physician's determination, and respiratory fit test documents.

2.1.1 Pre-Abatement Inspection

WT inspected the integrity of the engineering controls established in and around the work areas prior to the start of abatement of the ACBMs. The critical areas in the classroom were covered with two layers of polyethylene and sealed with tape. Two HEPA air filtration units were placed in the classroom area exhausting to the exterior of the building. All entrances to the regulated area were marked with "Danger Asbestos Hazard" signs in English. An enclosed box truck was lined with polyethylene to accept the waste.

Equipment and material brought on-site by Eagle was inspected by WT to determine if the equipment and materials complied with manufacturer's operating recommendations.



2.2 Personnel Protective Equipment

The workers wore one time use coveralls, rubber boots and half face air purifying respirators. A negative exposure assessment (NEA) was not provided and personnel air monitoring was not observed.

3.0 ABATEMENT ACTIVITIES

Work was carried out in general accordance with applicable government regulations. The vinyl floor tile/mastic was removed utilizing wet methods and hand removal methods. The abated materials were sealed in polyethylene bags, placed in fiber drums and the drums were then sealed in polyethylene bags, and transported off-site in an enclosed truck.

3.1 Abatement

The vinyl floor tile was removed using hand scrapers and the mastic was removed using a low odor Soy based chemical remover, and hand methods.

3.1.1 Abatement Inspection

WT inspected Eagle's removal methods and packaging of waste and disposal procedures throughout the project to determine if current industry standards were followed and that no visible emissions were observed

3.1.2 Post-Abatement Inspection

WT inspected the classroom area upon completion of abatement activities to determine if removal and cleaning were performed satisfactorily.

3.2 Waste Handling

Waste was placed in clear polyethylene bags labeled with "Danger Asbestos Hazard", the generator information and placed in the prepared enclosed truck for transport off the site. The waste shipment record was provided to WT. Eagle will provide the final waste manifest to LCSD once it is received from the landfill.

3.3 Air Monitoring

At the request of LCSD, work area and perimeter air sampling was performed daily during abatement activities. The air collection pumps utilized for perimeter monitoring were calibrated by primary source (DryCal) not to exceed 2 liters of air per minute. The



sample activities were conducted during abatement activities. The samples were documented onto a chain of custody form along with two blanks (field/lab) and transported to Western Technologies Inc. (WT) for phase contrast microscopy (PCM) analysis. WT reported the results of the samples were below 0.1 f/cc levels.

Clearance air sampling was conducted using air sample collection pumps calibrated by a primary source calibration unit (DryCal) to draw no greater than 10 liters of air per minute (lpm) and no less than a total 1,200 liters per sample. Final air clearance samples were taken in containment after completion of abatement. All final clearance samples collected were below 0.1 f/cc.

4.0 CONCLUSIONS

Eagle Environmental Inc. completed asbestos abatement of the identified asbestos containing materials in Room 215 at Logan High School, 100 South 162 West, Logan, Utah, in general compliance with applicable federal, state, and local regulations. The following deficiencies were observed.

DATE OBSERVED	DEFICIENCY
7-26-11 to 7-28-11	Personnel air monitoring not performed and negative exposure assessment was not provided. As of the date of this report, WT has not received the waste manifest.



APPENDIX A:
WESTERN TECHNOLOGIES'
PROJECT PERSONNEL CERTIFICATION



THE ASBESTOS INSTITUTE

Certifies that

Charles D Kaleta

has attended the EPA approved course

AHERA
Contractor/Supervisor
October 18-22, 2010
and successfully passed the competency exam.

Date of Examination: **October 22, 2010**

Date of Expiration: **October 22, 2011**



Director



Approved Instructor

THE ASBESTOS INSTITUTE

8102 North 23rd Avenue

Suite A

Phoenix, AZ 85021-4962

602-864-6564

APPENDIX B:
WESTERN TECHNOLOGIES'
PROJECT LOGS
AIR MONITORING DATA





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3737 East Broadway Road
Phoenix, Arizona 85040-2921
(602) 437-3737 • fax 470-1341

**FIELD REPORT ON
JOB SITE CONDITIONS**

Client Logan School District

Report No. _____ Page 1 of 1

Permit No. _____

Job No. _____

Project Lagon HS.

Event / Invoice No. _____

Location Rm 215

Authorized By _____ Date 7/20/11

Prime Contractor Eagle Environmental

Superintendent R. Boyd

Code(s) _____

Observations By C. Ege Date 7/26/11

REPORT

OBSERVATIONS & ACTION TAKEN:

0:800 - CARL EGE & CHARLES KALETA Arrived on site
0:825 - Contractor arrived on site
0:9:00 - Prep begins on room
0:9:30 - Workers Physicals not valid, start work tomorrow
0:11:30 - CARL went to lunch
0:12:00 - Workers & Charles went to lunch
workers should be back in 1/2 hr.
0:130 - Prep not finished begin work 7:00 A.M.

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**OBSERVATION REPORT
ASBESTOS ABATEMENT**

Client Lagon H.S.

Report No. _____ Page 1 of _____

Client Project No. _____

WT Job No. _____

Project Rm. 215

Authorized By _____ Date _____

Location Lagon H.S. Tech Center

Observations By C. Kalerq Date 7/27/11

Abatement Contractor Eagle Environmental

Contractor's Supervisor R. Boyd

REPORT

AREA OF OBSERVATION

BUILDING: Tech Center FLOOR: 2nd FUNCTIONAL AREA: Rm. 215

OBSERVED ITEM	ACCEPTABLE			REMARKS / COMMENTS
	YES	NO	N/A	
A. CONTAINMENT				
1. FLOOR COVERED			X	
2. WALLS COVERED	X			5' high splash guards
3. ISOLATION OF HVAC	X			2 layers of 6 mil poly
4. DECONTAMINATION (THREE-STAGE)	X			
5. PENETRATIONS SEALED	X			
6. "Z" FLAP CONFIGURATION FOR DECONTAMINATION / WASTE BAG OUT	X			
7. GROUND FAULT CIRCUIT INTERRUPT (GFI's)	X			
8. INSPECTION / OBSERVATION WINDOW		X		no acceptable lacat. br
B. NEGATIVE AIR PRESSURE				
1. <input type="checkbox"/> HEPA VACUUM <input checked="" type="checkbox"/> AIR FILTER	X			2 x 2000 CFM neg air machines
A. CONSTANT OPERATION	X			
B. NEGATIVE PRESSURE ACHIEVED	X			
C. PRESSURE DIFFERENTIAL, 0.02 IN. WATER PER COLUMN	X			
C. SIGNS / LABELS				
1. WORK AREA ENTRANCE	X			
2. BAGS LABELED	X			
3. ACM HAZARD (ENGLISH / SPANISH)		X		Contractor does not have spanish signs
D. WORK PRACTICES				
1. REMOVED MATERIAL PROPERLY BAGGED	X			
2. MATERIAL WORKED WET	X			
3. HEPA VACUUM USED	X			
4. NO SMOKING	X			
5. NO EATING / DRINKING	X			
6. WORK AREA CLEANED	X			
7. PERSONNEL DECONTAMINATION	X			
8. PERSONNEL AIR MONITORING	X			
9. ENCAPSULANTS			X	
E. PROTECTIVE EQUIPMENT				
1. DISPOSABLE CLOTHING USED ONE TIME	X			
2. PROPER NIOSH-APPROVED RESPIRATORS	X			

White - File; Yellow - Contractor; Pink - Client, Subject To Review

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**FIELD REPORT ON
JOB SITE CONDITIONS**

Client Lagon H.S. Report No. _____ Page 1 of 1
Permit No. _____ Job No. _____
Project Lagon H.S. Tech center Event / Invoice No. _____
Location Rm. 215 Authorized By _____ Date _____
Prime Contractor Eagle Environmental Superintendent R. J. Jolly
Code(s) _____ Observations By C. Kalcia Date 7/27/11

REPORT

OBSERVATIONS & ACTION TAKEN:

0650 WT- Charles Kalcia arrives on site
0700 Eagle Environmental arrives on site
0710 Prep resumes Eagle delivers Certs and up to date
phys. cals to WT
0745 Prep Inspection passed and Abatement work begins
0840 Removal is still ongoing
0930 Removal is still ongoing
1045 Tile is removed, workers begin on removing masy.c.
1115 Applying mastic remover to 2nd 1/2 of room
1230 Masy.c removal continues
1345 Masy.c removal continues
1425 Detail cleaning is ongoing
1530 Visual inspection is passed and final air clearances
begin
1630 Final clearances still running
1735 Final clearances complete Charles Kalcia Departs
the site

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**FIELD REPORT ON
JOB SITE CONDITIONS**

Client Logan School District

Report No. _____ Page 1 of _____

Permit No. _____

Job No. Co1203W/B7

Project Asbestos Abatement - Technology Building

Event / Invoice No. _____

Location Room 215

Authorized By _____ Date _____

Prime Contractor Eagle Environmental

Superintendent R. Boyd

Code(s) _____ Observations By CARL Ege Date 7/28/11

REPORT

OBSERVATIONS & ACTION TAKEN:

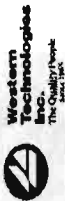
13:00 - Arrived on site. Contractor called said they would
be a half hour late due to traffic in Salt Lake City.
13:40 - Contractors begin teardown.
14:30 - Contractor completed teardown. Took
Pics of Room.

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INDUSTRIAL HYGIENE SAMPLING FILED LOG
AIHA LAB NO. 101588



Technician: Charles Kalcay Date: 7/27/11 Job No. 6203w137 Project Name: Logan H.S. Tech E-1111
 Sample Location: 2nd Floor Client: Logan H.S.
 Sample Media: (circle one) PCM 30um Collection Method: (circle one) NIOSH 7400 Analyzed For: Asbestos Fiber
 TEM .45um AHERA Asbestos Fiber

SAMPLE DATA

Sample #	Pump ID	Time On	Time Off	Total Time (minutes)	Flow Rate (LPM)	Volume(L)	Results f/cc	Fibers/Fields	Fibers/mm ²	Detection Limit
P-1	P-5	0744	1520	456	2.041	930.7	.006	11/100	1.401	.00011
P-2	P-6	0746	1523	457	2.028	926.8	.004	7/100	8.907	.0029
P-3		1520-005								
P-4		1523-001								

Sample #	Sample Location	HT	LOC	TYP	PHY	ACM	A/NA
P-1	Ceiling Exhaust	5'	P	W	R	VFT/m	NA
P-2	Neg air Exhaust	6'	P	W	R	VFT/m	NA
P-3	Sealed Blank						
P-4	Field Blank						

Analyst Signature: [Signature]
 QC Analyst Signature: 7/28/2011

HT = Height Above Floor
 LOC = W = work area, P = perimeter, A = adjoining area
 TYP = B = background, PR = personal, AM = ambient, W = work area, F = final
 PHS = S = pre-start, R = removal, C = clean-up, F = final
 ACM: FP = fire-proofing, ACS = acoustical ceiling spray, TSI = pipe insulation, VFT = vinyl floor tile, R = roofing, CT = ceiling tile,
 M = mastic, CAM = cement asbestos materials



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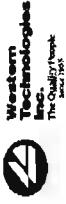
CHAIN OF CUSTODY

☐ INDUSTRIAL HYGIENE ☐ MICROBIAL
☒ ASBESTOS ☐ LEAD

[illegible]

White – Testing Laboratory; Yellow – Department Job File; Pink – Field Sample

INDUSTRIAL HYGIENE SAMPLING FILED LOG
AIHA LAB NO. 101588



Technician: C. Kellers **Date:** 7/27/11 **Job No.** 61205W137 **Project Name:** Logan H.S. Tech Center

Sample Location: RM. 215 **Client:** Logan H.S.

Sample Media : (circle one) PCM .8um **Collection Method:** (circle one) ~~AHERA~~ **Analyzed For:** (circle one) ~~Airborne Fiber~~ Asbestos Fiber

SAMPLE DATA

Sample #	Pump ID	Time On	Time Off	Total Time (minutes)	Flow Rate (LPM)	Volume(L)	Results f/cc	Fibers/Fields	Fibers/mm ²	Detection Limit
F-1	P-1	1530	1731	121	9.955	1209.4	.0012	3/100	3.821	.0022
F-2	P-2	1532	1734	122	9.869	1204.0	.0020	5/100	6.369	.0072
F-3										
F-4										

Sample #	Sample Location	HT	LOC	TYP	PHY	ACM	A/A
F-1	In Con. tank ment	4'	W	F	F	VFT/M	NA
F-2	In Con. tank ment	4'	W	F	F	VFT/M	NA
F-3	Sealed Blank						
F-4	Field Blank						

Analyst Signature: *[Signature]* 7/28/2011

QC Analyst Signature:

HT = Height Above Floor
 LOC = W = work area, P = perimeter, A = adjoining area
 TYP = B = background, PR = personal, AM = ambient, W = work area, F = final
 PHS = S = pre-start, R = removal, C = clean-up, F = final
 ACM: FP = fire-proofing, ACS = acoustical ceiling spray, TSI = pipe insulation, VFT = vinyl floor tile, R = roofing, CT = ceiling tile,
 M = mastic, CAM = cement asbestos materials



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CHAIN OF CUSTODY

☐ INDUSTRIAL HYGIENE ☐ MICROBIAL

☒ ASBESTOS ☐ LEAD

[illegible]

White – Testing Laboratory; Yellow – Department Job File; Pink – Field Sample

REVIEW OF CONTRACTORS/WORKER

CONTRACTOR: Eagle Environmental Inc.

CERTIFICATION/MEDICAL RELEASE

PROJECT NAME: Logan N.S. Am-215

WESTERN TECHNOLOGIES REVIEWER: *CPH*

WT PROJECT NO: 61205w137

Photo ID (X)	Name	CS/W (Contractor Supervisor/Worker)	Training Provider/Expiration	Cert. No.	Medical Expiration	Fit Test (Date)	Cert. Verified
1 X	Marco Garcia	W	Seagull	146737	8/26/11	7/26/11	✓
2 X	Sergio Gumbon	CS	Seagull	149932	6/27/12	6/27/11	✓
3 X	Guillermo Ibanez	CS	Seagull	144355	4/6/12	3/24/11	✓
4 X	Richard Boyd	CS	Seagull	149296	7/26/12	7/26/11	✓
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

APPENDIX C:
CONTRACTOR WORKER CERTIFICATIONS



LITHO. IN U.S.A.

Work Care Clearance

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South
Draper, Utah
Phone: (801) 748-1111
Fax: (801) 748-1111

	
Name:	Marco Garcia
ID#:	
Employer:	Eagle Environmental
<input checked="" type="checkbox"/> The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.	
<input type="checkbox"/> The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.	
<input type="checkbox"/> Medically cleared with restrictions:	
Provider Signature:	
Provider Print:	CARLA OLSEN, M.D. 541 4758-1205

FITNESS FOR DUTY

Haz/Mat Physical	Asbestos Physical	Respirator Certification
	X	X
29 CFR 1910.120	29 CFR 196.1001	29 CFR 1910.134, ANSI 288.2-1991

Company: Eagle Environmental

Employee Name: Marco Garcia

Date of Examination: 7-26-11

Job Description:

CLEARANCES

The following clearances are based on:

- ☒ Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
- ☐ Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

☒ The above named employee is fit for duty for the job description listed above.

☐ This employee has been medically cleared for ALL respirator use pending successful fit testing.

☒ This employee is limited to the following respirator types:


<input checked="" type="checkbox"/> Single use, filter mask	<input type="checkbox"/> Full-face powered cartridge-type (PAPR)
<input checked="" type="checkbox"/> Half-faced cartridge, negative pressure	<input type="checkbox"/> Hood/helmet powered cartridge-type (PAPR)
<input checked="" type="checkbox"/> Half-faced powered cartridge-type (PAPR)	<input type="checkbox"/> Self-contained breathing apparatus (SCBA)
<input type="checkbox"/> Full-face cartridge, negative pressure	<input type="checkbox"/> Positive pressure airline respirator

☒ Restrictions on respirator use:
cleared for 1 month. Must return to clinic

☐ No respirator use under any circumstances.

☐ Restrictions on other work activities:
for hyperbaric chamber from PWD to extended clearance to 1 year

CARLA OLSEN, M.D. 541 4758-1205

Reviewer name: _____ Signature:  Date: 7/26/11

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

Marco Garcia Marco Garcia 7/26/11
Employee Name Employee Signature Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 7-26-11
EMPLOYEE NAME: MARCO GARCIA
RESPIRATOR: Model: NORTH Size: L Protector Factor: 10
TEST CONDUCTOR NAME: Todd Hunter
TEST CONDUCTOR SIGNATURE: [Signature]
CONDITION OF RESPIRATOR: Poor: Good: Excellent: ✓ New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? NO

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? NO

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE
IRRITANT SMOKE DURING TEST? NO

TEST: PASS: ✓ FAIL:

TEST SUBJECT SIGNATURE: Marco Garcia

Asbestos Consulting & Training Systems

39282.5588CERT/S

900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311

(954) 524-7208

This is to Certify that

Sergio Gamboa



X X X - X X - 8 8 8

1383 Heatherton, Salt Lake City, UT

has successfully completed an English

Asbestos Contractor/Supervisor Course

16-Jul-11 TO 20-Jul-11

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020/CN-0006270.

NDAAC Provider #451

Trainer(s): Robert Barclay

Training Address: 10101 South State Street, Sandy, UT, 84070

Successful course completion based on exam score on: 20-Jul-11

This Certificate Expires:

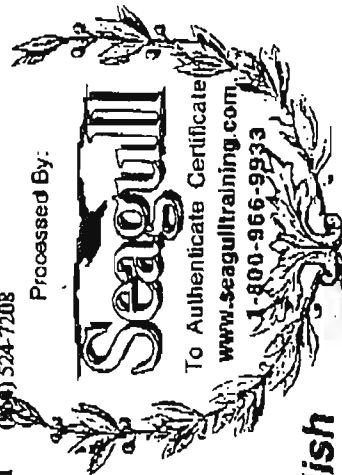
OSHA TRAINING: 19-Jul-12

19-Jul-12



8 7 / 1 9 / 1 2

Processed By:



Seagull

To Authenticate Certificate
www.seagulltraining.com

1-800-966-9933



James F. Stump, Course Sponsor

Certificate Number..... 1 4 9 9 3 2

Course Number UT1128

Work Care Clinic

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South 450 E
Draper, Utah 84020
Phone: (801) 748-1111
Fax: (801) 748-1600

WORKCARE
Name: Sergio Gamboa
ID#: [REDACTED]
Employer: Energy Solutions, Inc.
☒ The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
☒ The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
☒ Medically cleared with restrictions:
Provider Signature: Kirsten Callari
Provider Print: KIRSTEN CALLARI, PA-C 6724153-1206

FITNESS FOR DUTY		
Haz/Mat Physical	Asbestos Physical	Certification
29 CFR 1910.120	29 CFR 196.1001	29 CFR 1910.134, ANSI 288.2-1991
Company: <u>Energy Solutions</u>		
Employee Name: <u>Sergio Gamboa</u>		
Date of Examination: <u>6-27-2011</u>		
Job Description:		
CLEARANCES		
The following clearances are based on:		
<input checked="" type="checkbox"/> Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire		
<input type="checkbox"/> Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone		
<input checked="" type="checkbox"/> The above named employee is fit for duty for the job description listed above.		
<input checked="" type="checkbox"/> This employee has been medically cleared for ALL respirator use pending successful fit-testing.		
<input type="checkbox"/> This employee is limited to the following respirator types:		
<input type="checkbox"/>	Single use, filter mask	Full-face powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced cartridge, negative pressure	Hood/helmet powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced powered cartridge-type (PAPR)	Self-contained breathing apparatus (SCBA)
<input type="checkbox"/>	Full-face cartridge, negative pressure	Positive pressure airline respirator
Restrictions on respirator use:		
<input type="checkbox"/> No respirator use under any circumstances.		
Restrictions on other work activities:		
KIRSTEN CALLARI, PA-C 6724153-1206	<u>[Signature]</u>	<u>6/27/11</u>
Reviewer name	Signature	Date
A copy of this form has been mailed to the employee at the address they provided.		
I have received a copy of this clearance form in accordance with 29 CFR 1910.134.		
<u>Sergio Gamboa</u>	<u>[Signature]</u>	<u>June 28 / 2011</u>
Employee Name	Employee Signature	Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 6-27-10

EMPLOYEE NAME: SEBLO RYBOA

RESPIRATOR: Model: North Size: M Protector Factor: 10

TEST CONDUCTOR NAME: Todd Hunter

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? NO

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? NO

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? NO

TEST: PASS: FAIL:

TEST SUBJECT SIGNATURE: [Signature]

Asbestos Consulting & Training Systems

38946 5723CERFS 900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311 954-524-7208

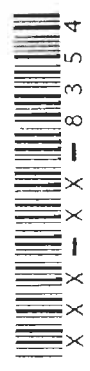
Processed By:



To Authenticate Certificate:
www.seagulltraining.com
1-800-966-9933

This is to Certify that

Guillermino Ibanez



X X X - X X - 8 3 5 4

1431 W. Van Buren Ave. Salt Lake City, UT

has successfully completed an English

Asbestos Contractor/Supervisor Course

2-Sep-10 TO 6-Sep-10

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and F149-6001020-CN-0006270

NDAAC Provider #451

Trainers: Robert Barclay

TEST SCORE 90 % Training Address: 10101 South State Street, Sandy, UT 84070

Successful course completion based on exam score on: 09/06/10

This Certificate Expires:

OSHA TRAINING: 6-Sep-11

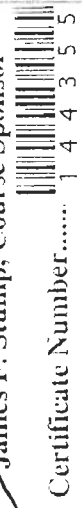
6-Sep-11



09 / 06 / 11

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS FOR REPRESENTATIONS (18 U.S.C. 1001 AND 18 U.S.C. 1015), I CERTIFY THAT THIS TRAINING COURSE WITH ALL APPLICABLE REQUIREMENTS OF TITLE 19, CHAPTER 30, SUBCHAPTER 2, CONTROL ACT, 40 OF FEDERAL REGISTER, 1973, WITH ALL APPLICABLE FEDERAL STANDARDS OR LOCAL REQUIREMENTS, IS AN VIDEO

James F. Stump, Course Sponsor



Certificate Number..... 1 4 4 3 5 5

Course Number UT1035

Work Care Clinic

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South 450 E.
Draper, Utah 84020
Phone: (801) 748-1111
Fax: (801) 748-1601



WORKCARE

Name: Guillermo Ibanez
ID#: [REDACTED]
Employer: Eagle Environmental
☒ The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
☒ The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
☐ Medically cleared with restrictions.
Provider Signature: [Signature]
Provider: Michelle Bennett APRN, FNP 4967934-4405

FITNESS FOR DUTY

Haz/Mat
Physical

Asbestos
Physical

Certification

29 CFR 1910.120

29 CFR 196.1001

29 CFR 1910.134, ANSI Z88.2-1991

Company:

Eagle Environmental

Employee Name:

Guillermo Ibanez

Date of Examination:

4/6/11

Job Description:

CLEARANCES

The following clearances are based on:

- ☒ Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
- ☐ Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

☒ The above named employee is fit for duty for the job description listed above.

☒ This employee has been medically cleared for ALL respirator use pending successful fit testing.

This employee is limited to the following respirator types:

<input type="checkbox"/>	Single use, filter mask	<input type="checkbox"/>	Full-face powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced cartridge, negative pressure	<input type="checkbox"/>	Hood/helmet powered cartridge-type (PAPR)
<input type="checkbox"/>	Half-faced powered cartridge-type (PAPR)	<input type="checkbox"/>	Self-contained breathing apparatus (SCBA)
<input type="checkbox"/>	Full-face cartridge, negative pressure	<input type="checkbox"/>	Positive pressure airline respirator

Restrictions on respirator use:

No respirator use under any circumstances.

Restrictions on other work activities:

Michelle Bennett APRN, FNP 4967934-4405
Reviewer name

Signature

Date

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

Guillermo Ibanez
Employee Name

[Signature]
Employee Signature

4-6-11
Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 3/21/2011
EMPLOYEE NAME: Guillermo Ibanez
RESPIRATOR: Model: 7700 Size: Medium Protector Factor: 10
TEST CONDUCTOR NAME: Nick Chouros
TEST CONDUCTOR SIGNATURE: [Signature]
CONDITION OF RESPIRATOR: Poor: Good: Excellent: X New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE
IRRITANT SMOKE DURING TEST? No

TEST: PASS: ✓ FAIL:

TEST SUBJECT SIGNATURE: [Signature]

Asbestos Consulting & Training Systems

39245.6848CERT/SR

900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311

***This is to Certify that
Richard Boyd***

(954) 524-7208

Processed By:

Seagull

To Authenticate Certificate
www.seagulltraining.com

1-800-966-9933

1947 W. General Dr. , Salt Lake City, UT

has successfully completed an English

Asbestos Contractor/Supervisor Refresher

12-Jun-11

TO

12-Jun-11

Individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020/CN-0006271.

NDAAC Provider #451

Trainer(s): Robert Barclay

TEST SCORE: 80 % Training Address: 10101 South State Street, Sandy, UT, 84070

Successful course completion based on exam score on: 06/12/11

This Certificate Expires:

OSHA TRAINING: 11-Jun-12

11-Jun-12



06 / 11 / 12

Certificate Number..... 1 4 9 2 9 6

Course Number UT1124

James F. Stump, Course Sponsor



UNDER STATE AND CRIMINAL STATUTES OF THE STATE OF UTAH, IT IS A VIOLATION OF THE LAW FOR MAKING OR SUBMISSION OF FALSE OR FRAUDULENT INFORMATION FOR REPRODUCTION (18 USC 1001) AND FOR THE USE OF THIS TRAINING CERTIFICATE IN ANY MANNER THAT IS NOT APPLICABLE TO THE INTENT OF THE COURSE. 40 CFR 171.71 OR 40 CFR 171.72. APPLICABLE FEDERAL, STATE OR LOCAL LAWS ARE PROVIDED.

Work Care Clinic

Salt Lake City
2390 South Redwood Rd.
Salt Lake City, UT 84119
Phone: (801) 975-1600
Fax: (801) 975-1666

Orem
601 North 1200 West
Orem, UT 84057
Phone: (801) 224-4211
Fax: (801) 226-3482

Draper
12422 South 4600
Draper, Utah 84020
Phone: (801) 748-1111
Fax: (801) 748-1111



Name: Richard Boyd
ID #: [REDACTED]
Employer: Eagle Environmental
☒ The above named person has been examined by me and has been determined to be medically cleared to wear respiratory protection without restrictions.
☐ The OSHA Mandatory history has been reviewed and is cleared to wear respiratory protection without restrictions.
☐ Medically cleared with restrictions.
Provider Signature: [Signature]
Provider Print: KIRSTEN CALLARI, PA-C 6724153-1206

FITNESS FOR DUTY

Haz/Mat Physical _____ Asbestos Physical X Certification X
29 CFR 1910.120 29 CFR 196.1001 29 CFR 1910.134, ANSI 288.2-1991

Company: Eagle Environmental
Employee Name: Richard Boyd
Date of Examination: 7-26-11
Job Description: _____

CLEARANCES

The following clearances are based on:

- ☒ Physical Examination plus review of mandatory OSHA Respirator Medical Evaluation Questionnaire
☐ Review of mandatory OSHA Respirator Medical Evaluation Questionnaire alone

The above named employee is fit for duty for the job description listed above.

☒ This employee has been medically cleared for ALL respirator use pending successful fit testing.

This employee is limited to the following respirator types:

Single use, filter mask	Full-face powered cartridge-type (PAPR)
Half-faced cartridge, negative pressure	Hood/helmet powered cartridge-type (PAPR)
Half-faced powered cartridge-type (PAPR)	Self-contained breathing apparatus (SCBA)
Full-face cartridge, negative pressure	Positive pressure airline respirator

Restrictions on respirator use:

No respirator use under any circumstances.

Restrictions on other work activities:

KIRSTEN CALLARI, PA-C 6724153-1206

Reviewer name

Signature [Signature]

Date 7/26/11

A copy of this form has been mailed to the employee at the address they provided.

I have received a copy of this clearance form in accordance with 29 CFR 1910.134.

Richard Boyd
Employee Name

[Signature]
Employee Signature

07-26-11
Date



Eagle Environmental, Inc.
891 West Robinson Dr#4
North Salt Lake, Utah 84054
Phone - 936-1155 Fax - 936-1505

QUALITATIVE FIT TEST

DATE: 07/26/2011

EMPLOYEE NAME: Richard Boyd

RESPIRATOR: Model: 7700 Size: Medium Protector Factor: 10

TEST CONDUCTOR NAME: Nick Chavros

TEST CONDUCTOR SIGNATURE: [Signature]

CONDITION OF RESPIRATOR: Poor: Good: Excellent: ✓ New:

DOES THE TEST SUBJECT HAVE FACIAL HAIR GROWTH? No

DID TEST SUBJECT EXHIBIT DIFFICULTY IN BREATHING DURING TEST? No

DID TEST SUBJECT SHOW SIGNS OR EXPRESS ANY IRRITATION TO THE IRRITANT SMOKE DURING TEST? No

TEST: PASS: ✓ FAIL:

TEST SUBJECT SIGNATURE: Richard Boyd

APPENDIX D:
CONTRACTOR SUBMITTAL



Eagle Environmental, Inc.
Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/26/2011

Day #: Tuesday

Note: Fill in general comments on routine progress for this project on the above date.
DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Load truck, prep and remove aprox 1170 SF of tile and mastic and carpet.

2 Completed Work Description & Actual Quantities Removed:

Loaded equipment in the truck and drove to Logan and unloaded the truck. Started to prep containment and for preping completed.

3 Problems / Delays / Unusual Events / Accidents:

We did not have all the paperwork that we needed for the hygenist and we also did not have our up to date medical certificates so Marcos and I had to go back to Salt Lake to have our physicals done.

4 Next Day's Plan / Goals:

Pull carpet, pop tile and remove mastic.

5 Record of Job Site Communications / Add-Ons:

Romero, Carl, and Charles

Signature: _____

?

Eagle Environmental, Inc.

Containment Sign In & Out Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

~~Date: 7/26/2011~~

Day #: Tuesday

[illegible]

Comments:

Signature: _____

Eagle Environmental, Inc.

Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/27/2011

Day #: Wednesday

Note: Fill in general comments on routine progress for this project on the above date. DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Pull carpet, pop tile and remove mastic

2 Completed Work Description & Actual Quantities Removed:

the carpet came up with the tile so we bagged carpet and tile into bags. We had 51 bags and 5 barrels. We used chemical to remove the mastic. Squeegied the floors and bagged up the mastic. We mopped the floors with soap and odor neutralizer. The hygienist passed our containment off and so we loaded the truck of all non necessary equipment and went back to the shop.

3 Problems / Delays / Unusual Events / Accidents:

NA

4 Next Day's Plan / Goals:

Tear down once air samples are passed.

5 Record of Job Site Communications / Add-Ons:

Romero, Carl and Charles.

Signature

?

Eagle Environmental, Inc.

Containment Sign In & Out Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/27/2011Day #: Wednesda[illegible]

Comments:

Signature: _____

Eagle Environmental, Inc.

Daily Project Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/28/2011

Day #: Thursday

Note: Fill in general comments on routine progress for this project on the above date.
DETAIL any major problems and actions taken, injuries, equipment breakdown, unusual condition or situations, inspections, hiring or firing of personnel and any other occurrence which may affect the project. (This log may be utilized as a legal document.)

1 Day's Plan Goals

Tear down once air samples are passed.

2 Completed Work Description & Actual Quantities Removed:

we tore down and loaded equipment in to the truck and came back to the shop and unloaded.

3 Problems / Delays / Unusual Events / Accidents:

NA

4 Next Day's Plan / Goals:

NA

5 Record of Job Site Communications / Add-Ons:

Romero and Carl

Signature: _____

Eagle Environmental, Inc.

Containment Sign In & Out Log

Job Name: Logan High School Room E215

Job #: 06702

Foreman: Richard Boyd

Date: 7/28/2011Day #: Thursday[illegible]

Comments:

Signature: _____

APPENDIX E:

PHOTO LOG



Logan City School District
Logan High School Room 215
100 South 162 West
Logan, Utah
Photographic Log
WESTERN TECHNOLOGIES INC.

WT Job No.: 6120JW137

Date: August 16, 2011



Picture 1 – Room 215 view to the southeast prior to abatement



Picture 2 – Room 215 closet view to the east prior to abatement



Picture 3 – Room 215 view to the north after abatement



Picture 4 – Room 215 view to the southwest after abatement



Picture 5 - Room 215 view to the north after abatement



Picture 6 - Room 215 closet view to the east after abatement