

MONTGOMERY COUNTY PUBLIC SCHOOLS
POOLESVILLE HIGH SCHOOL
ASBESTOS ABATEMENT PLAN

Removal and disposal of asbestos containing materials on the above project will be accomplished in the following manner in accordance with OSHA, EPA and State of Maryland regulations and the specification for the project. It is understood that the intent of the work is to remove asbestos containing floor tile, floor tile mastic, and glue dots to allow for renovations by others.

The area of work will be located in selected areas of the entire school building. The work area will be contained in accordance with current regulations. The work will include removal and disposal of existing asbestos containing floor tile and mastic, pipe and fitting insulation, chalkboard glue dots, and transite panels. It is understood that the work will be completed in multiple phases. There will be multiple containments used to complete the work. The work areas will be vacant and off limits to construction and building personnel during the work. Furnishings and loose and stored items within the work area will be removed and decontaminated or disposed of as part of our scope of work.

The general scope of work will be to remove and dispose of the existing asbestos containing materials in selected areas of the school.

The work will be performed starting on March 14, 2022 and a scheduled completion in 2023. The work shift will be from 6:00 a.m. until 4:00 p.m. when school is not in session and after school hours when school is in session.

- 1) Customer/Owner is to provide cut, cap and make safe as needed for our work, adequate power and water for the work, sanitary facilities and a temporary storage area for equipment, material and waste trailer, dumpster, or box truck at the site.
- 2) The work area will be off limits to the owner and all other contractor's personnel for the duration of the work.
- 3) Three-day signs will be posted in advance of the asbestos abatement work at all entrances to the building and OSHA asbestos signs will be posted on the entrances to the decontamination chamber as applicable.
- 4) The asbestos abatement work will be completed within a negative pressure containment. All vents, doors and penetrations into the spaces will be sealed using 6-mil polyethylene. The floor areas within the work area will be covered with 6 mil polyethylene. It is understood that the HVAC systems supplying the work area will need to be shut down for the work. The customer is responsible for assuring that the HVAC systems are properly shut down so that there will be no contamination of the HVAC system or the building.
- 5) Negative air machines will be exhausted from the containment to the outside of the building at a location designated by the customer. We will provide negative pressure at (4) air changes per hour and negative 0.02" on the water column (See calculation below).

MONTGOMERY COUNTY PUBLIC SCHOOLS
POOLESVILLE HIGH SCHOOL
ASBESTOS ABATEMENT PLAN

Total Air Flow - Total ft³/minute = Volume of work area = cu ft /15 minutes = cfm.

Number of units needed - = [Total cfm/minutes] / [Capacity of Unit (in ft³)] 1850 cfm with HEPA filters installed = negative air units per work area.

Upon completion of work area preparation, the third party industrial hygienist will perform a visual inspection of the work area and if acceptable provide authorization to proceed with the abatement.

- 6) Personnel will wear appropriate PPE, hard hats, safety glasses and work shoes during the work.
- 7) The work areas will have a (3) stage decontamination chamber for entry and exit from the work area and a waste decontamination unit for removal of waste. All personnel will remove disposable full body coverings in the decontamination chamber and place them in a waste bag for disposal. There will be a wash down station provided in the decontamination chamber. Half face APR respirators with P100 cartridges will be used during removal activities. Abatement personnel will be required to wear disposable coveralls with head and foot coverings.
- 8) Ground Fault Circuit Interrupters (GFCI) will be used for equipment requiring an electrical source. We anticipate using building power for this work. ASI will provide temporary electrical panels for our work if necessary. If temporary panels are used the customer is to provide for connection of these panels to building power. Portable fire extinguishers and portable emergency lighting (as necessary) will be provided in the work area. We will require the customer to provide adequate building power for the work.
- 9) All asbestos removal work to be performed according to OSHA, EPA, and State of Maryland asbestos regulations. Removal of asbestos containing materials will be performed using wet methods with an airless sprayer.
- 10) The asbestos containing materials will be placed in 6 mil polyethylene bags, labeled and disposed of as asbestos containing material. The waste will be containerized by the end of each shift and removed as needed during the work shift. Waste removal is to be during our regular work shift.
- 11) Industrial hygiene services will be provided by a third-party industrial hygiene firm hired by the owner. OSHA compliance monitoring of the work force will be performed by ASI Inc. to comply with current regulations.

MONTGOMERY COUNTY PUBLIC SCHOOLS
POOLESVILLE HIGH SCHOOL
ASBESTOS ABATEMENT PLAN

- 12) After completion of clean up, all asbestos waste will be double bagged, labeled and removed from the work area. Waste will be temporarily stored on site in the work area and removed as needed. The asbestos waste will be transported off site as needed to an EPA approved asbestos disposal facility in accordance with current regulations (see waste disposal facility and hauler information). Manifests for the asbestos waste will be provided to the owner upon receipt from the disposal facility. Debris which can be decontaminated or cleaned will be disposed of as general construction debris.
- 13) The work area will be wet-wiped and HEPA vacuumed until visually clean. Gross debris will be cleaned from the floor daily.
- 14) Following abatement activities, the industrial hygienist hired by the owner will perform a visual inspection, and if acceptable, encapsulation of all abated surfaces will follow. Asbestos TEM clearance air sampling will be performed as required by State of Maryland Regulations and EPA regulations following encapsulation.
- 15) When successful clearance sample results are received, the containment barriers will be removed and disposed of. The clearance sample results and final report are to be provided by others to ASI by the industrial hygienist for our required submission to MDE.
- 16) In the event of an emergency injured personnel will be evacuated from the work area via the nearest emergency exit. Personnel will be transported off site to the nearest hospital if necessary.
- 17) Problems or concerns during the work should be referred to:

Shawn Morosko	Director of Operations	443-463-3070
David Purdum	Project Manager	443-790-1225

Submitted By: David Purdum

Date: April 1, 2022

Asbestos Project Designer

Name: Michael Cataneo

Signature: _____

Date : July 9, 2021

Certificate Number: 20-959

1800 Washington Blvd., Suite 725 • BALTIMORE MD 21230-1720

OFFICE USE ONLY →

Notification ID:

Notification Type: (Check one) →

- [O] **ORIGINAL** [First Notice THIS Project]
- [R] **Revision** **Revision #**
- [P] Postpone → [R] Reschedule
- [C] Cancel → [R] Reschedule

Resp Agency: **S**

Original Submit Date: _____
[If THIS is a revision]

Variance Request Attached? (Y/N)

Revision Date: _____
[Date of THIS Revision]

Received Date: →

Postmark Date: →

If this is a Revision, what are you revising?

- Start Date Complete Date
- Other (Specify) Quantity

Initials/Date:

Type of Project NESHAP → [N] Renovation [D-N] Demolition [D-N] DEMO ONLY (no asbestos)

[Operation]: Non-NESHAP → [S-N] Renovation [D-N] Demolition [S-N] Encapsulation

I. JOB/SITE DATA

Emergency? Yes No

Asbestos Present? Yes No

Enter PROJECT [Site/Building] NAME below: ↓

Poolesville High School

Street Address: 17501 W. Willard Road

Region: **03**

County ID: 15 [From below]

City: Poolesville

State: **MD**

Zip: 20837

- | | | | | | | | |
|-----------------|-------------|---------------|--------------|---------------|------------------|---------------|-------------------|
| 01 Allegany | 04 Calvert | 07 Cecil | 10 Frederick | 13 Howard | 16 Prince George | 19 Somerset | 22 Wicomico |
| 02 Anne Arundel | 05 Caroline | 08 Charles | 11 Garrett | 14 Kent | 17 Queen Anne | 20 Talbot | 23 Worcester |
| 03 Baltimore | 06 Carroll | 09 Dorchester | 12 Harford | 15 Montgomery | 18 St Mary | 21 Washington | 24 Baltimore City |

Project/Site Location Description: (BE SPECIFIC...Bldg, Room, Floor # etc.) **Former Main Office & West Wing Classrooms**

Building Size: 68000 (SQ FT)

No. Floors: 2

Present/Prior Use: B-Ship, C-Commercial, G-Government, H-Hospital, I-Industrial, O-Office, P-Public Building, R-Residence, S-School, U-University/College, V-Vacant, T-Other

Present Use: S

(LN FT)

Age: 60

Prior Use: S

II. ASBESTOS/PROJECT DATA

Nonfriable Not Removed

Nonfriable Removed

Amount of Asbestos	RACM Removed	Nonfriable Not Removed		Nonfriable Removed		Unit
		CAT I	CAT II	CAT I	CAT II	
Pipes	2604					LnFt
Surface Area	15597					SqFt
Vol Off Fac Component						CuFt

Removal/Encapsulation/Demolition → Start Date: **3/14/22**

Completion Date: **3/31/22**

of Workers: 10

Project Supervisor: Shawn Morosko

Days Worked: Mon-Fri

Hours Worked: 7a-4p

III. RESPONSIBLE PARTIES

Describe asbestos (e.g. pipe insulation, boiler breeching, floor tile, etc.)
VAT, Mastic, duct & Pipe insulation mastic, pipe insulation

A. **Asbestos Contractor:** Asbestos Specialists Inc.

MD License #: M21-13-002

Project Contact: David Purdum

Telephone: 410-796-5379

B. **Other [including Demolition] Contractor:**

Address:

Contact:

City, State, Zipcode:

Telephone:

C. **Owner:** Montgomery County Public Schools

Address: 8301 Turkey Thicket Dr, Bldg A

Contact: John Conaway

City, State, Zipcode: Gaithersburg, Maryland 20879

Telephone: 240-876-5135

III. RESPONSIBLE PARTIES (continued)

D. Waste Transporter: EA Logistical Services

Address: 106 Egerton Rd

Contact: Dave Noe

City, State, Zipcode Langhorne, Pa. 19047

Telephone: 215-617-0500

E. Landfill: Minerva Landfill

Address: 8955 Minerva Road

Contact: Stephen Chandler

City, State, Zipcode Waynesburg, Ohio 44688

Telephone: 330-866-3435

IV. WORK PRACTICES

A. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos. *(Use additional sheets, if necessary)*
Provided by owner

B. Description of planned demolition, renovation, or encapsulation work and method(s) to be used: *(Use additional sheets, if necessary)*
Removal and disposal of floor tile, floor tile mastic, duct and pipe insulation mastic, pipe insulation. All work in accordance with federal, state and local regulations

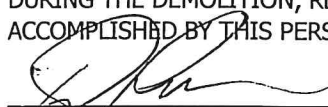
C. Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition, renovation and/or encapsulation site: *(Use additional sheets, if necessary)*
Negative pressure enclosure, HEPA vacuums, wet methods, double bag and label waste, half face APR respirators and full body suits, one stage decontamination chamber.

D. EMERGENCY RENOVATIONS: Date and Hours of Emergency: (MM/DD/YY) Time:
Description of the sudden, unexpected event: *(Use additional sheets, if necessary)*

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: *(Use additional sheets, if necessary)*

E. Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder. *(Use additional sheets, if necessary)*
Work area will be contained, HEPA vacuum and wet clean the area until visibly clean, perform and pass clearance air sampling prior to reoccupation.

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


Signature

2/25/22
Date

G. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.


Signature

2/25/22
Date

H. IN ADDITION TO THE INFORMATION REQUIRED BY NESHAP REGULATIONS, MARYLAND REQUIRES THAT THE FOLLOWING INFORMATION BE PROVIDED AT THE TIME OF NOTIFICATION: EMPLOYEE INFORMATION. ON A SEPARATE PAGE, PROVIDE THE FOLLOWING INFORMATION FOR EACH EMPLOYEE NOT LISTED ON SCHEDULE I OF "APPLICATION FOR LICENSE TO REMOVE/ENCAPSULATE ASBESTOS" WHO WILL HANDLE ASBESTOS ON THIS PROJECT: 1) **FULL NAME**; 2) **SOCIAL SECURITY NUMBER**; 3) **NAME OF ORGANIZATION THAT PROVIDED APPROVED TRAINING COURSE**; AND 4) **DATE OF MOST RECENT APPROVED TRAINING COURSE ATTENDED**.

POOLESVILLE HIGH SCHOOL ASBESTOS ABATEMENT
WASTE DISPOSAL PLAN

Waste disposal for asbestos abatement will be accomplished in the following manner:

The work areas will be located as shown on the floor plan drawings.

The general scope of work will be to remove and dispose of asbestos containing materials within the areas shown on the project drawings.

- 1) All asbestos waste will be containerized in two 6 mil polyethylene waste bags or in fiber drums. Asbestos waste will be labeled in accordance with OSHA, EPA and State of Maryland regulations and disposed of at an EPA approved landfill.
- 2) All waste will be removed from the work area to a waste container located on site in an area designated by the owner. The waste will be removed from the work area on an as needed basis to the container. All waste will be moved on our normal shift.
- 3) Asbestos waste will be manifested as required by regulation on the attached form. The waste will be signed for by ASI's on site foreman upon removal from the work area to our on-site storage container. It will be signed for by the hauler when the on-site storage container is picked up from the job site and transported to the EPA approved disposal facility below. The disposal facility will sign of on the waste once properly disposed of at the landfill. A fully executed manifest will be returned to the customer upon receipt from the disposal facility. A sample copy of the manifest is attached

The disposal facility will be:

Minerva Landfill
8955 Minerva Road
Waynesburg, Ohio 44688

The waste hauler will be:

EA Logistical Services Inc.
106 Egerton Road
Langhorne, Pennsylvania 19047

Submitted By: David Purdum

Date: April 1, 2022

Attachments: Blank Asbestos Manifest

SERVICE TRANSPORT GROUP, INC.

58 PYLES LANE, NEW CASTLE, DE 19720

PHONE: (877) 999-9559

Nº 445431

WASTE SHIPMENT RECORD

S.T.G. # _____

GENERATOR	1. Material Origin Site		Generator: Name/Address		Generator: Phone #
	2. Removal Contractor: Name/Address Asbestos Specialists, Inc. P. O. Box 368 Linthicum Heights, MD 21090				Contractor: Phone # 410-796-5379
	3. Responsible Agency: Name/Address U.S. EPA Region III 1650 Arch Street Philadelphia, PA 19103-2029		4. US DOT Class - FRIABLE ASBESTOS ONLY NA2212, Asbestos, 9, PG III, RQ		
	5. Description of Materials Specify Friable or Non-Friable		Containers No.	Type	Total Quantity
	IF Friable (enter required information)				
	IF Non-Friable (check one): <input type="checkbox"/> Category I <input type="checkbox"/> Category II				
	6. Special Handling Instructions				
7. Generator Certification: <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transport by highway according to the applicable regulations of the Department of Transportation, US E.P.A., and any other state government agency. I certify that the foregoing is true and correct to the best of my knowledge. If the waste shipment is not as I stated, I accept the RETURN of the COMPLETE LOAD to the generator's service location at the generator's expense.</small>					
Printed/Typed Name & Title Shawn Morosko, Supervisor		Signature		Date	
TRANSPORTER	8. Transporter 1 (Acknowledgement of Receipt of Materials) If blank, see Transporter 2 or 3 below.				
	Company Name & Address		Signature: _____		Telephone No.
			Printed Name: _____		Date:
			Title: _____		
	9. Transporter 2 (Acknowledgement of Receipt of Materials)				
	Company Name & Address		Signature: _____		Telephone No.
		Printed Name: _____		Date:	
		Title: _____			
10. Transporter 3 (Acknowledgement of Receipt of Materials)					
Company Name & Address Service Transport Group, Inc. 58 Pyles Lane New Castle, DE 19720		Signature: _____		Telephone No. 877-999-9559	
		Printed Name: _____		Date:	
		Title: _____			
DISPOSAL SITE	11. Discrepancy Indication Space:				
	12. Waste Disposal Site Owner or Operator's Certification (Receipt of above Waste except as noted in 11)				
	Waste Disposal Site (Check One)		STG USE ONLY		Date:
Sanitary Landfill <input type="checkbox"/> 901 Tyrol Blvd. Belle Vernon, PA 15012 724-929-7694 Ext. 14 Permit No. <u>10027</u>	Minerva Landfill <input type="checkbox"/> 8955 Minerva Rd. Waynesburg, OH 44688 330-866-3435 Permit No. <u>P0104984</u>	<input type="checkbox"/>		Signature: _____	
				Printed Name: _____	
				Title: _____	



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
August 12, 2021

LICENSE
MC-1283085-B
U.S. DOT No. 3684796
EA LOGISTIC SERVICES INC
LANGHORNE, PA

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a broker, arranging for transportation of freight (except household goods) by motor vehicle.

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

BPO



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
August 12, 2021

CERTIFICATE
MC-1283085-C
U.S. DOT No. 3684796
EA LOGISTIC SERVICES INC
LANGHORNE, PA

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of property (except household goods) by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Jeffrey L. Secrist, Chief
Information Technology Operations Division

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

CMO



U.S. Department of
Transportation
Federal Motor
Carrier Safety
Administration

DAVID CORNELIUS NOE
PRESIDENT
EA LOGISTIC SERVICES INC
106 EGERTON RD
LANGHORNE, PA 19047-1945

1200 New Jersey Ave., S.E.
Washington, DC 20590
July 23, 2021

In reply refer to:
USDOT Number: 3684796
MC Number: MC Number: MC1283085

The Federal Motor Carrier Safety Administration (FMCSA) received and approved your application for a U.S. Department of Transportation (USDOT) registration number to operate in interstate commerce.

Please be aware that EA LOGISTIC SERVICES INC is required to also apply for and be granted operating authority registration before conducting any transportation as a motor carrier in interstate commerce requiring operating authority registration. Information on applying for motor carrier operating authority registration may be found at FMCSA's website, <https://www.fmcsa.dot.gov>.

FMCSA will contact you to schedule the required New Entrant safety audit.

The New Entrant safety audit will verify, among other things, the following:

- Participation in a drug and alcohol testing program that includes random, pre-employment, and other required testing, and registration in FMCSA's Drug and Alcohol Clearinghouse (if employing drivers with Commercial Drivers' Licenses (CDL));
- Documentation of Periodic (annual) motor vehicle inspections;
- Proper use of Electronic Logging Devices and/or Records of Duty Status (as applicable) to document hours of service;
- Evidence of the required minimum level of financial responsibility (insurance) (if applicable);
- Use of drivers with proper CDL's (if applicable).

You may find additional information about the new entrant safety audit at the following link: <https://ai.fmcsa.dot.gov/newentrant/home.aspx>. In addition, it is strongly recommended that EA LOGISTIC SERVICES INC visit the Motor Carrier Safety Planner website for educational and technical information at <https://csa.fmcsa.dot.gov/safetyplanner> in advance of the new entrant safety audit. A copy of the Federal Motor Carrier Safety Regulations may be found on FMCSA's website at www.fmcsa.dot.gov.

PIN request and electronic registration updates may be made through the FMCSA Registration website, <https://www.fmcsa.dot.gov/registration>.

You are encouraged to review your company's safety record, including inspections, violations, and crashes, at the following website: <https://ai.fmcsa.dot.gov/sms>. You may also visit <https://portal.fmcsa.dot.gov>, which provides real time data and the opportunity to review your safety data.

For additional assistance, please call FMCSA at 1-877-905-8016, Monday - Friday 8:00AM to 8:00PM EST.

Sincerely,

Joseph P. DeLorenzo, Director, Office of
Enforcement and Compliance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2021

PRODUCER
Superior Access Ins
P.O. Box 204389
Austin, Tx 78731-16916
800 272 7550

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
EA Logistic Services Inc
106 Egerton Rd.
Langhorne, Pa 19047

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	United Financial Casualty Company	11770
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	03909886-0	07/28/2021	07/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$								
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	03909886-0	07/28/2021	07/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Physical Damage	03909886-0	07/28/2021	07/28/2022	\$2500 deductible Collision \$2500 deductible Comprehensive								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A. 03909886-0 07/28/2021-07/28/2022 Motor Truck Cargo \$100,000 limit/\$2500 Deductible

CERTIFICATE HOLDER

Asbestos Specialists, Inc
P.O. Box 368
Lithicum Heights, MD 21090

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



MINEENT-01

PCOWAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/31/2022

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

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

PRODUCER The Fedeli Group 5005 Rockside Road, Fifth Floor Independence, OH 44131	CONTACT NAME: Pat Cowan PHONE (A/C, No, Ext): (216) 643-2749 E-MAIL ADDRESS: PCowan@thefedeligroup.com	FAX (A/C, No): (216) 328-8081
	INSURER(S) AFFORDING COVERAGE	
INSURED Minerva Enterprises, LLC PO Box 709 Waynesburg, OH 44688	INSURER A: Nautilus Insurance Company	NAIC # 17370
	INSURER B: Great Divide Insurance Company	25224
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLPO154409221	02/01/2022	02/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY CA9948 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY MCS90			BAP154409420	02/01/2022	02/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FFX154409721	02/01/2022	02/01/2023	EACH OCCURRENCE	\$ 7,000,000
							AGGREGATE	\$ 7,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Site Pollution Liab			SSP154409313	02/01/2021	02/01/2024	50,000 ded	10,000,000
A	Ohio Stop Gap Liab			GLPO154409221	02/01/2022	02/01/2023	EaOcc/Aggregate	1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

FOR PROOF ONLY

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

AUTHORIZED REPRESENTATIVE

Pat Cowan

2022



2022

Construction and Demolition Debris Facility License

License Expires December 31, 2022

Facility: Minerva Enterprises LLC CID: 54288 8955 Minerva Rd SE Waynesburg, OH 44688	Licensee: Minerva Enterprises, LLC 8955 Minerva Rd., SE P.O. Box 709 Waynesburg, OH 44688
--	---

This license has been issued in accordance with the requirements of state law, is subject to revocation or suspension for cause, and is not transferable without the consent of the approved Board of Health and the Director of the Ohio Environmental Protection Agency.

Licensing Authority: Stark County Combined General Health District

Conditions of Licensure:

The Licensee hereunder, its agents, employees, and all others in active concert with said licensee, including the facility owner and operator, shall be subject to and shall comply with the following conditions of the this license:

1. All applicable requirements of Ohio Revised Code Chapters 3714, 3734, 6111, and 3704 and the rules adopted thereunder.
2. Plans, other authorizing documents and administrative and judicial orders applicable to this facility and as approved by the Ohio Environmental Protection Agency and/or the approved Board of Health.
3. By applying for and accepting this license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of inspecting, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under Ohio Revised Code Sec. 3714.08.

The licensee, its agents, employees, and all others in active concert with said licensee shall maintain and operate the construction and demolition debris facility to which the license pertains in a sanitary manner so as not to create a nuisance, create a fire hazard, cause or contribute to water pollution, or create a health hazard. This license shall not be construed to constitute a defense to any civil or criminal action brought by the State of Ohio or any duly authorized representative thereof to enforce the provisions of Chapters 3714, 3734, 3767, 6111, or 3704 of the Ohio Revised Code, or the rules adopted thereunder.

Issuance of this license does not relieve the licensee of the duty to comply with all applicable federal, state, and local laws, regulations and ordinances.

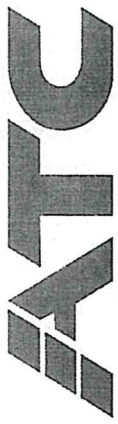
If Checked, Additional Conditions Apply to This License (See Back, or Attachment)

Kirkland K. Harris

DECEMBER 30, 2021

Health Commissioner

Date Issued



ENVIRONMENTAL - GEOTECHNICAL
BUILDING SCIENCES - MATERIALS TESTING

Approval Number: 21 14 01

Certificate of Achievement

Awarded to

Antonio Sandoval

In recognition of successful completion of the course entitled

ASBESTOS ABATEMENT SUPERVISOR REVIEW

An 8-Hour annual refresher program of study presented in accordance with the provisions of the U.S. Environmental Protection Agency Model Accreditation Plan 40 CFR Part 763, Appendix C to SUBPART E, for Accreditation under TSCA Title II



Location: Columbia, MD

21-997

Certificate Number

November 5, 2021

Examination Date

November 5, 2021

Course Date

Expiration Date

9231 Rumsey Road Columbia, Maryland 21045

410-381-0232 Office

410-423-9235 Direct

Clayton E. Miller Course Instructor

Carla M. Gomez Course Director

Results

Maryland Asbestos Accreditation Exam

Certificate Number: 21-997

First Name: Antonio

Last Name: Sandoval

Address: 7585 Washington Blvd, Suite

City: Elkridge

State: MD

Zip: 21075



According to our records this test was completed on: **11/22/2021**

We administered the following asbestos certification exam: **Supervisor**

Your Results

Score: **86%**

Congratulations you have passed your Maryland asbestos accreditation exam. This document and your training certificate will serve as a temporary license until you receive your official license in the mail. Prior to issuing a license, MDE will verify all necessary information and submitted documents.
necessary information and submitted documents.

Thank you for taking the Maryland asbestos accreditation exam. If you have any concerns or questions about the exam, including how to collect your photo ID, please direct them to the Maryland Department of the environment at (410) 537-3200.

Issued By _____

Date **11/22/2021**

RESPIRATOR FIT TEST RECORD
 QUALITATIVE PROCEDURE
 IRRITANT SMOKE (STANNIC CHLORIDE)

Employee: Antonio Sandoval Date: 2-19-22
 Soc. Sec. #: xx 9876 Company: ASI

Respirator Make:	Model:	Style:	Size:	Pass:	Fail:
<u>1. Sperian</u>	<u>322500</u>	<u>H/E</u>	<u>M/L</u>	<u>✓</u>	<u> </u>
<u>2. North</u>	<u>7700</u>	<u>H/E</u>	<u>L</u>	<u>✓</u>	<u> </u>
<u>3. 3M</u>	<u>6800</u>	<u>PAPR FF</u>	<u>m</u>	<u>✓</u>	<u> </u>

Fit Test Protocol:	#1	#2	#3
Protocol Reviewed:	<u>✓</u>	<u>✓</u>	<u>✓</u>
Visual Inspection:	<u>✓</u>	<u>✓</u>	<u>✓</u>
Positive and Negative Fit Check:	<u>✓</u>	<u>✓</u>	<u>✓</u>
Identified Test Agent:	<u>✓</u>	<u>✓</u>	<u>✓</u>
1. Normal Breathing	<u>✓</u>	<u>✓</u>	<u>✓</u>
2. Deep Breathing	<u>✓</u>	<u>✓</u>	<u>✓</u>
3. Head Turn	<u>✓</u>	<u>✓</u>	<u>✓</u>
4. Head Nod	<u>✓</u>	<u>✓</u>	<u>✓</u>
5. Reading	<u>✓</u>	<u>✓</u>	<u>✓</u>
6. Jogging	<u>✓</u>	<u>✓</u>	<u>✓</u>
7. Bending Over	<u>✓</u>	<u>✓</u>	<u>✓</u>

Comments: _____
 Fit testing protocol follows the procedures stated in the OSHA General Industry Standard 1910.134 Appendix A, (Includes Rainbow Passage)

Antonio Sandoval
 Employee Signature

[Signature]
 Test Administered By

Patient: Sandoval, Antonio .

DOB: 01/15/1976

Service Date: 10/06/2021

Concentra Medical Centers (MD)
7377 Washington Blvd #101 ELKRIDGE, MD 21075
Phone: (410) 379-3051 Fax: (410) 379-3074

Written Medical Opinion for Respirator Use

(Provide a copy to employee and employer, store in chart)

Medical evaluation for respirator use was completed in accordance with 29 CFR 1910.134.

(La evaluación médica y opinión para el uso de respiradores se completó de acuerdo con 29 CFR 1910.134)

This evaluation indicates employee may wear the type(s) of respirator(s) checked below. There are no recommended limitations upon the workplace conditions in which the respirator will be used unless remarked in *Comments* section. Please note: If additional/new types of respirator(s) are utilized in the future, a new respirator medical clearance is required. (Esta evaluación indica que el empleado puede usar el tipo (s) de respirador (es) que se muestra a continuación. No hay limitaciones recomendadas sobre las condiciones del lugar de trabajo en las que se usará el respirador, a menos que se indique lo contrario en la sección Comentarios. Tenga en cuenta: Si en el futuro se utilizan más / nuevos tipos de respiradores, se requiere una nueva autorización médica para respiradores.)

- Disposable N, P or R, 95, 99 or 100 filtering face piece (Desechable pieza facial filtrante)
- Half face respirator with particulate gas/vapor cartridges (Respirador de media cara con cartuchos de partículas de gas / vapor)
- Full face respirator with particulate gas/vapor cartridges (Respirador de cara completa con cartuchos de gas / vapor de partículas)
- Self-contained breathing apparatus (SCBA) (Un equipo de respiración autónomo)
- Supplied air (loose fitting) (Aire suministrado (ajuste suelto))

The employee may not wear a respirator. (El empleado no puede usar un respirador.)

Employee must schedule a medical examination prior to respirator approval and usage.
(Programar un examen médico antes de la aprobación del respirador)

The following restrictions or limitations are indicated (Se indican las siguientes restricciones o limitaciones):

- Positive air purifying respirator (PAPR) (Respirador purificador de aire positivo)
- No emergency response or immediately dangerous to life and health (IDLH) work
(Trabajo sin respuesta de emergencia o peligro inmediato para la vida y la salud)
- Other (otro): _____

The employee has been informed of the results of this evaluation and any medical conditions which require further examination or treatment and they were provided with a copy of this written statement: (El empleado ha sido informado de los resultados de esta evaluación y de cualquier condición médica que requiera un examen o tratamiento adicional y se le proporcionó una copia de esta declaración por escrito:)

- In person (En persona)
- In writing (Questionnaire review only, without the employee present)
(escrito solo una revisión del Cuestionario, empleado no presente)

This medical evaluation expires on (Esta evaluación médica expira el): 10/6/2022

Employees are to report any difficulties in respirator use or change in health status to their supervisor, physician or licensed health care provider. (Los empleados deben informar cualquier dificultad en el uso del respirador o cambio en el estado de salud.)

Comments: (Comentarios)

- Eyewear conversion kit needed. (Se necesita un kit de conversión de gafas.)
- Facial hair needs to be shaved to assure a tight seal on tight fitting masks.
(El vello facial debe afeitarse para asegurar un cierre hermético en las máscaras ajustadas.)
- Other (otro): _____

Clinician Name: Justin Wiler

Clinician Signature: [Signature]

Date: 10/13/21

RESPCLEARWMO -1

DISPENSING RECORD
OF ALCOHOLIC POLYMER
BY THE TEST STANDARDS CHLORIDE

Employee: MARVEN AVARADO Date: 11-09-21
 Soc. Sec. #: xxx-xx-3798 Company: Flex Jobs LLC

Respirator	Model	Size	Style	Pass	Fail
<u>NORTH</u>	<u>7100</u>	<u>W/F</u>	<u>S</u>	<u>✓</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Lot/Exp./In/used	1	2	3
1. Visual Inspection	<u>✓</u>	<u> </u>	<u> </u>
2. Visual Inspection	<u>✓</u>	<u> </u>	<u> </u>
3. Visual Inspection (P.A.)	<u>✓</u>	<u> </u>	<u> </u>
4. Airflow Test Agent	<u>✓</u>	<u> </u>	<u> </u>
5. Smoke Inhalation	<u>✓</u>	<u> </u>	<u> </u>
6. Odor Inhalation	<u>✓</u>	<u> </u>	<u> </u>
7. Heat Test	<u>✓</u>	<u> </u>	<u> </u>
8. Heat Test	<u>✓</u>	<u> </u>	<u> </u>
9. Pressure	<u>✓</u>	<u> </u>	<u> </u>
10. Leakage	<u>✓</u>	<u> </u>	<u> </u>
11. Bend Test	<u>✓</u>	<u> </u>	<u> </u>

Comments: _____
 Fit testing protocol follows the procedures listed in the FISH General Industry Standard 1910.134 Appendix A (Includes Patch of Passages)

Marven Avarado Employee Signature *Harold G. ...* Test Administrator

CHARLES C. YOUNG, M.D
 Diplomat, American Board of Physical Medicine & Rehabilitation
 Diplomat, American Board of Electrodiagnostic Medicine
 Diplomat, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972



PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Alvarado, Marlen
 Social Security #: D.C.B. 124/1979 Case #: 202110901

"The above named individual was seen by me on 11/27/2021, and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV.1); and
4. Determined that a chest roentgenogram was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may not use a respiratory device while performing his/her required employment services: is not capable of working in hot work environments; and
6. Informed this individual that I have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (if any) COVID-19 precautions

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

Charles C. Young
 11/27/2021
 Physician's signature

21

CHARLES C. YOUNG, M.D.
Diplomate, American Board of Physical Medicine & Rehabilitation
Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Marta Alvarez (DOB: 11-21-1979)
 TEL: 301-583-6598

Symptoms:

- Fever/fiebre- yes, no
 - Chillness/escalofrio- yes, no
 - Headache/dolor de cabeza- yes, no
 - Dizziness/mareo- yes, no
 - Cough/tos- yes, no
 - Fatigue/fatiga, debilidad- yes, no
 - Shortness of breathing/dificultad para respirar- yes, no
 - Loss of taste/perdida de gusto- yes, no
 - Loss of smell/perdida de olfato- yes, no
 - Discoloration of skin/decoloracion de la piel- yes, no
 - Swelling of legs/hinchazon de piernas- yes, no
 - Loss of appetite/perdida de apetito- yes, no
 - Recent Travel history/historia de viajes reciente- yes, no
- If yes, where _____

Examination:

Weight 129 lbs; Height: 5 feet 1/2 inches
 Vital Signs: B.P. 106/68 mmHg; Pulse Rate 89/min
 Inspection- Symmetric of chest wall- expansive
 Retraction of chest wall-
 Air hunger appearance-
 Cyanosis-
 Respiration rate- 14/min
 Clubbing fingers-
 Auscultation- Rale(s)-
 Sputum- no
 Other- no
 Percussion- tympanic OK
 Other- ↑ 1.5 inches
 Girth Increase inhale vs exhale
 Oxygen saturation rate 98%



Approval Number: 21 14 01

Certificate of Achievement

Awarded to

Marlen E. Alvarado Monroy

In recognition of successful completion of the course entitled

SPANISH ASBESTOS ABATEMENT WORKER

An 8-Hour annual refresher program of study presented in accordance with the provisions of the U.S Environmental Protection Agency Model Accreditation Plan 40 CFR Part 763, Appendix C to SUBPART E, for Accreditation under TSCA Title II

Carla M. Gomez-Garcia
Course Instructor/ Director



Location: Columbia, MD

March 12, 2023
Expiration Date

March 12, 2022
Examination Date

March 12, 2022
Course Date

22-343
Certificate Number

9231 Rumsey Road Columbia, Maryland 21045 410-381-0232 Office 410-423-9235 Direct

Results

Maryland Asbestos Accreditation Exam

Certificate Number: 22-343

First Name: Marlen

Last Name: Alvarado

Address: 1635 Colesbury Place

City: Jessup

State: MD

Zip: 20794



According to our records this test was completed on: **3/18/2022**

We administered the following asbestos certification exam: **Worker Exam (**

Your Results

Score: **84%**

Congratulations you have passed your Maryland asbestos accreditation exam. This document and your training certificate will serve as a temporary license until you receive your official license in the mail. Prior to issuing a license, MDE will verify all necessary information and submitted documents.
necessary information and submitted documents.

Thank you for taking the Maryland asbestos accreditation exam. If you have any concerns or questions about the exam, including how to collect your photo ID, please direct them to the Maryland Department of the environment at (410) 537-3200.

Issued By _____

A handwritten signature in black ink, appearing to be a stylized 'R' or similar character, written over a horizontal line.

Date **3/18/2022**

RESPIRATOR FIT TEST RECORD
 QUALITATIVE PROCEDURE
 IRRITANT SMOKE (STANNIC CHLORIDE)

Employee: BRENON ANARIBA Date: 07-28-21
 Soc. Sec. #: xxx-xx-5936 Company: Flex Jobs LLC

Respirator Make:	Model:	Style:	Size:	Pass:	Fail:
<u>1 NORTH</u>	<u>7700</u>	<u>H/F</u>	<u>M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>				<input type="checkbox"/>	<input type="checkbox"/>
<u>3</u>				<input type="checkbox"/>	<input type="checkbox"/>
Fit Test Protocol:			#1	#2	#3
Protocol Reviewed			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Inspection			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive and Negative Fit Check			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified Test Agent:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Normal Breathing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deep Breathing			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Head Turn			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Head Nod			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reading			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Jogging			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bending Over			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____
 Fit testing protocol follows the procedures stated in the OSHA General Industry Standard 1910.134 Appendix A. (Includes Rainbow Passage)

[Signature] Employee Signature Harold O'Flynn P Test Administered By

CHARLES C. YOUNG, M.D
 Diplomat, American Board of Physical Medicine & Rehabilitation
 Diplomat, American Board of Electrodagnostic Medicine
 Diplomat, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Anarika, Brenda
 Social Security #: D.O. 03/06/1985 Case #: 2021072410

"The above named individual was seen by me on 07/26/21 and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

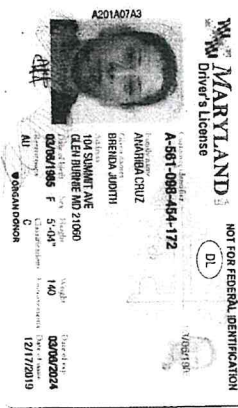
1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. 100% O2 Sat. Rate
 Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV.1); and
4. Determined that a chest roentgenogram was was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may may not use a respiratory device while performing his/her required employment services: is is not capable of working in hot work environments; and
6. Informed this individual that I have have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (If any) COVID-19 precautions

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

Charles C. Young
 07/27/2021
 (Physician's signature)

21



CHARLES C. YOUNG, M.D.
Diplomate, American Board of Physical Medicine & Rehabilitation
Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Brenda Amaribu (DOB: 03/06/1985)
 TEL: 301-318-6569

Symptoms:

- Fever/fiebre- yes, no
 - Chillness/escalofrio- yes, no
 - Headache/dolor de cabeza- yes, no
 - Dizziness/mareo- yes, no
 - Cough/tos- yes, no
 - Fatigue/fatiga, debilidad- yes, no
 - Shortness of breathing/dificultad para respirar- yes, no
 - Loss of taste/perdida de gusto- yes, no
 - Loss of smell/perdida de olfato- yes, no
 - Discoloration of skin/decoloracion de la piel- yes, no
 - Swelling of legs/hinchazon de piernas- yes, no
 - Loss of appetite/perdida de apetito- yes, no
 - Recent Travel history/historia de viajes reciente- yes, no
- If yes, where _____

Examination:

Weight: 146 lbs; Height: 5 feet 4 inches
 Vital Signs: B.P. 116/75 mmHg; Pulse Rate 73 /min.
 Inspection- Symmetric of chest wall- expansive
 Retraction of chest wall- no
 Air hunger appearance- no
 Cyanosis- no
 Respiration rate- 15/20
 Clubbing fingers- no
 Auscultation- Rale(s)- no
 Sputum- no
 Other- no
 Percussion- tympanic o.k.
 Other- ↑ 1.5 inches
 Girth Increase inhale vs exhale
 Oxygen saturation rate 100%



Approval Number: 21 14 01

Certificate of Achievement

Awarded to

Brenda Judith Anariba Cruz

In recognition of successful completion of the course entitled

SPANISH ASBESTOS ABATEMENT WORKER

An 8-Hour annual refresher program of study presented in accordance with the provisions of the U.S Environmental Protection Agency Model Accreditation Plan 40 CFR Part 763, Appendix C to SUBPART E, for Accreditation under TSCA Title II



Carla M. Gomez-Garcia
Course Instructor/ Director

21-154

Certificate Number

Location: Columbia, MD

January 22, 2022

Course Date

January 22, 2022

Examination Date

January 22, 2023

Expiration Date

9231 Rumsey Road Columbia, Maryland 21045 410-381-0232 Office 410-423-9235 Direct

Asbestos License

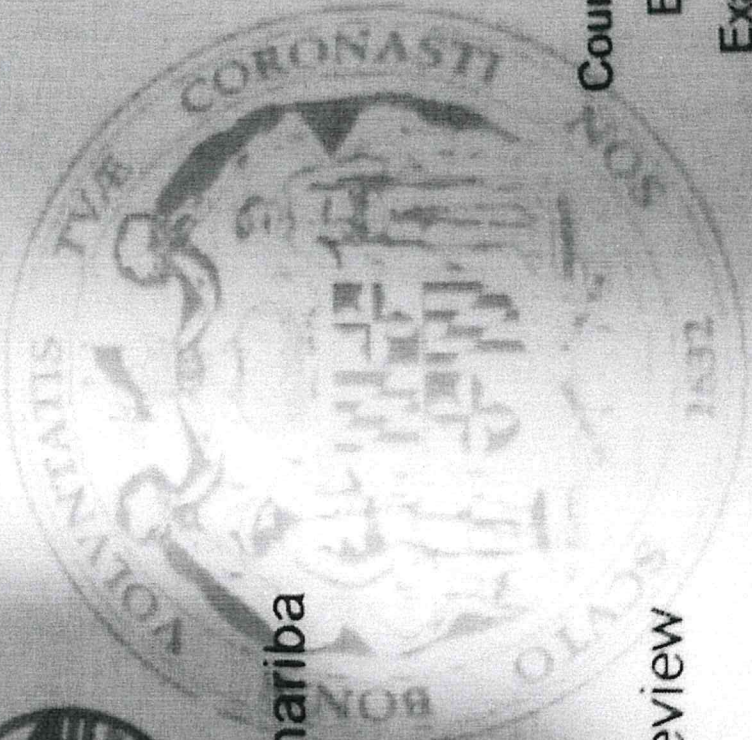


Brenda Anariba
Name

Signature

Worker Review
Course Title

Course Date: 01/22/2022
Exp Date: 01/22/2023
Exam Date: 03/03/2022



2200003421

STATE OF MARYLAND

RESPIRATOR FIT TEST RECORD
 QUALITATIVE PROCEDURE
 IRRITANT SMOKE (STANNIC CHLORIDE)

Employee: LUIS ARGUETA Date: 07-28-21

Soc. Sec. #: XXX-XX-7452 Company: LSS

Respirator Make	Model	Style	Size	Pass	Fail
1. <u>NORTH</u>	<u>7700</u>	<u>H/E</u>	<u>L</u>	<u>X</u>	
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Fit Test Protocol: #1 #2 #3

Protocol Reviewed: X

Visual Inspection: X

Positive and Negative Fit Check: X

Identified Test Agent: X

1. Normal Breathing: X

2. Deep Breathing: X

3. Head Turn: X

4. Head Nod: X

5. Reading: X

6. Jogging: X

7. Bending Over: X

Comments: _____
 Fit testing protocol follows the procedures stated in the OSHA General Industry Standard 1910.134 Appendix A. (Includes Rainbow Passage)

Luis A Argueta
 Employee Signature

Howard O. J.
 Test Administered By

CHARLES C. YOUNG, M.D
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Electrodiagnostic Medicine
 Diplomate, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Argueta, Luis
 D.O.B.: 1/21/1962 Case #: 2021072408
 Social Security #: _____

"The above named individual was seen by me on 07/26/21, and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV.1); and
4. Determined that a chest roentgenogram was was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may not use a respiratory device while performing his/her required employment services: is is not capable of working in hot work environments; and
6. Informed this individual that I have have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (if any) COVID-19 precautions
= w/ mask

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

(Charles C. Young)
 (Physician's signature)

21



CHARLES C. YOUNG, M.D.
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Lois Arqueta, (DOB: 11/1963)
 TEL: 240 355 6483

Symptoms:

- Fever/fiebre- yes, no
 - Chillness/escalofrío- yes, no
 - Headache/dolor de cabeza- yes, no
 - Dizziness/mareo- yes, no
 - Cough/tos- yes, no
 - Fatigue/fatiga, debilidad- yes, no
 - Shortness of breathing/dificultad para respirar- yes, no
 - Loss of taste/perdida de gusto- yes, no
 - Loss of smell/perdida de olfato- yes, no
 - Discoloration of skin/decoloración de la piel- yes, no
 - Swelling of legs/hinchazón de piernas- yes, no
 - Loss of appetite/perdida de apetito- yes, no
 - Recent Travel history/historia de viajes reciente- yes, no
- If yes, where _____

Examination:

Weight: 174 lbs; Height: 5 feet 5 inches
 Vital Signs: B.P. 128/87 mmHg; Pulse Rate 71 /min
 Inspection- Symmetric of chest wall- OK
 Retraction of chest wall- OK
 Air hunger appearance- OK
 Cyanosis- OK
 Respiration rate- 14/min
 Clubbing fingers- OK
 Auscultation- Rale(s)- OK
 Sputum- OK
 Other- OK
 Percussion- tympanic OK
 Other- OK
 Girth Increase inhale vs exhale OK
 Oxygen saturation rate 98%

GLOBAL ENVIRONMENTAL SOLUTIONS

THIS IS TO CERTIFY THAT

LUIS A. ARGUETA

HAS MET THE ATTENDANCE REQUIREMENTS AND HAS SUCCESSFULLY COMPLETED AN EXAMINATION FOR
THE COURSE ENTITLED

8 HR EPA AHERA ASBESTOS WORKER REFRESHER - SPANISH LANGUAGE

FOR ACCREDITATION UNDER TSCA TITLE II

7/17/2021

COURSE DATE

7/17/2022

EXPIRATION DATE

7/17/2021

EXAM DATE

MICHAEL NORRIS



AWR 21071704

COURSE DIRECTOR

CERTIFICATE NO.

NILDA M. ROBINSON



VA Training Provider Accreditation No. 3331001285

PRINCIPAL INSTRUCTOR

4811B EISENHOWER AVENUE

ALEXANDRIA, VA 22304

PHONE: (703) 205-9188

FAX: (571) 970-5937



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Crumbles, Secretary
Horacio Tablada, Deputy Secretary

August 19, 2021

Luis Argueta
5611 Haddon Dr
Lanham, MD 20706

Dear Luis Argueta,

Thank you for taking the asbestos exam for Workers in Maryland on 7/28/2021.
Congratulations, you passed the exam. This letter will serve as your accreditation. Your
accreditation will expire on 7/17/2022.

Sincerely yours,

A handwritten signature in cursive script that reads "Lorraine Anderson".

Lorraine Anderson
Chief, Asbestos Division
Air & Radiation Administration
Maryland Department of the Environment

Certification Number: AWR 21071704

Score: 70

Email: Luisantonioargueta61@gmail.com

RESPIRATOR FIT TEST RECORD
 QUALITATIVE PROCEDURE
 IRRITANT SMOKE (STANNIC CHLORIDE)

Employee: YESSICA BERNARDOS Date: 06-20-21
 Soc. Sec. #: XXX-XX-6260 Company: Flow Jobs LLC

Respirator Model	Model	Style	Size	Pass	Fail	
1	<u>NORTH</u>	<u>7700</u>	<u>H/F</u>	<u>S</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2						
3						

Fit Test Protocol:	#1	#2	#3
Protocol Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive and Negative Fit Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified Test Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Head Turn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Head Nod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bending Over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:
 Fit testing protocol follows the procedures stated in the OSHA General Industry Standard 1910.134 Appendix A (includes Rainbow Passage)

[Signature] Employee Signature [Signature] Test Administered By

CHARLES C. YOUNG, M.D
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Electrodiagnostic Medicine
 Diplomate, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Berrios, Yesica
 D.O.B.: 08/20/1983 Case #: 2022 0206-23
 Social Security #: _____

"The above named individual was seen by me on 02/02/23, and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1); and
4. Determined that a chest roentgenogram was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may not use a respiratory device while performing his/her required employment services; is not capable of working in hot work environments; and
6. Informed this individual that I have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (if any) COVID-19 precautions

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

Charles C. Young
 (Physician's signature)
 02/05/2023



22

CHARLES C. YOUNG, M.D.
Diplomate, American Board of Physical Medicine & Rehabilitation
Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Yessica Berrios (DOB: 08-20-1983)
 TEL: 301-476-3034

Symptoms:

Fever/fiebre-	___yes, <input checked="" type="checkbox"/> no
Chillness/escalofrío-	___yes, <input checked="" type="checkbox"/> no
Headache/dolor de cabeza-	___yes, <input checked="" type="checkbox"/> no
Dizziness/mareo-	___yes, <input checked="" type="checkbox"/> no
Cough/tos-	___yes, <input checked="" type="checkbox"/> no
Fatigue/fatiga, debilidad-	___yes, <input checked="" type="checkbox"/> no
Shortness of breathing/dificultad para respirar-	___yes, <input checked="" type="checkbox"/> no
Loss of taste/perdida de gusto-	___yes, <input checked="" type="checkbox"/> no
Loss of smell/perdida de olfato-	___yes, <input checked="" type="checkbox"/> no
Discoloration of skin/decoloración de la piel-	___yes, <input checked="" type="checkbox"/> no
Swelling of legs/hinchazón de piernas-	___yes, <input checked="" type="checkbox"/> no
Loss of appetite/perdida de apetito-	___yes, <input checked="" type="checkbox"/> no
Recent Travel history/historia de viajes reciente-	___yes, <input checked="" type="checkbox"/> no

If yes, where _____

Examination:

Weight: 169 lbs; Height: 5 feet 2 inches
 Vital Signs: B.P. 108/68 mmHg; Pulse Rate 87/min
 Inspection- Symmetric of chest wall- OK
 Retraction of chest wall- No
 Air hunger appearance- No
 Cyanosis- No
 Respiration rate- 14/11/11
 Clubbing fingers- No
 Auscultation- Rale(s)- 87
 Sputum- No
 Other- OK
 Percussion- tympanic OK
 Other- ↑ 1.5 inches
 Girth Increase inhale vs exhale
 Oxygen saturation rate 100%

GLOBAL ENVIRONMENTAL SOLUTIONS

THIS IS TO CERTIFY THAT

YESICA M. BERRIOS

HAS MET THE ATTENDANCE REQUIREMENTS AND HAS SUCCESSFULLY COMPLETED AN EXAMINATION FOR
THE COURSE ENTITLED

8 HR EPA AHERA ASBESTOS WORKER REFRESHER - SPANISH LANGUAGE

FOR ACCREDITATION UNDER TSCA TITLE II

11/6/2021

COURSE DATE

11/6/2022

EXPIRATION DATE

11/6/2021

EXAM DATE

MICHAEL NORRIS

COURSE DIRECTOR

Michael Norris

AWR 21110608

CERTIFICATE NO.

NILDA M. ROBINSON

PRINCIPAL INSTRUCTOR

Nilda M Robinson

VA Training Provider Accreditation No. 3331001285

4811B EISENHOWER AVENUE

ALEXANDRIA, VA 22304

PHONE: (703) 295-9188

FAX: (571) 970-5937



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Grumbles, Secretary
Horacio Tablada, Deputy Secretary

December 16, 2021

Yesica M. Berrios
1043 Ruaton Street
Silver Spring, MD 20903

Dear Yesica M. Berrios,

Thank you for taking the asbestos exam for Workers in Maryland on 12/1/2021.
Congratulations, you passed the exam. This letter will serve as your accreditation. Your
accreditation will expire on 11/6/2022.

Sincerely yours,

A handwritten signature in cursive script that reads "Lorraine Anderson".

Lorraine Anderson
Chief, Asbestos Division
Air & Radiation Administration
Maryland Department of the Environment

Certification Number: AWR 21110608

Score: 88

Email: Berriosyesica83@gmail.com

**RESPIRATOR FIT TEST RECORD
QUALITATIVE PROCEDURE**

Employee: GUSTAVO BANILLA Date: 11-10-21
 Soc. Sec#: XXX-XX-0561 Company: Flawt job LLC

Respirator Type (s)	Model:	Size:	Pass:	Fail:
<u>Half Face</u>	<u>North 7700</u>	<u>L</u>	<u>X</u>	_____

Sensitivity Test:	Respirator 1:	Respirator 2:
--------------------------	----------------------	----------------------

Face Seal Checks:	<u>X</u>	_____
-------------------	----------	-------

Visual:	<u>X</u>	_____
---------	----------	-------

Positive Test:	<u>X</u>	_____
----------------	----------	-------

Negative Test:	<u>X</u>	_____
----------------	----------	-------

Fit Test:	Respirator 1:	Respirator 2:
------------------	----------------------	----------------------

1. Normal Breathing	<u>X</u>	_____
---------------------	----------	-------

2. Deep Breathing	<u>X</u>	_____
-------------------	----------	-------

3. Head Turn	<u>X</u>	_____
--------------	----------	-------

4. Head Nod	<u>X</u>	_____
-------------	----------	-------

5. Reading	<u>X</u>	_____
------------	----------	-------

6. Jogging	<u>X</u>	_____
------------	----------	-------

Comments _____

Fit Test Protocol follows the procedure stated in the OSHA General Industry Standard

1910.134 Appendix A. (Includes Rainbow Passage)

Gustavo Banilla
Employee Signature

Thomas D
Test Administered By

CHARLES C. YOUNG, M.D.
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Electrodiagnostic Medicine
 Diplomate, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Benillo, Gustavo
 Social Security #: 06634971 Case #: 2021080303

"The above named individual was seen by me on 08/03/2021 and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

- Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
- Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and Sat Rule
- Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1); and
- Determined that a chest roentgenogram was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
- Determined that this individual may not use a respiratory device while performing his/her required employment services; is not capable of working in hot work environments; and
- Informed this individual that I have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
- Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
- Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (If any) 1. Wt Watchy.

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

COVID-19
Charles C Young
 (Physician's signature)
08/03/2021



21

GLOBAL ENVIRONMENTAL SOLUTIONS

THIS IS TO CERTIFY THAT

GUSTAVO BONILLA

HAS MET THE ATTENDANCE REQUIREMENTS AND HAS SUCCESSFULLY COMPLETED AN EXAMINATION FOR
THE COURSE ENTITLED

8 HR EPA AHERA ASBESTOS WORKER REFRESHER - SPANISH LANGUAGE

FOR ACCREDITATION UNDER TSCA TITLE II

1/8/2022

COURSE DATE

1/8/2023

EXPIRATION DATE

1/8/2022

EXAM DATE

MICHAEL NORRIS

COURSE DIRECTOR

Michael Norris

AWR 22010804

CERTIFICATE NO.

NILDA M. ROBINSON

PRINCIPAL INSTRUCTOR

Nilda M Robinson

VA Training Provider Accreditation No. 3331001285

4811B EISENHOWER AVENUE

ALEXANDRIA, VA 22304

PHONE: (703) 205-9188

FAX: (571) 970-5937

Results

Maryland Asbestos Accreditation Exam

Certificate Number: AWR22010804

First Name: Gustavo

Last Name: Bonilla

Address: 8715 Piney Branch Road Apt

City: Silver Spring

State: MD

Zip: 20901



According to our records this test was completed on: 2/4/2022

We administered the following asbestos certification exam: Worker Exam (

Your Results

Score: 90%

Congratulations you have passed your Maryland asbestos accreditation exam. This document and your training certificate will serve as a temporary license until you receive your official license in the mail. Prior to issuing a license, MDE will verify all necessary information and submitted documents.
necessary information and submitted documents.

Thank you for taking the Maryland asbestos accreditation exam. If you have any concerns or questions about the exam, including how to collect your photo ID, please direct them to the Maryland Department of the Environment at (410) 537-3200.

Issued By

A handwritten signature in black ink, appearing to be a stylized 'M' or similar character, written over a horizontal line.

Date 2/4/2022

RESPIRATOR FIT TEST RECORD
 QUALITATIVE PROCEDURE
 IRRITANT SMOKE (STANNIC CHLORIDE)

Employee: ROBERTO A CALDERON Date: 07-27-21

Soc. Sec. #: XXX-XX-8761 Company: Flex Jobs LLC

Respirator	Make:	Model	Style	Size	Pass	Fail
1	<u>NORTH</u>	<u>7700</u>	<u>H/E</u>	<u>M</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2						
3						

Fit Test Protocol:	#1	#2	#3
Protocol Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive and Negative Fit Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identified Test Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Normal Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Deep Breathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Head Turn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Head Nod	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reading	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Jogging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bending Over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____
 Fit testing protocol follows the procedures stated in the OSHA General Industry Standard 1910.134 Appendix A. (Includes Rainbow Passage)

R. A. C. V.
 Employee Signature

Manuel O. Torres P.
 Test Administered By

CHARLES C. YOUNG, M.D
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Electrodiagnostic Medicine
 Diplomate, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Calderon, Roberto
 D.O.B.: 10/9/1988
 Social Security #: 109/1988 Case #: 2021110613

"The above named individual was seen by me on 11/06/2021, and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1); and
4. Determined that a chest roentgenogram was was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may may not use a respiratory device while performing his/her required employment services; is not capable of working in hot work environments; and
6. Informed this individual that I have have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (If any) 1. COVID-19

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

Handwritten notes:
 2. not pregnant
 Charles C Young
 11/06/2021
 (Physician's signature)

21



CHARLES C. YOUNG, M.D.
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Roberto Calderin (DOB: 10/09/1988)
 TEL: 703-602-5056

Symptoms:

- | | |
|--|--|
| Fever/fiebre- | ___yes, <input checked="" type="checkbox"/> no |
| Chillness/escalofrio- | ___yes, <input checked="" type="checkbox"/> no |
| Headache/dolor de cabeza- | ___yes, <input checked="" type="checkbox"/> no |
| Dizziness/mareo- | ___yes, <input checked="" type="checkbox"/> no |
| Cough/tos- | ___yes, <input checked="" type="checkbox"/> no |
| Fatigue/fatiga, debilidad- | ___yes, <input checked="" type="checkbox"/> no |
| Shortness of breathing/dificultad para respirar- | ___yes, <input type="checkbox"/> no |
| Loss of taste/perdida de gusto- | ___yes, <input type="checkbox"/> no |
| Loss of smell/perdida de olfato- | ___yes, <input type="checkbox"/> no |
| Discoloration of skin/decoloracion de la piel- | ___yes, <input type="checkbox"/> no |
| Swelling of legs/hinchazon de piernas- | ___yes, <input type="checkbox"/> no |
| Loss of appetite/perdida de apetito- | ___yes, <input type="checkbox"/> no |
| Recent Travel history/historia de viajes reciente- | ___yes, <input type="checkbox"/> no |
- If yes, where _____

Examination:

- Weight: 198 lbs., Height: 5 feet 7 inches
 Vital Signs: B.P. 117/74 mmHg; Pulse Rate 67 /min.
 Inspection- Symmetric of chest wall- expansive
 Retraction of chest wall- no
 Air hunger appearance- no
 Cyanosis- no
 Respiration rate- 13/min
 Clubbing fingers- no
 Auscultation- Rale(s)- no
 Sputum- no
 Other- no
 Percussion- tympanic o.k.
 Other- 1.5 inches
 Girth Increase inhale vs exhale
 Oxygen saturation rate 97%

GLOBAL ENVIRONMENTAL SOLUTIONS

THIS IS TO CERTIFY THAT

ROBERTO A. CALDERON ALVAREZ

HAS MET THE ATTENDANCE REQUIREMENTS AND HAS SUCCESSFULLY COMPLETED AN EXAMINATION FOR
THE COURSE ENTITLED

8 HR EPA AHERA ASBESTOS WORKER REFRESHER - SPANISH LANGUAGE

FOR ACCREDITATION UNDER TSCA TITLE II

7/17/2021

7/17/2022

7/17/2021

COURSE DATE

EXPIRATION DATE

EXAM DATE

MICHAEL NORRIS

Michael Norris

AWR 21071706

COURSE DIRECTOR

CERTIFICATE NO.

NILDA M. ROBINSON

Nilda M. Robinson

VA Training Provider Accreditation No. 3331001285

PRINCIPAL INSTRUCTOR

4811B EISENHOWER AVENUE

ALEXANDRIA, VA 22304

PHONE: (703) 205-9188

FAX: (571) 970-5937



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Grumbles, Secretary
Horacio Tablada, Deputy Secretary

September 16, 2021

Roberto A Calderon Alvarez
2006 Oglethorpe St
Hyattsville, MD 20782

Dear Roberto A Calderon Alvarez,

Thank you for taking the asbestos exam for Workers in Maryland on 9/1/2021.
Congratulations, you passed the exam. This letter will serve as your accreditation. Your
accreditation will expire on 7/17/2022.

Sincerely yours,

A handwritten signature in cursive script that reads "Lorraine Anderson".

Lorraine Anderson
Chief, Asbestos Division
Air & Radiation Administration
Maryland Department of the Environment

Certification Number: AWR 21071706

Score: 84

Email: calderonalvarez1988@icloud.com

**RESPIRATOR FIT TEST RECORD
QUALITATIVE PROCEDURE**

Employee: HILDA CASTAÑEDA Date: 02-15-22
 Soc. Sec#: XXX-XX-7816 Company: Fluor Job LLC

Respirator Type (s)	Model:	Size:	Pass:	Fail:
<u>Half Face</u>	<u>North 7700</u>	<u>L</u>	<u>X</u>	<u> </u>
_____	_____	_____	_____	_____
Sensitivity Test:		Respirator 1:	Respirator 2:	
Face Seal Checks:		<u>X</u>	_____	
Visual:		<u>X</u>	_____	
Positive Test:		<u>X</u>	_____	
Negative Test:		<u>X</u>	_____	
Fit Test:		Respirator 1:	Respirator 2:	
1. Normal Breathing		<u>X</u>	_____	
2. Deep Breathing		<u>X</u>	_____	
3. Head Turn		<u>X</u>	_____	
4. Head Nod		<u>X</u>	_____	
5. Reading		<u>X</u>	_____	
6. Jogging		<u>X</u>	_____	
Comments	_____			

Fit Test Protocol follows the procedure stated in the OSHA General Industry Standard
 1910.134 Appendix A. (Includes Rainbow Passage)

Hilda Castañeda
 Employee Signature

Harold A. P.
 Test Administered By

CHARLES C. YOUNG, M.D.
 Diplomate, American Board of Physical Medicine & Rehabilitation
 Diplomate, American Board of Electrodiagnostic Medicine
 Diplomate, American Board of Neuro-rehabilitation

5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

FAX: (703) 931-6972

PHYSICIAN'S WRITTEN OPINION-ASBESTOS

Applicant's Name: Castaneda, Hilda
 D.O.B.: 07/27/1978 Case #: 2022020505
 Social Security #: _____

"The above named individual was seen by me on 02/05/22 and in accordance with all applicable portions of OSHA'S Asbestos Standard for the Construction Industry, 29 CFR 1926.1101 with which I am familiar, I have indicated by my initials, that I have performed the following:"

1. Reviewed with this individual, his/her completed OSHA Standardized Medical Questionnaire and Work History, directed towards the pulmonary, cardiovascular, and gastrointestinal system; and
2. Reviewed the employer's description of this individual's duties as they relate to asbestos exposure, the anticipated exposure level, the personal protective and respirator equipment to be utilized by the individual, and any additional medical information resulting from previous examinations; and
3. Conducted a physical examination of this individual with emphasis on the pulmonary cardiovascular, and gastrointestinal systems, including a pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV1); and
4. Determined that a chest roentgenogram was not required as a part of this examination. (If required, the X-ray was taken and read in accordance with Appendix F of the Asbestos standard); and
5. Determined that this individual may not use a respiratory device while performing his/her required employment services; is not capable of working in hot work environments; and
6. Informed this individual that I have not detected a medical condition which would place this individual at an increased risk of material health impairment from exposure to asbestos; and
7. Informed this individual of the results of my examination and of any medical condition that may result from this individual's exposure to asbestos; and
8. Informed this individual of the health risk involved in smoking, of the synergistic relationship between cigarette smoking and asbestos exposure in producing lung cancer, and that cessation of smoking will reduce the risk of lung cancer.

Comments and limitations (if any) 1. w/ W/holding

CHARLES C. YOUNG, M.D.
 5055 Seminary Road, #109
 Alexandria, VA 22311
 (703) 931-5635

COVID-19
Precautions
C. Young, M.D.
 (Physician's signature)
02/05/22

22



GLOBAL ENVIRONMENTAL SOLUTIONS

THIS IS TO CERTIFY THAT

HILDA MARIBEL CASTANEDA

HAS MET THE ATTENDANCE REQUIREMENTS AND HAS SUCCESSFULLY COMPLETED AN EXAMINATION FOR
THE COURSE ENTITLED

8 HR EPA AHERA ASBESTOS WORKER REFRESHER - SPANISH LANGUAGE

FOR ACCREDITATION UNDER TSCA TITLE II

8/21/2021

COURSE DATE

MICHAEL NORRIS

COURSE DIRECTOR

NILDA M. ROBINSON

PRINCIPAL INSTRUCTOR

8/21/2022

EXPIRATION DATE

AWR 21082102

CERTIFICATE NO.

VA Training Provider Accreditation No. 3331001285

8/21/2021

EXAM DATE

4811B EISENHOWER AVENUE

ALEXANDRIA, VA 22304

PHONE: (703) 205-9188

FAX: (571) 970-5937



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Crumbyles, Secretary
Horacio Tablada, Deputy Secretary

October 7, 2021

Hilda Maribel Castaneda
5006 57th AVE APT A6
Haldensburg, MD 20710

Dear Hilda Maribel Castaneda,

Thank you for taking the asbestos exam for Workers in Maryland on 9/15/2021.
Congratulations, you passed the exam. This letter will serve as your accreditation. Your
accreditation will expire on 8/21/2022.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Lorraine Anderson".

Lorraine Anderson
Chief, Asbestos Division
Air & Radiation Administration
Maryland Department of the Environment

Certification Number: AWR 21082102

Score: 70

Email: castaneda3720@gmail.com

**RESPIRATOR FIT TEST RECORD
QUALITATIVE PROCEDURE**

Employee: JAI ME C O R T E Z Date: 02-15-22
 Soc. Sec#: XXX-XX- 4638 Company: J&L Job Llc

Respirator Type (s)	Model:	Size:	Pass:	Fail:
<u>Half Face</u>	<u>North 7700</u>	<u>M</u>	<u>X</u>	<u>_____</u>
_____	_____	_____	_____	_____
Sensitivity Test:		Respirator 1:		Respirator 2:
Face Seal Checks:		<u>X</u>		<u>_____</u>
Visual:		<u>X</u>		<u>_____</u>
Positive Test:		<u>X</u>		<u>_____</u>
Negative Test:		<u>X</u>		<u>_____</u>
Fit Test:		Respirator 1:		Respirator 2:
1. Normal Breathing		<u>X</u>		<u>_____</u>
2. Deep Breathing		<u>X</u>		<u>_____</u>
3. Head Turn		<u>X</u>		<u>_____</u>
4. Head Nod		<u>X</u>		<u>_____</u>
5. Reading		<u>X</u>		<u>_____</u>
6. Jogging		<u>X</u>		<u>_____</u>
Comments	<u>_____</u>			

Fit Test Protocol follows the procedure stated in the OSHA General Industry Standard
 1910.134 Appendix A. (Includes Rainbow Passage)

Jaime Cortez
 Employee Signature

Robert C. P.
 Test Administered By

CHARLES C. YOUNG, M.D.
Diplomate, American Board of Physical Medicine & Rehabilitation
Diplomate, American Board of Neuroelectrodiagnostic Medicine
 5055 Seminary Road TEL: (703) 931-5635
 Suite 109 FAX: (703) 931-6972
 Alexandria, VA 22311 E-Mail: alexclinic02@gmail.com

Pulmonary Evaluation during COVID-19 Pandemic

Name: Jaima Cortez, (DOB: Cortez 24-12-81 ^{Dec.})
 TEL: 240 675 7158

Symptoms:

- Fever/fiebre- yes, no
 - Chillness/escalofrío- yes, no
 - Headache/dolor de cabeza- yes, no
 - Dizziness/mareo- yes, no
 - Cough/tos- yes, no
 - Fatigue/fatiga, debilidad- yes, no
 - Shortness of breathing/dificultad para respirar- yes, no
 - Loss of taste/perdida de gusto- yes, no
 - Loss of smell/perdida de olfato- yes, no
 - Discoloration of skin/decoloración de la piel- yes, no
 - Swelling of legs/hinchazón de piernas- yes, no
 - Loss of appetite/perdida de apetito- yes, no
 - Recent Travel history/historia de viajes reciente- yes, no
- If yes, where _____

Examination:

Weight: 152 lbs; Height: 5 feet 3 1/4 inches
 Vital Signs: B.P. 105/70 mmHg; Pulse Rate 60 /min.
 Inspection- Symmetric of chest wall- expanded
 Retraction of chest wall-
 Air hunger appearance-
 Cyanosis-
 Respiration rate- 13/min
 Clubbing fingers-
 Auscultation- Rale(s)-
 Sputum-
 Other-
 Percussion- tympanic o.k.
 Other- ↑ 1.5 inches S
 Girth Increase inhale vs exhale
 Oxygen saturation rate 98%



INDUSTRIAL TRAINING
PRINCETON INDUSTRIAL TRAINING INSTITUTE

This is to certify that

Jaime Cortez Mendez

has passed the examination and hands-on skills assessment and successfully completed the training program of a
1 Day, 8 Hours

Asbestos Abatement Worker Refresher Course
for accreditation under TSCA, Title II

In recognition thereof this certificate of completion is hereby presented.


Hugo A. Rivera
Principal Instructor


Juan G. Santos
Training Manager

Certificate Number: 22918

Jaime 1530 Kanawha Street Apt. 111 Adelphi	Training Location 12276 Wilkins Avenue Suite 115-1B Rockville, MD 20852 443-452-1940	Beginning Date: 4/24/2021 Ending Date: 4/24/2021 Exam Date: 4/24/2021 Language: Spanish	Expires: 4/24/2022
---	---	--	---------------------------

Princeton Industrial Training Institute • 12276 Wilkins Avenue Suite 115-1B • Rockville, MD 20852



Maryland
Department of
the Environment

Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Ben Grumbles, Secretary
Horacio Tablada, Deputy Secretary

June 14, 2021

Jaime Cortez Mendez
1530 Kanawha St, Apt 11
Adelphi, MD 20783

Dear Jaime Cortez Mendez,

Thank you for taking the asbestos exam for Workers in Maryland on 5/5/2021. Congratulations, you passed the exam. This letter will serve as your accreditation. Your accreditation will expire on 4/24/2022.

Sincerely yours,

A handwritten signature in cursive script that reads "Lorraine Anderson".

Lorraine Anderson
Chief, Asbestos Division
Air & Radiation Administration
Maryland Department of the Environment

Certification Number: 22918

Score: 80

Email: avillalobos@wmssolutions.com