



**ENVIRONMENTAL • GEOTECHNICAL
BUILDING SCIENCES • MATERIALS TESTING**

290 Roberts Street, Suite 301
East Hartford, CT 06108
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February 21, 2017

Mr. Mike Sanders
State of Connecticut
Department of Administrative Services
Division of Construction Services
450 Columbus Boulevard
Hartford, CT 06103

Re: Asbestos Inspection
Whipple Hall
Mystic Education Center
Mystic, Connecticut
Project RM-16-07
Building 16947
ATC Project No. 2257316033

Dear Mr. Sanders:

Please find enclosed the Asbestos Inspection Report for Whipple Hall, Mystic Education Center, Mystic, Connecticut.

Should you have any questions concerning this report, do not hesitate to contact me at 860 282-9924 ext. 1123.

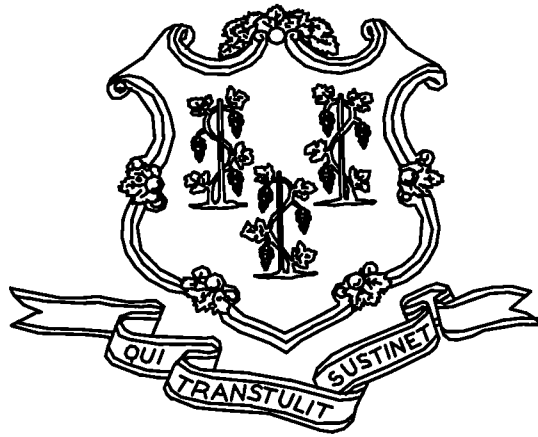
Sincerely,

ATC Group Services LLC

Edward P. Fennell Jr., P.E.
Division Manager
ATC Group Services LLC
Direct Line +1 860 282 9924 x1123
Email: edward.fennell@atcassociates.com
Encl: Asbestos Inspection Report

COMPLIANCE REPORT

**WHIPPLE HALL
MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT
BUILDING 16947
PROJECT RM-16-07**



**STATE OF CONNECTICUT
DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF CONSTRUCTION SERVICES**

Prepared by:

**ATC GROUP SERVICES LLC
290 ROBERTS STREET - SUITE 301
EAST HARTFORD, CT 06108**

ATC PROJECT 2257316033

OCTOBER 3, 2016

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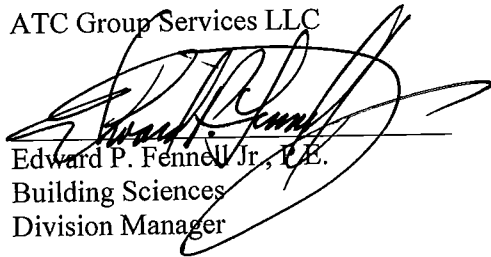
**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

CERTIFICATION OF RESULTS

This report has been prepared for the exclusive use by the State of Connecticut, Department of Administrative Services, Division of Construction Services (CTDCS) and is considered privileged and confidential. Photocopying of this document by parties other than those authorized by the CTDCS, or use of this document for purposes other than it is intended, is prohibited.

Respectfully submitted this 3rd day of October, 2016.

ATC Group Services LLC



Edward P. Fennell Jr., P.E.
Building Sciences
Division Manager

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

EXECUTIVE SUMMARY

ATC Group Services (ATC) provided Asbestos Project Monitoring and Inspection Services for CTDCS during asbestos abatement at Whipple Hall at the Mystic Educational Center in Mystic, Connecticut. ATC was on-site the following days:

- April 11, 12, 13, 14, 15, & 21, 2016
- May 2, 3, & 12, 2016
- July 20 & 25, 2016
- August 4, 16 & 25, 2016

AAIS Corporation ("AAIS"), an asbestos abatement contractor ("Contractor") licensed in the State of Connecticut conducted the asbestos abatement. This scope of work included the removal and disposal of floor tile and associated mastic, and glue daubs associated with tack boards/chalkboards

ATC Group Services was retained by CTDCS to conduct air testing and inspection services during execution of the asbestos abatement related work. These services included review of Contractor's worker certifications and medical records, interpreting and enforcing the established scope of work, observing Contractor work practices, performing visual inspections of abatement work areas, performing project air monitoring as per project specifications and assembling project documentation.

Subsequent to removal activities ATC Group Services visually inspected the work areas. The work was considered complete when there was no visible residue remaining in the work area and air clearance testing for re-occupancy had been conducted.

Based on our observations of the work performed throughout this project and the air monitoring results, the removal of the floor tile and associated mastic, and glue daubs associated with tack boards/chalkboards was performed in accordance with applicable federal, state and local regulations. At project completion, air-monitoring results indicated that concentrations of airborne fibers were less than the concentration recommended by the Environmental Protection Agency (EPA) and the State of Connecticut, Department of Public Health (CTDPH) for re-occupancy of an abated space.

Per our contract, this report was distributed to the following individual(s):

Mr. Mike Sanders, CTDCS

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

CLIENT: State of Connecticut
Department of Administrative Services
Division of Construction Services
165 Capitol Avenue, Room 460
Hartford, CT 06106

**PROJECT NAME &
LOCATION:** Whipple Hall
Mystic Education Center
240 Oral School Road
Mystic, Connecticut

**DATE(S) OF WORK:
(ATC)** April 11, 12, 13, 14, 15, & 21, 2016
May 2, 3, & 12, 2016
July 20 & 25, 2016
August 4, 16, & 25, 2016

**ABATEMENT
CONTRACTOR:** AAIS Corporation
802 Boston Post Road
West Haven, CT 06516
(860) 932-2992

CONSULTANT: ATC Group Services, LLC
290 Roberts Street, Suite 301
East Hartford, Connecticut 06108
(860) 282-9924, Fax (860) 282-9926

**ATC
REPRESENTATIVE(S):** Edward Fennell, Project Manager/Project Designer
John Coletti, Project Monitor
Wayne Riccitelli, Project Monitor
Alisa Werst, Project Monitor

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

1.0 INTRODUCTION

ATC Group Services (ATC) provided Asbestos Testing and Inspection Services for CTDCS during the removal of asbestos-containing materials at Whipple Hall, Mystic Education Center, Mystic, Connecticut. ATC was on site for the following days:

- April 11, 12, 13, 14, 15, & 21, 2016
- May 2, 3, & 12, 2016
- July 20, & 25, 2016
- August 4, 16, & 25, 2016

This project included removal and disposal of floor tile and associated mastic, along with glue daubs associated with tack boards/chalkboards.

2.0 SCOPE OF WORK

2.1 Contractor: AAIS Corporation

AAIS's scope of work for this project included removal and disposal of floor tile and associated mastic, along with glue daubs associated with tack boards/chalkboards from Whipple Hall.

2.2 Consultant: ATC Group Services

ATC Group Services (ATC) was retained by the CTDCS to provide monitoring and oversight of the abatement work. During the abatement project ATC Group Services:

- Reviewed Contractor worker certification documents
- Interpreted the project scope of work as needed by the Contractor
- Observed the Contractor's work practices and performance
- Performed visual inspections of the abatement area prior to, during, and after asbestos abatement
- Assembled and submitted project documentation
- Performed post-abatement re-occupancy air clearance testing.

3.0 PROJECT DESCRIPTION

This project included removal and disposal of removal and disposal of floor tile and associated mastic, along with glue daubs associated with tack boards/chalkboards from Whipple Hall.

ATC Group Services project monitors maintained documentation of the work as it progressed. Consultant Qualifications can be found under Appendix C. Daily construction reports, inspection forms, and air monitoring results prepared during the abatement work have been arranged chronologically and are located in Appendix A. Post abatement re-occupancy (clearance) air testing results are located in Appendix B.

3.1 Worker and Contractor Certification Documents:

ATC Group Services reviewed the contractor's documentation relative to the following certifications, licensing, training and administrative record-keeping requirements.

1. Medical records current to within one year
2. Respirator fit tests current to within one year
3. Training current to within one year
4. Notifications to Federal and State agencies
5. Contractor License
6. Landfill/Waste Documentation
7. Other project correspondence

Abatement worker certifications can be found in Appendix D.

3.2 Engineering Controls

ATC Group Services observed proper use of engineering controls and use of High Efficiency Particulate Air (HEPA)-filtered mechanical equipment. Wet methods were utilized during removal work.

3.3 Work Procedures:

Upon inspection and approval of the work area preparation, asbestos-containing materials were wetted and removed manually as well as mechanically. Asbestos removal, including gross removal, was performed in accordance with United States Department of Labor Occupational Safety and Health Agency (OSHA) regulation 29 CFR 1926.1101. Asbestos abatement was also performed in accordance with CTDPH regulations Sections 19a-332a-1 through 19a-332a-16.

3.4 Worker Protection:

Personnel who entered the regulated work area were observed to be wearing disposable protective clothing with integral hoods and foot coverings, and half-face negative pressure respirators equipped with HEPA filter cartridges.

3.5 Decontamination:

AAIS utilized wet wiping techniques on equipment and materials as they were brought out of containment. Inspections conducted by the ATC Group Services project monitor revealed acceptable decontamination procedures being followed by AAIS's personnel.

- HEPA vacuumed their protective clothing
- Doffed a dirty outer suit
- Exited the work area through the contiguous decontamination area
- Decontaminated as outlined above
- Removing and disposing of protective clothing
- Removing respirator
- Rinsing and washing respirator
- Showering their person

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

3.6 Disposal:

The removed ACM was double wrapped in 6-mil polyethylene bags for transportation and disposal at the approved disposal facility. Waste manifest documentation is included in Appendix I.

4.0 AIR MONITORING

In accordance with USEPA and CTDPH Regulations for asbestos abatement, Phase Contrast Microscopy (PCM) analysis is used to analyze post-abatement re-occupancy clearance air samples for containment work areas in which the quantity of materials abated is less than 1,500 square feet or 500 linear feet. Transmission Electron Microscopy (TEM) is used to analyze containment work areas that exceed 1500 square feet of 500 linear feet

The following table summarizes post-abatement re-occupancy clearance results:

Work Area	Pre-Abatement Inspection Date	Final Visual Inspection Date	Final PCM Air Clearance Date	Final TEM Air Clearance Date
Main Floor Work Area (Containment #1)	----	4/21/2016	----	4/21/2016
Main Floor Work Area (Containment #2)	----	5/3/2016	5/3/2016	----
Upper Floor Work Area (Containment #3)	----	7/20/2016	----	7/20/2016
Main Floor Work Area Room 162 (Containment #4)	----	8/4/2016	8/4/2016	----
Lower Floor Work Area (Containment #5)	7/25/2016	8/16/2016	----	8/16/2016
Lower Floor Work Area (Containment #6)	----	8/25/2016	----	8/25/2016

4.1 PCM Sample Collection

Phase Contrast Microscopy (PCM) samples were collected on 25-millimeter (mm) mixed-cellulose ester membrane filters (0.8-micron pore size). The filters were pre-assembled by the manufacturer in conductive, three-stage cassettes with extension cowl.

The PCM sampling and analytical method was used for final air clearances. Air samples were collected inside the work areas at flow rates between 10.0 and 16.0 liters per minute (lpm). Flow rates were recorded at the beginning and at the end of the sampling period using a rotometer calibrated against a Gilian Instrument Corporation primary flow calibrator (Giliberator). All air

samples were collected open-faced and positioned at breathing zone height (approximately five feet above the floor) with the exposed portion of the cassette facing downward.

4.2 PCM Analysis Methodology

PCM samples were analyzed according to the National Institute for Occupational Safety and Health (NIOSH) 7400 Method ("A" counting rules) for area samples. The method can be found in the NIOSH Manual of Analytical Methods. The 10 fibers per 100 fields lower limit of quantification is retained from the original P&CAM 239 method published by NIOSH. The overall precision is 11.5% to 13% in the 80 to 100 fiber range using the "A" Counting Rules. All air sample reports are calculated with blank corrections and checked and reviewed twice. Unused portions of samples are archived three months unless client requests special handling.

4.3 PCM Laboratory Equipment

Laboratory analysis was accomplished utilizing a phase contrast microscope equipped with a phase contrast condenser. Size and fiber counts were done at 400X magnification. Microscopes are calibrated with an HSE/NPL test slide after being set up and whenever movement of the microscope may disrupt calibration. The microscopy field area (MFA), defined by the Walton-Beckett graticule is 0.00785 mm².

4.4 PCM Area Results

Samples collected for analysis by PCM were analyzed on-site by the ATC Group Services Project Monitor, a member of the American Industrial Hygiene Association (AIHA) Asbestos Analyst Registry (AAR). PCM area samples were analyzed in accordance with Appendix A of 40 CFR, Part 763, Subpart E, Final Rule and Notice, October 30, 1987 for AHERA (Asbestos Hazard Emergency Response Act). All PCM area samples were found to be less than the OSHA Permissible Exposure Limit and the CTDPH clearance criteria of 0.010 fibers per cubic centimeter.

PCM Re-Occupancy Clearance Results – Two (2) PCM re-occupancy clearances were found to be less than the CTDPH clearance criteria of 0.010 fibers/cc in each work area tested.

4.5 TEM Sample Collection and Laboratory Analysis

Five air samples were collected inside the work area for post-abatement re-occupancy clearance air sampling. Air samples were collected on 25-millimeter (mm) mixed-cellulose ester membrane filters with pore sizes of 0.45 microns. The filters were pre-assembled by the manufacturer in conductive, three-stage cassettes with extension cowls. Air samples were collected using high-flow air sampling pumps operating at a flow rate that did not exceed 10 liters per minute (lpm). Air sampling pumps were calibrated before and after each sampling period with a secondary standard rotometer, which was calibrated using a primary standard flow calibrator (Gilian Instrument Corporation Gilibrator). All air samples were collected open-faced and positioned at breathing zone height (approximately four to six feet above floor level) with the exposed portion of the cassette facing downward.

TEM samples were analyzed by EMSL Analytical, Inc. of Wallingford, CT and New York, New York. EMSL participates in the National Voluntary Laboratory Accreditation Program (NVLAP) for asbestos analysis by TEM. TEM samples were analyzed in accordance with Appendix A of 40

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

CFR, Part 763, Subpart E, Final Rule and Notice, October 30, 1987 for AHERA (Asbestos Hazard Emergency Response Act).

TEM Re-Occupancy Clearance Results – The average of all five TEM re-occupancy clearance samples were found to be less than the CTDPH clearance criteria of 70 structures/mm³ in each work area tested.

5.0 CONCLUSIONS

Based on our field observations and air monitoring results collected during the work, the required scope for the asbestos removal was completed in accordance with applicable federal, state, and local regulations. At the end of abatement activities in the work area, air-monitoring data indicated that concentrations of airborne fibers were less than the concentration recommended by the Environmental Protection Agency, the State of Connecticut and the contract specification for re-occupancy following asbestos abatement.

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX A

Project Monitor Daily Site Reports, Daily Site Logs, Inspection Forms and Air Sample Logs

DAILY SITE REPORT

MYSTIC EDUCATION																																				
Project Name: <u>WHIPPLE HALL (CENTER)</u> Date: <u>4/11/16 MONDAY</u>																																				
Project #: <u>2257316033</u> Project Monitor: <u>COLETTI</u>																																				
Client: <u>CT DCS</u> Project Manager: <u>ED FENNEL</u>																																				
Project Support	Contractor Name <u>A. A. I. S.</u> License # <u>000017</u> Project Supvs <u>1</u> Workers <u>1</u>																																			
	Contractor Certifications ☒ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A																																			
	Notification ☒ Y ☐ N If Yes: Start Date <u>4/11/16</u> End Date <u>7/15/16</u> New ☒ Revised ☐																																			
Shift Scope	Waste Hauler <u>RTL</u> Disposal Facility Name <u>MODERN LANDFILL</u> Facility Location <u>YORK, PA</u>																																			
	<table border="0" style="width:100%;"> <tr> <td>Pipe Insulation ☐</td> <td>Floor Tile ☒</td> <td>Ceiling Tile ☐</td> <td>Vapor Barrier ☐</td> <td>Duct Seam Sealant ☐</td> </tr> <tr> <td>Fitting Insulation ☐</td> <td>Mastic ☒</td> <td>Glue Daubs ☐</td> <td>Window Glazing ☐</td> <td>Duct Flex Connector ☐</td> </tr> <tr> <td>Boiler Insulation ☐</td> <td>Floor Sheeting ☐</td> <td>Cove Base/Adhesive ☐</td> <td>Window/Door Caulking ☐</td> <td>Equipment Gaskets ☐</td> </tr> <tr> <td>Boiler Firebrick ☐</td> <td>Plaster ☐</td> <td>Transite ☐</td> <td>Electrical Cable Wrap ☐</td> <td>Fire Doors ☐</td> </tr> <tr> <td>Boiler Rope Gasketing ☐</td> <td>Gypsum Board ☐</td> <td>Roofing Materials ☐</td> <td>Fireproofing ☐</td> <td></td> </tr> <tr> <td>Breeching Insulation ☐</td> <td>Joint Compound ☐</td> <td>Waterproofing ☐</td> <td>Duct Insulation ☐</td> <td></td> </tr> </table>	Pipe Insulation ☐	Floor Tile ☒	Ceiling Tile ☐	Vapor Barrier ☐	Duct Seam Sealant ☐	Fitting Insulation ☐	Mastic ☒	Glue Daubs ☐	Window Glazing ☐	Duct Flex Connector ☐	Boiler Insulation ☐	Floor Sheeting ☐	Cove Base/Adhesive ☐	Window/Door Caulking ☐	Equipment Gaskets ☐	Boiler Firebrick ☐	Plaster ☐	Transite ☐	Electrical Cable Wrap ☐	Fire Doors ☐	Boiler Rope Gasketing ☐	Gypsum Board ☐	Roofing Materials ☐	Fireproofing ☐		Breeching Insulation ☐	Joint Compound ☐	Waterproofing ☐	Duct Insulation ☐						
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Work Area	Containment size: <u>N/A</u> Barriers: ☒ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☒ Other <u>WILL DO</u>																																			
	Integrity: ☐ Good ☐ Fair ☐ Poor Wetting Agent <u>N/A</u> Sufficient: ☐ Y ☐ N																																			
PPE	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA																																			
	Body Protection: ☒ Hooded Suit ☐ Boots ☐ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection																																			
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.																																			
	<table border="0" style="width:100%;"> <tr> <td>EMERGENCY (N/A ☐)</td> <td>ELECTRICAL (N/A ☐)</td> <td>SCAFFOLDING (N/A ☒)</td> <td>LADDERS (N/A ☐)</td> <td>CLEANLINESS (N/A ☐)</td> </tr> <tr> <td>Acceptable ☒ Y ☐ N</td> <td>GFCI ☒ Y ☐ N</td> <td>Load Limit ☐ Y ☐ N</td> <td>Properly Used ☒ Y ☐ N</td> <td>General Housekeeping ☒ A ☐ U</td> </tr> <tr> <td>Communication ☒</td> <td>Adequate Power ☒</td> <td>Posted Minimum 4x Intended Load ☐</td> <td>Acceptable Rungs ☒</td> <td>Bag Accumulation ☒</td> </tr> <tr> <td>Unblocked/Marked ☒</td> <td>Ground Prong ☐</td> <td>Toe Board ☐</td> <td>Kick-Out ☐</td> <td>Standing Water ☐</td> </tr> <tr> <td>Emergency/Fire Exit ☒</td> <td>Sound Ext. Insulation ☒</td> <td>Side Rail ☐</td> <td>Protection/Steady ☐</td> <td></td> </tr> <tr> <td>First Aid Kit ☒</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MSDS Available ☒</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EMERGENCY (N/A ☐)	ELECTRICAL (N/A ☐)	SCAFFOLDING (N/A ☒)	LADDERS (N/A ☐)	CLEANLINESS (N/A ☐)	Acceptable ☒ Y ☐ N	GFCI ☒ Y ☐ N	Load Limit ☐ Y ☐ N	Properly Used ☒ Y ☐ N	General Housekeeping ☒ A ☐ U	Communication ☒	Adequate Power ☒	Posted Minimum 4x Intended Load ☐	Acceptable Rungs ☒	Bag Accumulation ☒	Unblocked/Marked ☒	Ground Prong ☐	Toe Board ☐	Kick-Out ☐	Standing Water ☐	Emergency/Fire Exit ☒	Sound Ext. Insulation ☒	Side Rail ☐	Protection/Steady ☐		First Aid Kit ☒					MSDS Available ☒				
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Contractor's Competent Person: <u>ERIC CYR</u>																																				
Project Monitoring	Total Time in Containment <u>—</u> Respiratory Protection <u>—</u> # Air Samples Run <u>3</u> Manometer Reading <u>—</u>																																			
	Cardno ATC Representative Signature <u>[Signature]</u> Cert. # <u>000396</u> Time On-Site/ Off-Site <u>7 / 320</u>																																			
Site Visitors	<table border="0" style="width:100%;"> <tr> <th>Name</th> <th>Time</th> <th>Representing</th> <th>Purpose</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Name	Time	Representing	Purpose																															
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Notes																																				

DAILY SITE LOG

Page 1 of 1

Project Name: WHIPPLE HALL MYSTIC EDUCATION Date: 4/11/16 MONDAY
Project #: 2257316033 CENTER Project Monitor: COLETTI
Client: CT DCS Project Manager: ED FENNEL

TIME	OBSERVATIONS / ACTIONS
700	IM COLETTI ON SITE, GOAL IS TO MONITOR THE ACTIVITIES IN THE WHIPPLE HALL, WHERE THE ASBESTOS ABATEMENT CONTRACTOR WILL REMOVE ASBESTOS CONTAINING FLOOR TILES AND MASTIC, CORK BOARD GLUE DAUBS & SINKS WITH BLACK UNDERCOATING & EXTERIOR WINDOW CAULKING AND GLAZING.
830	THE CREW FOR A A.I.S. CONSISTS OF A SUPERVISOR AND A WORKER BOTH ARE LICENSED BY THE STATE OF CONNECTICUT TO PERFORM ASBESTOS ABATEMENT ACTIVITIES.
1000	DUE TO THE LIMITED SIZE OF THE WORK CREW AVAILABLE, THE CONTRACTOR WILL BREAK THE MAIN FLOOR INTO SEVERAL WORK CONTAINMENTS.
1058	CREW PLACING CRITICALS IN THE MEETING ROOM & THE HALL AREA, IM RUNS A BACKGROUND SAMPLE.
1145	SET UP WORK CONTINUES THE CREW TO NOT REMOVE TODAY.
1200	IM TAKES A BREAK.
1300	WORK TO CONTINUE.
1430	THE CREW TO CONSTRUCT A CEILING TO THIS WORK AREA, AS TO NOT CRITICAL OFF AREA.
1448	SAMPLED PULLED.
1500	IM DOES PAPERWORK.
1520	CREW FINISHED FOR TODAY.
1520	IM & CREW OFF SITE.

ATC Representative Signature

[Signature]

Title

IND. HYGIENE
TECH

Cert. # 000396



Shaping the Future

AIR SAMPLE LOG

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826**

Project Name: WHIPPLE HALL
Project No./Task No.: 2257316033
Client: CT PCS
Site: MYSTIC EDUCATION CENTER
Work Area: MAIN FLOOR
Work Area: WHIPPLE

Collection Date: 4/11/16
Project Monitor: COLLETTI
Project Manager: ED FENNEL
Rotometer Number: 012406

QA/QC Analyst: _____

Date of Analysis: 4/14/16
Method of Analysis: NIOSH 7400
Reference Slide: RS 104
Microscope Make/Model/No.: OLYMPUS 07264
Analyst Signature: [Signature]
Date of QA/QC: _____

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)			Volume (Liters)	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID
						On	Off	Ave [B]						
4116 -	FIELD BLANK	(1-10)			[A]				A * B = [C]		0/100	-	0.00	JAC
12	SEALED BLANK										0/100	-	0.00	
13	ROOM (CONFER)		1058	1448	230	5.94	5.94	5.94	1366.2	0.0020	19/100	-	0.0068	
	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.								Initial Result:		QA/QC Result:		
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician								Initial Result:		QA/QC Result:		

[illegible]

Work Phase: 1) Area Background 2) Pre-Abatement/Prep 3) Asbestos Removal 4) Final Cleaning 5) Glove Bag 6) Final Air Clearance 7) Personal Air Sample 8) Waste Load-Out 9) Other Associated Work 10) NID/NEA

Relinquished By: _____ Received By: _____ Date: _____

Microphone Section: USE/NBI Test Slide No. Of Lines Visible: _____ Align Phase Ring: _____

Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
White – File
Yellow – QA/QC
Pink – Archive

DAILY SITE REPORT

Project Name: WHIPPLE (MYSTIC EDUCATION CENTER) Date: 4/12/16 TUESDAY

Project #: 2257316033 Project Monitor: COLETTI

Client: CT DES Project Manager: ED FENNEL

Contractor Name: A.A.I.S. License #: 000017 Project Supvs: 1 Workers: 1

Contractor Certifications: ☒ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A

Notification: ☒ Y ☐ N If Yes: Start Date 4/11/16 End Date 7/15/16 New ☒ Revised ☐

Waste Hauler: RTL Disposal Facility Name: MODERN Facility Location: YORK PA

Shift Scope	Pipe Insulation	☐	Floor Tile	☒	Ceiling Tile	☐	Vapor Barrier	☐	Duct Seam Sealant	☐
	Fitting Insulation	☐	Mastic	☒	Glue Daubs	☐	Window Glazing	☐	Duct Flex Connector	☐
	Boiler Insulation	☐	Floor Sheeting	☐	Cove Base/Adhesive	☐	Window/Door Caulking	☐	Equipment Gaskets	☐
	Boiler Firebrick	☐	Plaster	☐	Transite	☐	Electrical Cable Wrap	☐	Fire Doors	☐
Shift Activity	Boiler Rope Gasketing	☐	Gypsum Board	☐	Roofing Materials	☐	Fireproofing	☐		☐
	Breeching Insulation	☐	Joint Compound	☐	Waterproofing	☐	Duct Insulation	☐		☐
	Eqpt/Mat'l Mobilization	☐	Final Cleaning	☐	Waste Load-Out	☐	Dust Control	☐	Re-insulation/Spray	☐
	Work Area Preparation	☒	Encapsulation	☐	Eq/Mat'l Demobilization	☐	Repair/O&M	☐	Non-ACM (lead, PCB)	☐
Work Area	ACM Removal	☐	Teardown/Cleanup	☐	Local Removal	☐	Demolition	☐		☐
	Containment size: <u>2500 SF</u>	Barriers: ☐ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____								
PPE	Integrity: ☐ Good ☐ Fair ☐ Poor Wetting Agent: <u>N/A</u> Sufficient: ☐ Y ☐ N									
	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA									
Body Protection: ☒ Hooded Suit ☐ Boots ☐ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection										
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.									
	EMERGENCY (N/A ☐)		ELECTRICAL (N/A ☐)		SCAFFOLDING (N/A ☒)		LADDERS (N/A ☐)		CLEANLINESS (N/A ☐)	
	Acceptable	☒ Y ☐ N	GFCI	☒ Y ☐ N	Load Limit	☐ Y ☐ N	Properly Used	☒ Y ☐ N	General Housekeeping	☒ A ☐ U
	Communication	☒	Adequate	☐	Posted	☐	Acceptable	☒	Bag Accumulation	☒
OSHA Monitoring	Unblocked/Marked	☒	Power	☐	Minimum 4x	☐	Rungs	☐	Standing Water	☐
	Emergency/Fire Exit	☒	Ground Prong	☐	Intended Load	☐	Kick-Out	☐		☐
	First Aid Kit	☒	Sound Ext.	☐	Toe Board	☐	Protection/Steady	☒		☐
	MSDS' Available	☐	Insulation	☐	Side Rail	☐				
Project Monitoring	Full Shift (≥ 8 Hour) Sampling				Worker SS# & Task IDs				Y N	
	Partial Shift (≤ 8 Hour) Sampling				Previous Shift Results Posted				☐ ☐	
Site Visitors	Exc. Limit (30 min.) Sampling				Flow Rate 0.5 - 2.5 LPM				☐ ☐	
	Equipment Calibrated				Blanks 2 / 10%				☐ ☐	
Notes	Contractor's Competent Person: <u>ERIC CYR</u>									
	Total Time in Containment: _____ Respiratory Protection: _____ # Air Samples Run: <u>3</u> Manometer Reading: _____									
Notes	Cardno ATC Representative Signature: <u>[Signature]</u> Cert. #: <u>000356</u> Time On-Site/ Off-Site: <u>7/315</u>									
	Name: _____ Time: _____ Representing: _____ Purpose: _____									

Project Name: WHIPPLE (MYSTIC EDUCATION CENTER) Date: 4/12/16 TUESDAY
Project #: 2257316033 Project Monitor: COLETTI
Client: CT PCS Project Manager: ED FENNELL

TIME	OBSERVATIONS/ACTIONS
700	IM COLETTI ON SITE WITH THE CREW. THEY WILL CONTINUE WITH WORK AREA PREPARATIONS ON THE FIRST FLOOR AREA.
720	IM COLETTI RUNS A BACKGROUND AIR SAMPLE.
820	THE HEAT + WATER TO THE BUILDING WILL BE SHUT DOWN SHORTLY. CREW TO MAKE ARRANGEMENTS TO GET WATER HERE WHEN THIS HAPPENS.
1000	CREW PLACING POLY SHEETING TO THE WALLS OF THE CONFERENCE ROOM ADJACENT HALL + RAMP. THIS WILL BE THEIR FIRST CONTAINMENT.
1130	WHEN THE CREW COMMENCES REMOVAL THE WASTE WILL BE BAGGED AND PLACED IN 55 GALLON DRUMS.
1200	IM TAKES LUNCH.
1300	WORK TO CONTINUE.
1310	IM PULLS THE BACKGROUND SAMPLE.
1400	WORK CONTINUES. THE CREW WILL NOT START ABATEMENT REMOVAL TILL MAYBE THURSDAY.
1425	IM DOES PAPERWORK.
1500	THE RAMP AREA TO BE INCLUDED IN THE WORK AREA.
1515	IM + CREW OFF SITE.

396



Collection Date: 1/15/16
Project Monitor: COLLETT
Project Manager: ED FENNEL
Rotometer Number: 012406
QA/QC Analyst: _____

AIR SAMPLE LOG

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826**

Date of Analysis: 9/14/16
Method of Analysis: N1054 7401
Reference Slide: RS 104
Microscope Make/Model/No.: Olympus 061
Analyst Signature: [Signature]
Date of QA/QC: 9/14/16

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)			Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID Initials
						On	Off	Ave [B]						
41216	FIELD BLANK										2/100	-	2.54	JAC
12	SEALED BLANK										0/100	-	0.00	J
3	ROOM (CONTINUED)	2	720	1317	350	4.31	4.31	4.31	1508.5	0.0018	25/100	24/100	0.0078	(
	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.									25/100	QA/QC Result:	29/100	JAC
3	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician										QA/QC Result:		

Field	Report
Field	Report

Work Phase:

1) Area Background	3) Asbestos Removal	5) Glove Bag
2) Pre-Abatement/Prep	4) Final Cleaning	6) Final Air Clearance

7) Personal Air Sample
8) Waste Load-Out
9) Other Associated Work
10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Date: _____
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: _____ Align Phase Ring: _____
Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
White – File
Yellow – QA/QC
Pink – Archive

DAILY SITE REPORT

Project Name: <u>WHIPPLE MYSTIC HALL EDUCATION CENTER</u>		Date: <u>4/13/16 WEDNESDAY</u>	
Project #: <u>2257316033</u>		Project Monitor: <u>COLLETTA</u>	
Client: <u>CT DES</u>		Project Manager: <u>ED FINNELL</u>	
Project Support	Contractor Name: <u>A.A.I.S.</u>		License #: <u>000017</u>
	Contractor Certifications: ☒ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A		Project Supvs: <u>1</u> Workers: <u>1</u>
	Notification: ☒ Y ☐ N If Yes: Start Date: <u>4/14/16</u> End Date: <u>7/15/16</u> New ☒ Revised ☐		
Waste Hauler: <u>RTL</u>		Disposal Facility Name: <u>MODERN</u> Facility Location: <u>YORK PA</u>	
Shift Scope	Pipe Insulation ☐	Floor Tile ☒	Ceiling Tile ☐
	Fitting Insulation ☐	Mastic ☒	Glue Daubs ☐
	Boiler Insulation ☐	Floor Sheeting ☐	Cove Base/Adhesive ☐
	Boiler Firebrick ☐	Plaster ☐	Transite ☐
Shift Activity	Boiler Rope Gasketing ☐	Gypsum Board ☐	Roofing Materials ☐
	Breeching Insulation ☐	Joint Compound ☐	Waterproofing ☐
	Eqpt/Mat'l Mobilization ☐	Final Cleaning ☐	Waste Load-Out ☐
	Work Area Preparation ☒	Encapsulation ☐	Eq/Mat'l Demobilization ☐
Work Area	ACM Removal ☐	Teardown/Cleanup ☐	Local Removal ☐
	Containment size: <u>2500 SF</u>	Barriers: ☐ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____	Integrity: ☒ Good ☐ Fair ☐ Poor Wetting Agent: <u>N/A</u> Sufficient: ☐ Y ☐ N
PPE	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA		
	Body Protection: ☒ Hooded Suit ☐ Boots ☐ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection		
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.		
	EMERGENCY (N/A ☐)		
	ELECTRICAL (N/A ☐)		
	SCAFFOLDING (N/A ☐)		
OSHA Monitoring	LADDERS (N/A ☐)		
	CLEANLINESS (N/A ☐)		
	Worker SS# & Task IDs		
	Previous Shift Results Posted		
Project Monitoring	Flow Rate 0.5 - 2.5 LPM		
	Blanks 2 / 10%		
Site Visitors	Contractor's Competent Person: <u>ERIC CYR</u>		
	Total Time in Containment: _____ Respiratory Protection: _____ # Air Samples Run: <u>3</u> Manometer Reading: _____		
Notes	Cardno ATC Representative Signature: <u>[Signature]</u> Cert. #: <u>000396</u> Time On-Site/ Off-Site: <u>7/3/16</u>		
	Name _____ Time _____ Representing _____ Purpose _____		

Object Name: WHIPPLE HALL

Date: 9/13/16 WEDNESDAY

Project #: 2257316033

Project Monitor: COLLETTI

Client: CT DCJ

Project Manager: ED FENNEL

[illegible]

ATC Representative Signature

Title

IND. Hygiene
TECH

Cert. # 000396



AIR SAMPLE LOG

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826**

Project Name: WHIPPLE HALL
Project No./Task No.: 2257316033
Client: CT DCJ
Site: MYSTIC EDUCATION CENTER
Work Area: WHIPPLE
Work Area: MAIN FLOOR

Collection Date: 9/13/16
Project Monitor: COL FTTT
Project Manager: FD FENNEL
Rotometer Number: 012406
QA/QC Analyst: _____

Date of Analysis: 4/17/16
Method of Analysis: N1054740-
Reference Slide: 125 104
Microscope Make/Model/No.: OLYMPUS
Analyst Signature: [Signature]
Date of QA/QC: 04/16/16

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)			Volume (Liters)	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/C)	Analyst ID
						On	Off	Ave [B]						
4/13/6	FIELD BLANK	(1-10)							A * B = [C]		0/100	0.00	0.00	JAL
1	SEALED BLANK										0/100	0.00	0.00	J
3	CONFERENCE ROOM	1	7:15	13:21	366	4.31	4.31	4.31	1577.44	0.0017	30/100	0.0033	0.0033	J
	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.								Initial Result:		QA/QC Result:		
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician								Initial Result:		QA/QC Result:		

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report **Result** as $< LOD$

Work Phase:

1) Area Background	3) Asbestos Removal	5) Glove Bag	7) Personal Air Sample	9) Other Associated Work
2) Pre-Abatement/Prep	4) Final Cleaning	6) Final Air Clearance	8) Waste Load-Out	10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Date: _____
 Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: _____ Align Phase Ring: _____
 Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
White – File Yellow – QA/QC Pink – Archive

DAILY SITE REPORT

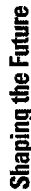
Project Name: <u>WHIPPLE MYSTIC EDUCATION HALL CENTER</u>		Date: <u>4/14/16 THURSDAY</u>																														
Project #: <u>2257316033</u>		Project Monitor: <u>COLLETTI</u>																														
Client: <u>CT-PCS</u>		Project Manager: <u>ED FENNEL</u>																														
Project Support	Contractor Name <u>A.A.I.S.</u> License # <u>000012</u> Project Supvs <u>1</u> Workers <u>1</u>																															
	Contractor Certifications ☒ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A																															
	Notification ☒ Y ☐ N If Yes: Start Date <u>4/11/16</u> End Date <u>7/15/16</u> New ☒ Revised ☐																															
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	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA Body Protection: ☒ Hooded Suit ☐ Boots ☐ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection																															
PPE	If N or U, expand and document notification and actions taken, if any. Indicate if N/A. EMERGENCY (N/A ☐) ELECTRICAL (N/A ☐) SCAFFOLDING (N/A ☐) LADDERS (N/A ☐) CLEANLINESS (N/A ☐)																															
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	Acceptable ☒ Y ☐ N	GFCI ☒ Y ☐ N	Load Limit ☐ Y ☐ N	Properly Used ☒ Y ☐ N	General Housekeeping ☒ A ☐ U																											
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	Total Time in Containment _____ Respiratory Protection _____ # Air Samples Run <u>3</u> Manometer Reading _____																															
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Notes																																

Page 1 of 1

Project Manager: REYNOLDS

TIME	OBSERVATIONS / ACTIONS
700	IH COLLETT ON SITE WITH THE CREW FROM A.A.I.S. TO MONITOR THE ACTIVITIES FOR THE FIRST FLOOR SET UP AT WHIPPLE HALL
744	IH COLETTI RUNS A BACKGROUND AIR SAMPLE
900	CREW TO HAUL A WATER TANK ON SITE SO THAT THEY CAN HAVE ACCESS TO WATER WHEN ITS TURNED OFF IN THE MAIN BUILDING.
1030	IH COLLECTS BULK SAMPLES FOR ANALYSIS
1130	IH DOES PAPERWORK
1200	LUNCH
1300	WORK TO CONTINUE. AT THIS POINT, THE CREW HAS NOT CONSTRUCTED A DECON OR ADDED NEGATIVE AIR TO THE AREA
(1330)	AT THIS POINT, THE SAMPLE HAS BEEN PULLED. SET UP WORK TO CONTINUE
(1500)	IH COLETTI HAS READ THE BACKGROUNDS TAKEN FROM 4-11 TO 4-14. ALL OF THEM ARE BELOW THE CLEARANCE STANDARD
1510	IH + CREW OFF SITE ✓

Cert. # 000396



AIR SAMPLE LOG

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826**

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)			Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID Initials
						On	Off	Ave [B]						
41416-1	FIELD BLANK										0/100	—	0.00	JAC
12	SEALED BLANK										1/100	—	1.22	I
13	CONFERENCE ROOM	2	744	1338	354	5.13	5.13	5.13	1816.02	0.0015	15/100	14.5%	0.0039	
3	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.								Initial Result:	15/100	QA/QC Result:	1.5/100	JAC
.	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician								Initial Result:		QA/QC Result:		

* * If Adjusted Count is less than or equal to 5 Eihers/100 Fields: then report Result as < LOD

Work Phase:

1) Area Background 3) Asbestos Removal 5) Glove Bag 7) Personal Air Sample 9) Other Associated Work

2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Date: _____

Microscope Setup: _____ HSE/NPI Test Slide-No _____ Of _____ Lines Visible: _____ Align Phase Ring: _____

Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(iii). Filters are 25MM M
White – File Yellow – QA/QC Pink – Archive

DAILY SITE REPORT

Project Name: <u>WHIPPLE (MYSTIC EDUCATION CENTER) HALL</u>		Date: <u>4/15/16 FRIDAY</u>																														
Project #: <u>2257316033</u>		Project Monitor: <u>COLETTI</u>																														
Client: <u>CT DCS</u>		Project Manager: <u>ED FENNEL</u>																														
Project Support	Contractor Name: <u>A. A. L. S.</u>		License #: <u>000017</u>																													
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	Notification: ☒ Y ☐ N If Yes: Start Date <u>4/11/16</u> End Date <u>7/15/16</u> New ☒ Revised ☐		Workers: <u>2</u>																													
Shift Scope	Waste Hauler: <u>RTL</u>		Disposal Facility Name: <u>MODERN</u>																													
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	Cardno ATC Representative Signature: <u>[Signature]</u> Cert. #: <u>000396</u> Time On-Site/ Off-Site: <u>7/1/13</u>																															
Site Visitors	Name		Purpose																													
	Time		Representing																													
Notes																																

DAILY SITE LOG

Page 1 of 1

Object Name: WHIPPLE (MYSTIC EDUCATION CENTER) HALL Date: 4/15/16 FRIDAY
Project #: 2257316033 Project Monitor: COLETTI
Client: CT DCS Project Manager: ED FENNEL

TIME	OBSERVATIONS / ACTIONS
700	IH ON SITE WITH CREW NEW WORKER TODAY, IH TO CHECK PAPERWORK
804	IH COLETTI RUNS A BACKGROUND SAMPLE CREW IS NOW WORKING ON THE CEILING TO THEIR WORK AREA
915	CREW NOW ADDS NEGATIVE AIR TO THE WORK AREA. THE DECEN WILL FOLLOW. THE CREW TO START ABATEMENT OF THE FLOOR TILE TODAY. THEN FOR MONDAY THE 18TH, THEY WILL WORK ON THE MASTIC + BOARDS
1004	IH PULLS THE BACKGROUND SAMPLE TO READ
1030	THIS SAMPLE IS AWD BELOW THE CLEAN AIR STANDARD CREW TO HAVE 2 NEGATIVE AIR MACHINES FOR THE WORK AREA
1045	ONE NEGATIVE AIR MACHINE IS IN THE CONFERENCE ROOM, THE OTHER IS IN THE HALL
1115	IH TAKES A LOOK AT THE CONTAINMENT. THERE IS A CONTIGUOUS THREE CHAMBER DECEN WITH SHOWER. THERE IS PLENTY OF NEGATIVE AIR INSIDE THE WORK AREA BARRIER SEALED. CREW TO REMOVE APPROXIMATELY 1850 SF OF FLOOR TILES + MASTIC + 1 BOARD 25 SF
1130	CREW TO START SHORTLY IH CLEANS UP FINISHES PAPERWORK + IS OFF SITE ✓

ATC Representative Signature

Ed Fenell

Title

IH 000396

Cert. #

000325



Cardno[®]
ATC

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826**

Shaping the Future

QA/QC Analyst:

Analyst should complete a duplicate analysis of 10% of all samples here.

* If Adjusted Count is less than or equal to 5 Eibers/100 Fields then report Result as < LOD

Work Phase:

1) Area Background	3) Asbestos Removal	5) Glove Bag	7) Personal Air Sample	9) Other Associated Work
2) Pre-Abatement/Pren	4) Final Cleaning	6) Final Air Clearance	8) Waste Load-Out	10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Date: _____
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: _____ Align Phase Ring: _____
Ocular Adjustment: _____ Date: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(iii). Filters are 25MM M
White – File
Yellow – QA/QC
Pink – Archive

DAILY SITE REPORT

Project Name: <u>WHIPPLE MYSTIC HALL (EDUCATION CENTER)</u>		Date: <u>4/21/16 THURSDAY</u>																																				
Project #: <u>2257316</u>		Project Monitor: <u>COLETTI</u>																																				
Client: <u>CT DCS</u>		Project Manager: <u>ED FENNEL</u>																																				
Project Support	Contractor Name: <u>A.A.I.S.</u>		License #: <u>0000</u>																																			
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Shift Scope	Notification: ☒ Y ☐ N If Yes: Start Date: _____ End Date: _____		New ☐ Revised ☐																																			
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Contractor's Competent Person: <u>ERIC CYR</u>																																						
Project Monitoring	Total Time in Containment: <u>45 MIN</u> Respiratory Protection: <u>2 face</u> # Air Samples Run: <u>5</u> Manometer Reading: <u>—</u>																																					
	Cardno ATC Representative Signature: <u>[Signature]</u> Cert. #: <u>000396</u> Time On-Site/ Off-Site: <u>7/1400</u>																																					
Site Visitors	Name _____ Time _____ Representing _____ Purpose _____																																					
	Name _____ Time _____ Representing _____ Purpose _____																																					
Notes	_____																																					

TIME	OBSERVATIONS / ACTIONS
700	IH COLETTI ON SITE WITH THE CREW. IH TO PERFORM A VISUAL AND A CLEARANCE FOR A CONTAINMENT ON THE MAIN FLOOR OF WHIPPLE HALL
(730)	IH HAS COMPLETED A FINAL VISUAL INSPECTION OF THE WORK AREA, WHICH CONSISTS OF A CONFERENCE ROOM SIDE + REAR HALL AREAS, A CLOSET ROOM AND A RAMPWAY. 1,800 SQUARE FEET REMOVED ALONG WITH 1 BOARD WITH MASTIS BEHIND. VISUAL PASSES. CREW TO ENCAPSULATE
800	IH SETS UP UP PUMPS FOR THE AIR CLEARANCE
827	INSIDE + OUTSIDE SAMPLES RUNNING. AGGRESSIVE SAMPLING UTILIZED
940	CREW SETS OTHER WORK AREA ON FLOOR (MAIN). IH DOES PAPERWORK
1100	ALL SAMPLES HAVE BEEN PULLED
1130	IH DOES PAPERWORK
(1200)	IH OFF SITE. IH TO MAIL THE TEM SAMPLES TO E.M.S.C FOR 24 HOUR TURNAROUND.

000396

FINAL INSPECTION / TEARDOWN FORM

Project Name:	WHIPPLE (MYSTIC EDUCATION) HALL CENTER	Date:	4/21/16 THURSDAY
Project #:	2257316	Project Monitor:	COLETTI
Client:	CTDCS	Project Manager:	ED FENNEL

FINAL INSPECTION

Work Area(s) Inspected: MAIN FLOOR CONTAINMENT 1

Work Area Preparedness	Work area is free of visible debris ☒ Y ☐ N ☐ N/A Critical containment barriers are secure and sound ☒ Y ☐ N ☐ N/A Waste has been properly packaged and removed from the work area ☒ Y ☐ N ☐ N/A Substrate surfaces will have a sealant (encapsulant) applied post-inspection ☒ Y ☐ N ☐ N/A Negative air unit(s) operating at an optimum flow rate ☒ Y ☐ N ☐ N/A Negative air unit pre-filter(s) have been changed out ☒ Y ☐ N ☐ N/A When applicable, damage to facility floors, walls, fixtures, etc. has been documented ☐ Y ☐ N ☒ N/A	
Certification	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water. <u>JOHN COLETTI</u> Project Monitor <u>4/21/16</u> Date <u>4/21/16</u> Contractor Supervisor <u>4/21/16</u> Date	
Notes	<u>1,800 SF OF FLOOR TILES + MASTIC, AS WELL AS 1 BOARD W/ADHESIVE</u>	

TEARDOWN

Work Area(s) Torn Down: _____

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste ☐ Y ☐ N ☐ N/A All equipment, tools, materials, supplies, and waste have been removed ☐ Y ☐ N ☐ N/A Spray glue and/or tape residue has been adequately cleaned from facility structures ☐ Y ☐ N ☐ N/A Furniture and/or other materials removed from the work area pre-abatement have been returned ☐ Y ☐ N ☐ N/A Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum) ☐ Y ☐ N ☐ N/A	
Remarks	 	

DAILY SITE REPORT

Project Name: <u>WHIPPLE MYSTIC EDUCATION HALL CENTER</u>		Date: <u>5-2-16 MONDAY</u>																																			
Project #: <u>2257316033</u>		Project Monitor: <u>JOHN COLETTI</u>																																			
Client: <u>CT PCS</u>		Project Manager: <u>ED FENNEL</u>																																			
Project Support	Contractor Name <u>A A I S</u> License # <u>000017</u> Project Supvs <u>1</u> Workers <u>1</u>																																				
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Work Area	Containment size: <u>1,350 SF</u> Barriers: ☒ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____ Integrity: ☒ Good ☐ Fair ☐ Poor Wetting Agent <u>WATER</u> Sufficient: ☒ Y ☐ N																																				
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Project Monitoring	Total Time in Containment <u>15 min</u> Respiratory Protection <u>1 FACE</u> # Air Samples Run <u>—</u> Manometer Reading <u>—</u>																																				
	Cardno ATC Representative Signature <u>John Coletti</u> Cert. # <u>000396</u> Time On-Site/ Off-Site <u>1300, 1515</u>																																				
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Project Name: WHIPPLE MYSTIC HALL EDUCATION CENTER Date: 5/2/16 MONDAY
Project #: 2257316088 Project Monitor: JOHN COLETTI
Client: CT DES Project Manager: ED FENNEL

TIME	OBSERVATIONS/ACTIONS
1300	IH COLETTI ON SITE WITH THE CREW FROM A.A.I.S. THE OBJECTIVE FOR TODAY WILL BE TO PERFORM A FINAL VISUAL INSPECTION FOR A CONTAINMENT LOCATED ON THE MAIN FLOOR (CONTAINMENT 2) WHERE 1,350 SQUARE FEET OF 9"x9" FLOOR TILES + ASSOCIATED MASTIC + 1 BOARD 12 SF WERE ABATED. THIS REMOVAL COMPLETES THE WORK ON THE MAIN FLOOR.
(1315)	VISUAL PASSES AREA IS VERY CLEAN. A.A.I.S. TO ENCAPSULATE AND IH TO RUN AGGRESSIVE PCM FINAL AIR CLEARANCE SAMPLES ON 5/3/16
1400	IH DOES PAPERWORK
1515	IH + CREW OFF SITE

ATC Representative Signature

Title

INDUSTRIAL
HYGIENE
TECH

Cert. # 000396

FINAL INSPECTION / TEARDOWN FORM

Project Name: WHIPPLE MYSTIC EDUCATION CENTER Date: 5/2/16 MONDAY
Project #: 2257316033 Project Monitor: JOHN COLETTI
Client: CT DES Project Manager: ED FENNEL

FINAL INSPECTION

Work Area(s) Inspected: MAIN FLOOR BACK AREA (CONTAINMENT #2)

Work Area Preparedness

Work area is free of visible debris ☒ Y ☐ N ☐ N/A
Critical containment barriers are secure and sound ☒ Y ☐ N ☐ N/A
Waste has been properly packaged and removed from the work area ☒ Y ☐ N ☐ N/A
Substrate surfaces will have a sealant (encapsulant) applied post-inspection ☒ Y ☐ N ☐ N/A
Negative air unit(s) operating at an optimum flow rate ☒ Y ☐ N ☐ N/A
Negative air unit pre-filter(s) have been changed out ☒ Y ☐ N ☐ N/A
When applicable, damage to facility floors, walls, fixtures, etc. has been documented ☐ Y ☐ N ☒ N/A

Information

In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.
JOHN COLETTI 5/2/16 ED FENNEL 5/2/16
Project Monitor Date Contractor Supervisor Date

Notes

1,350 SQUARE FEET OF FLOOR TILES + MASTIC REMOVED ALONG W/ 12 SQUARE FT. OF GLUE TO BOARD

TEARDOWN

Work Area(s) Torn Down: _____

Cleanliness

All poly has been removed from facility structures and bagged as asbestos waste ☐ Y ☐ N ☐ N/A
All equipment, tools, materials, supplies, and waste have been removed ☐ Y ☐ N ☐ N/A
Spray glue and/or tape residue has been adequately cleaned from facility structures ☐ Y ☐ N ☐ N/A
Furniture and/or other materials removed from the work area pre-abatement have been returned ☐ Y ☐ N ☐ N/A
Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum) ☐ Y ☐ N ☐ N/A

Notes

DAILY SITE REPORT

Project Name: <u>WHIPPLE MYSTIC ROVEATION CENTER</u>		Date: <u>5/3/16 TUESDAY</u>	
Project #: <u>2257316033</u>		Project Monitor: <u>JOHN COLETTI</u>	
Client: <u>CT PCS</u>		Project Manager: <u>FD FENNEL</u>	
Project Support	Contractor Name: <u>A.A.I.S.</u>		License #: <u>000017</u>
	Contractor Certifications: ☒ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A		Project Supvs: <u>1</u> Workers: <u>1</u>
	Notification: ☒ Y ☐ N If Yes: Start Date <u>4/11/16</u> End Date <u>7/15/16</u> New ☒ Revised ☐		
Shift Scope	Waste Hauler: <u>RTL</u>		Disposal Facility Name: <u>MODERN LANDFILL</u> Facility Location: <u>YORK PA</u>
	Pipe Insulation ☐	Floor Tile ☒	Ceiling Tile ☐
	Fitting Insulation ☐	Mastic ☒	Glue Daubs ☒
Shift Activity	Boiler Insulation ☐	Floor Sheeting ☐	Cove Base/Adhesive ☐
	Boiler Firebrick ☐	Plaster ☐	Transite ☐
	Boiler Rope Gasketing ☐	Gypsum Board ☐	Roofing Materials ☐
Work Area	Breeching Insulation ☐	Joint Compound ☐	Waterproofing ☐
	Eqpt/Mat'l Mobilization ☐	Final Cleaning ☐	Waste Load-Out ☐
	Work Area Preparation ☐	Encapsulation ☒	Eq/Mat'l Demobilization ☐
PPE	ACM Removal ☐	Teardown/Cleanup ☐	Local Removal ☐
	Containment size: <u>1,350 SF</u>		
	Barriers: ☒ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____		
Safety & Health	Integrity: ☒ Good ☐ Fair ☐ Poor Wetting Agent: <u>WATER</u> Sufficient: ☒ Y ☐ N		
	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA		
	Body Protection: ☒ Hooded Suit ☒ Boots ☒ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection		
OSHA Monitoring	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.		
	EMERGENCY (N/A ☐)		
	ELECTRICAL (N/A ☐)		
Project Monitoring	SCAFFOLDING (N/A ☒)		
	LADDERS (N/A ☒)		
	CLEANLINESS (N/A ☐)		
Site Visitors	Acceptable ☒ Y ☐ N GFCI ☒ Y ☐ N Load Limit ☐ Y ☐ N Properly Used ☐ Y ☐ N General Housekeeping ☒ A ☐ U		
	Communication ☒ Y ☐ N Adequate ☒ Y ☐ N Posted ☐ Y ☐ N Acceptable ☐ Y ☐ N Bag Accumulation ☒ ☐ U		
	Unblocked/Marked ☒ Y ☐ N Power ☒ Y ☐ N Minimum 4x ☐ Y ☐ N Rungs ☐ Y ☐ N Standing Water ☒ ☐ U		
Notes	Emergency/Fire Exit ☒ Y ☐ N Toe Board ☐ Y ☐ N Kick-Out ☐ Y ☐ N Protection/Steady ☐ Y ☐ N		
	First Aid Kit ☒ Y ☐ N Side Rail ☐ Y ☐ N		
	MSDS Available ☐ Y ☐ N Insulation ☐ Y ☐ N		
Project Monitoring	Full Shift (≥ 8 Hour) Sampling ☐ Y ☐ N Worker SS# & Task IDs ☐ Y ☐ N		
	Partial Shift (≤ 8 Hour) Sampling ☐ Y ☐ N Previous Shift Results Posted ☐ Y ☐ N		
	Exc. Limit (30 min.) Sampling ☐ Y ☐ N Flow Rate 0.5 - 2.5 LPM ☐ Y ☐ N		
Notes	Equipment Calibrated ☐ Y ☐ N Blanks 2 / 10% ☐ Y ☐ N		
	Contractor's Competent Person: <u>ERIC CYR</u>		
	Total Time in Containment: <u>25 MIN</u> Respiratory Protection: <u>1/2 FACE</u> # Air Samples Run: <u>5</u> Manometer Reading: <u>—</u>		
Notes	Cardno ATC Representative Signature: <u>John Colletti</u> Cert. #: <u>000396</u> Time On-Site/ Off-Site: <u>7/15/15</u>		
	Name _____ Time _____ Representing _____ Purpose _____		

DAILY SITE LOG

Page 1 of 1

Project Name: WHIPPLE MYSTIC HALL EDUCATION CENTE
Project #: 2257316037
Client: CT-DES

Date: 5/3/16 TUESDAY
Project Monitor: JOHN COLETTI
Project Manager: FR FENNELL

[illegible]

ATC Representative Signature

Title

INDUSTRIAL
HYG. & E.
TECH

Cert. # 000396

DAILY SITE REPORT

Project Name: <u>WHIPPLE HALL MYSTIC EDUCATION CENTER</u> Date: <u>5/12/16 THURSDAY</u>																																				
Project #: <u>2257316033</u> Project Monitor: <u>JOHN COLETTI</u>																																				
Client: <u>CT DCJ</u> Project Manager: <u>ED FENNEL</u>																																				
Project Support	Contractor Name: <u>A A I S</u> License # <u>000017</u> Project Supvs <u>1</u> Workers <u>1</u>																																			
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Project Monitoring	Total Time in Containment: <u>N/A</u> Respiratory Protection: <u>N/A</u> # Air Samples Run: <u>—</u> Manometer Reading: <u>—</u> Cardno ATC Representative Signature: <u>[Signature]</u> Cert. # <u>000396</u> Time On-Site/ Off-Site: <u>11/25</u>																																			
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Name	Time	Representing	Purpose																																	
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DAILY SITE LOG

Page 1 of 1.

Project Name: WHIPPLE / MYSTIC HALL / EDUCATION CENTER Date: 5/11/16 THURSDAY
Project #: 2257316033 Project Monitor: JOHN COLETT
Client: CT DCS Project Manager: ED FENNEL

[illegible]

ATC Representative Signature _____

Title

INDUSTRIAL HYGIENE TECH

Cert. #

000396

DAILY SITE REPORT

Project Name: <u>MYSTIC Education Center</u>		Date: <u>07-20-16</u>																																				
Project #: <u>2257316033 WHIPPLE HALL</u>		Project Monitor: <u>Wayne Riccitelli</u>																																				
Client: <u>CT DCS</u>		Project Manager: <u>Ed Fennell</u>																																				
Project Support	Contractor Name: <u>AATS CORP</u>		License #: <u>000017</u>																																			
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	Notification ☐ Y ☐ N If Yes: Start Date _____ End Date _____		New ☐ Revised ☐																																			
Shift Scope	Waste Hauler _____		Disposal Facility Name _____ Facility Location _____																																			
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Work Area	Containment size: <u>2,016 ft²</u>		Barriers: ☐ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____																																			
	Integrity: ☒ Good ☐ Fair ☐ Poor		Wetting Agent <u>Encap</u> Sufficient: ☒ Y ☐ N																																			
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Project Monitoring	Equipment Calibrated ☐		Blanks 2 / 10% ☐																																			
	Contractor's Competent Person: <u>Ed Braga</u>																																					
	Total Time in Containment: <u>35 min</u>	Respiratory Protection: <u>1/2 Face NPR</u>	# Air Samples Run: <u>5-TEM</u> Manometer Reading _____																																			
Site Visitors	Cardno ATC Representative Signature: <u>Wayne</u>		Cert. # <u>402</u> Time On-Site/ Off-Site: _____ / _____																																			
	Name _____	Time _____	Representing _____ Purpose _____																																			
Notes	<u>TEM- Clearance</u>																																					
	<u>2,016 ft² VAT/Mastic abated. and FL-Apartments</u>																																					

Project Manager: Ed Fennell

Cert. #

FINAL INSPECTION / TEARDOWN FORM

Project Name: Mystic Education Center Whipple Hall Date: 07-20-16
 Project #: 2257316033 Project Monitor: Wayne Riccitelli
 Client: CT DCS Project Manager: Ed Fennell

FINAL INSPECTION

Work Area(s) Inspected: _____

Work Area Preparedness

Work area is free of visible debris ☒ Y ☐ N ☐ N/A
 Critical containment barriers are secure and sound ☒ Y ☐ N ☐ N/A
 Waste has been properly packaged and removed from the work area ☒ Y ☐ N ☐ N/A
 Substrate surfaces will have a sealant (encapsulant) applied post-inspection ☒ Y ☐ N ☐ N/A
 Negative air unit(s) operating at an optimum flow rate ☒ Y ☐ N ☐ N/A
 Negative air unit pre-filter(s) have been changed out ☒ Y ☐ N ☐ N/A
 When applicable, damage to facility floors, walls, fixtures, etc. has been documented ☐ Y ☐ N ☒ N/A

Inspection

In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.

Wayne Riccitelli
Project Monitor

072016
Date

[Signature]
Contractor Supervisor

7/20/16
Date

Notes

Approximately 2,016 ft² VAT/Mastic abated

TEARDOWN

Work Area(s) Torn Down: _____

Cleanliness

All poly has been removed from facility structures and bagged as asbestos waste ☐ Y ☐ N ☐ N/A
 All equipment, tools, materials, supplies, and waste have been removed ☐ Y ☐ N ☐ N/A
 Spray glue and/or tape residue has been adequately cleaned from facility structures ☐ Y ☐ N ☐ N/A
 Furniture and/or other materials removed from the work area pre-abatement have been returned ☐ Y ☐ N ☐ N/A
 Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum) ☐ Y ☐ N ☐ N/A

Notes

DAILY SITE REPORT

Project Name: <u>WHIPPLE HALL</u>		Date: <u>7/25/16 MONDAY</u>	
Project #: <u>2257316083</u>		Project Monitor: <u>JOHN COLLETT</u>	
Client: <u>CT DCJ</u>		Project Manager: <u>ED FENNEL</u>	
Project Support	Contractor Name: <u>AAIS</u>		License # <u>000017</u> Project Supts <u>1</u> Workers <u>9</u>
	Contractor Certifications ☐ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A		
Shift Scope	Notification ☐ Y ☐ N If Yes: Start Date <u>4/11</u> End Date <u>9/2</u> New ☐ Revised ☒		
	Waste Hauler: <u>TRANSWASTE</u> Disposal Facility Name: <u>MINEIRA</u> Facility Location: <u>RIKE 04</u>		
Shift Activity	Pipe Insulation ☐ Fitting Insulation ☐ Boiler Insulation ☐ Boiler Firebrick ☐ Boiler Rope Gasketing ☐ Breeching Insulation ☐	Floor Tile ☐ Mastic ☐ Floor Sheeting ☐ Plaster ☐ Gypsum Board ☐ Joint Compound ☐	☒ Ceiling Tile ☐ Glue Daubs ☐ Cove Base/Adhesive ☐ Transite ☐ Roofing Materials ☐ Waterproofing ☐ Vapor Barrier ☐ Window Glazing ☐ Window/Door Caulking ☐ Electrical Cable Wrap ☐ Fireproofing ☐ Duct Insulation ☐
	Eqpt/Mat'l Mobilization ☐ Work Area Preparation ☐ ACM Removal ☒	Final Cleaning ☐ Encapsulation ☐ Teardown/Cleanup ☐	☐ Waste Load-Out ☐ Dust Control ☐ Re-insulation/Spray ☐ Non-ACM (lead, PCB) ☐ Demolition ☐
Work Area	Containment size: <u>2500 SF</u>		Barriers: ☒ Wood ☐ Stud & Poly ☐ Poly Drapes ☐ Glove Bag ☐ Other ☐
	Integrity: ☒ Good ☐ Fair ☐ Poor		Wetting Agent ☐ Sufficient: ☐ Y ☐ N
PPE	Respiratory Protection: ☐ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA		
	Body Protection: ☐ Hooded Suit ☒ Boots ☒ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection		
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.		
	<u>EMERGENCY</u> (N/A ☐) Acceptable ☒ Y ☐ N ☐ Communication ☒ Unblocked/Marked ☒ Emergency/Fire Exit ☒ First Aid Kit ☒ MSDS Available ☒	<u>ELECTRICAL</u> (N/A ☐) GFCI ☒ Y ☐ N ☐ Adequate Power ☒ Ground Prong ☒ Sound Ext. Insulation ☒	<u>SCAFFOLDING</u> (N/A ☐) Load Limit ☐ Y ☐ N ☐ Posted Minimum 4x ☐ Intended Load ☐ Toe Board ☐ Side Rail ☐
OSHA Monitoring	Full Shift (≥ 8 Hour) Sampling ☐ Y ☐ N ☐ Partial Shift (≤ 8 Hour) Sampling ☐ Exc. Limit (30 min.) Sampling ☐ Equipment Calibrated ☐		Worker SS# & Task IDs ☐ Y ☐ N ☐ Previous Shift Results Posted ☐ Flow Rate 0.5 - 2.5 LPM ☐ Blanks 2 / 10% ☐
	Contractor's Competent Person: <u>ED BRAGA</u>		
Project Monitoring	Total Time in Containment: _____		Respiratory Protection: _____ # Air Samples Run: _____ Manometer Reading: _____
	Cardno ATC Representative Signature: <u>[Signature]</u>		Cert. # <u>000796</u> Time On-Site/ Off-Site <u>7:15</u>
Site Visitors	Name _____ Time _____ Representing _____ Purpose _____		
Notes			

Project Name: WHIPPLE HALL, M.F.C.

Date: 7/25/16 MONDAY

Project #: 7.2.57316033

Project Monitor: JOHN COLETT

Client: CT PCS

Project Manager: K D FENNEL

TIME	OBSERVATIONS / ACTIONS
700	IH COLLECTS ON SITE WITH THE CREW FROM A.A. 15. THE TEN SAMPLES TAKEN FOR THE UPPER FLOOR CONTAINMENT HAVE PASSED. CREW TO START REMOVAL IN THE LOWER FLOOR THIS MORNING
(745)	IH COLLECTS PRE VISUALS THE AREA THERE IS A CONTIGUOUS THREE CHAMBER ROOM W/ SHOWER. THERE IS PLENTY OF NEGATIVE AIR INSIDE WORK AREA. BARRIERS ARE SEALED. CREW TO START
(805)	PRIOR TO STARTING IH TOOK CONFIRMATORY BULK SAMPLES WILL GET RESULTS ON 7/26
(825)	IH TO C.M.S. OF WALLINGFORD TO DELIVER BULKS
1125	IH RETURNS. CREW TO CONTINUE WITH TILE ABATEMENT
1130	LUNCH
1300	WORK TO CONTINUE
1330	IF GLUE DOTS ARE POSITIVE FOR ACM. THEN CONTRACTOR MAY NOT FINISH AREA THIS WEEK
1415	IH DOES PAPERWORK
1445	CREW CONTINUES ABATEMENT FOR THE LOWER FLOOR
1500	IH + CREW OFF SITE

ATC Representative Signature

Title

INDUSTRIAL
HYGIENE
TECH

Cert. # 000396

PRE-ABATEMENT INSPECTION FORM

Project Name: WHIPPLE HALL Date: 7/25/16 MONDAY
 Project #: 2252816033 Project Monitor: JOHN COLLETT
 Client: CT DCS Project Manager: ED FENNEL

Work Area(s) Inspected: LOWER LEVEL L1 CONTAINMENT

Signage / Documents	OSHA Regulations 1910.1001 and 1926.1101 posted	☒ Y ☐ N ☐ N/A
	Copies of asbestos abatement plan(s) and/or specification(s) on site	☒ Y ☐ N ☐ N/A
	OSHA asbestos warning signs at all points of access (actual or potential)	☒ Y ☐ N ☐ N/A
	Emergency contact phone numbers posted or available	☒ Y ☐ N ☐ N/A
	Project related phone numbers posted or available	☒ Y ☐ N ☐ N/A
Decontamination Facility	Three chamber minimum (clean chamber, shower, equipment chamber)	☒ Y ☐ N ☐ N/A
	Hot and cold water supply to shower	☒ Y ☐ N ☐ N/A
	Shower sump with 5 um wastewater filter in place and operational	☒ Y ☐ N ☐ N/A
	Soap and drying towels or cloths available	☒ Y ☐ N ☐ N/A
	Worker-to-shower ratio is 10:1 or better	☒ Y ☐ N ☐ N/A
Containment Structure Integrity	Critical barrier construction acceptable	☒ Y ☐ N ☐ N/A
	Walls constructed of double-ply 4-mil poly sheeting or better and securely affixed to supporting structure(s)	☒ Y ☐ N ☐ N/A
	Floor constructed of double-ply 6-mil poly sheeting or better, securely affixed, and overlaps wall poly by at least 12 inches	☐ Y ☐ N ☒ N/A
	Poly walls marked with emergency egress indicators	☐ Y ☐ N ☒ N/A
	Non-critical items removed from work area or covered with poly sheeting	☐ Y ☐ N ☒ N/A
Other Considerations	HVAC system locked out/tagged out, inoperable, or securely criticalled	☒ Y ☐ N ☐ N/A
	Electrical system locked out/tagged out, inoperable, or securely criticalled	☒ Y ☐ N ☐ N/A
	Lockable waste storage container on site	☒ Y ☐ N ☐ N/A
	Minimum number of negative air units required: $20,000 \text{ ft}^3 \div (1000 \text{ cfm} \times 0.75 \text{ eff.} \times 15 \text{ minutes}) = 1.78 \text{ or } (2)$	
Affirmation	Inspection of the work area has been conducted and is acceptable for asbestos abatement. Work has been performed in an acceptable manner and meets requirements of federal, state, and local regulations and technical specifications if applicable. <u>JOHN COLLETT</u> <u>7/25/16</u> <u>[Signature]</u> <u>7/25/16</u> Project Monitor Date Contractor Supervisor Date	
N.		

DAILY SITE REPORT

Project Name: Whipple Hall Date: MA 8-4-16 Thursday
 Project #: 2257316033 Project Monitor: A. WERTS
 Client: CTDCS Project Manager: E. FRANKEL

Project Support	Contractor Name <u>AAS</u> License # <u>17</u> Project Supvs <u>1</u> Workers <u>5</u>	
	Contractor Certifications ☐ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A Notification ☒ Y ☐ N If Yes: Start Date <u>4-11-16</u> End Date <u>9-2-16</u> New ☐ Revised ☒ # <u>1</u> Waste Hauler <u>RVL/TRANS/USA</u> Disposal Facility Name <u>Mex/HA/K/M/N/W/M/N</u> Facility Location <u>PA/NY/OH/VA</u>	
Shift Scope	Pipe Insulation ☐ Fitting Insulation ☐ Boiler Insulation ☐ Boiler Firebrick ☐ Boiler Rope Gasketing ☐ Breaching Insulation ☐	Floor Tile ☐ Mastic ☐ Floor Sheeting ☐ Plaster ☐ Gypsum Board ☐ Joint Compound ☐
	Ceiling Tile ☐ Glue Daubs ☒ Cove Base/Adhesive ☐ Transite ☐ Roofing Materials ☐ Waterproofing ☐	Vapor Barrier ☐ Window Glazing ☐ Window/Door Caulking ☐ Electrical Cable Wrap ☐ Fireproofing ☐ Duct Insulation ☐
Shift Activity	Eqpt/Mat'l Mobilization ☐ Work Area Preparation ☐ ACM Removal ☐	Final Cleaning ☐ Encapsulation ☐ Teardown/Cleanup ☐
	Waste Load-Out ☒ Eq/Mat'l Demobilization ☐ Local Removal ☐	Dust Control ☐ Repair/O&M ☐ Demolition ☐
Work Area	Containment size: <u>1150 SF</u>	Barriers: ☐ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____ Integrity: ☒ Good ☐ Fair ☐ Poor Wetting Agent _____ Sufficient: ☐ Y ☐ N
	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA Body Protection: ☒ Hooded Suit ☒ Boots ☒ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection	
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A. EMERGENCY (N/A ☐) ELECTRICAL (N/A ☐) SCAFFOLDING (N/A ☒) LADDERS (N/A ☐) CLEANLINESS (N/A ☐)	
	Acceptable Communication ☒ Y ☐ N Unblocked/Marked Emergency/Fire Exit ☒ Y ☐ N First Aid Kit ☒ Y ☐ N MSDS Available ☒ Y ☐ N	GFCI ☒ Y ☐ N Adequate Power ☒ Y ☐ N Ground Prong ☒ Y ☐ N Sound Ext. Insulation ☒ Y ☐ N
OSHA Monitoring	Full Shift (≥ 8 Hour) Sampling ☐ Y ☒ N Partial Shift (≤ 8 Hour) Sampling ☐ Y ☒ N Exc. Limit (30 min.) Sampling ☐ Y ☒ N Equipment Calibrated ☐ Y ☒ N	Worker SS# & Task IDs ☐ Y ☒ N Previous Shift Results Posted ☐ Y ☒ N Flow Rate 0.5 - 2.5 LPM ☐ Y ☒ N Blanks 2 / 10% ☐ Y ☒ N
	Contractor's Competent Person: <u>Ecl Bragg</u>	
Project Monitoring	Total Time in Containment <u>15 min</u> Respiratory Protection <u>1/2 Fac</u> # Air Samples Run <u>5 PM</u> Manometer Reading _____	
	Cardno ATC Representative Signature <u>Chiwera</u> Cert. # <u>602</u> Time On-Site/ Off-Site <u>900/1300</u>	
Site Visitors	Name _____ Time _____ Representing _____ Purpose _____	
Notes		

Project Manager: E. Fennell

[illegible]

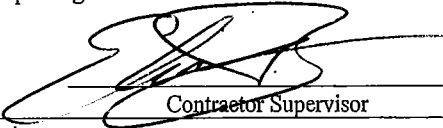
602

FINAL INSPECTION / TEARDOWN FORM

Project Name: <u>Whipple Hall</u>	Date: <u>8-4-16</u>
Project #: <u>2257316033</u>	Project Monitor: <u>A. West</u>
Client: <u>CRDCS</u>	Project Manager: <u>E. Fennell</u>

FINAL INSPECTION

Work Area(s) Inspected: Room 162

Work Area Preparedness	Work area is free of visible debris	☒ Y ☐ N ☐ N/A	
	Critical containment barriers are secure and sound	☒ Y ☐ N ☐ N/A	
	Waste has been properly packaged and removed from the work area	☒ Y ☐ N ☐ N/A	
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	☒ Y ☐ N ☐ N/A	
	Negative air unit(s) operating at an optimum flow rate	☒ Y ☐ N ☐ N/A	
	Negative air unit pre-filter(s) have been changed out	☒ Y ☐ N ☐ N/A	
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	☒ Y ☐ N ☐ N/A	
Information	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.		
	<u>A. West</u> Project Monitor	<u>8-4-16</u> Date	 Contractor Supervisor
Notes	<u>in 30 SF of chalkboard glue daubs</u>		

TEARDOWN

Work Area(s) Torn Down:

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	☐ Y ☐ N ☐ N/A
	All equipment, tools, materials, supplies, and waste have been removed	☐ Y ☐ N ☐ N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	☐ Y ☐ N ☐ N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	☐ Y ☐ N ☐ N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	☐ Y ☐ N ☐ N/A
Notes	 	

DAILY SITE REPORT

Project Name: WHIPPLE HALL - MYSTIC ED. CENTER Date: 8/16/16 TUESDAY
 Project #: 2657316033 Project Monitor: JOHN COLETT
 Client: CT PCS Project Manager: ED FENNEL
 License #: 000017 Project Supvs: 1 Workers: 3

Project Support	Contractor Name <u>A.A.I.S.</u>		License # <u>000017</u>		Project Supvs <u>1</u>		Workers <u>3</u>	
	Contractor Certifications ☒ OK ☐ Deficiencies Noted & Resolved		End Date _____		New ☐ Revised ☐		☐ N/A	
Shift Scope	Notification ☒ Y ☐ N		If Yes: Start Date _____		Disposal Facility Name _____		Facility Location _____	
	Waste Hauler _____		Pipe Insulation ☐ Floor Tile ☒ Ceiling Tile ☐ Vapor Barrier ☐ Duct Seam Sealant ☐		Fitting Insulation ☐ Mastic ☒ Glue Daubs ☐ Window Glazing ☐ Duct Flex Connector ☐		Boiler Insulation ☐ Floor Sheeting ☐ Cove Base/Adhesive ☐ Window/Door Caulking ☐ Equipment Gaskets ☐	
Shift Activity	Boiler Firebrick ☐ Plaster ☐ Transite ☐ Electrical Cable Wrap ☐ Fireproofing ☐ Duct Insulation ☐ Fire Doors ☐		Boiler Rope Gasketing ☐ Gypsum Board ☐ Waterproofing ☐ Dust Control ☐ Re-insulation/Spray ☐		Breeching Insulation ☐ Joint Compound ☐ Waste Load-Out ☐ Repair/O&M ☐ Non-ACM (lead, PCB) ☐		<u>AIR TEST</u>	
	Eqpt/Mat'l Mobilization ☐ Final Cleaning ☐ Eq/Mat'l Demobilization ☐ Demolition ☐		Work Area Preparation ☐ Encapsulation ☐ Local Removal ☐		ACM Removal ☐ Teardown/Cleanup ☐			
Work Area	Containment size: <u>2500 SF</u>		Barriers: ☒ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other _____		Integrity: ☒ Good ☐ Fair ☐ Poor		Wetting Agent _____ Sufficient: ☐ Y ☐ N	
	Respiratory Protection: ☐ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA		Body Protection: ☐ Hooded Suit ☒ Boots ☒ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection					

If N or U, expand and document notification and actions taken, if any. Indicate if N/A.

Safety & Health	EMERGENCY (N/A ☐)		ELECTRICAL (N/A ☐)		SCAFFOLDING (N/A ☒)		LADDERS (N/A ☒)		CLEANLINESS (N/A ☐)	
	Acceptable ☒ Y ☐ N	GFCI ☒ Y ☐ N	Load Limit ☐ Y ☐ N	Properly Used ☐ Y ☐ N	General Housekeeping ☒ A ☐ U					
	Communication ☒ Y ☐ N	Adequate Power ☒ Y ☐ N	Minimum 4x Intended Load ☐ Y ☐ N	Acceptable Rungs ☐ Y ☐ N	Bag Accumulation ☒ Y ☐ N					
	Unblocked/Marked ☒ Y ☐ N	Ground Prong ☒ Y ☐ N	Toe Board ☐ Y ☐ N	Kick-Out ☐ Y ☐ N	Standing Water ☐ Y ☐ N					
	Emergency/Fire Exit ☐ Y ☐ N	Sound Ext. ☒ Y ☐ N	Side Rail ☐ Y ☐ N	Protection/Steady ☐ Y ☐ N						
	First Aid Kit ☒ Y ☐ N	Insulation ☐ Y ☐ N								
	MSDS Available ☒ Y ☐ N									

OSHA Monitoring	Full Shift (≥ 8 Hour) Sampling	☐ Y ☐ N	Worker SS# & Task IDs	☐ Y ☐ N
	Partial Shift (≤ 8 Hour) Sampling	☐ Y ☐ N		☐ Y ☐ N
	Exc. Limit (30 min.) Sampling	☐ Y ☐ N	Previous Shift Results Posted	☐ Y ☐ N
	Equipment Calibrated	☐ Y ☐ N	Flow Rate 0.5 - 2.5 LPM	☐ Y ☐ N
			Blanks 2 / 10%	☐ Y ☐ N

Contractor's Competent Person: ED BRAGA

Total Time in Containment: 30 MIN Respiratory Protection: FACE # Air Samples Run: 5 Manometer Reading: _____

Cardno ATC Representative Signature: [Signature] Cert. #: 000394 Time On-Site/ Off-Site: 9/16/16

Site Visitors	Name	Time	Representing	Purpose

Notes

Project Name: WHIPPLE HALL M.E.C. Date: 8/16/16 TUESDAY
Project #: 2257316033 Project Monitor: JOHN COLETTI
Client: ST PCS Project Manager: ED FENNEL

TIME	OBSERVATIONS/ACTIONS
900	IM COLLECTED ON SITE, MEETS WITH ED BRAGA (A.A.I.S). THE CREW HAS COMPLETED ABATEMENT IN THE LOWER BASEMENT AREA, WHERE THE CREW HAS ABATED FLOOR TILES AND MASTIC, AS WELL AS GLUE DAUBS ON CHALKBOARDS.
1000	AT THIS POINT, IM COLLETTI HAS COMPLETED A FINAL VISUAL INSIDE THE WORK AREA, AND IS RUNNING A TEM AIR CLEARANCE INSIDE THE WORK AREA. AGGRESSIVE SAMPLING UTILIZED.
1100	IM DOES PAPERWORK.
1210	ALL SAMPLES PULLED.
1270	IM OFF SITE TO E.M.S. TO PICK UP TRUCK.

Cert. # 000320

FINAL INSPECTION / TEARDOWN FORM

MYSTIC EDUCATION

Project Name: WHIPPLE HALL - CENTER Date: 8/16/16 TUESDAY
 Project #: 2257316033 Project Monitor: JOHN GOLDFELD
 Client: CT DGS Project Manager: ED FLENNELL

FINAL INSPECTION

Work Area(s) Inspected: BASEMENT SOUTH AREA (1 CONT)

Work Area Preparedness	Work area is free of visible debris	☐ Y ☐ N ☐ N/A
	Critical containment barriers are secure and sound	☒ Y ☐ N ☐ N/A
	Waste has been properly packaged and removed from the work area	☒ Y ☐ N ☐ N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	☐ Y ☐ N ☐ N/A
	Negative air unit(s) operating at an optimum flow rate	☒ Y ☐ N ☐ N/A
	Negative air unit pre-filter(s) have been changed out	☒ Y ☐ N ☐ N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	☐ Y ☐ N ☒ N/A

Information: In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.

JOHN GOLDFELD 8/16/16 [Signature] 8/16/16
 Project Monitor Date Contractor Supervisor Date

Notes

TEARDOWN

Work Area(s) Torn Down: _____

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	☐ Y ☐ N ☐ N/A
	All equipment, tools, materials, supplies, and waste have been removed	☐ Y ☐ N ☐ N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	☐ Y ☐ N ☐ N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	☐ Y ☐ N ☐ N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	☐ Y ☐ N ☐ N/A

Notes

DAILY SITE REPORT

Project Name: Whipple Hall Date: 8-25-16 Thursday
 Project #: 2257316033 Project Monitor: A. Werst
 Client: CTDCS Project Manager: E. Fennell

Project Support	Contractor Name <u>AAIS</u>		License # <u>17</u>	Project Supvs <u>1</u>	Workers <u>5</u>
	Contractor Certifications ☐ OK ☐ Deficiencies Noted & Resolved ☐ Deficiencies Noted & Not Resolved ☐ N/A				
Shift Scope	Notification ☒ Y ☐ N If Yes: Start Date <u>4-11-16</u> End Date <u>9-2-16</u> New ☐ Revised ☒ # <u>1</u>		Facility Location <u>PA/NY/OH/A/H</u>		
	Waste Hauler <u>RTL/Trans/USA</u>		Disposal Facility Name <u>Max/Hak/min/nm/nr</u>		
	Pipe Insulation ☐	Floor Tile ☒	Ceiling Tile ☐	Vapor Barrier ☐	Duct Seam Sealant ☐
Shift Activity	Fitting Insulation ☐	Mastic ☒	Glue Daubs ☐	Window Glazing ☐	Duct Flex Connector ☐
	Boiler Insulation ☐	Floor Sheeting ☐	Cove Base/Adhesive ☐	Window/Door Caulking ☐	Equipment Gaskets ☐
	Boiler Firebrick ☐	Plaster ☐	Transite ☐	Electrical Cable Wrap ☐	Fire Doors ☐
	Boiler Rope Gasketing ☐	Gypsum Board ☐	Roofing Materials ☐	Fireproofing ☐	
Work Area	Breaching Insulation ☐	Joint Compound ☐	Waterproofing ☐	Duct Insulation ☐	
	Eqpt/Mat'l Mobilization ☐	Final Cleaning ☐	Waste Load-Out ☐	Dust Control ☐	Re-insulation/Spray ☐
PE	Work Area Preparation ☐	Encapsulation ☐	Eq/Mat'l Demobilization ☐	Repair/O&M ☐	Non-ACM (lead, PCB) ☐
	ACM Removal ☐	Teardown/Cleanup ☐	Local Removal ☐	Demolition ☐	
Safety & Health	Containment size:		Barriers: ☐ Wood ☐ Stud & Poly ☒ Poly Drapes ☐ Glove Bag ☐ Other		
	Integrity: ☒ Good ☐ Fair ☐ Poor		Wetting Agent <u>encapsulant</u> Sufficient: ☒ Y ☐ N		
	Respiratory Protection: ☒ 1/2 Face Neg. Pressure ☐ Full Face Neg. Pressure ☐ PAPR ☐ Supplied Air ☐ Dust Mask ☐ SCBA		Body Protection: ☒ Hooded Suit ☒ Boots ☐ Hardhat ☐ Eyes/Face ☐ Hearing ☐ Gloves ☐ Fall Protection		
OSHA Monitoring	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.				
	EMERGENCY (N/A ☐)		ELECTRICAL (N/A ☐)		SCAFFOLDING (N/A ☒)
	Acceptable ☒ Y ☐ N	GFCI ☒ Y ☐ N	Load Limit ☐ Y ☐ N	Properly Used ☐ Y ☐ N	CLEANLINESS (N/A ☐)
	Communication ☒ Y ☐ N	Adequate Power ☒ Y ☐ N	Minimum 4x Intended Load ☐ Y ☐ N	Acceptable Rungs ☐ Y ☐ N	General Housekeeping ☒ A ☐ U
Project Monitoring	Emergency/Fire Exit ☒ Y ☐ N	Ground Prong ☒ Y ☐ N	Toe Board ☐ Y ☐ N	Kick-Out ☐ Y ☐ N	Bag Accumulation ☒ Y ☐ N
	First Aid Kit ☒ Y ☐ N	Sound Ext. Insulation ☒ Y ☐ N	Side Rail ☐ Y ☐ N	Protection/Steady ☐ Y ☐ N	Standing Water ☒ Y ☐ N
Site Visitors	MSDS Available ☒ Y ☐ N		Worker SS# & Task IDs ☐ Y ☐ N		
	Full Shift (≥ 8 Hour) Sampling ☐ Y ☐ N		Previous Shift Results Posted ☐ Y ☐ N		
Notes	Partial Shift (≤ 8 Hour) Sampling ☐ Y ☐ N		Flow Rate 0.5 - 2.5 LPM ☐ Y ☐ N		
	Exc. Limit (30 min.) Sampling ☐ Y ☐ N		Blanks 2 / 10% ☐ Y ☐ N		
Equipment Calibrated ☐ Y ☐ N					
Contractor's Competent Person: <u>Ed Braga</u>					
Total Time in Containment <u>20 min</u> Respiratory Protection <u>1/2 Face</u> # Air Samples Run <u>5 TEM</u> Manometer Reading <u>—</u>					
Cardno ATC Representative Signature <u>clivewest</u> Cert. # <u>602</u> Time On-Site/ Off-Site <u>1230</u>					
Name Time Representing Purpose					

Date: 8-25-16
Project Monitor: A. Werst
Project Manager: E. Fennell

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FINAL INSPECTION / TEARDOWN FORM

Project Name: <u>Whipple Hall</u>	Date: <u>8-25-16</u>
Project #: <u>2257316033</u>	Project Monitor: <u>A. WETST</u>
Client: <u>CTDCS</u>	Project Manager: <u>E. Fennell</u>

FINAL INSPECTION

Work Area(s) Inspected: Basement

Work Area Preparedness	Work area is free of visible debris	☒ Y ☐ N ☐ N/A
	Critical containment barriers are secure and sound	☒ Y ☐ N ☐ N/A
	Waste has been properly packaged and removed from the work area	☒ Y ☐ N ☐ N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	☒ Y ☐ N ☐ N/A
	Negative air unit(s) operating at an optimum flow rate	☒ Y ☐ N ☐ N/A
	Negative air unit pre-filter(s) have been changed out	☒ Y ☐ N ☐ N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	☒ Y ☐ N ☐ N/A
Information	In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and have found no ACM debris. The Work Area is dry and there is no pooling of water.	
	<u>Chris WETST</u> Project Monitor	<u>[Signature]</u> Contractor Supervisor
Notes	<u>~ 1527 SF Floor tile & mastic</u> <u>20 SF glue daubs</u>	

TEARDOWN

Work Area(s) Torn Down: _____

Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	☐ Y ☐ N ☐ N/A
	All equipment, tools, materials, supplies, and waste have been removed	☐ Y ☐ N ☐ N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	☐ Y ☐ N ☐ N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	☐ Y ☐ N ☐ N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	☐ Y ☐ N ☐ N/A
Notes		

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX B

Post-Abatement Re-Occupancy Clearance Air Testing Results

**EMSL Analytical, Inc.**

307 West 38th Street, New York, NY 10018

Phone/Fax: (212) 290-0051 / (212) 290-0058

<http://www.EMSL.com>manhattanlab@emsl.com

EMSL Order: 031611004

CustomerID: ATCE54

CustomerPO: 2257316

ProjectID:

Attn: **ATC Group Services LLC**
290 Roberts Street
Suite 301
East Hartford, CT 06108

Phone: (860) 282-9924
Fax: (860) 282-9826
Received: 04/22/16 10:19 AM
Analysis Date: 4/23/2016
Collected: 4/21/2016

Project: 2257316/ WHIPPLE HALL/ MYSTIC EDUCATION CENTER/ MAIN FLOOR/ CONT #1

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM)
Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration	
						$\geq 0.5\mu$	$< 5\mu$		(S/mm ²)	(S/cc)
042116WHI-C1	INSIDE CONT. FRONT HALL BY DECON	1204.50	0.0655	0	None Detected			0.0049	<15.00	
031611004-0001										
042116WHI-C2	INSIDE CONT. CONFERENCE ROOM (LEFT)	1204.50	0.0655	0	None Detected			0.0049	<15.00	
031611004-0002										
042116WHI-C3	INSIDE CONT. CONFERENCE ROOM (RIGHT)	1204.50	0.0655	0	None Detected			0.0049	<15.00	
031611004-0003										
042116WHI-C4	INSIDE CONT. BACK HALL BY CLOSET	1204.50	0.0655	0	None Detected			0.0049	<15.00	<0.0049
031611004-0004										
042116WHI-C5	INSIDE CONT. BACK HALL BY RAMP	1204.50	0.0655	0	None Detected			0.0049	<15.00	<0.0049
031611004-0005										

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. Results reported in both structures/cm3 and structures/mm2 are dependent on the volume of air sampled and measured by non-laboratory personnel are not the responsibility of EMSL and are not covered by the laboratory's NVLAP accreditation. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request.

Samples analyzed by EMSL Analytical, Inc. New York, NY NVLAP Lab Code 101048-9, AIHA-LAP, LLC--IHLAP Accredited #102581, NYS ELAP 11506, NJ Y022, CT PH-0170, MA AA000170

Initial report from 04/23/2016 02:46:40

**EMSL Analytical, Inc.**

307 West 38th Street, New York, NY 10018

Phone/Fax: (212) 290-0051 / (212) 290-0058

<http://www.EMSL.com>manhattanlab@emsl.com

EMSL Order: 031611004

CustomerID: ATCE54

CustomerPO: 2257316

ProjectID:

Attn: **ATC Group Services LLC**
290 Roberts Street
Suite 301
East Hartford, CT 06108

Phone: (860) 282-9924
Fax: (860) 282-9826
Received: 04/22/16 10:19 AM
Analysis Date: 4/23/2016
Collected: 4/21/2016

Project: 2257316/ WHIPPLE HALL/ MYSTIC EDUCATION CENTER/ MAIN FLOOR/ CONT #1

The samples in this report were submitted to EMSL for analysis by Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E. The reference number for these samples is the EMSL Order ID above. Please use this reference number when calling about these samples.

Report Comments:

Sample Receipt Date:	4/22/2016	Sample Receipt Time:	10:19 AM
Analysis Completed Date:	4/23/2016	Analysis Completed Time:	12:14 AM

Analyst(s):

Steven Li TEM AHERA (5)

Samples reviewed and approved by:James Hall, Laboratory Manager
or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. Results reported in both structures/cm3 and structures/mm2 are dependent on the volume of air sampled and measured by non-laboratory personnel are not the responsibility of EMSL and are not covered by the laboratory's NVLAP accreditation. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request.

Samples analyzed by EMSL Analytical, Inc. New York, NY NVLAP Lab Code 101048-9, AIHA-LAP, LLC--IHLAP Accredited #102581, NYS ELAP 11506, NJ NY022, CT PH-0170, MA AA000170

Initial report from 04/23/2016 02:46:40



Shaping the Future

290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826

AIR SAMPLE LOG

Project Name: WHIPPLE HALL
Project No./Task No.: 2257316
Client: CT DES
Site: MYSTIC EDUCATION CENTER
Work Area: MAIN FLOOR
Work Area: [CONT #1]

Collection Date: 4/21/16
Project Monitor: COLLETTI
Project Manager: ED FENNELLS
Rotometer Number: 011406
QA/QC Analyst: _____

Date of Analysis: 4-23-16
Method of Analysis: TEM
Reference Slide: _____
Microscope Make/Model/No.: Q3-02
Analyst Signature: [Signature]
Date of QA/QC: 12:15AM

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump		Time (Mins)	Rotometer Flow Rate (LPM)		Volume (Liters)	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID Initials
			On	Off		On	Off						
0106	INSIDE FRONT HALL	6	817	1047	150	8.03	8.03	1204.5					
0107	CONF. BY PERSON		817	1047	150	8.03	8.03	1204.5					
0108	CONFERENCE		817	1047	150	8.03	8.03	1204.5					
0109	ROOM (LEFT)		817	1047	150	8.03	8.03	1204.5					
0110	ROOM (RIGHT)		818	1048	150	8.03	8.03	1204.5					
0111	BACK HALL		818	1048	150	8.03	8.03	1204.5					
0112	CLOSET		818	1048	150	8.03	8.03	1204.5					
0113	BACK HALL		827	1100	153	8.03	8.03	1228.59					
0114	BY RAMP		827	1100	153	8.03	8.03	1228.59					
0115	OUTSIDE		827	1100	153	8.03	8.03	1228.59					
0116	CONT		827	1100	153	8.03	8.03	1228.59					
0117			827	1100	153	8.03	8.03	1228.59					
0118			827	1100	153	8.03	8.03	1228.59					
0119			827	1100	153	8.03	8.03	1228.59					
0120			827	1100	153	8.03	8.03	1228.59					
Analyst should complete a duplicate analysis of 10% of all samples here:										Initial Result:	QA/QC Result:		
All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician										Initial Result:	QA/QC Result:		

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as < LOD

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance

7) Personal Air Sample 9) Other Associated Work
8) Waste Load-Out 10) NID/NEA

Relinquished By: COLLETTI Date: 4/21/16
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: Align Phase Ring: _____

Received By: [Signature]
Align Phase Ring: _____

Date: 4/22/16 10:19AM
Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (f)(2)(ii).
White - File
Yellow - QA/QC
Pink - Archive

CALL COLLETTI 860-944-2307

Filters are 25MM M
24 HOUR
TURN AROUND

PH 8063 1051 0449



AIR SAMPLE LOG

290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826

Project Name: WHIPPLE HALL Collection Date: 5/3/16
Project No./Task No.: 2257316033 Project Monitor: COLLETTI
Client: CT-DCS Project Manager: FR FENNEL
Site: MYSTIC EDUCATION CENTER Rotometer Number: 012406
Work Area: [MAIN FLOOR] QA/QC Analyst: _____
Work Area: [CONTAINMENT 2]

Date of Analysis: 5/3/16
Method of Analysis: NIOSH 7400
Reference Slide: RS 104
Microscope Make/Model/No.: Olympus 161
Analyst Signature: [Signature]
Date of QA/QC: _____

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)		Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID Initials
						On	Off						
0503 WH-1	FIELD BLANK									0/100	—	0.00	JAC
2	SEALED BLANK									0/100	—	0.00	
3	HALL AREA	6	753	924	91	13.47	13.47	1225.7	0.0022	3/100	—	0.0022	
4	CEFT SIDE OFFICE	1	753	924	91	13.47	13.47	1225.7	0.0022	6/100	—	0.0024	
5	RIGHT SIDE CLOSET	1	753	924	91	13.47	13.47	1225.7	0.0022	8/100	—	0.0032	
6	BACK ROOM (CENTER)	1	754	925	91	13.47	13.47	1225.7	0.0022	5/100	—	0.0022	
7	ROOM (RIGHT)	1	754	925	91	13.47	13.47	1225.7	0.0022	5/100	—	0.0022	
5	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.											
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician											
									Initial Result:	8/100	QA/QC Result:	9/100	JAC
									Initial Result:		QA/QC Result:		

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as < LOD

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag 7) Personal Air Sample 9) Other Associated Work
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Align Phase Ring: _____
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: _____ Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
White - File Yellow - QA/QC Pink - Archive



EMSL Analytical, Inc.

29 North Plains Highway, Unit # 4 Wallingford, CT 06
Tel/Fax: (203) 284-5948 / (203) 284-5978
<http://www.EMSL.com> / wallingfordlab@emsl.com

EMSL Order: 241603053
Customer ID: ATCE54
Customer PO: 16-10133-0001
Project ID:

Attn: Ed Fennell
ATC Group Services LLC
290 Roberts Street
Suite 301
East Hartford, CT 06108

Phone: (860) 282-9924
Fax: (860) 282-9826
Received Date: 07/20/2016 3:20 PM
Analysis Date: 07/21/2016
Collected Date: 07/20/2016

Project: 2257316033/MYSTIC EDUCATION CENTER, WHIPPLE HALL-TOP FLOOR WEST SIDE, MYSTIC CT

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	#Structures ≥0.5μ < 5μ ≥5μ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)
72016-1 241603053-0001	INSIDE CONTAINMENT ROOM-262	1235.00	0.0635	0	None Detected		0.0049	<16.00	<0.0049
72016-2 241603053-0002	INSIDE CONTAINMENT CORRIDOR	1235.00	0.0635	0	None Detected		0.0049	<16.00	<0.0049
72016-3 241603053-0003	INSIDE CONTAINMENT LOBBY	1235.00	0.0635	0	None Detected		0.0049	<16.00	<0.0049
72016-4 241603053-0004	INSIDE CONTAINMENT ROOM-254	1235.00	0.0635	0	None Detected		0.0049	<16.00	<0.0049
72016-5 241603053-0005	INSIDE CONTAINMENT ROOM-257	1235.00	0.0635	0	None Detected		0.0049	<16.00	<0.0049

Analyst(s)

William Shedrawy (5)

Lauren Brennan, Asbestos Lab Manager
or other approved signatory

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Samples analyzed by EMSL Analytical, Inc. Wallingford, CT NVLAP Lab Code 200700-0, CT PH-0322, MA AA000191, RI AAL-108T3, VT AL357101

Initial Report From: 07/21/2016 16:20:36

290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826

Project Name: MYSTIC Education Center-
Project No./Task No.: 2257316033
Client: CT-DCS
Site: MYSTIC Education Center MYSTIC, CT
Work Area: Whipple Hall-Top-Floor
Work Area: West Side

Collection Date: 07-20-16
Project Monitor: Wayne Ricciardi
Project Manager: Ed Fennell
Rotometer Number: 12032
QA/QC Analyst: _____

Date of Analysis: _____
Method of Analysis: TEM
Reference Slide: _____
Microscope Make/Model/No.: _____
Analyst Signature: _____
Date of QA/QC: _____

AIR SAMPLE LOG

24160305

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)			Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Fids)	Adjusted Count * (F/Fids)	Result * (F/C)	Analyst ID Initials
						On	Off	Ave [B]						
7406-1	Room-262 Inside container	6	12:00pm	2:10	30	9.5	9.5	9.5	1235					
-2	Corridor	1	12:00pm	2:10		9.5	9.5							
-3	Lobby	1	12:00pm	2:12		9.5	9.5							
-4	Room-254	1	12:00pm	2:12		9.5	9.5							
-5	Room-257	1	12:00pm	2:13		9.5	9.5							
-6	Blank - Sealed													
-7	- At decay													
-8	- Unopened													
	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.								Initial Result:	QA/QC Result:			
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician.								Initial Result:	QA/QC Result:			

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields: then report Result as < LOD

Work Phase:

1) Area Background

5) Glove Bag

5) Glove Bag

7) Personal Air Sample

9) Other Ass

9) Other Associated Work

2) ~~Pre-Abatement/Prep~~

4) Final Cleaning

6) Final Air Clearance

6) Final Air Clearance

8) Waste Load-Out

10) NID/NEA

10) NID/NEA

Relinquished By:

Date: 11/20/2017

91-02-10

Received By:

Date:

NOTE: The Cardio ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M

White - File

Yellow - QA/QC

Pink – Archive



AIR SAMPLE LOG

290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826

Project Name: Whipple Hall
Project No./Task No.: 2257316033
Client: CTDCS
Site: Mythic
Work Area: Room 16d
Work Area:

Collection Date: 8-4-16
Project Monitor: A. West
Project Manager: F. Fennell
Rotometer Number: 012916
QA/QC Analyst:

Date of Analysis: 8-4-16
Method of Analysis: Niosh 7400
Reference Slide: RS 121
Microscope Make/Model/No.: Olympus CH2
Analyst Signature: dm wester
Date of QA/QC:

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins) [A]	Rotometer Flow Rate (LPM)		Volume (Liters) A * B = [C]	LOD (2.7 / C)	Actual Count (F/Flds)	Adjusted Count * (F/Flds)	Result * (F/CC)	Analyst ID Initials
						On	Off						
	FB-1									0/100	-	-	AW
	FB-2									0/100	-	-	AW
080416-1	Inside Containment North	6	0918	1038	80	15.33	15.33	1226	0.0022	2/100	-	<LOD	AW
1-2	South	6	0918	1038	80	15.33	15.33	1226	0.0022	3/100	-	<LOD	AW
1-3	East	6	0919	1039	80	15.33	15.33	1226	0.0022	1/100	-	<LOD	AW
1-4	West	6	0919	1039	80	15.33	15.33	1226	0.0022	1/100	-	<LOD	AW
1-5	Center	6	0919	1039	80	15.33	15.33	1226	0.0022	2/100	-	<LOD	AW
#1	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.											AW
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician											
										2/100	QA/QC Result:	3/100	
											QA/QC Result:		

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as < LOD

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag 7) Personal Air Sample 9) Other Associated Work
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 10) NID/NEA

Relinquished By: dm wester Date: 8-4-16 Received By: ✓ Align Phase Ring: ✓ Date: ✓
Microscope Setup: CHSE/NPL Test Slide-No. Of Lines Visible: 5✓ Center PC condenser: ✓ Ocular Adjustment: ✓

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
White - File Yellow - QA/QC Pink - Archive



EMSL Analytical, Inc.

29 North Plains Highway, Unit # 4 Wallingford, CT 06
Tel/Fax: (203) 284-5948 / (203) 284-5978
<http://www.EMSL.com> / wallingfordlab@emsl.com

EMSL Order: 241603543
Customer ID: ATCE54
Customer PO: 16-10133-0001
Project ID:

Attn: Ed Fennell
ATC Group Services LLC
290 Roberts Street
Suite 301
East Hartford, CT 06108

Phone: (860) 282-9924
Fax: (860) 282-9826
Received Date: 08/16/2016 2:05 PM
Analysis Date: 08/17/2016
Collected Date: 08/16/2016

Project: 2257316033/WHIPPLE HALL, BASEMENT CONT., MYSTIC EDUCATION CENTER

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	#Structures ≥0.5μ < 5μ ≥5μ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)
081616 C1	PASSAGE 101 LEFT IN CONT	1225.36	0.0635	0	None Detected		0.0049	<16.00	<0.0049
241603543-0001									
081616 C2	PASSAGE 101 RIGHT IN CONT	1225.36	0.0635	0	None Detected		0.0049	<16.00	<0.0049
241603543-0002									
081616 C3	CLASSROOM 107 IN CONT	1225.36	0.0635	0	None Detected		0.0049	<16.00	<0.0049
241603543-0003									
081616 C4	HALL BETWEEN 107-110 IN CONT	1225.36	0.0635	0	None Detected		0.0049	<16.00	<0.0049
241603543-0004									
081616 C5	CLASSROOM 110 IN CONT	1225.36	0.0635	0	None Detected		0.0049	<16.00	<0.0049
241603543-0005									

Analyst(s)

Lauren Brennan (5)

Lauren Brennan, Asbestos Lab Manager
or other approved signatory

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Samples analyzed by EMSL Analytical, Inc. Wallingford, CT NVLAP Lab Code 200700-0, CT PH-0322, MA AA000191, RI AAL-108T3, VT AL357101

Initial Report From: 08/17/2016 12:07:40



24160354³ AIR SAMPLE LOG

290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9826

Project Name: WHIRPPE HALL Collection Date: 8/16/16 Date of Analysis: 8/17/16
 Project No./Task No.: 2457316033 Project Monitor: JOHN COLLETTI Method of Analysis: TE7 2440
 Client: CT DCS Project Manager: ED FENAGLE Reference Slide: TURNAROUND
 Site: MYSLIC EDUCATION CENTER Rotometer Number: 012406 Microscope Make/Model/No.:
 Work Area: [BASEMENT] Analyst Signature: _____
 Work Area: CONT. QA/QC Analyst: _____ Date of QA/QC: _____

Sample #	Location or Worker Name / ID# / Task	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD (2.7 / C)	Actual Count (F/Fids)	Adjusted Count * (F/Fids)	Result * (F/C)	Analyst ID
(21)	PASSAGE 101 (LEFT)	6	943	1159	136	9.01	9.01	12.5.36				
(22)	(RIGHT)		943	1159	136	9.01	9.01	12.5.36				
(23)	CLASS ROOM 107		944	1200	136	9.01	9.01	12.5.36				
(24)	HALL BETWEEN 107 - 110		945	1201	136	9.01	9.01	12.5.36				
(25)	CLASS ROOM 110		945	1201	136	9.01	9.01	12.5.36				
(26)	OUTSIDE CONTAINMENT	6	953	1208	135	9.01	9.01	12.5.36				
(27)			953	1208	135	9.01	9.01	12.5.36				
(28)			953	1208	135	9.01	9.01	12.5.36				
(29)			953	1209	136	9.01	9.01	12.5.36				
(30)			953	1209	136	9.01	9.01	12.5.36				
Analyst should complete a duplicate analysis of 10% of all samples here.												
All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician												
Field QA/QC Analysis	Initial Result:											QA/QC Result:
Lab QA/QC Analysis	Initial Result:											QA/QC Result:

RECEIVED
AUG 16 2016
BY: [Signature]
[Signature]

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as <LOD

Work Phase: 1) Area Background 3) Asbestos Removal 5) Glove Bag 7) Personal Air Sample 9) Other Associated Work
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 10) NID/NEA

Relinquished By: _____ Date: _____ Received By: _____ Align Phase Ring: _____
 Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: _____ Center PC condenser: _____ Date: _____
 Ocular Adjustment: _____

NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M
 White - File Yellow - QA/QC Pink - Archive

511 - BLANK IN
512 - OUT
513 - ON 100%W



EMSL Analytical, Inc.

29 North Plains Highway, Unit # 4 Wallingford, CT 06
Tel/Fax: (203) 284-5948 / (203) 284-5978
<http://www.EMSL.com> / wallingfordlab@emsl.com

EMSL Order: 241603704
Customer ID: ATCE54
Customer PO: 16-10133-0001
Project ID:

Attn: Ed Fennell
ATC Group Services LLC
290 Roberts Street
Suite 301
East Hartford, CT 06108

Phone: (860) 282-9924
Fax: (860) 282-9826
Received Date: 08/25/2016 3:00 PM
Analysis Date: 08/26/2016
Collected Date: 08/25/2016

Project: 2257316033/WHIPPLE HALL, BASEMENT, MYSTIC

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	#Structures ≥0.5μ < 5μ ≥5μ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)
082516-1	SIDE ROOM	1202.00	0.0762	0	None Detected		0.0042	<13.00	<0.0042
241603704-0001									
082516-2	HALL WEST	1202.00	0.0762	0	None Detected		0.0042	<13.00	<0.0042
241603704-0002									
082516-3	HALL EAST	1202.00	0.0762	0	None Detected		0.0042	<13.00	<0.0042
241603704-0003									
082516-4	SIDE ROOM	1202.00	0.0762	0	None Detected		0.0042	<13.00	<0.0042
241603704-0004									
082516-5	BACK ROOM	1202.00	0.0762	0	None Detected		0.0042	<13.00	<0.0042
241603704-0005									

Analyst(s)

William Shedrawy (5)

Lauren Brennan, Asbestos Lab Manager
or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. Results reported in both structures/cm³ and structures/mm² are dependent on the volume of air sampled and measured by non-laboratory personnel are not the responsibility of EMSL and are not covered by the laboratory's NVLAP accreditation. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request.

Samples analyzed by EMSL Analytical, Inc. Wallingford, CT NVLAP Lab Code 200700-0, CT PH-0322, MA AA000191, RI AAL-108T3, VT AL357101

Initial Report From: 08/26/2016 16:43:08



Cardno

Shaping the Future

241603707

AIR SAMPLE LOG

**290 Roberts Street, Suite 301
East Hartford, CT 06108
(860) 282-9924 Fax: (860) 282-9925**

Fax: (860) 282-9826

Date of Analysis: *TFM* *24 hr*
 (860) 282-9924 Fax: (860) 282-9826

Method of Analysis:

Reference Slide:

Microscope Make/Model/No.: _____

Analyst Signature: _____

Date of QA/QC:

Collection Date: 8-25-16

Project Monitor: A. West

Project Manager: E. Fennell

Rotometer Number: 916210

QA/QC Analyst: _____

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)			Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
						On	Off	Ave [B]						
	Inside Blank	(1-10)			[A]				A * B = [C]	(2.7 / C)	(F/Flds)	(F/Flds)	(F/CC)	Initials
	Outside Blank													
	Lab Blank													
082516-1	side room	6	1102	1307	125	9.62	9.62	9.62	1202					
-2	Hall west	6	1102	1307	125	9.62	9.62	9.62	1202					
-3	Hall east	6	1103	1309	125	9.62	9.62	9.62	1202					
-4	side room	6	1103	1308	125	9.62	9.62	9.62	1202					
✓ -5	Back Room	6	1104	1309	125	9.62	9.62	9.62	1202					
	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.									Initial Result:	QA/QC Result:		
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician									Initial Result:	QA/QC Result:		

* If Adjusted Count is less than or equal to 5 Fibers/100 Fields, then report Result as < LOD

Work Phase:

1) Area Background

3) Asbestos Removal

5) Glove Bag

1

7) Personal Air Complaints

2020

© 2000 Blackwell Science Ltd

Relinquished By:

Sam 5/10/74

Date: 8-25-16

Receiv

5
6
7
8
9
10
11

10/10/2010

2

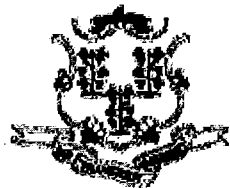
NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M

Pink - Archive

Yellow - QA/QC

APPENDIX C

Project Monitor Licenses and Certifications



State of Connecticut

Lookup Detail View

Name**Name**

JOHN A COLETTI

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Consultant-Project Monitor	396	06/30/2017	03/02/2000	John A. Coletti	ACTIVE	None

Generated on: 10/3/2016 4:11:42 PM

Certificate of Training

This program was presented at
Fuss & O'Neill Enviro Science in
Manchester, CT with the prior
approval of the CTDPH.

Awarded to

JOHN COLETTI

*For successful completion of an 8 (eight) hour
Asbestos Project Monitor Refresher Course*

September 9-10, 2015

This training was approved and given in accordance with
Regulations for Connecticut State Agencies
RCSA 20-440-1.9 and RCSA 20-441 and meets the
requirements for the EPA Revised MAP under TSCA Title II of 4/4/94

Presented by

Mystic Air Quality Consultants, Inc.

1204 North Road, Groton, CT 06340 (800) 247-7746

Certificate Number: APM/R24334

Exam Grade: 100

Expiration Date: 09/10/2016

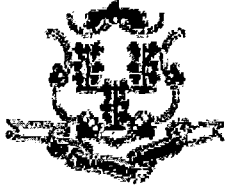
Exam Date: 09/10/2015

Christopher J. Eiden

Christopher J. Eiden, CIH, CSP, RS

Richard Haffey

George Williamson, Training Director
Richard Haffey, Training Director



State of Connecticut

Lookup Detail View

Name**Name**

WAYNE RICCITELLI

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Consultant-Project Monitor	402	10/31/2017	07/25/2011	WAYNE T RICCITELLI	ACTIVE	None

Generated on: 10/3/2016 4:12:27 PM

CERTIFICATE OF ACHIEVEMENT

This certifies that

Wayne Riccitelli

has successfully completed the

8-Hour Asbestos Project Monitor Refresher Training Course

conducted by

**ATC Group Services LLC
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070**

Thomas Dion

Principal Instructor: Thomas Dion

May 18, 2016

Date of Course

May 18, 2017

Expiration Date

Gregory Morsch

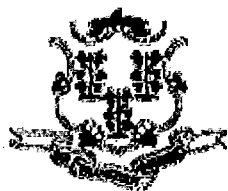
Regional Manager: Gregory Morsch

PMR-2084

Certificate Number

May 18, 2016

Examination Date



State of Connecticut

Lookup Detail View

Name**Name**

ALISA M WERST

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Consultant-Project Monitor	602	01/31/2017	10/11/2007	Alisa M. Werst	ACTIVE	None

Generated on: 10/3/2016 4:12:54 PM

CERTIFICATE OF ACHIEVEMENT

This certifies that

Alisa Werst

has successfully completed the

8-Hour Asbestos Project Monitor Refresher Training Course

conducted by

ATC Group Services LLC
73 William Franks Drive
West Springfield, MA 01089
(413) 781-0070

Thomas Dion

Principal Instructor: Thomas Dion

February 17, 2016

Date of Course

February 17, 2017

Expiration Date

Gregory Morsch

Regional Manager: Gregory Morsch

PMR-2049

Certificate Number

February 17, 2016

Examination Date

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX D

Contractor License and Certifications

CONTRACTOR LICENSE AND CERTIFICATION LISTING

Project Name: WHIPPLE HALL Date: 4/11/16
 Project #: 2257316033 Project Monitor: COLLETTI
 Client: CT DES Project Manager: ED FENNEL

NAME	DATE CHECKED BY CARD NO ATC	SOCIAL SECURITY #	DPH LICENSE #	MEDICAL EXAM CERT. EXPIRATION	TRAINING CERT. EXPIRATION	FIT TEST CERT. EXPIRATION
ERIC CYR	4/11/16	-0139	003204	12/7/16	4/14/16 3/17/17	12/7/16
JESUS GONZALEZ	4/11/16	-8251	005658	7/7/16	5/5/16	7/7/16
JOSE MORACHO	4/15/16	-3519	009970	1/8/17	1/13/17	1/8/17
ED BRAGA	7/25/16	8308	002288	11/25/16	9/12/16	11/25/16
ED BRAGA JR	7/25/16	0632	005412	8/9/16	9/12/16	6/9/17
MAURO MORALES	7/25/16	3428	012239	12/15/16	1/2/17	12/15/16
FREDY SANCHEZ	7/25/16	5933	008003	2/3/17	2/3/17	2/3/17
PETER VAUGHAN	7/25/16	5537	000594	6/2/17	3/2/17	6/2/17

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX E

Contractor Daily Logs

DAILY LOG

PROJECT Whipple Hall mystic DAY Fri DATE 7/1/16

ADDRESS 240 Oral School Rd mystic

WORK AREA Whipple Hall 3rd floor

TIME	COMMENTS
7:00	On site & signed in. Finishing poly prep on 3rd floor where Eric left off & getting decon & Neg Airs set up. Our 50gal water tank has mosquito larva & green algae in it. The cap was left off it. I will be getting stuff to clean it out on Tue.
9:30	Break - Back from break same tasks
12:00	Crew agreed to not take lunch & leave early for the 4th of July weekend. Done for the day & leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystic DAY Fri DATE 7/1/16

[illegible]

FOREMAN SIGNATURE 

DATE _____

CALLLED IN AT THIS TIME

11:30.

met 7/6/14

DAILY LOG

PROJECT Whipple Hall Mystic DAY Tue DATE 7/5/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA 3rd Floor

TIME	COMMENTS
7:00	On site & signed in. We will spend most of the day disinfecting & sanitizing the ^{our} 500gal. water storage tank we have to use for our water supply. All water in the bldg has been shut off. Truck has arrived from warehouse with hoses & adapter so we can get water from the hydrants on site.
9:00/9:15	Break - Back from break continue same task of cleaning out water storage tank. Also bring fiber drums up to containment. Finish setting up decor & attaching it to the containment.
12:00/12:30	Lunch - Back from lunch. Water storage tank seems to be clean at this time. we will re fill it so its ready for tomorrow.
2:30	Tank is almost full, will run hoses from it tomorrow.
3:30	Done for the day crew leaving site for the day.


FOREMAN'S SIGNATURE

DAILY LOG

PROJECT

Whipple Hall

DAY

Wed

DATE

7/6/16

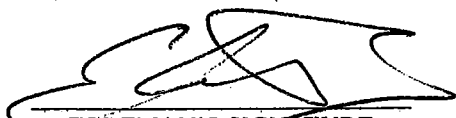
ADDRESS

240 Oral School Rd Mystic CT

WORK AREA

3rd Floor

TIME	COMMENTS
7:00	On site & signed in. Running hoses from water storage tank outside up to 3rd Floor deck, Filling Hot Water tank at deck. Gathering matts, black Acn bags etc. needed in containment up to 3rd floor.
8:30	Robbie went in containment on 3rd floor. Made sure Neg airc were on & working properly, then started floor tile removal. Ed Jr was double bagging the fiber drums & sending them into containment. Pete is outside
9:30	guy. Break - Back from break Robbie & Ed Jr sorting up, going into 3rd Fl containment to continue floor tile removal. Pete is re-running water supply hose from
12:30	water supply tank. Shower out for lunch. Back from
1:00	lunch. We will be bringing the barrels (they have ready) out of containment & down to 1st floor. Ed Jr & Robbie will finish floor tile removal & get all the remaining barrels out of
3:00	containment by end of shift. Showering out of containment
3:30	All (double bagged) fiber drums with floor tile are now on 1st floor. Crew done for the day & leaving site



FOREMAN'S SIGNATURE

PAGE

1 OF 1

WORKER SAFETY AND MSD'S AWARENESS MEETING ATTENDANCE FORM

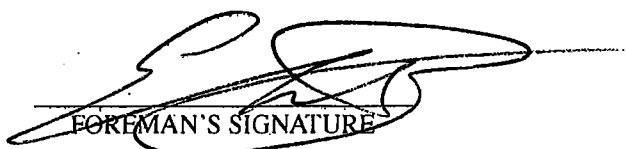
FOREMAN SIGNATURE 

CALLER'S NAME: Mr. [REDACTED] TIME: 3:00 DATE: Wed 7/6/16

DAILY LOG

PROJECT Whipple Hall Mystery DAY Thur DATE 7/7/16
 ADDRESS 240 Oral School Rd Mystery CT
 WORK AREA 3rd Floor

TIME	COMMENTS
7:00 7:30	On site & signed in. Robbie will be going into containment to start grinding mastic with the Edco vacuum. He had a problem with one of the Edco's. The 7" grinding wheel did not stick out past the vac shroud which kept it from making contact with the floor. Ed Jr made a wheel change on it & found one that would work
9:15 9:30	Break - Shower out. Back from break continue to grind mastic, 3rd Floor.
12:30 1:00	Shower out for lunch. Back from lunch. Suit going back into containment continue grinding floor mastic
3:00	Showering out, shutting off water & electric to water heater.
3:30	Crew done for the day & leaving site.


 FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystic DAY Thur DATE 7/7/16

[illegible]

RE 

DATE _____

5:00 pm	Thur 7/7/16
---------	-------------

DAILY LOG

PROJECT Weymouth Hall mastic DAY Fri DATE 7/8/16ADDRESS 240 Oral School Rd Mastic CTWORK AREA 3rd Floor & Basement Level

TIME	COMMENTS
7:00	Crew on site & signed in. Robbie is going to suit up & go back into 3rd floor containment to continue grinding mastic with Edco & HEPA Vac. Pete, Freddy & Mauro are going down to basement level to move all the doors, that were taken off their hinges, out of the area of our next containment. They will also be checking under the cabinets in each room to see if the file goes under them. Ed Jr is labeling the fiber drums with floor file from the 3rd floor containment & moving them to the ACM tractor trailer box.
9:15 9:30	Planes out for Break. Back from break each crew back on same task. Ed Jr with the poly crew lower level.
12:00 12:30	Lunch - Back from lunch - same tasks
3:30	Crew done for the day. Water off doors locked. Crew leaving site for the day



FOREMAN'S SIGNATURE

PAGE 1 OF 1

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME	SS#	REG	OT	DT
------	-----	-----	----	----

Asb	Ed Braga	8308	8		
	Peter Vaughan	5537	8		
	Robbie Eason	2700	8		
	Mauro Morales	3428	8		
✓	Fredy Savelle	8433	8		
	Ed Braga Jr.	0632	8		
	(6)				



TIME

DATE _____

CALLED IN AT THIS TIME

9-20	mon 7/11/16
------	-------------

DAILY LOG

PROJECT Whipple Hall master DAY mon DATE 7/11/14

ADDRESS 240 Oral School Rd master CT

WORK AREA 3rd Floor Containment & lower level poly prep.

TIME	COMMENTS
7:00	On site & signed in. 1 person is setting up & going into containment on 3rd floor to continue grinding floor master. 4 people going to lower level to continue poly prep. on lower level classrooms 1 thru 8
9:50 9:45	Shower out for break. - Back from break crews back on same tasks.
12:40 12:30	Shower out for lunch. Back from lunch crews back doing poly prep lower level & grinding master 3rd floor tent. I have to leave to go to do a walk thru at Windham Tech. with Scott Murdock. Pete V. will handle locking everything up at the end of the day.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall mystery DAY 7/14/16 DATE 7/14/16

[illegible]

E 

DATE _____

8:25	Tue 7/12/12
------	-------------

DAILY LOG

PROJECT Whipple Hall Master DAY Tue DATE 7/12/16

ADDRESS 240 Oral School Rd Norster CT

WORK AREA 3rd Floor & Lower Level Poly Prep

TIME	COMMENTS
7:00	On site & signed in. (2) people re filling our water tank. Running hoses to Fire Hydrant to fill tank. (1) person going into containment on 3rd floor to continue grinding floor mastic. (3) people going to lower level to continue poly prep.
9:15 9:30	Break - Back from break (5) people doing poly prep. (1) person grinding mastic on 3rd floor.
12:00 12:30	Lunch - Back from lunch - same tasks
3:10	Showers out of containment on 3rd floor
3:15	Crew locking up in lower level (poly prep)
3:30	Crew done for the day & leaving site.


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall mystery DAY Tue DATE 7/12/16

[illegible]

FOREMAN SIGNATURE 

	TIME	DATE
CALLED IN AT THIS TIME	7:35	wed 7/13/16

DAILY LOG

PROJECT Whipple Hall Mystic DAY Wed DATE 7/13/16

ADDRESS 240 Oral School Mystic CT

WORK AREA 3rd Floor & lower level

TIME	COMMENTS
7:00	On site & signed in. (1) person suiting up & going into containment on 3rd floor to continue grinding floor
9:15	mastic. (5) people continue poly prep in lower level
9:30	Shower out for break. Back from break. (2) people suiting up to go into test on 3rd floor. They will continue grinding & start vacuuming the finished rooms. (4) people back on poly prep. lower level.
12:00	
12:30	Lunch - Back from lunch. Same tasks
3:10	Crew locking up lower level work area. 3rd floor crew showering out.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

DAILY LOG

PROJECT Whipple Hall mystery DAY Thur DATE 7/14/16

ADDRESS 240 Oral School Rd. Mystic CT

WORK AREA Lower Level

[illegible]

FOREMAN'S SIGNATURE

PAGE_____ OF_____

#165036

JOB NAME & NUMBER Whipple Hall MysticDAY ThurDATE 7/14/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME

SS#

REG

OT

DT

Ed Braga

8308

8

Peter Vaughan

5537

8

Andy Sandoz

5433

8

Mauro Morales

3428

8

Ed Braga Jr

0632

2

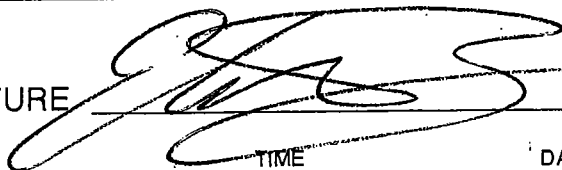
Larry Edlow

8592

8

(6)

FOREMAN SIGNATURE



TIME

DATE

CALLED IN AT THIS TIME

3:00

Thur 7/14/16

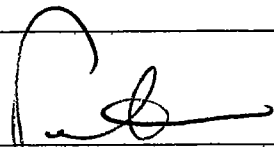
DAILY LOG

PROJECT Wipplala Hall, Mystic Ed Center DAY Fri DATE 7-15-16

ADDRESS 240 Oral School Rd Mystic CT 06358

WORK AREA 3rd, lower level

TIME	COMMENTS
7:00	On site.
	Continue mastic grinding 3rd floor
	containment, (2 men)
	Continue poly prepwork, lower level (2 men)
8:00	break.
9:20	resume grinding & poly prep
10:00	Load out waste & misc equipment.
12:00	continue to grind mastic 3rd floor
	poly prep lower level
3:15	decon procedures
3:30	off site



FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystic Ed Center DAY Fri DATE 2-15-16

[illegible]

CALLER IN AT THIS TIME

600

9-18-16

DAILY LOG

PROJECT Whipple Hall Mysteri DAY mon DATE 7/18/16

ADDRESS 240 Oral School Rd Mysteri CT

WORK AREA 3rd Floor & Lower Level.

TIME	COMMENTS
7:00	On site & signed in. (2) people going into 3rd floor tent to continue spot grinding mastic
	(4) people continue poly prep on lower level tent. They are also bringing fiber drums down to that tent & getting the doors open so the blast tree can be brought in when it arrives.
9:00 / 9:15	Shower out for break - Back from break. Everyone back on same task
11:00 / 11:30	Truck arrived from warehouse. Crew doing poly off load Neg Aids, Blast Trac, Tunnels, gloves.
12:00 / 12:30	Shower out for lunch - Back from lunch. Poly crew getting Neg Aids down to lower level tent. & working to finish up poly prep. (2) people suit up & back in 3rd floor tent finishing last 3 rooms (edges) & vacuuming rooms.
3:00	Crew showing out of 3rd floor tent. Lower level poly crew cleaning up work area.
3:30	Crew done for the day & leaving site


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whiggie Hall Master DAY mon DATE 7/8/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE

SIGNATURE 

TIME

DATE

CALLER IN AT THIS TIME

7-30

Tue 7/19/16

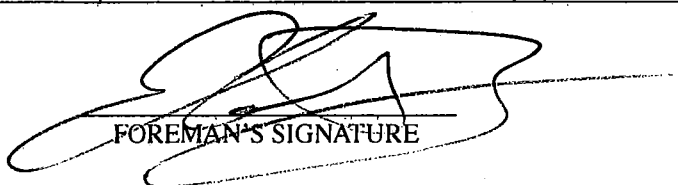
DAILY LOG

PROJECT Whisper Hall mystic DAY Tue DATE 7/19/16

ADDRESS 240 Oral School Rd mystic

WORK AREA 3rd Floor Tent

TIME	COMMENTS
7:00	On site & signed in. (3) people going to suit up & go into tent on 3rd floor to finish plastic removal & final clean. (2) people staying out to bring down any tools, supplies, equip. etc... not needed up there.
9:00 9:15	Shower out for break. Back from break. Crew going back into 3rd floor tent to continue final clean.
12:00 12:30	Shower out for lunch. - Back from lunch going up to finish final clean 3rd floor tent.
3:00 3:30	Crew finished final clean & brought all equip/supplies down to our office area. Tent ready for lock down. Crew done for the day & leaving site.


FOREMAN'S SIGNATURE

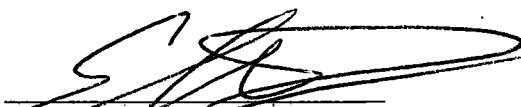
DAILY LOG

PROJECT Whipple Hall Mystic DAY Wed DATE 7/20/16

ADDRESS 240 Oral School Rd Mystic

WORK AREA Lower level cross over

TIME	COMMENTS
7:00	On site & signed in. 2 people going up to 3rd floor to lock down containment. then they will go down to lower level to help finish buttoning up containment down there.
9:30 9:45	Break - Back from break everyone is down in the lower level finishing the tent
12:00 12:30	Lunch - Hygienist (ATC) is here. He started final air clearance in 3rd floor tent. - Back from lunch continue lower level prep.
2:00 2:30	Hygienist pulling final air cassettes & will be bringing them to Wallingford to be read (TEM)
3:00 3:30	Tent in lower level crossover will need decon & water for tomorrow morning. Crew done for the day & leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

FOR

CALL

JOB NAME & NUMBER Whipple Hall Plastic DAY wed DATE 7/20/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

EMAN SIGNATURE

TIME

DATE _____

ED IN AT THIS TIME

2.30

wed 7/20/16

DAILY LOG

PROJECT Whipple Hall Mystic DAY Thur DATE 7/21/16

ADDRESS 240 Oral School Rd Mystic

WORK AREA Lower level Cross Over

TIME	COMMENTS
7:00	On site & signed in (2) people moving misc. ACM bags & fix downs left from 3rd floor tent out to ACM truck & (2) people connecting decon to tent in lower level crossover & getting water connected to decon. Hygiene will be conducting conducting us with results from 3rd floor tented air test.
9:00 9:15	Break - Back from break crew continues to finish poly prep on lower level tent.
12:00 12:30	Lunch - Back from lunch. Got phone call letting us know 3rd floor passed final air. Crew going up to disconnect water lines & hot water heater & bring them down to lower level decon.
3:30	Done for the day & leaving site.
Note.	We will not be here tomorrow. Crew going to Windham Tech to do exterior gym window job.

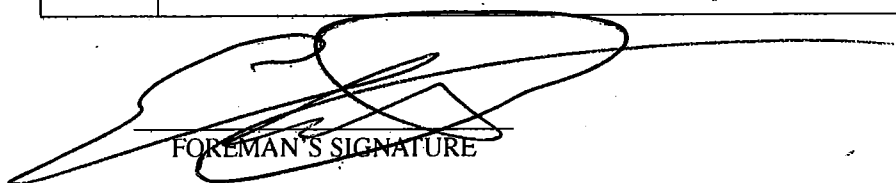

FOREMAN'S SIGNATURE

PAGE 1 OF 1

DAILY LOG

PROJECT Whipple Hall mystai DAY mon DATE 7/25/16
 ADDRESS 240 Oral School Rd mystai
 WORK AREA Lower level connector

TIME	COMMENTS
7:00	On site & signed in. Hygienist is here taking blackboard glue clabb samples in lower level connector & floor tile mastic in lower level area near Rooms 1-24
	Crew getting Meg Airs started in our containment down there & as soon as the Hygienist has his samples they will start floor tile removal.
9:15 9:30	Crew Showered out for break. Back from break, sorting up going back into lower level containment to continue floor tile removal. Joe, Keith & Mike Sanders are here looking over
12:00 12:30	remainder of bldg. Shower out for lunch - Back from lunch Crew going back into lower level tent to continue floor tile removal. Hygienist took additional samples to lab in Wallingford should have answers tomorrow.
3:10	Crews Showering out of containment. Shutting off water
3:30	Done for the day crew leaving site for the day


 FOREMAN'S SIGNATURE

CALLED IN AT THIS TIME

DAILY LOG

PROJECT Whipple Hall mystic DAY Tue DATE 7/26/16

ADDRESS 240 Oral School Rd mystic CT

WORK AREA Lower level connector

TIME	COMMENTS
7:00	On site & signed in. Connecting water hose back to decon. Crew sorting up & going into containment
7:30	to continue floor tile removal.
9:15/9:30	Shower out for break - Back from break crew going back into containment to finish floor tile removal.
12:30/1:00	Shower out for lunch - Back from lunch going back into containment. Getting double lined barrels with floor tile in them out of containment & finishing last section of floor tile.
3:00	All floor tile is up, in double lined barrels & out of containment
3:30	Crew done for the day & leaving site
* <u>Note:</u>	ATC (Hygienist) Ed Fennel called to let me know the samples taken (glue doobs behind Black Boards) & mastic under white & Blue 12x12 tiles in lower level both came back positive for ACM.


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whiggle Hall mystic DAY Tue DATE 7/26/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

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RE 

TIME

DATE _____

CALLER IN AT THIS TIME

8:30

and 7/27/16

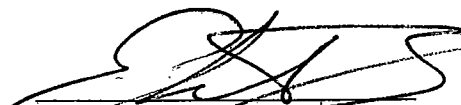
DAILY LOG

PROJECT Whipple Hall Mystic DAY Wed DATE 7/27/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Lower level connector & 3rd Floor Tear down

TIME	COMMENTS
7:00	On site & signed in. (2) people going into lower level containment to start black board removal along with associated glue dobbs. (1) person is going up to 3rd floor to tear down that tent which passed
9:15 9:30	Final air clearance. Shower out for break. - Back from break. (2) people back in containment continues black board & cork board removal. (1) person continues tear down of 3rd floor tent.
12:30 1:00	Lunch. Crew showed out. - Back from lunch. (2) people going back into containment to wrap black boards & cork boards with glue dobbs on them. (1) person going to finish tear down on 3rd floor & bag up the poly.
3:00 3:30	Crew showing out & then shutting off water to decom. Crew done for the day & leaving site.


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystic DAY Wed DATE 7/27/16

[illegible]

FOREMAN SIGNATURE 

	TIME	DATE
CALLED IN AT THIS TIME	8:00	Thu 7/28/16

DAILY LOG

PROJECT Whipple Hall mystic DAY Thur DATE 7/28/16

ADDRESS 240 Oral School Rd mystic CT

WORK AREA Lower level Connector

TIME	COMMENTS
7:00	On site & signed in. Crew suiting up & going into lower level connector tent to scrape blackboard glue ^{clabs} clabs & then grind what ever doesn't scrape off.
9:15 9:30	Crew showers out for break. Back from break crew going back in to continue blackboard glue ^{clabs} clabs removal.
11:00 12:30	Truck arrived from warehouse. Crew showered out to help off load supplies & then load eqp & tools that we have extra's of. We also sent back stuff from the Durant Job which was over at the Rainbow House.
12:30 1:00	Lunch. Back from lunch crew going back in to try the smaller chipping guns on the glue ^{clabs} clabs .
1:30 2:00	Fire Alarm went off in Whipple Hall. I got the crew out of containment & outside the bldg. No sign of fire or smoke. Fire Dept arrived & checked the Alarm panel it was showing "Pull station/Heat". After further investigation they've determined that it was probably caused by heat from the vacuums & grinding being done. Fire Dept silenced the horns & I called Mike Sanders who made arrangements


FOREMAN'S SIGNATURE

PAGE 1 OF 2

JOB NAME & NUMBER Whipple Hall Mystery DAY Thurs DATE 7/28/16

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FOREMAN SIGNATURE _____

TIME

DATE _____

CALLER IN AT THIS TIME

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DAILY LOG

PROJECT Whipple Hall mystery DAY Thur DATE 7/28/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Lower Level Corridor

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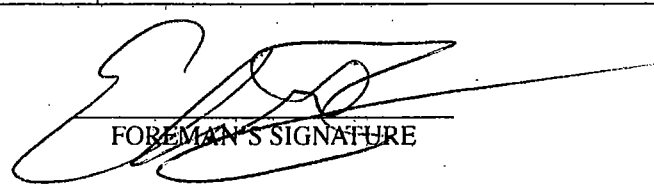
PAGE 2 OF 2

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DAILY LOG

PROJECT Whipple Hall Mystic DAY Fri DATE 7/29/16ADDRESS 240 Oral School Rd Mystic CTWORK AREA 1st Floor Black board Containment

TIME	COMMENTS
7:00	On site & signed in. We will be setting up small black board containment on 1st Floor. It was not discovered that the glue daubs were ACM until after the containment was that area was done & torn down in the 1st phase of removal in the bldg.
8:00 9:00	Mike Sanders is here along with Tony (maintenance) several people from Verizon regarding their cell antennas, & female from Conover Property Maintenance & another gentleman from DAS state. They have made the decision to take the fire alarm system for Whipple Hall off line permanently. They will have someone out here on Mon 8/1/16 to do that.
9:15 9:30	Break. Back from break - continue work on poly prep 1st Floor Room (162).
No Lunch -	
	Finish poly prep on Room 162 (Black Board)
3:00	Crew done for the day & leaving site.


 FOREMAN'S SIGNATURE
PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystery DAY Fri DATE 7/29/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

[illegible]

FOREMAN SIGNATURE  TIME _____ DATE _____

	TIME	DATE
CALLER	10:30	mon 8/1/16

DAILY LOG

PROJECT Whipple Hall Mystic DAY Mon DATE 8/1/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Main Level Rm. 162 Black Board w/ glue dabs

TIME	COMMENTS
7:00	On site & signed in. Getting decon & Neg Air connected to tent in Room 162 main level.
9:15	Break - Back from break. We are still waiting for FPS (Fire Alarm) to arrive & shut down the alarm system for Whipple Hall per the discussions we had with Mike Sanders & the State on Friday.
10:00	Dan from FPS is here shutting down fire alarm system for Whipple Hall. We let the Old Mystic Fire House know what we were doing. Crew going into tent in Rm. 162 to
10:30	remove black board & glue dabs. Black board & glue dabs in Rm (162) are off, & tent has been final cleaned.
12:30	Crew wrapping black boards with mil poly. & getting tools & equip used in the tent back to gang box.
1:00	* NO LUNCH BREAK * (crews decision).
3:00	Done for the day & leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

DAILY LOG

PROJECT Whipple Hall mystic DAY Tue DATE 8/2/16

ADDRESS 240 Oral School Rd mystic CT

WORK AREA Lower level connector

TIME	COMMENTS
7:00	On site & signed in. Crew going into containment in lower level to continue glue daub removal.
9:15 9:30	Break. Back from break going back into containment to continue glue daub removal.
12:30 1:00	Shower out for lunch. Back from lunch. Glue daubs are done floor is cleaned up from debris. Crew will spend remainder of the day wrapping & moving black boards out of containment. Black boards still have glue daubs on back side.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

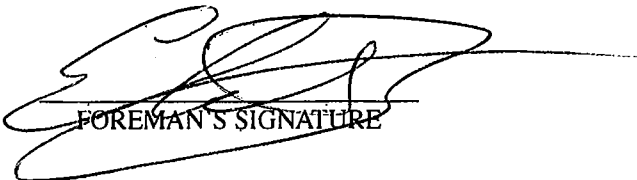
DAILY LOG

PROJECT Whipple Hall Mastic DAY Wed DATE 8/3/16

ADDRESS 240 Oral School Rd mystic

WORK AREA Lower Level Connector

TIME	COMMENTS
7:00	On site & signed in. Crew going back into lower level connect tent to start mastic removal (floor) with 7" grinders & HEPA Vacs.
9:00	Shower out for break. - Back from break going back into containment to continue grinding edges.
12:00	Shower out for lunch. Back from lunch. Going back in to containment continue grinding edges.
3:15	Shower out. Crew done for the day & leaving site.


FOREMAN'S SIGNATURE

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

FOREMAN SIGNATURE

DATE _____

CALLER IN AT THIS TIME

8:45

Thur 8/4/16

DAILY LOG

PROJECT Whipple Hall mystic DAY Thur DATE 8/4/16
 ADDRESS 240 Ocal School Rd mystic CT
 WORK AREA Lower Level Connector & Rm 162 main level
Final Air Test

TIME	COMMENTS
7:00	On site & signed in. Crew going into containment to continue grinding edges (mastic) with 7" grinder & HEPA Vacs. Also setting up Blast Trac & start
9:30	Blast Tracing floor. Main electrical panel in that end of the bldg. feeding our panel board & blast trac shut down. We checked what we could & then called Larry (Electrician). He had me try a couple of things while he was on the phone but still <u>no power</u> . He will be out after lunch to take a look at it.
9:30 9:45	Break. - Back from break. Hygiene is here running final air cassettes in Rm 162 (main level) & reading personal cassettes. Crew will spend remainder of the day moving the black boards out to the ACM Trailer.
12:30 1:00	Lunch. - Back from lunch. Hygiene let me know final air passed in Rm 162. Crew continues moving black boards
1:30 2:00	to trailer. Larry (Electrician) is here moving our panel board & pigtail
3:30	All black boards & cork boards are wrapped & in the ACM trailer Crew done for the day & leaving site


 FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystery DAY Thu DATE 8/4/16

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DATE _____

2:45	Thurs 8/4/16
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DAILY LOG

PROJECT Mystic Ed Whipple Hall DAY Fri DATE 8-5-14

ADDRESS Oral School Rd, Mytic CT 06355

WORK AREA lower level

[illegible]

FOREMAN'S SIGNATURE

PAGE_____ OF_____

165034

JOB NAME & NUMBER Mystic Ed Whipple Hall DAY Fri DATE 8-5-16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

NAME

SS#

REG

OT

DT

Robert Vaughan

5537

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Gilberto Delvalle

8

Jesus Gomez

6251

8

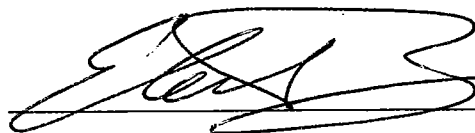
Robbie Rasmussen

2700

8

(4)

FOREMAN SIGNATURE



TIME

DATE

CALLED IN AT THIS TIME

7:00

Wed 8/10/16

DAILY LOG

PROJECT Whipple Hall Mystic DAY mon DATE 8/8/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Lower Level Connector. / of Room 162 main level

TIME	COMMENTS
7:00	On site & signed in. Crew going to lower level to get all the fiber drums with floor tile in them out to the 100yd ACM trailer.
10:45 10:30	Break. Back from break. Crew tearing down & bagging tent in Room 162 it passed final air on Thur 8/4/16. Lunch - Back from lunch Robbio & Pete are here. Crew setting up & going into containment to continue grinding edges & blast Tracing. The Blast Track speed control knob is not working properly. We will make due for now but it should be looked at.
3:15	Crew showing out
3:30	Done for the day crew leaving site.


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystery DAY mon DATE 8/8/16

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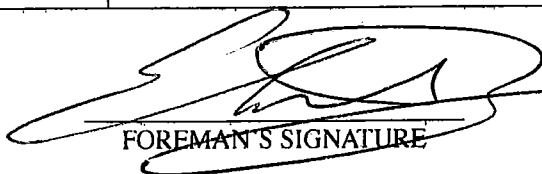
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DAILY LOG

PROJECT Whipple Hall Mystic DAY Tue DATE 8/9/16
 ADDRESS 240 Oral School Rd Mystic CT
 WORK AREA Lower level connecto / ~~Basement~~ Bldg Prep.

TIME	COMMENTS
7:00	Crew on site & signed in. (14) people going into lower level containment to continue grinding edges & Blast Trac the floor mastic.
9:15 / 9:30	Showed out for break. Back from break Crew ^{Crew} going back in to containment to continue grinding edges & Blast Trac.
12:00 / 12:30	Showed out for lunch. - Back from lunch crew going back into containment. continue same tasks.
2:00 / 2:30	Had Roy order a C40 can for the doors & misc items in lower level. Had a power failure in the surrounding neighborhood. Power went out for a short time. I pulled everyone out of containment & started covering Neg air's & tying off the exhaust tubes as well as sealing the decon. Power was only out a short time & we got everything back up & running again.
3:30	Crew done for the day & leaving site.


 FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystery DAY Tue DATE 8/9/16

[illegible]

RE 

TIME

DATE _____

CALLER: CALLED IN AT THIS TIME

7.10.	Wed 8/10/16
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DAILY LOG

PROJECT Whipple Hall Mystic DAY Wed DATE 8/10/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Lower level Connecto

TIME	COMMENTS
7:00	On site & signed crew going into containment.
	Checking poly for any potential breaches & repair if needed. They will continue grinding edges & Blast Trac.
	C&D dumpster arrived from CWPM.
9:30 9:45	Shower out for break - Back from break crew sorting up going back into containment to continue edges & Blast Trac. mastic
12:00 12:30	Shower out for lunch. Robbie stayed in to get ahead with the Blast Trac. - Back from lunch crew going back into containment continue same task.
3:00	All Blast Trac work is done. All major edging is done we still have more to do with the 4" grinder on areas where the 7" grinder didn't fit.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystery DAY Wed DATE 8/10/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

FOREMAN SIGNATURE 

TIME DATE

CALLLED IN AT THIS TIME

8:45	thru 8/11/16
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DAILY LOG

PROJECT Whipple Hall Mysteri DAY Thur DATE 8/11/16

ADDRESS 240 Oral School Rd Mysteri Ct

WORK AREA Lower Level Corners

TIME	COMMENTS
7:00	On site & Signed in. Crew sorting up & going in to containment to touch up corners (mastic) with 4" grinder. Areas that the 7" grinder couldn't fit. & then start final clean.
9:45	Shower out for break. We are having EXTREMELY STRONG THUNDER & LIGHTNING Storms Power has gone out several times. We are delaying going back into containment until they pass. Storm Have passed crew sorting up & going back into finish edge touch up with 4" grinder & final
12:30	clean. Shower out for lunch. Back from lunch crew going back inside - continue same tasks.
3:30	Crew showering out. Work area safe. & water is off. Crew done for the day & leaving site.


FOREMAN'S SIGNATURE

DAILY LOG

PROJECT Whipple Hall mystery DAY Fri DATE 8/12/16

ADDRESS 240 Oral School Rd Mystic CT

WORK AREA Lower Level Connector

TIME	COMMENTS
7:00	On site & signed in. Crew going back into lower level containment to do final clean.
	2 people running hose to hydrant to fill the water storage tank we use for shower etc. Then they will be going into containment to help final clean.
9:15 9:30	Crew showering out for break. Back from break crew going back into containment to continue final clean/vac.
12:00 12:30	Shower out for lunch. Back from lunch crew going back into containment to finish vaccuuming & getting any fiber drums, black bags & equip, no longer needed in side, washed off & out of containment. Then they washed two vaccuums & got them out of containment.
3:15	Crew showering out. Containment is ready for wet wipe of poly on Monday.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whipple Hall Mystic DAY Fri DATE 8/12/16

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FOREMAN SIGNATURE 

	TIME	DATE
CALLED IN AT THIS TIME	8:00	mon 8/13/14

DAILY LOG

PROJECT Whipple Hall / Mystic DAY mon DATE 8/15/16

ADDRESS 240 Coral School Rd Mystic CT

WORK AREA Lower Level Connector

TIME	COMMENTS
7:00	On site & signed in. Crew sorting up & going into containment to start wet wipe of poly.
9:00 9:15	Shower out for break. Break over crew going back in to continue wiping down poly / final clean.
	Asked Chris P. to contact ATC to come out tomorrow to do final Air
12:00 12:30	Showered out for lunch. - Back from lunch. sorting up & going back in to finish Poly wipe down / final clean.
2:30	Poly is all wiped down is complete. we are now spraying lock down.
3:00	Crew done locking down & Showering out. Making sure Airless is cleared of lock down by spraying clean water thru it.
3:30	Done for the day Crew leaving site


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystery DAY mon DATE 8/15/16

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

FOREMAN SIGNATURE

TIME

DATE _____

CALLER IN AT THIS TIME

9-00

The 8/16/15

DAILY LOG

PROJECT Whipple Hall Mystery DAY Tue DATE 8/16/16

ADDRESS 240 Oral School Rd. Weysted CT

WORK AREA Basement Poly Prep.

TIME	COMMENTS
7:00	On site & signed in. Crew will start poly prep in basement. Hygienist will be here running final air tests in lower level connector tent.
9:00	Break - Back from break continuing poly prep basement
9:10	
10:00	Hygienist arrived & is setting up pumps to run final air clearance in lower level connector tent.
10:30	
12:00	Lunch - Back from lunch. Crew continues poly prep
12:30	Hygienist is pulling final air cassettes from connector tent & will be bringing them to the lab. We should have results tomorrow afternoon.
3:10	Crew cleaning up work area
3:30	Crew done for the day & leaving site


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystic DAY Tue DATE 8/16/16

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TIME _____ DATE _____

DATE _____

12/20/81

DAILY LOG

PROJECT Whipple Hall Mystery DAY Wed DATE 8/17/16
 ADDRESS 240 Oral School Rd mystery CT
 WORK AREA Basement

TIME	COMMENTS
7:00	On site & signed in. Crew going back to basement level to continue poly prep & get all the doors, cabinets & countertops out to the C&D dumpster. We checked each door to see if it had ACM in the core. we found two & wrapped them in 6mil poly & put them in the ACM Trash
9:00 9:15	Break - Back from break continue poly prep.
12:12:30	Lunch. Back from lunch crew continues poly prep
12:30 1:00	in basement. Ed Fennel (ATC) called to let me know that the final air passed in lower level connector tent
3:00	Crew cleaning up work area in basement.
3:30	Crew done for the day & leaving site


 FOREMAN'S SIGNATURE

DAILY LOG

PROJECT Whipple Hall Mystery DAY Thur DATE 8/18/16

ADDRESS 240 Coal School Rd Mystic CT

WORK AREA Basement.

TIME	COMMENTS
7:00	On site & signed in. Crew going to continue basement poly prep.
9:00 9:15	Break. Back from break. Crew going back to poly prep, get neg aircs vented outside & get decon setup for the tent.
12:00 12:30	Lunch - Back from lunch - Crew finishing poly prep running water supply to decon & drain hose to sink drain in laundry room in basement. Getting all items not needed in containment out
3:30	Tent ready to go first thing tomorrow morning Crew done for the day & leaving site


FOREMAN'S SIGNATURE

PAGE 1 OF 1

JOB NAME & NUMBER Whispering Hall Mystery DAY Thur DATE 8/18/8

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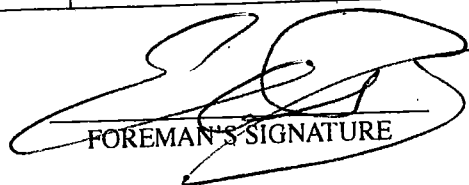
FOREMAN SIGNATURE 

	TIME	DATE
CALLED IN AT THIS TIME	8:00	Fri 8/14/16

DAILY LOG

PROJECT Whipple Hall Mystery DAY Fri DATE 8/19/66
 ADDRESS 240 Oral School Rd Mystery CT
 WORK AREA Basement.

TIME	COMMENTS
7:00	On site & Signed in. 2 people running hoses to fire hydrate so we can fill our water storage tank.
	3 people going into containment to start floor tile removal. Floor tile is Non-ACM but mastic is ACM.
	Floor tile comes up in very little pieces when using a mull so crew switching over to chipping guns with paddle bits.
7:30	Truck arrived from warehouse with supplies & eggs.
	Off loaded truck & gave him broken eggs & time cards.
9:00 9:15	Shower out for break. Back from break crew going back into containment to continue floor tile removal.
12:00 12:30	Crew Shower out for lunch - Back from lunch crew going back in to containment to make sure all chipped up floor tile is in double lined fiber drums.
3:10	Crew Showering out.
3:30	Crew done for the day & leaving site.


 FOREMAN'S SIGNATURE

DAILY LOG

PROJECT Whipple Hall Project DAY mon DATE 8/22/16

ADDRESS 240 Orol School Rd Mystic CT

WORK AREA Basement. Containment

TIME	COMMENTS
7:00	On site & signed in. Crew going to suit up & go into basement containment. They will check for any potential breaches in the poly & repair where necessary. Then they will continue floor tile removal & start
9:30 9:45	Blast Trac. & edges - Shower out for break - Back from break. Crew going back into containment to continue Blast Trac. & Edges.
12:00 12:30	Shower out for lunch - Back from lunch continue same tasks.
2:30	Robbie showered out & left to go pick up long handle razor scrapers & blades at the ware house.
3:15	Crew showering out of containment. water off & power in cord disconnected from water heater.
3:30	Done for the day crew leaving site


FOREMAN'S SIGNATURE

#165096

DATE 8/22/16

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DATE _____

Tue 8/23/16

DAILY LOG

PROJECT Whipple Hall Project DAY Tue DATE 8/23/16
 ADDRESS 240 Oral School Rd Mystic CT
 WORK AREA Basement

TIME	COMMENTS
7:00	On site & signed in. Crew going to suit up & go into basement containment to continue Blast Trac & grinding edges (mastic).
9:15 / 9:30	Shower out for break. Back from break crew going back into containment to continue same tasks. There is brown mastic on the floor from the original 9x9 floor tiles. Tiles were replaced with blue & white 12x12 and a yellow/green non-Arm adhesive was used. The Blast Trac is not getting the yellow/green adhesive completely so we will need to go back with long handle 7" razor scrapers after rooms are Blast Traced & edges ground with 7" grinders. We tested a small area & it comes up quick & easy. Shower out for lunch. Back from lunch. Crew going back into containment to finish up grinding edges. Finish Blast Trac & get it washed down & continue razor scraping the residual yellow/green glue.
12:15 / 12:30	
2:30	Robbie left to go to the office to pick up paperwork.
3:15	Crew showering out, shutting off water & unplugging water heater.
3:30	Done for the day crew leaving site


 FOREMAN'S SIGNATURE

PAGE 1 OF 1

DAILY LOG

PROJECT Whipple Hall Project DAY Wed DATE 8/24/16
 ADDRESS 240 Oral School Rd Mystic CT
 WORK AREA Basement containment.

TIME	COMMENTS
7:00	On site & signed in. Crew going in to final clean containment.
10:15 10:15	Break. Back from break, going back in to continue final clean, get all tools & eqpt washed & out of containment.
12:00 12:30	Lunch. Back from lunch. Back in containment to wipe wipe all walls & ceilings in containment.
2:30 3:00	Final clean done we are locking down. ATC has been notified they will be out tomorrow to run TEM final air clearance.
3:30	Crew done for the day & leaving site.


 FOREMAN'S SIGNATURE

DATE 8/24/16

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DATE _____

Thur 8/25/16

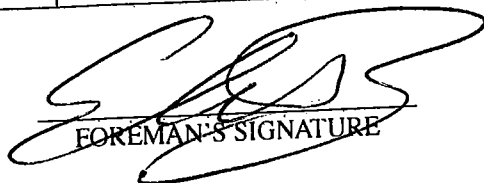
DAILY LOG

PROJECT Whipple Hall mystic DAY Thur DATE 8/25/16

ADDRESS 240 Oral School Rd mystic CT

WORK AREA Lower Level Connector

TIME	COMMENTS
2:00	On site & signed in crew going to do tear down of lower level connector tent. It already cleared final air test last week.
9:15 / 9:30	Break - Back from break crew back doing tear down.
10:00 / 10:30	Truck arrived from warehouse with Baker & Rolling Staging. among other things I ordered to start select demo we sent Blast Trac back but the extension cord for it is still here, waiting for last tent to pass final air so we can get it out. Hygenist is here setting up final air cassettes in basement tent, Hygenist starts pumps.
11:00	Lunch. Back from lunch continue poly tear down.
12:00 / 12:30	Hygenist pulled final air cassettes & will be taking them to lab today. Should have results tomorrow.
1:00 / 2:00	Crew cleaning up work area, Closing doors & windows in work area.
3:10	Crew done for the day & leaving site.
3:30	


FOREMAN'S SIGNATURE

JOB NAME & NUMBER Whipple Hall Mystic DAY Thur DATE 8/25/16
#165050
WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

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FOREMAN SIGNATURE

TIME

DATE _____

3-04

Frd 8/26/16

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

**APPENDIX F
Containment Dive Sheets**

A.A.I.S. Corp.

JOB Whisper Hill

LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	Wed 7/6/16	8:30	9:30	9:46	12:15	1:00	3:00	
S.S.# 2200								
Ed Bragg Jr		8:30	9:32	9:47	12:16	1:00	2:56	
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: Floor Tile

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall Master LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	Thu 7/7/16	7:30	9:12	9:30	12:30	1:00	3:00	
S.S.# 2900								
Fly Seale	7/7/16	7:30	9:12	9:30	12:30	1:00	3:00	
S.S.# 33								
Macro Moxley	7/7/16	7:30	9:12	9:30	12:30	1:00	3:00	
S.S.# 3428								
Ed Bragg Jr	Thu 7/7/16	9:30	12:25	1:00	3:05			
S.S.# 0632								
S.S.#								
S.S.#								

S.S.#

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: Fluor master

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple #11 Mastic

LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	Fri 7/8/16	7:30	9:15	9:35	11:50	12:36	3:10	
S.S.# 2700								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: Mastic

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hill Myster LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2760	mon 7/11/66	7:15	9:40	9:16	11:50	12:36	3:00	
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie EasonEXCURSION SAMPLE WORN BY: Robbie EasonFOREMAN: Ed BrayAMOUNT AND TYPE OF ASBESTOS REMOVED: Asbestos

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Wherry Hall Project

LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
<u>Robbie Eason</u> S.S.# <u>2200</u>	<u>7/12/16</u>	<u>7:30</u>	<u>9:00</u>	<u>9:30</u>	<u>11:50</u>	<u>12:30</u>	<u>3:10</u>	
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Mastic

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whingate Hall Nyston

LOCATION Good floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	Wed 7/13/46	7:30	9:05	9:30	11:50	12:30	3:15	
S.S.# 2200								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Boyer

AMOUNT AND TYPE OF ASBESTOS REMOVED: Master

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

A.A.I.S. Corp.

JOB Whispering Will LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Earn	7/15	710	900	920	315			
S.S.# 2700								
Mario Morales	7/15	713	932	920	317			
S.S.# 3428								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: R. Earn

EXCURSION SAMPLE WORN BY: "

FOREMAN: P. Vaughn

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	Mon 7/18/16	7:30	8:50	9:15	11:52	12:30	3:10	
S.S.# 2200								
Mario Morales	7/18/16	17:30	8:55	9:15	11:55	12:30	3:00	
S.S.# 3428								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Brays

AMOUNT AND TYPE OF ASBESTOS REMOVED: Mastic Removal

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

A.A.I.S. Corp.

JOB Warriggle Hall LOCATION 3rd Floor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason	7/19/16	7:30	9:00	9:15	12:00	12:30	3:00	
S.S.# 2900								
Ed Bragg Jr	7/19/16	17:30	9:05	9:15	12:03	12:30	3:00	
S.S.# 0832								
Freddie Samuels	7/19/16	17:30	9:02	9:17	12:05	—	—	
S.S.# 5953								
Larry Edlow	7/19/16		9:08	9:20	12:00	—	—	
S.S.# 8592								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie EasonEXCURSION SAMPLE WORN BY: Robbie EasonFOREMAN: Ed BraggAMOUNT AND TYPE OF ASBESTOS REMOVED: Asbestos & Final Clean

WRAPPED

BAGS

AMOUNT OF ASBESTOS DISPOSED OF:

DRUMS

OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Mystic Oral Wippie Hall LOCATION lower level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Mauro Morales	7/26	730	905	923	1200	1235	3:15	
S.S.# 3428								
Fredy Sando	7/25	730	906	923	1201	1236	3:10	
S.S.# 5433								
Ed Bragg Jr	7/25	730	904	922	1201	1238	3:20	
S.S.# 0632								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: F. Sando

EXCURSION SAMPLE WORN BY: 11

FOREMAN: Ed Bragg Jr

AMOUNT AND TYPE OF ASBESTOS REMOVED: Floor tile / waste

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall mystic LOCATION Lower level corner

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Mauro Morales S.S.# 3428	7/26/16	7:30	9:08	9:30	12:22	1:00	3:15	
Robbie Faser S.S.# 2700	7/26/16	7:30	9:10	9:30	12:25	1:00	3:10	
Ed Bray Jr S.S.# 0632	7/26/16	7:30	9:05	9:30	12:20	/	/	
Freddie Sandoz S.S.#	7/26/16	7:30	9:12	9:30	12:18	1:00	3:18	
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Ed JrEXCURSION SAMPLE WORN BY: Ed JrFOREMAN: Ed Bray JrAMOUNT AND TYPE OF ASBESTOS REMOVED: Flour Tlu

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall Mystic LOCATION Lower Level corridor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Braga Jr	und	7:15	9:10	9:30	12:18	1:00	3:20	
S.S.# 0632	7/27/16							
Fredrick Sandoz	7/27/16	7:15	9:14	9:30	12:15	1:00	3:17	
S.S.# 5433								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: N/A

EXCURSION SAMPLE WORN BY: N/A

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Black board glue doobs.

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Wingsale Hall Mystic

LOCATION Lower Level Corridor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Braga Jr	7/28/16	7:15	9:00	9:30	12:20	1:00	2:00	
S.S.# 0632								
Fredrick Savado	7/28/16	9:15	9:00	9:30	12:26	1:00	2:00	
S.S.# 5433								
Carlos Sarango	7/28/16	9:15	9:00	9:30	12:18	1:00	2:00	
S.S.# 3212								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Fredrick Savado

EXCURSION SAMPLE WORN BY: Fredrick Savado

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Blue doobs

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

LOCATION Main Level Rm 162

JOB Whipple Hall Master

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Jesus Gomez	8/1/16	10:30	12:20	/	/	/	/	
S.S.# 6251								
Ray Edlow	8/1/16	10:30	12:30	/	/	/	/	
S.S.# 8592								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Jesus Gomez

EXCURSION SAMPLE WORN BY: Jesus Gomez

FOREMAN: Ed Bragan

AMOUNT AND TYPE OF ASBESTOS REMOVED: Black Board Glue daubs _____ BAGS _____ WRAPPED

AMOUNT OF ASBESTOS DISPOSED OF: _____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

JOB Whipple Hall Noisy

LOCATION low level connect.

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Jesus Gomez	7/2	7:30	9:02	9:30	12:30	/	/	
S.S.# 6251	8/2/16							
Ed Braga Jr	8/2/16	7:30	9:10	9:30	12:20	/	/	
S.S.# 0632								
Larry Edlow	8/2/16	7:30	9:16	9:30	12:18	/	/	
S.S.# 8592								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: N/A

EXCURSION SAMPLE WORN BY: N/A

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

JOB Whipple Hall Mystic LOCATION Lower level connector

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Larry Edlow	wed 8/3/16	7:30	9:19	9:45	12:25	1:00	3:15	
S.S.# 8592								
Jesus Gomez	8/3/16	7:30	9:13	9:45	12:22	1:00	3:18	
S.S.# 6251								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Larry Edlow

EXCURSION SAMPLE WORN BY: Larry Edlow

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Grind Mastic on floor

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

JOB Whipple Hall mystic

LOCATION Lower Level Corridor

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Bragg Jr	8/4/16	7:30	9:15	—	—	—	—	—
S.S.# 0632								
Jesus Gomez	8/4/16	7:30	9:22	—	—	—	—	—
S.S.# 6251								
Larry Edlow	8/4/16	7:30	9:20	—	—	—	—	—
S.S.# 8592								
S.S.#								
S.S.#								
S.S.#								
S.S.#								

↑
Power went out to main
panel board!

S.S.#

PERSONAL SAMPLE WORN BY: Ed Bragg Jr

EXCURSION SAMPLE WORN BY: Ed Bragg Jr

FOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: Mastic (Floor)

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

JOB Mystère Ed Whipple Hall LOCATION Lower Level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Gilbertus Devalle S.S.#	8-5-16	720	914	937	238	/	/	
Jesus Gomez S.S.# 6251	8-5-16	720	914	937	238	/	/	
Robbree Easton S.S.# 2700	8-5-16	721	914	936	239	/	/	
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: R. Easton

EXCURSION SAMPLE WORN BY: R. Easton

FOREMAN: P. Vaudre

AMOUNT AND TYPE OF ASBESTOS REMOVED: matrix

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED
 _____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

JOB Wilmington Hall perystic

LOCATION Lower level Connector

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Ed Bragg Jr	mon 8/8/16	1:00	3:15	/	/	/	/	
S.S.# 0632								
arry Edlon	8/8/16	1:00	3:10	/	/	/	/	
S.S.# 8592								
Rabbie Eason	8/8/16	1:00	3:18	/	/	/	/	
S.S.# 2700								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

A.A.I.S. Corp.

LOCATION Lower Kent connectedJOB Whipple Hall Project

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Bobbie Eason	Tue 8/9/16	7:15	9:08	932	1155	1240	2:20	
Wendy Morris 8245 Blaine Morris	8/9/16	7:15	9:15	932	1156	1239	2:18	
Larry Edlow	8/9/16	7:15	9:16	933	1158	1239	2:15	
S.S.# 8592								
Ed Braga	8/9/16		9:16	932	1154	1242	2:14	
S.S.# 0632								
S.S.#								
S.S.#								

S.S.#

PERSONAL SAMPLE WORN BY: N/A Case History for that TentEXCURSION SAMPLE WORN BY: N/A Case History for that tentFOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

WRAPPED

BAGS

AMOUNT OF ASBESTOS DISPOSED OF: _____

DRUMS

OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB

Whipple Hall mystic

LOCATION

Lower level Connector

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	8/10/16	7:15	9:20	9:45	12:50	1:30	2:55	
Ed Bragg Jr S.S.# 0632	8/10/16	7:16	9:22	9:45	12:00	1:00	2:52	
Marro Morales S.S.# 3428	8/10/16	7:15	9:18	9:45	12:02	1:00	2:50	
Larry Etlow S.S.# 8592	8/10/16	7:30	9:15	9:45	12:15	1:00	2:50	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: N/A Historical dataEXCURSION SAMPLE WORN BY: N/A Historical dataFOREMAN: Ed Bragg

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____

BAGS

WRAPPED

DRUMS

OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall Paving LOCATION Lower Level Connector

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Larry Edlow	8/11/16							
S.S.# 8592	8/11/16							
Robbie Eason	8/11/16	7:15	9:22	10:00	11:50	12:33	3:24	
S.S.# 2200	8/11/16							
Ed Boyer Jr	8/11/16	7:15	9:25	10:00	11:52	12:31	3:27	
S.S.# 0632	8/11/16							
Morris Morales	8/11/16	7:15	9:20	10:00	11:48	12:35	3:20	
S.S.# 3428	8/11/16							
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Ed Boyer

AMOUNT AND TYPE OF ASBESTOS REMOVED: Final Clean

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Wingfield Hall Plastic LOCATION Lower Level Concrete

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	8/12/16	7:20	8:50	9:15	11:55	12:40	3:10	
Mario Morantes S.S.#	8/12/16	7:20	8:58	9:16	11:55	12:40	3:16	
Ed Bragg Jr S.S.# 0632	8/12/16	8:30 Am	8:56	9:16	11:57	12:40	3:14	
Ed Bragg Jr Peter Vaughn S.S.# 5537	8/12/16	8:20	8:56	9:20	11:56	12:42	3:20	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Ed Bragg Jr

AMOUNT AND TYPE OF ASBESTOS REMOVED: Final Clean

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED
 _____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Whipple Hall Myster LOCATION Lower Level Connector

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	Mon 8/15/16	7:15	8:58	9:20	11:55	12:38	2:55	
arry Eason S.S.# 8592	8/15/16	7:15	8:58	9:21	11:56	12:37	2:30	
mauro Morales S.S.# 3428	8/15/16	7:15	8:56	9:20	11:54	12:37	2:55	
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Ed Boaga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Final Clean

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER _____

DIVE SHEET

A.A.I.S. Corp.

JOB Wingate Hall Project LOCATION Basement

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	8/19/16 Fri	715	855	922	1156	1236	310	
Mauris Morales S.S.# 3428	8/19/16	715	856	922	1153	1236	311	
Ed Braga Jr S.S.# 0632	8/19/16	730	854	923	1155	1237	309	
Larry Edlow S.S.#	8/19/16	800	855	923	1154	1236	307	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Robbie Eason

EXCURSION SAMPLE WORN BY: Robbie Eason

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: Flour tile with mastic on it.

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED
 _____ DRUMS _____ OTHER

A.A.I.S. Corp.

JOB Whipple Hall MasterLOCATION Basement

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Bobbie Eason S.S.# 2700	8/22/16 Mon	7:30	9:15	9:30	17:55	12:30	2:15	
Ed Braga Jr S.S.# 0632	8/22/16	7:30	9:10	9:35	11:54	12:32	3:40	
Harry Eddow S.S.#	8/22/16	7:30	9:18	9:40	11:54	12:33	3:40	
S.S.#								
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Ed Braga JrEXCURSION SAMPLE WORN BY: Ed Braga JrFOREMAN: Ed BragaAMOUNT AND TYPE OF ASBESTOS REMOVED: Floor Tile & Master

AMOUNT OF ASBESTOS DISPOSED OF: _____

BAGS

WRAPPED

DRUMS

OTHER

DIVE SHEET

A.A.I.S. Corp.

 JOB Wingside Hall Muskie LOCATION Basement

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	Tue 8/23/16	715	858	920	1153	1230	215	
Ed Braga Jr S.S.#	8/23/16	715	853	920	1151	1231	310	
Mauo Morales S.S.#	8/23/16	712	854	921	1150	1230	309	
Larry Edlow S.S.#	8/23/16	—	—	921	1152	1231	310	
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: Mauo MoralesEXCURSION SAMPLE WORN BY: Mauo MoralesFOREMAN: Ed BragaAMOUNT AND TYPE OF ASBESTOS REMOVED: Grand Master

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Whisper Hall ProjectLOCATION Basement

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
Robbie Eason S.S.# 2700	Wed 8/24/16	7:10	9:53	10:15	11:50	12:35	2:50	
Larry Edlow S.S.# 8592	8/24/16	7:16	9:56	10:15	11:55	12:30	2:45	
Maurio Morales S.S.# 3428	8/24/16	7:15	9:54	10:14	11:52	12:31	2:47	
S.S.#								
S.S.#								
S.S.#								

PERSONAL SAMPLE WORN BY: _____

EXCURSION SAMPLE WORN BY: _____

FOREMAN: Ed Braga

AMOUNT AND TYPE OF ASBESTOS REMOVED: _____

AMOUNT OF ASBESTOS DISPOSED OF: _____ BAGS _____ WRAPPED

_____ DRUMS _____ OTHER

DIVE SHEET

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX G

Contractor Personal Air Sampling Logs

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y.N. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall Job # 165036Sampled by E.C. Date Sampled 4/15/16 Customer Name A.A.I.S. Corp.Analyst COLLETTI Date Received 5/3/16 Date Tested 5/9/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/15/16</u> Mask: <u>H.F</u> Name: <u>Moracho</u> SS# <u>3519</u> Code: <u>5</u> Task: <u>FIR Tile + Mastie</u>	10:02 10:40	2.0 2.0	76	3/100	2.5	0.0129	
Date: _____ Mask: <u>Sand</u> Name: _____ SS# _____ Code: <u>7</u> Task: _____	10:40 3:15	2.0 2.0	550	8/100	8.9	0.0062	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	FB		—	1/100	1.27	—	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	LB		—	1/100	1.27	—	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks	Reference Slide #:
Laboratory Blank	<u>RS 104</u>

Project Whipple Hall

Location Local School Rd Mystic CT

Foreman [Signature]

Superintendent [Signature]

Sample Codes:

- 1-Personal
- 2-Work Area
- 3-Outside Area
- 4-Final Clearance
- 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 Mill.Y. N. _____
 Faxed _____
 Called _____
 Logged _____

 Sample Source Whipple Hall Job # 16536
 Sampled by E.C. Date Sampled 4/18/16 Customer Name A.A.I.S. Corp.
 Analyst COLLETTI Date Received 5/3/16 Date Tested 5/9/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/18/16</u> Mask: <u>H.F.</u> Name: <u>Gomez</u> SS# <u>6257</u> Code: <u>5</u> Task: <u>FIR Tile + Mastic</u>	7:10 7:45	2.3 2.3	80.5	04/100	0.9	0.0120	
Date: <u>4/18/16</u> Mask: <u>H.F.</u> Name: <u>Gomez</u> SS# <u>6257</u> Code: <u>5</u> Task: <u>FIR Tile + Mastic</u>	7:45 3:17	2.3 1.7	904	06/100	7.9	0.0030	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100	0.00		
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				1/100	1.27		
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks _____ Laboratory Blank _____ Reference Slide #: RS 104

Project Mystic Oral School Whipple Hall
 Location Oral School Rd Mystic CT
 Foreman E.C.
 Superintendent JA

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 M.I.L.Y. H. _____
 Faxed _____
 Called _____
 Logged _____

 Sample Source Whipple Hall Job # 165036
 Sampled by F.C. Date Sampled 4/15/16 Customer Name A.A.I.S. Corp.
 Analyst COLLETT Date Received 5/3/16 Date Tested 5/9/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/15/16</u> Mask: <u>H.F</u> Name: <u>Moracho</u> SS# <u>3579</u> Code: <u>5</u> Task: <u>FIR tile + rest</u>	7:12 7:45	2.0 2.0	66	5/100	6.4	(0.0372)	
Date: <u>4/15/16</u> Mask: <u>H.F</u> Name: <u>for in</u> SS# <u>3579</u> Code: <u>1</u> Task: <u>FIR tile + rest</u>	7:45 12:23	2.0 2.0	556	3/100	3.8	(0.0027)	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	FB		-	0/100	0.00	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	LB		-	0/100	0.00	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks 1 Laboratory Blank 1 Reference Slide #: RS 164

Project Whipple Hall Sample Codes:
 Location Oral School Rd Mystic CT
 Foreman EC
 Superintendent SP
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y. H. _____
Faxed _____
Called _____
Logged _____Sample Source Whipple Hall Job # 165036Sampled by E.C. Date Sampled 4/27/16 Customer Name A.A.I.S. Corp.Analyst COLLETT Date Received 5/3/16 Date Tested 5/5/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/27/16</u> Mask: <u>H.F</u> Name: <u>Bragg Jr</u> SS# <u>0632</u> Code: <u>5</u> Task: <u>FIR Tile</u>	9:46 10:20	2.3 2.3	78.2	25/100	30.6	0.1505	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: <u>1</u> Task: _____	10:20 3:20	2.3 1.8	615	18/100	21.7	0.0136	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				1/100	1.27	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				1/100	1.27	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks _____
Laboratory Blank _____Reference Slide #: RS 104Project Whipple HallLocation Oral School Rd Mystic CTForeman E.C.Superintendent J.R.Sample Codes:
1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-Excursion

I, _____, hereby swear that all information on this form true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y.N.
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall Job # 165036

Sampled by E.C. Date Sampled 4/28/16 Customer Name A.A.I.S. Corp.

Analyst COLLETTI Date Received 5/3/16 Date Tested 5/9/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/28/16</u> Mask: <u>H F</u> Name: <u>E.C.</u> SS# <u>0139</u> Code: <u>5</u> Task: <u>FIR tile</u>	7:15 7:50	2.0 2.0	70	4/100	3.8	0.0210	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: <u>1</u> Task: <u>5 and</u>	7:50 3:16	2.0 2.0	892	5/100	5.1	0.0022	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	FB			1/100	1.27	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	LB			1/100	1.27	-	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks 1 Reference Slide #: RS 104
 Laboratory Blank 1

Project Whipple Hall
 Location Oral School Rd Mystic CT
 Foreman E.C.
 Superintendent 510
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y. H. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall Job # 165036Sampled by E. Cyr Date Sampled 4/29/16 Customer Name A.A.I.S. Corp.Analyst COLETTI Date Received 5/3/16 Date Tested 5/5/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>4/29/16</u> Mask: <u>H.F</u> Name: <u>Jr</u> SS# <u>0632</u> Code: <u>5</u> Task: <u>FIR tile + Mastic</u>	<u>7:16</u> <u>7:50</u>	<u>2.3</u> <u>2.3</u>	<u>78.2</u>	<u>5</u> / <u>100</u>	<u>6.4</u>	<u>(0.0314)</u>	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: <u>1</u> Task: <u>5 and</u>	<u>7:50</u> <u>3:12</u>	<u>2.3</u> <u>1.6</u>	<u>873.6</u>	<u>3</u> / <u>100</u>	<u>3.8</u>	<u>(0.0017)</u>	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>FB</u>			<u>0</u> / <u>100</u>	<u>0.00</u>	<u>-</u>	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	<u>LB</u>			<u>0</u> / <u>100</u>	<u>0.00</u>	<u>-</u>	
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y _____ N _____

Field Blanks { <u>/</u>	Reference Slide #: <u>RS 104</u>
Laboratory Blank { <u>/</u>	

Project Whipple Hall
 Location Oral School Rd Mystic CT
 Foreman [Signature]
 Superintendent [Signature]

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 MILL.Y. M. _____
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic Job # 165036
 Sampled by Ed Bragg Date Sampled 7/6/16 Customer Name A.A.I.S. Corp.
 Analyst AISON WORST Date Received 8/4/16 Date Tested 8/4/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>7/6/16</u> Mask: <u>1/2 Face</u> Name: <u>Robbie Eason</u> SS# <u>2700</u> Code: <u>5</u> Task: <u>Floor Tile Removal</u>	<u>8:30</u> <u>9:00</u>	<u>2.0</u> <u>2.0</u>	<u>60</u>	<u>0/100</u>	<u>-</u>	<u>2.0017</u>	<u>0.045</u>
Date: <u>7/6/16</u> Mask: <u>1/2 Face</u> Name: <u>Robbie Eason</u> SS# <u>2700</u> Code: <u>1</u> Task: <u>Floor Tile Removal</u>	<u>9:45</u> <u>12:30</u> <u>1:00</u> <u>3:00</u>	<u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u>	<u>570</u>	<u>2/100</u>	<u>2.54</u>	<u>4.011</u>	<u>0.0047</u>
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	_____	_____	_____	<u>0/100</u>	_____	_____	_____
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	_____	_____	_____	<u>0/100</u>	_____	_____	_____
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____	_____	_____	_____	_____	_____	_____	_____

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks	(1) one	Reference Slide #: <u>RS121</u>
Laboratory Blank	(1) one	

Project Whipple Hall mystic
 Location 3rd Floor
 Foreman Ed Bragg
 Superintendent Chris Penanth

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 M.I.L.Y. M. _____
 Faxed _____
 Called _____
 Logged _____
Sample Source Whipple Hall 240 Oral School Rd. Mystic C.T. Job # 165036Sampled by Ed Bragg Date Sampled Thurs 7/7/16 Customer Name A.A.I.S. Corp.Analyst Alisa WPRST Date Received 8/4/16 Date Tested 8/4/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>7/7/16</u> Mask: <u>1/2 Face</u> Name: <u>Robbie Eason</u> SS# <u>2200</u> Code: <u>5</u> Task: <u>Grind Mastic on Floor</u>	<u>7:30</u> <u>8:00</u>	<u>2.0</u> <u>2.0</u>	<u>60</u>	<u>2/100</u>	<u>2.54</u>	<u>LL017</u>	<u>0.045</u>
Date: <u>7/7/16</u> Mask: <u>1/2 Face</u> Name: <u>Robbie Eason</u> SS# <u>2700</u> Code: <u>1</u> Task: <u>Grind Mastic on Floor</u>	<u>8:30</u> <u>9:15</u> <u>9:30</u> <u>12:30</u> <u>1:00</u> <u>3:00</u>	<u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u>	<u>690</u>	<u>1/100</u>	<u>1.77</u>	<u>LL01</u>	<u>0.0039</u>
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				<u>0/100</u>			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				<u>0/100</u>			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y N

Field Blanks <u>1</u>	Reference Slide #: <u>RS121</u>
Laboratory Blank <u>0</u>	

Project Whipple Hall Mystic
 Location 3rd Floor
 Foreman Ed Bragg
 Superintendent Jeff Porsay

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Alisa WPRST, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO#

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL. Y. N.

Faxed

Called

Logged

Sample Source Whipple Hall 240 Oral School Rd. Mystic CT Job # 165036
 Sampled by Ed Braga Date Sampled Fr 7/8/16 Customer Name A.A.I.S. Corp.
 Analyst Alisa WATST Date Received 8/4/16 Date Tested 8/4/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/8/16 Mask: 1/2 Face Name: Robbison SS# 2700 Code: 5 Task: Grind material on floor	7:30 8:00	2.0 2.0	60	1/100	1.77	<LOD	0.045
Date: 7/8/16 Mask: 1/2 Face Name: Robbison SS# 2700 Code: 1 Task: Grind material on floor	8:00 9:15 9:30 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750	1/100	1.77	<LOD	0.0036
Date: Mask: Name: SS# Task:				0/100			
Date: Mask: Name: SS# Task:				0/100			
Date: Mask: Name: SS# Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks (1) one
Laboratory Blank (1) one Reference Slide #: 171

Project Whipple Hall Mystic
 Location 3rd Floor
 Foreman Ed Braga
 Superintendent Jeff Plosser
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Jeff Plosser, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y_M_

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall 240 Deal School Rd Mystic CT Job # 165036Sampled by Ed Bragg Date Sampled 7/14/16 Customer Name A.A.I.S. Corp.Analyst Alisa WRTS Date Received 8/4/16 Date Tested 8/4/16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/14/16 Mask: 1/2 Face Name: Robbin Eason SS# 2700 Code: 1 Task: Grind mastie	7:30 8:30 9:00 9:30 9:45 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0	750 60	2/100	2.54	LL01)	0.0036 0.045
Date: 7/14/16 Mask: 1/2 Face Name: Robbin Eason SS# 2700 Code: 5 Task: Grind mastie	8:30 9:00	2.0 2.0	60	1/100	1.77	LL01)	0.045
Date: Mask: Name: SS# Task:				0/100			
Date: Mask: FB-7 Name: SS# Task:				0/100			
Date: Mask: Name: SS# Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐Field Blanks (1) one
Laboratory Blank (1) one
Reference Slide #: 125121Project Whipple Hall Mystic
Location 3rd Floor
Foreman Ed Bragg
Superintendent Jeff Plessey
Sample Codes:
1-Personal
2-Work Area
3-Outside Area
4-Final Clearance
5-ExcursionI, Jeff Plessey, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL. Y. M. _____
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic Job # 165036
 Sampled by Ed Bragg Date Sampled Tue 7/12/16 Customer Name A.A.I.S. Corp.
 Analyst Alison WPIST Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/12/16 Mask: 1/2 Face Name: Robbin Egson SS# 2700 Code: 5 Task: Grind Mastie	7:30 8:30	2.0 2.0	60	0/100	-	<LOD	0.0015
Date: 7/12/16 Mask: 1/2 Face Name: Robbin Egson SS# 2700 Code: 5 Task: Grind Mastie	8:30 9:00 9:30 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.6 2.0	660	4/100	1.77	<LOD	0.0041
Date: _____ Mask: _____ Name: _____ SS# _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks (1) one
 Laboratory Blank (1) one
 Reference Slide #: RS 171

Project Whipple Hall Mastie
 Location 3rd Floor
 Foreman Ed Bragg
 Superintendent Jeff Ploszay
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Jeff Ploszay, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL. Y. N. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036Sampled by Ed Bragg Date Sampled 7/13/16 Customer Name A.A.I.S. Corp.Analyst Alisa West Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/13/16 Mask: 1/2 Face Name: Robb Eason SS# 2700 Code: 5 Task: Grind Master	7:30 8:00	2.0 2.0	60	1/100	1.27	LLD	0.045
Date: 7/13/16 Mask: 1/2 Face Name: Robb Eason SS# 2700 Code: 1 Task: Grind Master	8:00 9:15 9:30 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750 375	0/100	-	LLD	0.0036
Date: Mask: Name: SS# Task:				0/100			
Date: Mask: FB-7 Name: SS# Task:				0/100			
Date: Mask: Name: SS# Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐Field Blanks (1) one Reference Slide #: 125171
Laboratory Blank (1) one

Project Whipple Hall Mystic
 Location 3rd Floor
 Foreman Ed Bragg
 Superintendent Roll Plossy

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Alisa West, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 MILL.Y. N. _____
 Faxed _____
 Called _____
 Logged _____
Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036Sampled by P. Vaughan Date Sampled 7-15-16 Customer Name A.A.I.S. Corp.Analyst Alisa Werst Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7-15-16 Mask: 1/2 Apr Name: P. Vaughan SS# 2700 Code: 5 Task: mastic grinding	710 740	2.0 2.0	60	2/100	2.54	(LOI)	0.0415
Date: 7-15-16 Mask: 1/2 apr Name: SS# Task: Code: 1	740 900 920 315	2.0 2.0 2.0 2.0	840	5/100	6.37	(LOI)	0.0032
Date: Mask: Name: SS# Task: Code:				0/100			
Date: Mask: Name: SS# Task: Code:				0/100			
Date: Mask: Name: SS# Task: Code:							
Date: Mask: Name: SS# Task: Code:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks	()	Reference Slide #:
Laboratory Blank	()	RS 121

Project <u>Whipple Hall Mystic 165036</u>	Sample Codes: 1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Location <u>3rd floor</u>	
Foreman <u>E. Bragg</u>	
Superintendent <u>J. Plossay</u>	

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 MILL.Y. N. _____
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall 240 Oral School Rd. Mystic CT Job # 165036
 Sampled by Ed Bragg Date Sampled Mon 7/18/16 Customer Name A.A.I.S. Corp.
 Analyst A. I. Scott WET ST Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/18/16 Mask: 1/2 Face Name: Robbin Eason SS# 2700 Code: 5 Task: Grind mustie	7:30 8:00	2.0 2.0	600	2/100	2.54	<LOD	0.045
Date: 7/18/16 Mask: 1/2 Face Name: Robbin Eason SS# 2700 Code: 1 Task: Grind mustie	8:00 9:00 9:15 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750	2/100	2.54	<LOD	0.0036
Date: _____ Mask: FB-1 Name: _____ SS# _____ Code: _____ Task: _____				0/100		<L	
Date: _____ Mask: FB-7 Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks	<u>1 Done</u>	Reference Slide #: <u>RS 121</u>
Laboratory Blank	<u>1 Done</u>	

Project Whipple Hall mystic
 Location 3rd Floor
 Foreman Ed Bragg
 Superintendent Jeff Plozzy

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Jeff Plozzy, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 Mill. V. N. _____
 Faxed _____
 Called _____
 Logged _____
Sample Source Whipple Hall 240 oral School Rd Mystic CT Job # 16S036Sampled by Ed Braga Date Sampled 7/19/16 Customer Name A.A.I.S. Corp.Analyst Alison WPST Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/19/16 Mask: 1/2 Face Name: Robbie Eason SS# 2700 Code: 5 Task: Grind & Final Clean	7:30 8:00	2.0 2.0	60	4/100	5.10	2.00	0.045
Date: 7/19/16 Mask: 1/2 Face Name: Robbie Eason SS# 2700 Code: 1 Task: Grind & Final Clean	8:00 9:00 9:00 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750	1/100	1.77	2.00	0.0036
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐
 Field Blanks (1) one
 Laboratory Blank (1) one
Reference Slide #: RS 121
 Project Whipple Hall Mystic
 Location 3rd Floor
 Foreman Ed Braga
 Superintendent Jeff Ploesey

 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

 I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y.N.
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036

Sampled by Ed Braga Date Sampled 7/25/16 Customer Name A.A.I.S. Corp.

Analyst Alison WATSH Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 7/25/16 Mask: 1/2 Face Name: Freddie Saverio SS# 5433 Code: 5 Task: Floor Tile	7:30 8:00	2.0 2.0	60	3/100	3.8	LL01D	0.045
Date: 7/25/16 Mask: 1/2 Face Name: Freddie Saverio SS# 5433 Code: 1 Task: Floor Tile	8:00 9:30 9:30 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750	1/100	1.27	LL01D	0.0036
Date: Mask: FB-1 Name: SS# Task:				0/100			
Date: Mask: FB-2 Name: SS# Task:				0/100			
Date: Mask: Name: SS# Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks (1) one
 Laboratory Blank (1) one
 Reference Slide #: 121

Project Whipple Hall Mystic
 Location Lower level connector
 Foreman Ed Braga
 Superintendent Jeff Flanagan
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, Alison WATSH, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 MILL. Y. N. _____
 Faxed _____
 Called _____
 Logged _____
Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036Sampled by Ed Braga Date Sampled 7/28/16 Customer Name A.A.I.S. Corp.Analyst Alison West Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>7.28.16</u> Mask: <u>1/2 Face</u> Name: <u>Fredrick Samuels</u> SS# <u>5433</u> Code: <u>5</u> Task: <u>Scrape/Grind Blue Dobbys</u>	7:15 8:45	2.0 2.0	60	2/100	2.54	<LOD	0.045
Date: <u>7/28/16</u> Mask: <u>1/2 Face</u> Name: <u>Fredrick Samuels</u> SS# <u>5433</u> Code: <u>1</u> Task: <u>Scrape/Grind Blue Dobbys</u>	7:45 9:15 9:30 12:30 1:00 2:00	2.0 2.0 2.0 2.0 2.0 2.0	660	2/100	2.54	<LOD	0.0041
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks (1) one	Reference Slide #: <u>RS 121</u>
Laboratory Blank (1) one	

Project Whipple Hall Mystic Sample Codes:
 Location Lower Level Connector
 Foreman Ed Braga
 Superintendent Jeff Plorey
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y. N. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036Sampled by Ed Braga Date Sampled Mon 8/1/16 Customer Name A.A.I.S. Corp.Analyst Alisa WPTST Date Received 8-4-16 Date Tested 8-4-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8/1/16 Mask: 1/2 Face Name: Jesus Gomez SS# 6251 Code: 5 Task: Remove Black Board & glue clamps	10:30 11:00	2.0 2.0	60	0/100	-	<LOD	0.045
Date: 8/1/16 Mask: 1/2 Face Name: Jesus Gomez SS# 6251 Code: 1 Task: Black Board Glue clamps	11:00 12:30	2.0 2.0	180	1/100	1.27	<LOD	0.015
Date: Mask: FB-1 Name: SS# Code: Task:				0/100			
Date: Mask: FB-2 Name: SS# Code: Task:				0/100			
Date: Mask: Name: SS# Code: Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐Field Blanks 1 Bone Reference Slide #: 125 121
Laboratory Blank 1 BoneProject Whipple Hall Mystic Sample Codes:
Location Main level Rm. 162 1-Personal
Foreman Ed Braga 2-Work Area
Superintendent Jeff Plores 3-Outside Area
4-Final Clearance
5-ExcursionI, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y. N. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 16S036Sampled by Ed Bragg Date Sampled Wed 8-3-16 Customer Name A.A.I.S. Corp.Analyst Alison WPTST Date Received 8-25-16 Date Tested 8-26-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8/3/16 Mask: <u>1/2 Face</u> Name: <u>Larry Edlin</u> SS# <u>8592</u> Code: <u>5</u> Task: <u>Grind Master</u>	7:30 8:00	2.0 2.0	60	3/100	3.82	LL01	0.045
Date: 8/3/16 Mask: <u>1/2 Face</u> Name: <u>Larry Edlin</u> SS# <u>8592</u> Code: <u>1</u> Task: <u>Grind Master</u>	8:00 9:15 9:45 12:30 1:00 3:15	2.0 2.0 2.0 2.0 2.0 2.0	750	2/100	2.54	LL01	0.0035
Date: _____ Mask: <u>FB-1</u> Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: <u>FB-2</u> Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks <u>1</u>	<u>Done</u>	Reference Slide #: <u>RS 121</u>
Laboratory Blank <u>1</u>	<u>Done</u>	

Project Whipple Hall Mystic

Location Lower Level connector

Foreman Ed Bragg

Superintendent Paul Plozsky

Sample Codes:

- 1-Personal
- 2-Work Area
- 3-Outside Area
- 4-Final Clearance
- 5-Excursion

I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y_N_

Faxed _____

Called _____

Logged _____

Sample Source Mystic Ed Whipple Hall 240 Oral School Rd Job # 165036
 Sampled by P. Vaughn Date Sampled 8-5-16 Customer Name Mystic Cr A.A.I.S. Corp.
 Analyst Alisa WETST Date Received 8-25-16 Date Tested 8-26-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8-5-16 Mask: 1/2 APR Name: R. Eason SS# 2700 Code: 5 Task: grnd / blast	730 800	2.0 2.0	60	1/100	1.27	<LOD	0.045
Date: 8-5-16 Mask: 1/2 APR Name: R. Eason SS# 2700 Code: 1 Task: grnd, blast	800 915 935 240	2.0 2.0 2.0 2.0	760	3/100	3.82	<LOD	0.0035
Date: Mask: Name: SS# Code: Task:				0/100			
Date: Mask: Name: SS# Code: Task:				0/100			
Date: Mask: Name: SS# Code: Task:							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks { Laboratory Blank {	Reference Slide #: <u>RS 121</u>
--------------------------------------	-------------------------------------

Project Mystic Ed Center Whipple Hall 165036
 Location lower level
 Foreman P. Vaughn
 Superintendent J. Ploszay

Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

I, _____, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mill.Y_N_ _____
 Faxed _____
 Called _____
 Logged _____

Sample Source Whipple Hall 240 Oral School Rd Mystic CT Job # 165036

Sampled by Ed Bouge Date Sampled 8-19-16 Customer Name A.A.I.S. Corp.

Analyst Alisa WPRST Date Received 8-25-16 Date Tested 8-26-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8-19-16 Mask: 1/2 Facel Name: Robbin Easton SS# 2700 Code: 5 Task: Floor Tile (mastic)	7:30 8:00	2.0 2.0	60	0.5 1/100	0.63	<LOD	0.045
Date: 8/19/16 Mask: 1/2 Facel Name: Robbin Easton SS# 2700 Code: 1 Task: Floor Tile / mastic	8:00 9:00 9:00 12:00 12:30 3:00	2.0 2.0 2.0 2.0 2.0 2.0	750	1/100	1.27	<LOD	0.0035
Date: _____ Mask: FB-1 Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: FB-2 Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks 1 Done Reference Slide #: RS 121
 Laboratory Blank 1 Done

Project Whipple Hall Mystic Sample Codes:
 Location Basement 1-Personal
 Foreman Ed Bouge 2-Work Area
 Superintendent Jeff Plossay 3-Outside Area
 4-Final Clearance
 5-Excursion

I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILL.Y. N. _____

Faxed _____

Called _____

Logged _____

Sample Source Whipple Hall Mystic 240 Oral School Rd Mystic CT Job # 165036Sampled by Ed Braga Date Sampled Mon 8/22/16 Customer Name A.A.I.S. Corp.Analyst Alisa WERSY Date Received 8-25-16 Date Tested 8-26-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>8/22/16</u> Mask: <u>1/2 Face</u> Name: <u>Ed Braga</u> SS# <u>0632</u> Code: <u>5</u> Task: <u>Floor Tile & Mastic</u>	<u>7:30</u> <u>8:00</u>	<u>2.0</u> <u>2.0</u>	<u>60</u>	<u>2/100</u>	<u>2.54</u>	<u>LOD</u>	<u>0.045</u>
Date: <u>8/22/16</u> Mask: <u>1/2 Face</u> Name: <u>Ed Braga</u> SS# <u>0632</u> Code: <u>1</u> Task: <u>Floor Tile & Mastic</u>	<u>8:00</u> <u>9:15</u> <u>9:30</u> <u>12:00</u> <u>12:30</u> <u>3:00</u>	<u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u> <u>2.0</u>	<u>780</u>	<u>1/100</u>	<u>1.27</u>	<u>LOD</u>	<u>0.0035</u>
Date: _____ Mask: <u>FB-1</u> Name: _____ SS# _____ Code: _____ Task: _____				<u>0/100</u>			
Date: <u>FB-2</u> Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____				<u>4/100</u>			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐

Field Blanks <u>(1) Done</u>	Reference Slide #: <u>121</u>
Laboratory Blank <u>(1) Done</u>	

Project <u>Whipple Hall Mystic</u> Location <u>Basement</u> Foreman <u>Ed Braga</u> Superintendent <u>Jeff Ploessy</u>	Sample Codes: 1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
---	--

I, Alisa Wersy, hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

PO# _____

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

 Mill. Y. N. _____
 Faxed _____
 Called _____
 Logged _____
Sample Source Whipple Hall 240 Oral School Rd. Norwalk CT Job # 165036Sampled by Ed Braga Date Sampled Tue 8/23/16 Customer Name A.A.I.S. Corp.Analyst Alisa WERST Date Received 8-25-16 Date Tested 8-26-16

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8/23/16 Mask: 1/2 Face Name: Mauro Morales SS# 3428 Code: 5 Task: Grind Mustic	7:30 8:00	2.0 2.0	60	1/100	1.27	4.017	0.045
Date: 8/23/16 Mask: 1/2 Face Name: Mauro Morales SS# 3428 Code: 1 Task: Grind Mustic	8:00 9:15 9:30 12:00 12:30 3:15	2.0 2.0 2.0 2.0 2.0 2.0	780	2/100	2.54	LOD	0.0035
Date: _____ Mask: FB-1 Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: FB-2 Name: _____ SS# _____ Code: _____ Task: _____				0/100			
Date: _____ Mask: _____ Name: _____ SS# _____ Code: _____ Task: _____							

Report Reviewed by _____ Date _____ Blank(s) Received? Y ☒ N ☐
 Field Blanks 1 (1) one
 Laboratory Blank 1 (1) one
 Reference Slide #: RS 121

 Project Whipple Hall Mustic
 Location Basement
 Foreman Ed Braga
 Superintendent Jeff Plozema
 Sample Codes:
 1-Personal
 2-Work Area
 3-Outside Area
 4-Final Clearance
 5-Excursion

 I, [Signature], hereby swear that all information on this form is true and if applicable all personal air samples were worn by employees as listed above.

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX H

State of Connecticut Notifications & Alternative Work Practice Documents



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

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

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

1. TYPE OF NOTIFICATION

A. NEW	☒	B. BLANKET	☐	C. CANCELLATION/POSTPONED	C	☐	P	☐
D. REVISED	☐	(ITEMS REVISED)	_____		REVISION #	_____		
E. EMERGENCY	☐	DESCRIBE NATURE OF EMERGENCY _____						

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation		LICENSE #	000017		
ADDRESS	PO BOX 26066		STATE	CT	ZIP	06516
CITY	West Haven		CONTACT PERSON	Joe Villano		
PHONE #	(203) 932-2992					

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

NAME	State of CT, Dept. of Construction Services		STATE	CT	ZIP	06106
ADDRESS	165 Capitol Avenue,		CONTACT PERSON	Michael Sanders		
CITY	Hartford					
PHONE #	(860) 713-5702					

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

ADDRESS	240 Oral School Rd, Former Mystic Ed Center, Whipple Hall		STATE	CT	ZIP	06355
CITY	Mystic					

5. PROJECT DATES

5.(A) ABATEMENT START DATE	04/11/16	5.(B) COMPLETION DATE	07/15/16
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TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

NOTIFICATION FEE DUE	\$100 +1% total asbestos abatement cost
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6. TOTAL ABATEMENT PROJECT COST	_____	* REVISED COST (ONLY FOR REVISIONS)	_____
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7. USE OF FACILITY

A. SCHOOL (K-12)	☐	B. PUBLIC BUILDING	☐	C. MANUFACTURING	☐	D. OFFICE	☐	E. COLLEGE	☐
F. COMMERCIAL	☐	G. CHURCH/SYNAGOGUE	☐	H. RESIDENTIAL, # OF DWELLINGS	☐	I. OTHER	☒		
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET 24,457

NUMBER OF FLOORS 3

AGE 48

9. ABATEMENT CLASSIFICATION

RENOVATION ☒ DEMOLITION ☐ORDERED DEMO ☐

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR ☒

(IF AWP, include)

PROJECT DESIGNER & LICENSE #

, DPW Blanket - Scenarios , 2 ,

B. ALTERNATIVE WORK PRACTICE ☒ (PRE-APPROVAL REQUIRED)C. EXTERIOR ABATEMENT ☐D. SPOT REPAIR (> 25 SF Total) ☐

11. ABATEMENT METHOD

A. REMOVAL ☒B. ENCAPSULATION ☐C. ENCLOSURE ☐

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS ☐B. REMOTE ☐C. BOTH ☒

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

FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.
B. BOILER INSULATION	- Ft.
C. TANK INSULATION	- Ft.
D. BREECHING INSULATION	- Ft.
E. DUCT INSULATION	- Ft.
F. CEILING TILES	- Ft.
G. OTHER (Specify)	- Ft.
	- Ft.
	- Ft.
	- Ft.

NON-FRIABLE MATERIAL	
Category I: I. Floor Covering - Floor Tiles and Mastic	19,000 Ft.
Linoleum	- Ft.
J. ROOFING (Specify)	- Ft.
Specify (Flashing/Field/Etc...)	- Ft.
K. GASKETS, PACKINGS	- Ft.
Category II: L. TRANSITE BOARD	- Ft.
M. OTHER (Specify)	- Ft.
Corkboard Glue Daubs	1,000 Ft.
Sinks	2 EA Ft.
	- Ft.
	- Ft.

H.* PIPE INSULATION

Use conversion table

(Pipe Diameter) "	Linear Feet	X	CF*	=	Total Square Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.

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

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

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

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

NAME WMNH, Inc.
 ADDRESS 97 Rochester Neck Rd
 CITY, ST, ZIP Gonic, NH 03839
 PHONE # x2108
 OWNER/OPERATOR John Monaco

15. HAULER/WASTE TRANSPORTER

NAME RTL Enterprises
 ADDRESS 173 Pickering Street
 CITY, ST, ZIP Portland, CT 06480

NAME Transwaste, Inc.
 ADDRESS 3 Barker Street
 CITY, ST, ZIP Wallingford, CT 06492

NAME USA Hauling
 ADDRESS 15 Mullen Road
 CITY, ST, ZIP Enfield, CT 06082

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo
Name & Title

Signature

MAIL COMPLETED FORM TO:

DPH, ASBESTOS PROGRAM
 410 CAPITAL AVE., MS#51 AIR
 PO BOX 340308
 HARTFORD, CT 06134-0308

Rev. 5/09



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

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

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

1. TYPE OF NOTIFICATION

A. NEW	☐	B. BLANKET	☐	C. CANCELLATION/POSTPONED	C	☐	P	☐
D. REVISED	☒	(ITEMS REVISED) 5(B)				REVISION # 1		
E. EMERGENCY	☐	DESCRIBE NATURE OF EMERGENCY						

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation		LICENSE #	000017	
ADDRESS	PO BOX 26066				
CITY	West Haven	STATE	CT	ZIP	06516
PHONE #	(203) 932-2992	CONTACT PERSON	Joe Villano		

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

NAME	State of CT, Dept. of Construction Services				
ADDRESS	165 Capitol Avenue,				
CITY	Hartford	STATE	CT	ZIP	06106
PHONE #	(860) 713-5702	CONTACT PERSON	Michael Sanders		

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

ADDRESS	240 Oral School Rd, Former Mystic Ed Center, Whipple Hall				
CITY	Mystic	STATE	CT	ZIP	06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE	04/11/16	5.(B) COMPLETION DATE	09/02/16
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TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET	
NOTIFICATION FEE DUE	\$100 +1% total asbestos abatement cost

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

7. USE OF FACILITY

A. SCHOOL (K-12)	☐	B. PUBLIC BUILDING	☐	C. MANUFACTURING	☐	D. OFFICE	☐	E. COLLEGE	☐
F. COMMERCIAL	☐	G. CHURCH/SYNAGOGUE	☐	H. RESIDENTIAL, # OF DWELLINGS	☐			I. OTHER	☒
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET 24,457

NUMBER OF FLOORS 3

AGE 48

9. ABATEMENT CLASSIFICATION

RENOVATION ☒DEMOLITION ☐ORDERED DEMO ☐

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR ☒

(IF AWP, include)

PROJECT DESIGNER & LICENSE #

DPW Blanket - Scenarios , 2 ,

B. ALTERNATIVE WORK PRACTICE ☒ (PRE-APPROVAL REQUIRED)C. EXTERIOR ABATEMENT ☐D. SPOT REPAIR (> 25 SF Total) ☐

11. ABATEMENT METHOD

A. REMOVAL ☒B. ENCAPSULATION ☐C. ENCLOSURE ☐

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS ☐B. REMOTE ☐C. BOTH ☒

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

FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.
B. BOILER INSULATION	- Ft.
C. TANK INSULATION	- Ft.
D. BREECHING INSULATION	- Ft.
E. DUCT INSULATION	- Ft.
F. CEILING TILES	- Ft.
G. OTHER (Specify)	- Ft.
	- Ft.
	- Ft.
	- Ft.

NON-FRIABLE MATERIAL	
Category I:	
I. Floor Covering - Floor Tiles and Mastic	19,000 Ft.
Linoleum	- Ft.
J. ROOFING (Specify)	- Ft.
Specify (Flashing/Field/Etc...)	- Ft.
K. GASKETS, PACKINGS	- Ft.
Category II:	
L. TRANSITE BOARD	- Ft.
M. OTHER (Specify)	1,000 Ft.
Corkboard Glue Daubs	2 EA
Sinks	- Ft.
	- Ft.

H.* PIPE INSULATION
(Pipe Diameter) "

Use conversion table

Linear Feet	X	CF*	Total Square Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.
In	X	=	Ft.

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

NAME	Modern Landfill	NAME	Hakes Landfill
ADDRESS	4400 Mount Pisgah Rd.	ADDRESS	4376 Manning Ridge Rd.
CITY, ST, ZIP	York, PA 17402	CITY, ST, ZIP	Painted Post, NY 14870
PHONE #	717-246-4615	PHONE #	607-937-6044
OWNER/OPERATOR	Jodi	OWNER/OPERATOR	Bonnie
NAME	Minerva Enterprises	NAME	WMNH, Inc.
ADDRESS	9000 Minerva Rd.	ADDRESS	97 Rochester Neck Rd
CITY, ST, ZIP	Pike Township, OH 44688	CITY, ST, ZIP	Gonic, NH 03839
PHONE #	603-330-0217	PHONE #	x2108
OWNER/OPERATOR	Steve Chandler	OWNER/OPERATOR	John Monaco

15. HAULER/WASTE TRANSPORTER

NAME	RTL Enterprises	NAME	USA Hauling
ADDRESS	173 Pickering Street	ADDRESS	15 Mullen Road
CITY, ST, ZIP	Portland, CT 06480	CITY, ST, ZIP	Enfield, CT 06082
NAME	Transwaste, Inc.		
ADDRESS	3 Barker Street		
CITY, ST, ZIP	Wallingford, CT 06492		

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo
Name & Title

Signature

MAIL COMPLETED FORM TO:

DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308

Rev. 5/09



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

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

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

1. TYPE OF NOTIFICATION

A. NEW	☐	B. BLANKET	☐	C. CANCELLATION/POSTPONED	C	☐	P	☐
D. REVISED	☒	(ITEMS REVISED)	13 (M)	REVISION #	2			
E. EMERGENCY	☐	DESCRIBE NATURE OF EMERGENCY						

2. ABATEMENT CONTRACTOR

NAME	AAIS Corporation	LICENSE #	000017
ADDRESS	PO BOX 26066	STATE	CT
CITY	West Haven	ZIP	06516
PHONE #	(203) 932-2992	CONTACT PERSON	Joe Villano

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

NAME	State of CT, Dept. of Construction Services	STATE	CT
ADDRESS	165 Capitol Avenue,	ZIP	06106
CITY	Hartford	CONTACT PERSON	Michael Sanders
PHONE #	(860) 713-5702		

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

ADDRESS	240 Oral School Rd, Former Mystic Ed Center, Whipple Hall	STATE	CT
CITY	Mystic	ZIP	06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE	04/11/16	5.(B) COMPLETION DATE	09/02/16
----------------------------	----------	-----------------------	----------

TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

NOTIFICATION FEE DUE	\$100 +1% total asbestos abatement cost
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6. TOTAL ABATEMENT PROJECT COST	* REVISED COST (ONLY FOR REVISIONS)
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7. USE OF FACILITY

A. SCHOOL (K-12)	☐	B. PUBLIC BUILDING	☐	C. MANUFACTURING	☐	D. OFFICE	☐	E. COLLEGE	☐
F. COMMERCIAL	☐	G. CHURCH/SYNAGOGUE	☐	H. RESIDENTIAL, # OF DWELLINGS	☐			I. OTHER	☒
(I. SPECIFY)	Vacant School								

Phone: (860) 509-7367 / Fax (860) 509-7378
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue, MS #51-AIR
P.O. Box 340308 Hartford, CT 06135
An Equal Opportunity Employer

8. BUILDING DATA

SQUARE FEET 24,457 NUMBER OF FLOORS 3 AGE 48

9. ABATEMENT CLASSIFICATION

RENOVATION ☒ DEMOLITION ☐

ORDERED DEMO ☐

(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEGATIVE AIR ☒

B. ALTERNATIVE WORK PRACTICE ☒ (PRE-APPROVAL REQUIRED)

(IF AWP, include) PROJECT DESIGNER & LICENSE # , DPW Blanket - Scenarios , 2 ,

C. EXTERIOR ABATEMENT ☐

D. SPOT REPAIR (> 25 SF Total) ☐

11. ABATEMENT METHOD

A. REMOVAL ☒ B. ENCAPSULATION ☐

C. ENCLOSURE ☐

12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS ☐ B. REMOTE ☐

C. BOTH ☒

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

FRIABLE MATERIAL

A. SPRAYED OR TROWELED ON _____ Ft.

B. BOILER INSULATION _____ Ft.

C. TANK INSULATION _____ Ft.

D. BREECHING INSULATION _____ Ft.

E. DUCT INSULATION _____ Ft.

F. CEILING TILES _____ Ft.

G. OTHER (Specify) _____ Ft.

NON-FRIABLE MATERIAL

Category I: I. Floor Covering - Floor Tiles and Mastic 19,000 Ft.

Linoleum _____ Ft.

J. ROOFING (Specify) _____ Ft.

Specify (Flashing/Field/Etc...) _____ Ft.

K. GASKETS, PACKINGS _____ Ft.

Category II: L. TRANSITE BOARD _____ Ft.

M. OTHER (Specify) _____ Ft.

Corkboard Glue Daubs 1,000 Ft.

Sinks 2 EA Ft.

glue daub 250 Ft.

H* PIPE INSULATION	Use conversion table				
(Pipe Diameter) "	Linear Feet		CF*	=	Total Square Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.
In	- Ft.	X		=	Ft.

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

NAME Modern Landfill	NAME Hakes Landfill
ADDRESS 4400 Mount Pisgah Rd.	ADDRESS 4376 Manning Ridge Rd.
CITY, ST, ZIP York, PA 17402	CITY, ST, ZIP Painted Post, NY 14870
PHONE # 717-246-4615	PHONE # 607-937-6044
OWNER/OPERATOR Jodi	OWNER/OPERATOR Bonnie
NAME Minerva Enterprises	NAME WMNH, Inc.
ADDRESS 9000 Minerva Rd.	ADDRESS 97 Rochester Neck Rd
CITY, ST, ZIP Pike Township, OH 44688	CITY, ST, ZIP Gonic, NH 03839
PHONE # 603-330-0217	PHONE # x2108
OWNER/OPERATOR Steve Chandler	OWNER/OPERATOR John Monaco

15. HAULER/WASTE TRANSPORTER

NAME RTL Enterprises	NAME USA Hauling
ADDRESS 173 Pickering Street	ADDRESS 15 Mullen Road
CITY, ST, ZIP Portland, CT 06480	CITY, ST, ZIP Enfield, CT 06082
NAME Transwaste, Inc.	
ADDRESS 3 Barker Street	
CITY, ST, ZIP Wallingford, CT 06492	

INDIVIDUAL COMPLETING THIS FORM Joe Villano, VP Demo
Name & Title

Signature

MAIL COMPLETED FORM TO:

DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308



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

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

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

6. TOTAL ABATEMENT PROJECT COST	* REVISED COST (ONLY FOR REVISIONS)
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F. COMMERCIAL	☐	G. CHURCH/SYNAGOGUE	☐	H. RESIDENTIAL, # OF DWELLINGS	☐	I. OTHER	☒		
(I. SPECIFY)	Vacant School								

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A. FULL CONTAINMENT WITH NEGATIVE AIR ☒ B. ALTERNATIVE WORK PRACTICE ☒ (PRE-APPROVAL REQUIRED)
(IF AWP, include) PROJECT DESIGNER & LICENSE # , DPW Blanket - Scenarios , 2 ,

C. EXTERIOR ABATEMENT ☐ D. SPOT REPAIR (> 25 SF Total) ☐

11. ABATEMENT METHOD

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A. CONTIGUOUS ☐ B. REMOTE ☐ C. BOTH ☒

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C. TANK INSULATION	- Ft.	J. ROOFING (Specify)	- Ft.
D. BREECHING INSULATION	- Ft.	Specify (Flashing/Field/Etc...)	- Ft.
E. DUCT INSULATION	- Ft.	K. GASKETS, PACKINGS	- Ft.
F. CEILING TILES	- Ft.	L. TRANSITE BOARD	- Ft.
G. OTHER (Specify)	- Ft.	M. OTHER (Specify)	- Ft.
	- Ft.	Corkboard Glue Daubs	1,000 Ft.
	- Ft.	Sinks	2 EA Ft.
	- Ft.	blackboard glue daub	250 Ft.
	- Ft.		- Ft.
H.* PIPE INSULATION	Use conversion table	TOTAL SQUARE FEET	
(Pipe Diameter) "	Linear Feet	CF*	Total Square Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.
In	- Ft.	X	Ft.

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

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ADDRESS	173 Pickering Street	ADDRESS	15 Mullen Road
CITY, ST, ZIP	Portland, CT 06480	CITY, ST, ZIP	Enfield, CT 06082
NAME	Transwaste, Inc.		
ADDRESS	3 Barker Street		
CITY, ST, ZIP	Wallingford, CT 06492		

INDIVIDUAL COMPLETING THIS FORM Joe Villano, VP Demo
Name & Title

Signature

MAIL COMPLETED FORM TO:

DPH, ASBESTOS PROGRAM
410 CAPITAL AVE., MS#51 AIR
PO BOX 340308
HARTFORD, CT 06134-0308

**State of Connecticut
Department of Public Health
Alternative Work Practice (AWP)
Approval Form**

Check box for applicable AWP scenario.

☐

**1. Renovation Projects - Removal of Friable Asbestos-Containing Material (ACM)
Using the Glove-Bag Method
Variance from Section 19a-332a-5(e)**

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. In addition to the glove-bag procedure, the work area is to be isolated from the non-work area by establishing an air-tight barrier of 6 mil polyethylene sheeting covering or composing the wall surfaces and covering the floor surface. In areas where the barrier does not extend to the ceiling, the layer of 6 mil polyethylene shall compose the ceiling of the air-tight enclosure.

☒

**2. Renovation Projects - Removal of Non-friable ACM
Variance from Section 19a-332a-5(e)**

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Additionally a single layer of 4 or 6 mil polyethylene sheeting shall be used to seal the wall surfaces of the work area. This scenario is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

☐

**3. Demolition Projects, Sound Structure - Removal of Friable ACM Using the Glove-Bag Method
Variance from Section 19a-332a-5(e)**

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area shall be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). The friable asbestos-containing material shall be removed utilizing the glove-bag procedure outlined in 29 CFR 1926.1101, of the Department of Labor, Occupational Safety and Health Administration regulation. Negative pressure ventilation will be established in accordance with Section 19a-332(h). The work area shall be visually inspected and pass the no visible debris criteria of Sections 19a-332a-5(g) and 19a-332a-7(c). In addition, when the building is to be reoccupied by any person prior to demolition, post-abatement reoccupancy air testing shall be performed in accordance with Section 19a-332a-12.

☐

**4. Demolition Projects, Sound Structure - Removal of Non-friable ACM
Variance from Section 19a-332a-5(e)**

Abatement work in facilities subject to this approval shall be conducted with appropriate signage, as required by Section 19a-332a-5(a). In lieu of the requirements of Section 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Section 19a-332a-5(c). Negative pressure ventilation will be established in accordance with Section 19a-332a-5(h). This work practice is applicable only for removal of non-friable ACM. For the purposes of this approval, non-friable ACM is limited to non-friable flooring/treading, cove base, mastic/glue, transite/cementitious materials, glue daubs, gaskets, caulking, putty and asphalt materials unless written approval by DPH is granted.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Environmental Health Section

February 22, 2016

Mr. Edward P. Fennell, Jr., P.E.
Division Manager
Cardno ATC
290 Roberts St, Suite 301
East Hartford, CT 06108

Re: Application for Approval of Alternative Work Practice for Renovation and Demolition of Various Properties Administered By the CT Department of Construction Services, Various Locations Statewide

Dear Mr. Fennell:

This letter is in response to an application from you, prepared February 19, 2016, requesting approval of a blanket alternative work practice for the removal of various asbestos-containing materials (ACM) associated with the renovation and demolition of various properties under the administration of the CT Department of Construction Services. This application requests an extension for another year (February 19, 2016 to February 18, 2017) under a previously approved "blanket" alternative work practice request.

Based upon the information provided in the application describing the proposed alternative work practices, conditional approval is granted by the Department of Public Health (DPH). This conditional approval of the requested variance is granted only as applied to the specific scenarios as stated. **As a condition of approval, each asbestos abatement contractor utilizing these approved alternative work practices will submit a copy of this approval letter with the asbestos abatement notification form submitted for each project site. The notification form or accompanying documentation must clearly reference the AWP scenario(s) to be utilized in performing that abatement. Further, the notification or accompanying documentation must clearly indicate the quantity(ies) and type(s) of asbestos-containing material to be removed by each scenario.**

In each of the following scenarios, the required signs will be posted, in accordance with Subsection 19a-332a-5(a). All scenarios require a post abatement visual inspection by a licensed project monitor, in accordance with Subsections 19a-332a-5(g) and 19a-332a-7(c) prior to encapsulation. Post abatement reoccupancy air testing is mandatory if the building is to be reoccupied by any person for any reason.

Scenario 1 – Renovation Projects: Friable ACM, Glove-Bag Method

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 6-mil polyethylene sheeting



Phone: (860) 509-7367 • Fax: (860) 509-7378
410 Capitol Avenue, MS #51AIR P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

Page 2

Mr. Edward Fennell, Jr., P.E.

February 22, 2016

will be used to seal the wall and floor surfaces in the work area. In areas where this barrier does not extend to the ceiling, the layer of six-mil polyethylene sheeting will compose the ceiling of the airtight enclosure. The pipe insulation/mudded fitting will be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. In conjunction with the glove bag procedure, a single layer of polyethylene sheeting will be placed below the pipe insulation to serve as a drop cloth.

Scenario 2 – Renovation Projects: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). Additionally, a single layer of 4-mil or 6-mil polyethylene sheeting will be used to seal the wall and floor surfaces (if flooring will not be removed) in the work area. This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulking, putty, and asphalt materials, unless written approval by the DPH is granted.

Scenario 3 – Demolition, Sound Structure: Friable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). The pipe insulation/mudded fitting will be abated using the glove bag procedure, as outlined in 29 CFR 1926.1101. In conjunction with the glove bag procedure, a single layer of polyethylene sheeting will be placed below the pipe insulation to serve as a drop cloth.

Scenario 4 – Demolition, Sound Structure: Nonfriable ACM

In lieu of the requirements of Subsection 19a-332a-5(e), the work area is to be isolated from the non-work area by barriers as outlined in Subsection 19a-332a-5(c). This work practice is applicable only to nonfriable ACM. Nonfriable ACM is limited to: flooring/treading, cove base, mastic/glues, transite/cementitious materials, glue daubs, gaskets, glazings, caulking, putty and asphalt materials, unless written approval by the DPH is granted.

Except as noted in this letter, all other work practices specified in the Standards for Asbestos Abatement regulation are mandatory. This approval is specific to the identified facilities and does not relieve the contractor or facility owner from any other federal, state, or municipal regulations. The DPH reserves the right to rescind this approval should it determine that equivalent means of asbestos emission control are not maintained.

This approval does not address the removal of solvents, petroleum products, or any other controlled or hazardous materials that may exist at this site. Guidance from applicable Federal and State regulatory agencies should be sought regarding any such matters.

Please contact this office at (860 509-7367) if you wish to discuss this matter further.

Sincerely,



William M. Stapleton, Jr.
Environmental Sanitarian II
Asbestos Program

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX I

Asbestos Disposal & Documentation Forms



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

E.P.A. AGENCY

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

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

NY GENERATORS

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

2996

EMERGENCY RESPONSE
TELEPHONE
#203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

343227

Job Number 163036 P.O. # 68015

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 4-19-2016 Date of Pickup 3-23-2017

Type of Container 100 Yards

VOLUME 70 CY Friable ☒ Non-Friable ☒

MUST BE IN CUBIC YARDS

Bag ☒ Drum ☒ Wrapped ☒ Other ☐

RQ, NA2212, ASBESTOS, 9, PG III

GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford State CT Zip 06106

Phone Number 860 713 5702

GENERATING LOCATION

Whipple Hall Mystic Ed Center

Address 240 Oral School Road

City Mystic State CT Zip 06355

Phone Number

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

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1:

Name

Address

Telephone #

Driver: _____ Registration #: _____ Date: _____

Signature

State / #

Acknowledgement of receipt of materials.

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

Driver: _____ Registration #: 56743R CT Date: 3/30/17

Signature

State / #

Acknowledgement of receipt of materials.

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

Driver: _____ Registration #: 60719A CT Date: 4/4/17

Signature

State / #

Acknowledgement of receipt of materials.

Site ☐ Modern Landfill Site ☒ Minerva Enterprises Site ☐ Hakes Landfill Site ☐

Address: 4400 Mount Pisgah Rd. Address: 9000 Minerva S.E. Address: 4376 Manning Ridge Rd. Address: _____

York, PA 17402

Waynesburg, OH 44688

Painted Post, NY 14870

Phone: 717-246-4615 Phone: 330-866-3435 Phone: 607-937-6044 Phone: _____

Certification of receipt of materials covered by this manifest.

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

Name of Authorized Agent Kim Roberts Signature [Signature] Receipt Date 4/5/17

**COMPLIANCE REPORT
WHIPPLE HALL, MYSTIC EDUCATION CENTER
MYSTIC, CONNECTICUT**

APPENDIX J

Drawings

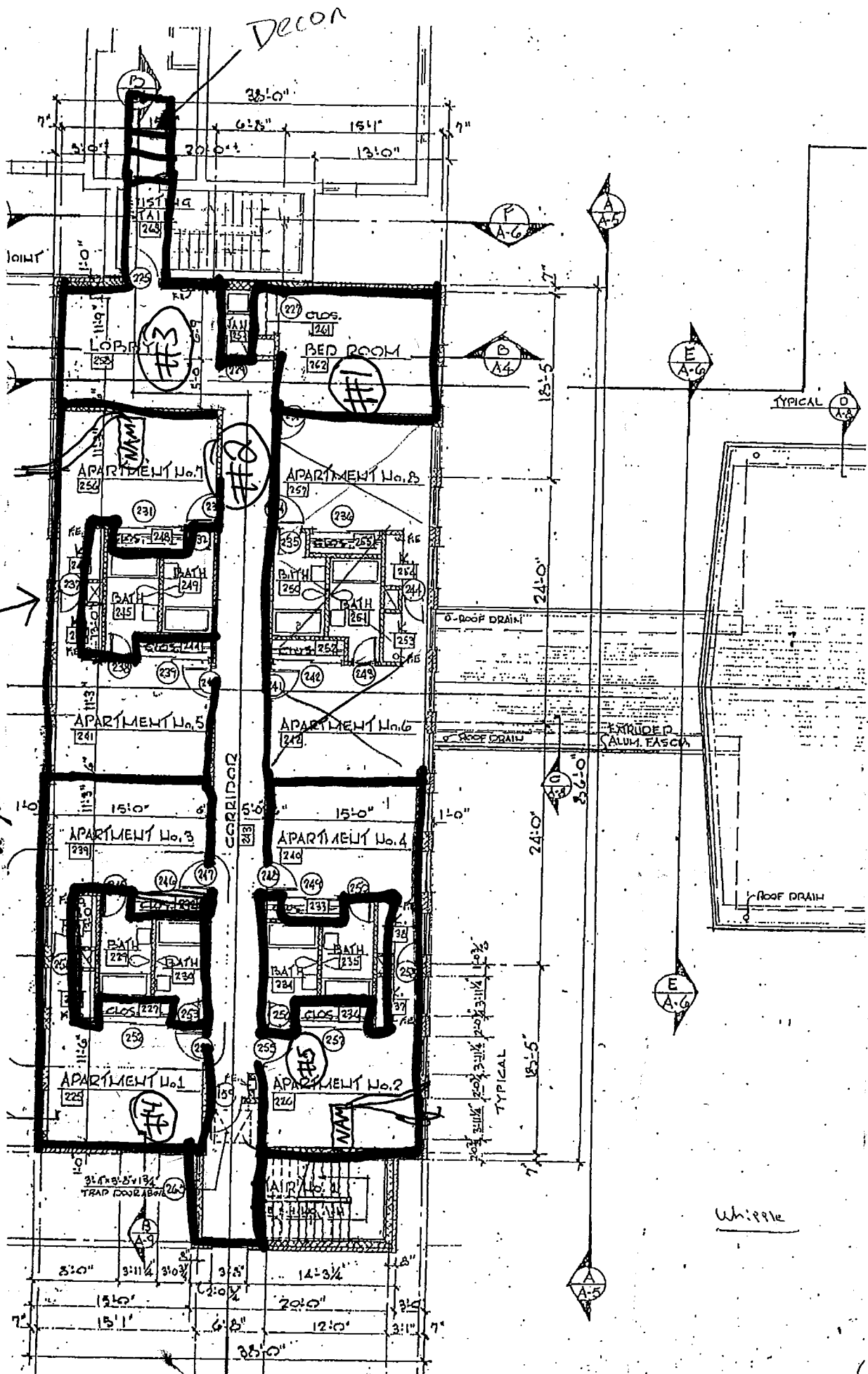
TEM- Air Clearance on c 20-16

#1-5

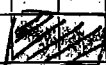
TOP FLOOR

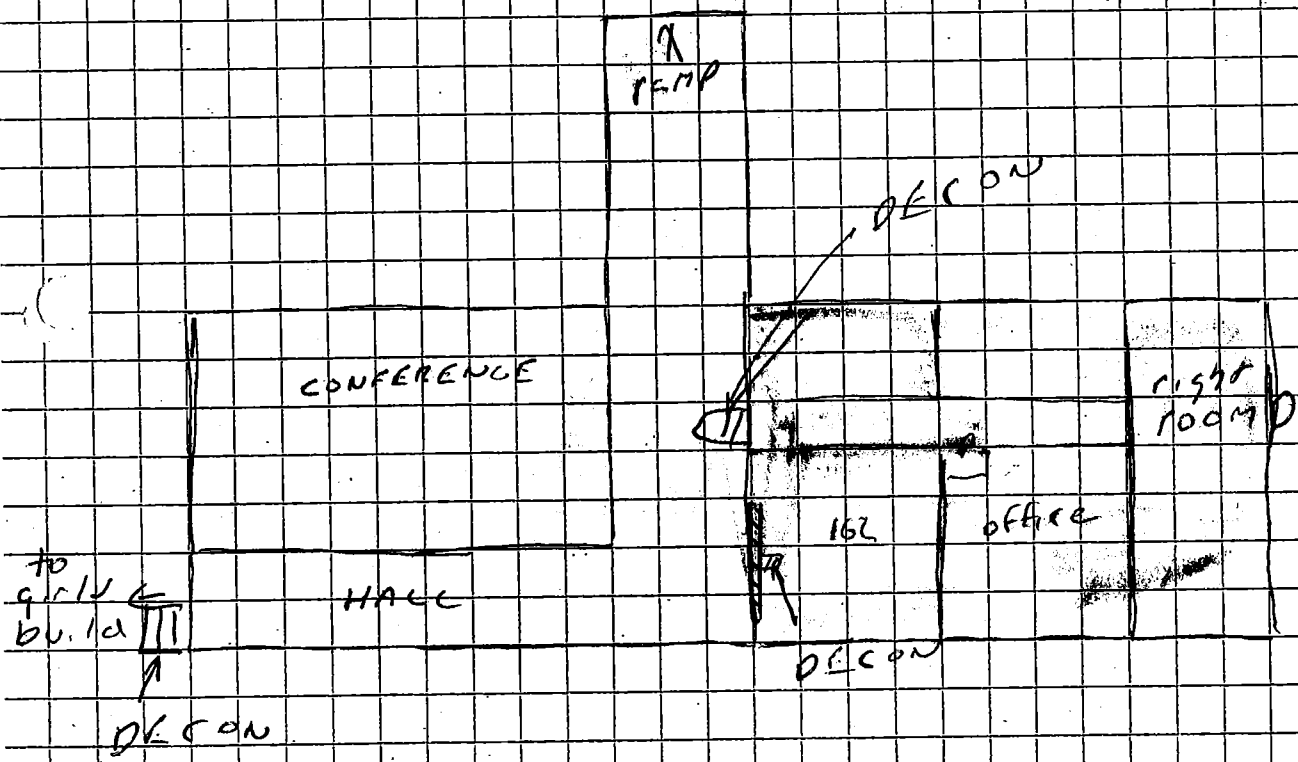
WEST SIDE

CONT 3



WHIPPLE HALL
1ST FLOOR (NOT TO SCALE)

-  = CONT 1
-  = CONT 2
-  = CONT 4



SHEET NO. OF

JOB NO.

BY DATE

CK DATE

WHIRPLE HALL
BASEMENT
(NOT TO SCALE)

